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ACHNE Committee Plenary Sessions

Igniting your Policy Briefs

Policy Committee

Associate Professor Sue Harrington, PhD, RN¹; Associate Professor Heide Cygan, DNP, RN, PHNA-BC²; Assistant Professor and Specialty Director Lori Edwards, DrPH, RN, PCH-CNS, BC³; Associate Professor Voncelia Brown, PhD, RN⁴

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Learning Outcomes:

1. Participants will explore the cascade and impact of lessons learned in the field of nursing related to policy leadership and development in community/population health.
2. Participants will discuss and debrief, in small group formats and a large group, the insights gained and potential strategies to be used by nurses in health care policy.

Measuring Public/Population Health Competencies in Nursing Education

Education Committee

Learning Outcomes:

1. Discuss the Background of the AACN Population Health Nursing Assessment Vignette
2. Explain how faculty implemented the Vignette in different C/PH course settings.
3. Discuss the AACN BSN Essentials Domain 3: Population Health and Toolkit.
4. Describe the updates on the Innovative Teaching Strategies (ITS) for ACHNE.

Preconference Workshop

Innovative Strategies to enhance the community/public health nursing educators' scholarship of teaching and learning (SoTL).

Associate Professor Deborah Merriam DNS [ORCID iD](#)¹, Chair and Professor Ann Stalter PhD [ORCID iD](#)²; ¹Daemen College, Amhest, New York, USA. ²Wright State, Dayton, Ohio, USA

Objectives

Participants will engage in a digital escape room and conduct a scholarship of teaching and learning (SoTL) inventory to enhance their practice of scholarship, Participants will identify their “passion mashion”, completing a scholarship for teaching and learning inventory, and begin to draft a vision board to guide their SoTL pathway, Participants will utilize the practice of the scholarship of teaching and learning to deliberately employ evidence-based teaching strategies that test or determine the impact on student learning and/or the health outcomes of individuals, the systems where care is provided, and/or in the context of global health.

Purpose

The purpose of this pre-conference workshop is to identify and apply steps to integrate and apply the SoTL, building a pathway to scholarship, into practice as community health educators across a global health continuum.

Materials and Methods

This pre-conference professional development workshop will be offered as a face-to-face and virtual experience (hybrid), actively engaging members simultaneously. It will begin with a digital escape room, where participants will explore the concept of Scholarship in Teaching and Learning (SoTL) as it applies to ACHNE's Core Values. Community health educators will be guided through the steps to advance their SoTL, beginning with completing an authentic search into their personal interests and professional passions. Participants will use a SoTL inventory to expand their thinking and SoTL efforts within the systems where they practice (Stalter & Merriam, 2021). This interactive hands-on workshop will include tools that will be useful beyond the workshop, in the identification of SMART goals and the development of an individualized pathway to enhance their SoTL.

Learning activities will include:

1. Digital escape room
2. Passion Mashion
3. SoTL inventory
4. Beginning a vision board
5. The SMART Goals Worksheet for SoTL in Nursing
6. The 4-Step Ripple Exercise
7. 12 Point SoTL Checklist

Results

Community health educators will utilize the practice of SoTL in the pursuit of excellence in education to deliberately employ evidence-based teaching strategies that test or determine the impact on student learning and/or the health outcomes of individuals, in the systems where care is provided, and/or in the context of global health.

Conclusion

This interactive pre-conference workshop will enable participants to use the steps and strategies presented within this workshop, international community health educators can advance SoTL in nursing from an individual, system, and global perspective.

Podium Presentations

Community/Public Health Track

Building Homes and Health: A Collaborative Student Experience in Addressing Social Determinants of Health

Ms. Julie StClair MSN

University of Southern Indiana, Evansville, IN, USA

Objectives

Participants will identify opportunities for students to be involved in activities to address social determinants of health., Participants will describe possible clinical outcomes that may be met through a Habitat house build., Participants will examine potential unique opportunities to introduce students to community organizations that work to reduce housing inequality.

Purpose

In the United States, many people have faced housing inequalities that have negatively impacted their health. This issue has impacted minority populations disproportionately, and these populations have faced many barriers to a safe and secure home, including discriminatory housing and lending policies. The COVID-19 pandemic has amplified housing disparities and it is clearer than ever that having secure and safe housing is critical to good health (Robert Wood Johnson Foundation, n.d.).

Healthy People 2030 focuses on reducing health and safety risks in homes and recognizes that individual-level strategies and policy-level actions can help people stay safe and healthy at home. HP 2030 states that persons struggling to pay for housing have poorer mental health and an increased risk for disease. Policies and programs that make housing more accessible and affordable can improve health and decrease the risk of homelessness (Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, n.d.).

Decent, affordable shelter provides families with a place to gather and grow. Habitat for Humanity is an organization that works to achieve affordable homeownership, leading to a transformation in families' lives. Access to affordable homeownership helps create the conditions in which families can develop stability, decrease stress, and move toward self-reliance and confidence. According to Habitat for Humanity, studies indicate that strong and stable households are important factors in child growth and development. When the home environment is safe and healthy, families can flourish. Habitat homeowners and their families demonstrate improved financial health, with evidence that parents are more confident about meeting their family's needs (Habitat for Humanity, 2021).

The Future of Nursing 2020-2030 states that “understanding and acting on those determinants will help nurses play a pivotal role in improving health equity” (p. 51). Further noted is that “improving social conditions upstream and midstream” has positive impacts on health status. Improving social conditions is a pathway to reducing health inequity and improving the health of the whole U.S. population (National Academies of Sciences, Engineering, and Medicine, 2021).

Nurses need to understand, and be involved with, the systems at work in communities to address social determinants of health. An opportunity to work with Habitat for Humanity to build an affordable home is a way that nursing students can be introduced to a long-successful program that helps families achieve access to affordable, safe, and healthy homes.

Materials and Methods

Part of the nursing program is taught at a downtown campus that houses multiple healthcare programs from three different universities. The Population-Focused Nursing Practice course for senior level nursing students is taught at this location during the Fall semester. The local Habitat for Humanity developed a vision to collaborate with the three universities and students at this location and bring their students together for a build. A local healthcare system provided funding to support the build, which takes place within the neighborhood surrounding both the healthcare system and universities' their downtown campuses. Supporting the build is part of a long-standing mission of the healthcare system to be part of the revitalization of the neighborhood, with a goal to better the lives of the residents in the area.

The nursing and occupational therapy programs from this university agreed that this was a unique and special opportunity for our students. Not only are they building the home with students from their own university, they are also working with medical students, physical therapy students and physician assistant students from the two other institutions. They are able to see how Habitat is one organization that works to provide affordable housing and home ownership to persons in need in communities across the nation.

Nursing students were assigned to the build as their service learning project. Each student was assigned to a Saturday to participate in the build. They were provided with instruction and materials from the Core Build Team from Habitat for Humanity on site the day they were assigned.

Results

Reflections on the project will be submitted as part of the assignment, and a debriefing with Habitat staff, involved faculty from the universities and participating students is scheduled toward the end of the Fall semester. The debriefing will provide feedback on achievement of objectives, outcomes achieved through collaboration with other healthcare students, and a summarization of lessons learned.

Conclusion

Housing is an important determinant of health. This service learning opportunity allowed nursing students to be directly involved with and learn about the process of one organization's ongoing mission to decrease housing inequality. The project also allowed students to work with an interprofessional team of students that contributed to understanding of each other's roles in the healthcare team.

Engaging Nursing Undergraduate and Graduate Students in Disaster Preparedness and Response Education Using Simulation

Dr. Joanne Costello PhD¹, Mr. David Balbi MS², Dr. Linda Mendonca DNP¹, Professor Esperanza Gutierrez MSN¹, Dr. Dawn Lewis PhD³, Dr. Lynn Blanchette PhD¹, Maureen Flanagan BSN¹

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Objectives

Identify the direct care and leadership roles of nurses in disaster preparedness and response., Describe the nursing role in addressing health disparities in disaster preparedness and response., Explain how a disaster simulation with undergraduate and graduate nursing students in direct care and leadership roles prepares students for real world disaster intervention.

Purpose

The purpose of this pilot quality improvement project was to prepare undergraduate senior level BSN (direct care) and DNP (leadership) students to plan and respond to real world disasters through simulation learning. The pilot is aligned with and in response to the CCNE *Essentials* and the *Future of Nursing 2020-2030* emphasis on disaster preparedness and response training and education for nurses at all levels of practice.

[Disaster Simulation Pilot Costello et al RICSON](#)

Materials and Methods

A four-hour simulation was planned over a period of six months with the RI College School of Nursing collaborating with the RI Department of Health Center for Emergency Preparedness and Response (CEPR). 18 undergraduate senior level nursing students (in a community/public health nursing class), 6 DNP students (in a Population Health class), 2 undergraduate public health nursing faculty, 1 graduate public health nursing faculty, 1 simulation graduate assistant, 2 simulation technician specialists, 17 simulation actors, and a moulage consultant from the Rhode Island Emergency Management Agency participated. In addition, a group of 3 mental health clinicians from the RI Department of Behavioral Health, Human Services, and Hospitals participated to be ready to respond to any emotional/psychological issues that might arise with students (none arose).

A disaster scenario was developed in which a driver drove his car into a crowd of people in a large unruly protest in an urban area, and the 17 actor victims with a variety of injuries and health issues presented to the simulation lab at a local nursing school adjacent to the protest. The assumption was that since the protest was blocking streets, emergency rescues were delayed and first responders could not get to the site to provide care immediately.

The participants were provided with a pre-brief in a classroom that was close to, but not in the simulation area which gave some information including leadership assignments (using ICS standards: Incident Commander, Logistics Officer, Safety Officer, etc) and that an emergency would occur that they should respond to but did not reveal the scenario in order to imitate reality.

The students and facilitators/faculty then participated in the exercise with students responding to the victims. Each victim had a card with their pre-assigned health issue/injury as they arrived in the simulation lab with a variety of simple to complex injuries as well as underlying health issues including amputation, asthma exacerbation, chest pain, pregnancy with premature labor, panic attack, shock, wounds, hypoglycemia, and bleeding due to anticoagulation. Facilitators had an excel spreadsheet with the victim and health/injury issues.

A post brief (hot wash) was conducted following the simulation and included all facilitators and actors with feedback from all which is planned be used to improve the simulation in some areas and to expand it to include all undergraduate senior level clinical nursing students, all MSN students (Population/Public Health, Acute Care NP, Acute Care CNS), and all DNP students in the future.

Results

The pilot disaster simulation was evaluated by students following the learning activity. 75% of the students agreed that they were more confident in their ability to use evidence-based practice to provide care, and 25% were somewhat confident. The students also responded to a survey that assessed their self-efficacy pre and post exercise. 35% responded that they either strongly agree or agree that they can manage anxiety during difficult circumstances like disasters on the pre-test, and 85% on the post-test, an increase of 50%. Qualitative results were positive and included narrative such as:

It was absolutely phenomenal!

It was amazing! I learned a lot and it taught me where I am at with triaging patients.

Conclusion

Disaster simulation is an effective tool for preparing nursing students for real world disasters. Undergraduate and graduate students benefit from interacting in a simulated disaster and can be prepared to take on direct care and leadership roles.

Lessons learned were that more preparation for the nursing students who were designated leaders (MSN and DNP) would be helpful-a training is planned for the next cohort in addition to FEMA online modules. Communication from leadership to the group was an identified deficit which will be a focus. In addition, more supplies were requested by students which could be integrated into the scenario in a realistic manner ie dressing supplies, glucose meter, etc that could be available at a nursing simulation lab in "real world," but were not provided to the students in the sim.

Innovative Alternatives for Community Service for BSN Students during the COVID-19 Pandemic

[Dr. Joan Creed DNP, MN, RN, CCM ORCID iD](#)

University of South Carolina, Columbia, SC, USA

Objectives

Identify the planning process used to provide innovative alternative learning activities for population health nursing students during the COVID-19 pandemic, describe innovative alternatives for community

service hours used in a population health nursing course during the COVID-19 pandemic, summarize positive student learning outcomes that resulted from these innovations

Purpose

To describe innovations utilized in an online population health nursing course during the COVID-19 pandemic to meet course requirements and learning outcomes related to community service hours for vulnerable populations.

Background: An online population health nursing course at a large southern university educates over 100 students each fall and spring semester. One course requirement for students is to complete 20 hours of face-to-face community service with an agency that serves vulnerable populations. The COVID-19 pandemic changed the face of higher education during spring semester 2020. Challenges and difficulties during this time were the norm for faculty and had tremendous effects on nursing education and clinical sites (Yancey, 2020; Norman & Meszaros, 2021; Williamson et al., 2021; Wyatt et al., 2021). Agencies closed their doors to all volunteers, including students, thus making it impossible for students to complete this face-to-face requirement for the course. Alternative activities to meet course requirements and learning outcomes needed to be developed, and quickly. By considering alternative, innovative ways of learning about the population health agenda, student learning was supported (Norman & Meszaros, 2021; Wyatt, 2021; Yancey, 2020; Williamson, et al., 2021; Pfeiffer & Mascorro, 2021; Morin, 2020; Blevins, 2021; Chen, 2020). These activities needed to be responsive to student needs with thoughtful and deliberate planning by faculty (Morin, 2020).

Materials and Methods

To meet nursing and public health competencies that support education and practice, faculty explored learning activities that would meet these competencies. Competency-based education that leads to competency-based practice is important for student success and can guide clinical practicum activities in undergraduate education (Campbell, et al., 2019). To prepare nurses for the future, innovative thinking and approaches for nursing education that reflect the core nursing competencies were needed (The Essentials, 2021). Ten learning activities with varying numbers of hourly requirements were identified. Students could select any activities to complete in order to meet course requirements for community service hours. A reflection on community service for the course was the final assignment.

Results

Of 103 students in the course, thirteen commented on the impact of the alternative activities on their final course reflection. The CDC Solve the Outbreak interactive game was the most popular activity students completed; other activities included writing a PSA, Action Alert, or infographic, reviewing a policy, and creating a virtual presentation. These activities allowed students to “become more well-rounded and have broadened my idea about how nurses can make a difference besides just at the bedside.”

Conclusion

Alternative, innovative learning activities that provide students with opportunities to apply what they have learned as well as increase their learning can be effective techniques for completing community service hours when students are unable to complete them in person during a pandemic. The activities supported student learning (Bejster, et al., 2021; Norman & Meszaros, 2021), were flexible to meet program outcomes and competencies (Yancey, 2020), and maintained the integrity of the nursing program (Yancey, 2020).

Nursing Student Caregivers-the COVID Version

Dr. Lynn Blanchette PhD¹, Dr Donna Huntley-Newby PhD¹, Professor Christine McGrane MSN², Dr. Robert Desrosiers DNP³, Dr Elizabeth Magibry DNP⁴

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Objectives

Discuss the opportunities for nursing students as caregivers, List the benefits for communities when student nurses are exposed to respite care, Review alternative delivery opportunities for respite care delivery, i.e., group respite

Purpose

The number of families providing caregiving in their homes is expected to increase exponentially in the future. Extended lives, lack of resources to provide safe support for older adults and gaps in family caregiver leave have left many families overburdened with care. This presentation will review an evolving project with student nurses as caregivers

Materials and Methods

This project consists of nursing faculty from five nursing programs from different academic institutions. Each institution has incorporated the respite grant into its program in a different way. The grant involves an advisory board made up of community members from the Office of Health Aging, the United Way, and the Catholic Diocese. COVID added additional stressors to already stressed families and alternate strategies for delivery of care needed to be explored.

Results

Student nurses were able to continue to support families in need of respite care through alternative methods. These included telephone check-ins, simulations and support of professional development.

Conclusion

Nursing faculty and students are key to expanding the number of respite providers. This program benefits the families and the recipients of that care. Nursing professional development was enhanced through the creation of a continuing education program and participation in a caregiving conference. Online case studies and simulations were developed to improve the nursing students' understanding of the need for respite care

Using active learning activities to enhance deep learning in a Community/Public Health Nursing course

Dr. Cindy Farris PhD, MSN, MPH [ORCID iD](#)

Florida Gulf Coast University, Fort Myers, Florida, USA

Objectives

Participants will identify two (2) active learning activities to utilize in Community/Public Health nursing course., Participants will apply two (2) ways to develop active learning activities in Community/Public Health nursing course., Participants will understand two (2) aspects of how active learning strategies promote nursing students' skill of deeper learning.

Purpose

The purpose of this abstract/presentation is to disseminate active learning activities that have been utilized in a Community/Public Health Nursing course in the past two years. Active learning strategies promote improved engagement of more meaningful experiences and could lead to deeper learning of community and public health concepts (Reinschmidt et al., 2019). The importance of using active learning to enhance deeper learning for the essential application of community concepts such as social determinants of health and emergency disaster management is critical for future nurses to develop effective critical thinking and clinical judgment (Richardson, 2020; Roller & Zori, 2017). The recent Future of Nursing 2030 report as well as AACN Essentials highlight the importance of community concepts such as social determinants of health and disaster/emergency preparedness. Using active learning strategies can be used to promote more student engagement (Kiles et al., 2020). With most of the current student nursing population designated a Generation Z, this group is designed to be more community-oriented as well as collaborative in nature (Hampton, 2020). This presentation relates to the conference goal of #2 Describe historically informed, innovative strategies to enhance community/public health nursing education, research/scholarship, and practice.

Materials and Methods

The Deep Learning Theory (DLT) has gained more attention in higher education in the past few years. This theory notes the importance of activating students to be more engaged in the material leading to better retention, more reflection, and improved exploration of the concepts (Pereira & Wahi, 2019). There will be two (2) examples of active learning activities that have been utilized in a Community/Public Health Nursing course. These examples have been applied in traditional, online, and hybrid formats. The two (2) examples are associated with the concepts of social determinants of health (SDOH) and emergency/disaster management. Nursing students completed these active learning activities in small groups in both the traditional face-to-face format as well as breakout groups online. These active learning activities were completed during the class where the theory components of the activity were completed.

Results

The use of these active learning activities has been utilized for five (5) semesters in a BSN Community/Public Health Nursing course. Changing from traditional face-to-face modality to online prompted some re-evaluation of the components of the active learning activities. Reflective journals were used at the end of each class providing feedback from the nursing students evaluating the affective domain of learning as well as application to the concept in community clinical/practice. Comments from the

nursing students note that they enjoy the application of the active learning activities during the classroom as well as the ability to work in small groups.

Conclusion

Nursing students will need to understand and apply community concepts in their future nursing practice. Current changes from the Future of Nursing 2030 report and AACN Essentials provide the evidence that future nurses need to understand the certain population and community-based concepts to provide a holistic approach to addressing the health outcomes of clients, families, and communities. Providing theory to the application of the concept in an immediate activity could result in deeper learning of the material. Reflective journals illustrated the positive responses from nursing students in both the traditional face-to-face and online modalities.

Evidence Based Practice Track

The Breastfeeding Relationship Scale: A Valid and Reliable Instrument for Measuring Outcomes of Breastfeeding Teaching in Response to Perceived Insufficient Milk

Assistant Professor Natsuko Wood PhD, RN [ORCID iD](#), Associate Professor Celestina Barbosa-Leier PhD, Research Professor Tamara Odom-Maryon PhD

Washington State University College of Nursing, Spokane, WA, USA

Objectives

1. Discuss the modifiable causes of perceived insufficient milk., 2. Discuss what the Breastfeeding Relationship Scale measures., 3. Discuss how the Breastfeeding Relationship Scale can be used in practice and research.

Purpose

Globally, perceived insufficient milk (PIM) is the primary cause of early breastfeeding discontinuation.¹⁻³ PIM is a maternal perception that her milk supply is low and is associated with maternal misattribution of infant behavior such as crying/fussing,^{4,5} frequent feedings,^{5,6} and perceived poor weight gain⁷ to unmet nutritional need for her infant. Uncertain milk supply is often relevant to lack of confidence in breastfeeding.⁸⁻¹¹ Expressing breast milk, bottle feeding with expressed milk, and formula supplementation are the most common strategies mothers use to compensate for uncertain milk supply. However, these practices compromise the supply-demand relationship due to decreased infant suckling on the breast. Breastfeeding teaching and support is a key strategy nurses can use to enhance maternal interpretation of infant behavior and breastfeeding confidence through unrestricted direct breastfeeding. To date, however, nurses have lacked valid and reliable measures to evaluate breastfeeding teaching in response to PIM.

The purpose of the study was to test the validity and reliability of a newly developed outcome measure, the Breastfeeding Relationship Scale (BFRS).¹² The BFRS measures mutual responsiveness between a breastfeeding mother and her infant in response to PIM. The BFRS was conceptualized based on the Barnard's Parent Child Interaction Model¹³ and Bandura's social cognitive theory¹⁴⁻¹⁷ and informed by the results from a pilot feasibility study.^{18,19}

Materials and Methods

Mothers who were 1-12 weeks after childbirth, were breastfeeding on the breast at least once a day, and had not returned to work/school were recruited through social media. Two independent samples (n=626 total) of participants completed the study survey, administered using Qualtrics Research Suite™, between 9/2019-12/2019 and between 7/2020-10/2020.

The BRFS contains 16-items rated using a 5-point Likert scale. The higher the score (range, 16-80), the stronger mother-infant mutual responsiveness. Reading level was assessed at grade 7. Construct validity of a hypothesized 3-three-factor model (Mother-Infant Breastfeeding Interaction, Breastfeeding Synchronicity, and Perceived Adequate Milk Supply) was assessed using confirmatory factor analysis (CFA) and reliability (Cronbach's alpha). Mother-Infant Breastfeeding Interaction will measure shared positive affect, e.g., making eye contact, maternal breastfeeding interest/engagement, and infant responsiveness to breastfeeding. Breastfeeding Synchronicity will measure maternal interpretation of infant behavior and the quality of mother-infant breastfeeding episodes including when to start and finish breastfeeding. Perceived Adequate Milk Supply will measure knowledge and skills concerning adequate milk supply, breastfeeding self-efficacy, values of breastfeeding, and an individual's efforts to persevere with direct breastfeeding.

Results

CFA of the 3-factor model demonstrated good fit in both samples (comparative fit Index >.90, root mean square error of approximation <.06, square root mean residual <.061). Cronbach's alpha for the constructs ranged between .73-.83.

Conclusion

The BFRS is a valid measure with acceptable reliability. It can be used to evaluate the effectiveness of programs and interventions designed to improve mutual responsiveness between breastfeeding dyads in response to PIM. Nurses can use the BFRS to enhance maternal interpretation of infant behavior and breastfeeding confidence by encouraging unrestricted direct breastfeeding.

A Holistic Health Determinants Model for the 21st Century Public Health Nursing Practice

Associate Professor Patricia Schoon DNP, MPH

Metropolitan State University, St. Paul, MN, USA

Objectives

1. Discuss the impact of the use of historical health assessment and intervention models sometimes based on myth rather than fact has embedded racism and gender bias into health care, public health, and the nursing curriculum. ,
2. Describe how an innovative holistic health determinants model based on social ecological and intersectionality theories and recent social and environmental change may be used to enhance evidence-based public health nursing practice. ,
3. Discuss how the holistic health determinants model may be integrated into baccalaureate nursing education to prepare baccalaureate nursing graduates to practice public nursing at individual/family, community, and systems levels of practice.

Purpose

The purpose of this presentation is to introduce a 21st century holistic health determinants conceptual model for community/public health nursing based on scientific evidence. Unfortunately, historical assessment and interventions models that include myths and scientific inaccuracies have become embedded into nursing curricula. This new model is based on reputable 21st century evidence. The increased societal focus on institutionalized racism which results in both social and health disparities has made society more aware of the social determinants of health. Acceptance of contemporary scientific evidence including that race is a social construct rather than a biological construct, that stress can cause epigenetic changes across the lifespan and intergenerationally; and, that gender is non-binary rather than binary has resulted in a need for change in nursing education and practice. In addition, the focus on the significant upstream or root causes that drive health status and health disparities has resulted in a cultural and political shift in awareness of the importance of primary prevention.

This Holistic Health Determinant Model melds several conceptual approaches including: the 2020 Healthy People Health Determinants; the 2030 Healthy People Social Determinants of Health; a public health intersectionality theory approach; the social ecological theoretical approach; and, the public health nursing process. Health determinants including Biological/Genetic, Social Behavioral, Social Environmental and Physical Environmental are constructed using an ecological approach. The interactions between health determinant components and the Social Determinants of Health are based on a public health intersectionality theoretical approach. The balance of health determinant risk factors and protective factors which intersect with each other lead to health status in individuals, families, and population groups that are either equitable or inequitable. The interactions of the health determinant components are based on the concept that humans experience environmental stressors over the lifespan and individuals, families, and population groups have different allostatic loads that impact health status. This model supports the evidence that the causes of health status occur at multiple levels in the ecosystem and interact with each other over the lifespan of individuals, families, population groups, and communities. This new approach provides a framework for nursing faculty to help nursing students transition from a time-limited single patient focus to a broader focus that considers the entire ecosystem over time. It is consistent with the 2021 AACN population health competencies. This presentation describes how this model could be integrated into the baccalaureate nursing curriculum to prepare students for population health assessment, intervention, and management in the 21st century.

Materials and Methods

This was not a research study. I conducted a literature search in order to create an evidence-based model. One of two manuscripts have been submitted for publication.

Results

Credible scientific evidence was found to support creation of an evidence-based practice model.

Conclusion

The model that was developed is consistent with 21st century evidence and will be a useful tool to use in BSN education for public health nursing and population-based care.

Innovation in Nursing Education: Using Public Health Data to Drive Concept-Based Curriculum Development

Clinical Assistant Professor Regina Johnson MS, RN¹, Clinical Associate Professor Christina Phillips DNP, APRN, FNP-C²

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Objectives

1. Describe a strategy that utilizes public health data indicators to guide concept-based curricular content and exemplar selection., 2. Use relevant sources of local, state, and national health status indicators to influence curricular change. , 3. Appreciate continuous quality improvement measures as an essential part of curricular development.

Purpose

Implementation of concept-based and competency-based curricular approaches continue to show growth in nursing education.^[i] The 2021 American Association of Colleges of Nursing (AACN) document, *The Essentials: Core Competencies for Professional Nursing Education*, emphasizes the integration of eight core concepts along with 10 broad domains that are central to professional nursing practice. The new *Essentials* acknowledges the need for students to understand how local, national, and global structures contribute to the health outcomes of individuals, families, communities, and systems. ^[ii] Faculty at a Midwest school of nursing have educated pre-licensure nursing students within the context of a concept-based classroom curriculum and a competency-based clinical curriculum for over a decade.^[iii] As client populations and healthcare continue to change, prelicensure nursing programs must continually evolve and evaluate curricula to meet changing needs.

Materials and Methods

A faculty workgroup initiated a quality improvement approach to reviewing and revising current content within a concept-based curriculum during academic year 2020-2021. These faculty convened monthly to conduct a survey of current curricular content and a gap analysis. They used public health data indicators and electronic health data indicators to compare current curricular content and exemplars. Some of those public health data indicators included: Healthy People 2030 Leading Health Indicators^[iv], America's Health Rankings by State^[v], County Health Rankings^[vi], and State Cancer Incidence Rates^[vii]. In addition, electronic health records were obtained from community partners including top 10 emergency room diagnoses and top 10 inpatient admission diagnoses. Faculty analyzed all groups of data for similarities locally, regionally, and nationally. Then, they compared the health indicators with content currently taught and populations represented across the lifespan. Finally, they made recommendations to address gaps and redundancies. Implementation of recommendations is ongoing.

Results

Curricular content should be representative of populations served locally, regionally, and nationally. Exemplars should: represent relevant and prevalent conditions or situations experienced by individuals, families, and communities; have broad representation across the lifespan; showcase diverse settings of care of where people live, learn, work, play, worship and age.

Conclusion

Using public health data indicators for selecting content and key exemplars in a concept-based curriculum provides a pathway for faculty to assess, plan and evaluate concepts and exemplars reflective of the health trends of communities being served. Using public health data to inform and guide a concept-based curriculum allows faculty the means to engage in continuous quality improvement.

An Innovative Educational Program to Expand the Roles of Pre-Licensure Students and Registered Nurse Preceptors in Community-based Settings

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Objectives

1. Describe one approach to including community-based nursing experiences in prelicensure nursing programs., 2. Identify barriers and facilitators for didactic and clinical educational strategies that emphasize a community/public health approach., 3. Explore methods to build strong academic-clinical partnerships that support building workforce capacity in community/public health nursing.

Purpose

The current emphasis in health professions education on sickness care is not sustainable and must be balanced with efforts to support healthy living, improved transitions of care, a focus on the individual, and improved integration of care (Lipstein et al., 2016). These are also the tenets of community-based care and are essential for all members of the healthcare team. Nurses have a long history of person-centered, health-oriented care dating back to Lillian Wald's Henry Street Settlement in 1893 in which she pioneered community-based, coordinated, integrated, and individualized care (Wald, 1915/199). Nursing and nursing education had foundations in community settings, although at present, nursing education is focused on acute care, and the vast majority of new nurses seek employment in hospitals (Kovner et al., 2014). There are many barriers for nurses to begin a career in community-based settings, but a major one is that they are not exposed or prepared in their educational programs.

Our HRSA funded project (2018-2022), Primary care Improved Outcomes with Nurses in Expanding and Evolving Roles (PIONEER), incorporates innovative strategies to enhance community/public health nursing education for undergraduate students working with medically underserved populations. Primary care capacity is decreasing, as fewer primary care providers are available, patients have increasingly complex needs, and payments to primary care settings are limited. This perfect storm has created unique opportunities for enhanced nursing roles in community-based settings, especially in the area of chronic disease management (Bauer & Bodenheimer, 2017).

The three main objectives of the project are to educate students in primary care settings through didactic and clinical immersion; support and educate currently practicing registered nurses at our clinical practice sites; and assist clinical partners in adopting primary care practices from the Learning from Effective Ambulatory Practices (LEAP) project. By building strong academic-clinical partnerships with six community-based primary care settings, the project provides robust clinical sites for nursing students

while simultaneously educating and supporting currently practicing registered nurses towards full, patient-centered practice with vulnerable and underserved populations.

More specifically, the subgoals of our first objective, as stated above, are that 1.) At least 15 students per year will select PIONEER for their senior capstone experience, 2.) Students will attain an advanced beginner level of competence in primary care competencies and 3.) At least 75% of PIONEER students will seek employment in primary care settings in graduation and that at least 50% will be employed in primary care settings one year after graduation.

Materials and Methods

Combining clinical education with a strong mentoring component is an effective method for graduating RNs who are capable and committed to primary care as a career choice (Stark et al., 2001). The PIONEER project recruits students through a combination of an intensive summer “Primary Care Camp” (PCC) and financial support. PCC provides a two-week intensive between semesters and includes didactic content on primary care nursing, presentations from primary care professionals, site visits, and clinical experiences. PIONEER students complete their final clinical capstone course in community-based settings.

The clinical capstone requires 180 hours of clinical experience with an assigned RN preceptor. Topics related to primary care are introduced in earlier courses, but are not synthesized for practice, and this has been the focus of PIONEER. Historically, these clinical experiences were restricted to hospital settings, and by offering community-based settings, our project sought to shift this limited approach. A full-time Academic/Partnership Liaison (APL) was employed to facilitate the clinical experiences. The APL worked closely with students, preceptors, and faculty to ensure that students received robust clinical experiences that aligned with course objectives and required RN competencies. PIONEER students also benefited from other opportunities to enrich their knowledge and skills in primary care. Funds were provided to support student involvement in events such as disaster relief efforts, medical missions, or professional conferences. Throughout the PIONEER program, students received the didactic and clinical education needed for primary care practice, building on knowledge developed in previous coursework.

It must be noted that the success of goal one, as described above, hinges on the education and support of primary care RNs and assisting clinical partners in adopting primary care practices from the LEAP project. Primary care nurses in our clinical partner sites are not only invited to precept our undergraduate PIONEER students but are invited to engage with the PIONEER team and faculty through in-services, mentoring, and coaching. The APL is embedded in clinical partnership sites to work with, understand, and support the primary care RNs. CEUs have been made available by the university and affiliated Health System. The APL and faculty trained in areas of specific expertise (chronic disease management, care coordination, and behavioral health) have offered on-site in-services and developed self-paced, virtual modules available for CEUs. The PIONEER team most recently developed and launched two web-based, self-paced courses on Telehealth and Care Coordination, in the wake of the Covid-19 pandemic. While RN preceptors are essential for the education of the PIONEER students, RNs also benefit from the preceptor role. Engagement with students provides opportunities for professional growth, motivation to keep clinical knowledge and skills sharpened, and contributes to work satisfaction (Shpritz, 2006).

Clinical partners are given general operating funds to support enhanced RN practice. Additionally, PIONEER supported clinic partner for travel to Connecticut for a two-day clinic immersion at Community Health Center, Inc., an operating LEAP site, and individual consultation with Beth Ann Swan PhD, RN. Objectives and assessment strategies of these second and third objectives are not discussed in this abstract.

Results

The number of students that selected PIONEER for their senior synthesis experience every year has approached or exceeded the goals for each year. There have been total of 43 students who completed the PIONEER experience, and an additional 18 students who are currently enrolled. Over the 4-year project, there are a total of 61 student participants.

Students' attainment of advanced beginner level status in competencies in primary care competencies has been assessed using the, Entry-Level Public Health Nursing (PHN) Competencies Instrument (Henry Street Consortium, 2017), and Checklist of Primary Care RN Competencies (West County Health Centers, n.d), Pre- and post-semester data are analyzed for each instrument. At this point, results from pre- and post-surveys from the students who have completed the PIONEER program have not been fully analyzed, pending completion of the final cohort.

Data on employment in primary care nursing are collected by direct contact with PIONEER graduates. Though not complete, the data to date provide insight about the current and changing attitudes towards community nursing and primary care. Of the first three cohorts (43 students total), 85% of the participants responded that they had taken jobs in acute care settings upon graduation, but at one year after graduation, that dropped to 70% (30% had roles in primary care settings). In addition, at the 1-year point, 75% responded that they were considering or actively seeking APRN or graduate studies.

Although some faculty were concerned that a clinical capstone in a non-acute care setting may decrease students' readiness for NCLEX, 100% of PIONEER students have passed on the first attempt.

There are several challenges largely beyond the PIONEER scope that have been revealed during the program period. These include system culture barriers, lack of understanding of RN role and capacities and RN practice laws, physician-centered versus team-based practice models, and of course, the Covid-19 pandemic.

Conclusion

By focusing on the development of both the pre-licensure nursing student and RNs in primary care, the PIONEER project demonstrated effectiveness serves to advance primary care nursing and future of healthcare. It provides a model for successful academic-clinical partnerships in primary care and supports multiple goals that have been set forth in the newly released AACN Essentials (2021). For example, there is an identified need to increase nursing education's focus on the essential spheres of chronic disease management and wellness and disease prevention, all of which have been integrated into clinical and didactic education as part of this project. Multiple domains are woven throughout the project's initiatives and serve to strengthen both the students and clinical RN partners, such as an emphasis on population health, quality and safety, interprofessional partnerships, and person-centered care. Additionally, by emphasizing the role of the registered nurse in primary care and community-based settings, the PIONEER project supports goals, such as valuing community and public health nursing and strengthening nursing education, that has been set forth in the National Academies of Sciences *Future of Nursing* report (2021).

Using Innovative Strategies through Evidence-Based Interventions in the School Setting to Enhance a Pre-Licensure BSN Community Health Nursing Course

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Objectives

Learners will be able to describe the steps of developing an evidence-based teaching intervention used to promote student health and healthy communities., Learners will be able to articulate at least one innovative strategy to enhance community/public health nursing education., Learners will be able to identify at least one potential new partnership with nursing schools to enhance community/public health nursing education and promote leadership development of community/public health/population health.

Purpose

In a pre-licensure BSN community health nursing course, students are exposed to school nursing by engaging with elementary schools as community partners to use the community health nursing process to develop, implement and evaluate a health teaching intervention. Some of these community partners are elementary schools. These elementary schools, both private and public, are located within a large midwestern city. This presentation describes the innovative strategies implemented by nursing students to promote student health, enhancing their community/public health nursing education and practice and providing them leadership development in preparation of their nursing career.

Materials and Methods

Nursing students utilize the community health nursing process of assessment, diagnosis, planning, implementation, and evaluation in the development, implementation, and evaluation of their community-based teaching intervention for an aggregate population within the school setting. This includes conducting a windshield survey of the community, assessing the social determinants of health of the aggregate population, identifying the aggregate health issues related to the Healthy People 2030 objectives, selecting a learning theory and health teaching model, developing teaching goals and objectives, planning the evaluation methods, implementing the project, analyzing the results, and disseminating the knowledge to their peers. Students are assigned a school community partner and collaborate with the classroom teacher and other school staff members as needed.

Results

In 2020, the focus of the teaching interventions included the importance of sleep, nutrition, hygiene, and COVID-19. Due to the declaration of the COVID-19 pandemic in early 2020, shelter-in-place mandates, and the adjustment of online teaching, only one of the projects was implemented live in-person while the remaining three presentations were implemented by a pre-recorded presentation in which the students provided the recording for the classroom teacher to implement on their own with the developed methods for evaluation. The live teaching project was about sleep hygiene in a 6th grade classroom at a private elementary school. The classroom students successfully reached the set objectives learning about the benefits of sleep, symptoms of sleep, and methods to improve sleep as demonstrated by pre/post test. Following the recorded presentations, there was positive feedback from the student's peers and the

teachers regarding the effectiveness of the presentation and the usefulness for the classroom setting. Results from Fall 2021 will be added by the conference date.

Conclusion

These innovative projects demonstrate that through collaboration with school community partners, nursing students in a community health course are able to successfully develop and implement evidence-based interventions for students in the classroom setting from the general education classroom to the special education classroom. These interventions aim to address the health needs of the aggregate student population thus improving their health, their family's health and overall the health of the community while meeting community health nursing clinical objectives. By exposing students to school nursing during their BSN nursing program, it may help to address the current nursing shortage in school nursing by inspiring nursing students to enter a career in school nursing.

Education Track

Addressing Gaps in Healthcare for Persons with Cognitive Disabilities: An Inter-professional Partnership between Nursing and Special Education

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Objectives

By the end of the presentation, participants will be able to discuss the prevalence of cognitive disability in their own communities., By the end of the presentation, participants will be able to list at least three common major health concerns related to individuals living with a cognitive disability., By the end of the presentation, participants will be able to identify potential partners at their own university or in their community to partner with to improve disability health and wellness.

Purpose

Individuals living with cognitive disabilities (ILWCD) are at higher risk of developing obesity, hypertension, heart disease, high cholesterol, seizure disorders, anxiety, and depression when compared to those without disabilities (Autism Speaks, 2019; Centers for Disease Control and Prevention [CDC], 2019a). Because of physical characteristics common in these individuals, they are also at a higher risk of choking on their food while eating and needing cardio-pulmonary resuscitation because of common heart defects (Hemsley et al., 2019; CDC, 2019b). Special education teachers need to be familiar with these common disease processes and prepared to provide lifesaving techniques of CPR, the Heimlich maneuver, and seizure first aid when working with ILWCD. Nurses care for ILWCD in the hospital and community settings and need to be prepared to communicate well with them and their caregivers. Nurse educators at a large southeastern university grasped the depth of these health disparities and reached out to their university's special education program. The two disciplines joined their expertise and created the inaugural Interdisciplinary Disability Health Awareness Workshop in 2021. The purpose of this workshop was to create an opportunity for special education and nursing students to learn from one

another to address potential gaps in ILWCD's access to health care. Objectives were for students to be able to integrate disability etiquette and awareness language into conversations when speaking with peers, assemble appropriate team-based responses to ILWCD in crisis situations, reflect on his/her/their own perceptions of ILWCD, and demonstrate appropriate CPR, Heimlich maneuver, and seizure first aid techniques.

Materials and Methods

Nursing students in their second semester joined special education students in their practicum semester for a four-hour workshop. The workshop took place in the skills lab of the nursing school. IRB approval was obtained before the workshop for faculty to obtain de-identified pre and post surveys regarding all students' knowledge, skills, and attitudes towards ILWCD. Students were given the option to participate or not based on their personal preference. Once the pre survey was completed the workshop began. Students watched a video created by local ILWCD regarding disability etiquette and preferences on how to communicate with them in the class and clinical setting. Students were then assigned to interdisciplinary teams of six to work through two case studies which were developed and written together by faculty from both disciplines. Both cases were based on real life scenarios and centered on ILWCD's experiences at outpatient clinic settings. Faculty walked around from team to team while students discussed the cases to answer any questions that arose. Large group dialogue took place after each case study once students had the opportunity to discuss the case within their own teams.

The second half of the workshop was dedicated to learning and refining the life-saving skills of basic CPR hand placement, correct Heimlich maneuver technique, and seizure first aid. Nurse educators taught correct technique for all these skills and then allowed student teams to work on the skills themselves. Students were able to practice with Heimlich dolls and CPR mannequins. They were also able to critique one another. Once the skills were practiced and refined, students were able to take the post survey to see if knowledge, skills, and attitudes changed as a result of the workshop.

Results

The workshop proved to be very effective. Faculty learned from one another during the planning process and while co-teaching students. Interdisciplinary work was first modeled by the faculty, observed by students, and then displayed by the students in their teams. Special education students helped nursing students learn more therapeutic ways to care for ILWCD in the clinical setting. Nursing students helped special education students learn life-saving skills to use while teaching ILWCD in the school setting. Discussion during case studies included sharing ideas for how the future professionals could work together to prepare ILWCD for successful visits with their healthcare provider. Anecdotal data based on student comments include that the workshop was successful in obtaining its goals and accomplishing its objectives. Data from pre and post workshop surveys are still under analysis.

Conclusion

Nurse educators often limit their definition of interdisciplinary collaboration to disciplines of the traditional healthcare team. The inaugural IDHAW was important because it suggests that learning can occur when healthcare disciplines such as nursing work with non-traditional partners to increase the health of ILWCD. The value of each discipline shined as each brought their own unique strengths to the proverbial table.

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Advanced Public Health Nursing DNP Interventions

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Objectives

Describe key components of a curriculum to help nurses develop knowledge and skills in APHN, Identify 3 examples of population health interventions conducted by APHN DNP graduates to demonstrate their skills in enhancing health equity across diverse populations

Purpose

The Affordable Care Act (ACA) (2010) was introduced as a partial answer to several pressing problems in the US health care system, including high costs and mediocre health outcomes for the U.S. population. The ACA initiated a shift in health care to an increased focus on disease prevention, health promotion, increased access to services and improved outcomes and cost savings across populations. Advanced Public Health Nurses (APHNs) are well suited to participate in this work, with their advanced knowledge and skills in public health and their nursing clinical background. The Future of Nursing (FON) 2020-2030 report recommended having nurses well versed in population health, health equity, and addressing social determinants of health to lead in working towards health equity. Bekemeier et al. (2021) identified APHNs with Doctor of Nursing Practice (DNP) education as being uniquely qualified for these efforts. The purpose of this study is to describe DNP projects in Advanced Public Health Nursing (APHN) over the past 8 years to identify the impact of APHN practice on the health of the public and health equity.

Materials and Methods

Current DNP programs with a focus in APHN need to address the need for nurses skilled in public/population health by adopting comprehensive curricula, robust practicum experiences, and assuring students meet relevant competencies (Quad Council, 2018; ANA, 2021 in review). The DNP in APHN program presented here from one university has graduated 50 students from 2012-2020, using a curriculum including coursework in: epidemiology and biostatistics; leadership; health economics and finance; policy analysis; program implementation skills such as budgeting and human resources management; population assessment; and developing and evaluating evidence-based population focused interventions. In addition, the 1100 practicum hours in this curriculum allow the students to develop, implement and evaluate an innovative population focused project in a public health setting, while also gaining skills in implementing and evaluating existing public health policies and interventions. The practicum experience is augmented by real time student and faculty discussion of APHN knowledge, skills and roles across a variety of practice and practicum settings. The analysis presented here of the resulting DNP projects is a qualitative analysis for themes across the purpose, target populations and outcomes of these APHN health promotion initiatives.

Results

The results highlight the populations targeted, project foci and outcomes/impact measured for APHN practice, and how these projects address population health needs across diverse communities.

Conclusion

These projects illustrate the role of the DNP in APHN in improving the health of the public by using their knowledge and skills to increase health equity and improve the health of diverse communities and populations.

Faculty Credentialing for APHN Advising

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Objectives

Discuss the importance of standardizing faculty qualifications for advising APHN students, List 2 ways faculty can demonstrate competency in APHN

Purpose

In 2017 the American Nurses Credentialing Center eliminated board certification for Advanced Public Health Nursing (PHNA-BC). Since there are a limited number of faculty with the PHNA-BC credentials, this raises concerns about the existence of faculty with documented knowledge and expertise to teach and advise students in that specialty. Student specialty practicum and projects need to be designed to help them meet the national specialty competencies as described in the Quad Council competencies for Public Health Nursing (Quad Council Coalition Competency Review Task Force, 2018). These include population assessment, policy and program development, implementation and evaluation, communication across stakeholder groups, health equity/cultural competence, working with community groups and members in authentic partnerships, public health knowledge and skills, financial planning for public and population health and leadership. Therefore, advising faculty should demonstrate core competencies for public health professionals at all three levels: the basic or generalist level (Tier 1); the specialist or mid-level (Tier 2); and at the executive and/or multi-systems level (Tier 3). Faculty at a Midwest nursing program with a specialty program in Advanced Public Health Nursing sought to identify necessary knowledge and skills for faculty advising APHN students, in the absence of formal certification.

Purpose: To develop recommendations for a process of assessment and standardization in faculty qualifications to advise students in APHN programs.

Materials and Methods

Utilizing the Quad Council Competencies for PHN, a team of faculty (both with and without PHNA-BC certification) at Rush University in Chicago, IL reviewed and critiqued each competency tier to determine necessary competencies faculty should possess prior to advising APHN students, and possible ways of documenting such competencies.

Results

A list of competencies and the process to demonstrate how faculty meet these competencies was created. The consensus is that if faculty are not currently PHNA-BC and/or have not completed an APHN

curriculum, they must meet at least 80% of the quad council competencies to advise students. Since our DNP program requires at least 80% competency for students, we would have similar expectations for our faculty. This will be demonstrated through portfolio review and interview.

Conclusion

The Future of Nursing (FON) reports the importance of having highly skilled public health nurses to address the social determinants of health in individuals and populations. This then requires faculty that are highly qualified and competent in public health to advise such students. Developing a standardized method to determine qualifications and competencies of faculty to advise APHN students will be essential to the future of public health nursing.

Operationalizing Tele-nursing Roles for BSN Students in a Federally Qualified Health Center

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Objectives

Determine collaborations, structures, data analysis processes, and outcome measures related to operationalizing student-led tele-nursing call center., Apply tele-nursing teaching strategies that lead to the optimization of patient/population health outcomes., Summarize lessons learned related to the development, implementation, and evaluation of student-led tele-nursing call center campaigns.

Purpose

The aim of this podium presentation is to introduce colleagues to a toolkit to guide planning, development, implementation, and evaluation of BSN student-led tele-nursing population health management campaigns. The toolkit was co-developed by DNP tele-health center director, clinical faculty, and students. It includes faculty lesson plan; telephonic scripts; tele-nursing policy; call center build-out blueprint that complies with COVID-19 social distancing recommendations; campaign roadmap with timelines; and telephone visit documentation templates.

Materials and Methods

Academic and practice partners applied the Plan, Do, Study, Act (PDSA) framework to incrementally develop, implement, and evaluate student-led tele-nursing call center campaigns. PDSA Cycle 1: With consideration for clinical course objectives, AACN Competencies, Texas Board of Nursing Differentiated Essential Competencies, the lead clinical faculty designed lesson plan to aid faculty's facilitation of BSN students' orientation and accomplishment of medication management and client education components. PDSA Cycle 2: BSN students and faculty piloted and refined campaign components based on SWOT analysis and lessons learned.

Results

Evidence of students' impacts on telehealth outcome measures will be collected and analyzed during Fall and Spring 2021 semesters. Summaries of PDSA cycles will be presented to ACHNE conference participants.

Conclusion

The IFMSON/FQHC partnership is preparing BSN and DNP students for tele-nursing practices in community-based primary care settings. Active and experiential learning experiences (Rutledge, et al., 2017) relevant to population health management, high performing teams, and data analytics equip nursing students with competencies that demonstrate the value of nurses in primary care settings and advocate for the provision of timely, effective, patient-centered, efficient, equitable, and safe health care. The stage is set for an inter-professional learning lab with medical and pharmacy students in the future.

Equity Track

Development and Psychometric Properties of the Tool for Assessing LGBTQI+ Health Training (TALHT) in Pre-licensure Nursing Curricula

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Objectives

By the end of the presentation, participants will be able to discuss existing gaps in LGBTQI+ health content coverage in nursing curricula, By the end of the presentation, participants will be able to discuss the acceptability and utility of the Tool for Assessing LGBTQI+ Health Training (TALHT) in Pre-licensure Nursing Curricula, By the end of the presentation, participants will be able to evaluate existing nursing curricula using the Tool for Assessing LGBTQI+ Health Training (TALHT) in Pre-licensure Nursing Curricula

Purpose

There is a lack of comprehensive lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) content in pre-licensure nursing curricula. LGBTQI+ people commonly experience mistreatment from nurses and healthcare providers due to lack of knowledge or personal biases. To date, few instruments exist to guide LGBTQI+-specific curricular improvement. Johns Hopkins School of Nursing LGBTQI+ Health Initiative and Emory University School of Nursing developed the Tool for Assessing LGBTQI+ Health Training (TALHT) to assist in evaluating gaps and redundancies in LGBTQI+ health content within pre-licensure nursing curricula.

Materials and Methods

Face and content validity were evaluated among experts in LGBTQI+ health, curricular development, nursing education, and measure development (N=22). The TALHT was modified based on expert feedback and a pilot with pre-licensure faculty (N=13) to evaluate utility and acceptability of the refined measure.

Results

Face and content validity evaluation of the 60-item iteration of the TALHT showed that the majority of items were consistently relevant among external expert reviewers. However, the clarity and readability of items were lacking. We triangulated the quantitative and qualitative data from experts to adapt and reduce the number of items in the TALHT to 20 items. Pilot testing of the revised 20-item measure found that utility and acceptability of the tool were rated highly among pre-licensure faculty.

Conclusion

The validation of the TALHT comes at a time when this type of instrument is clearly needed. The *Future of Nursing 2020-2030* report calls for nursing education to incorporate competencies in caring for diverse populations to promote health equity. *The Essentials: Core Competencies for Professional Nursing Education* calls for a transition to operationalization of competency-based nursing education. The TALHT provides faculty and programs with a valid and reliable means to operationalize implementation of those competencies as they pertain to LGBTQI+ health.

Enhancing Community/Public Nursing Education: The State of the Science of Crisis Standards of Care Amid Covid

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Objectives

Describe the baseline knowledge of Crisis Standards of Care among C/PHNE during the pandemic., Describe the content of Crisis Standards of Care education employed by nursing programs during the pandemic., Identify current and future recommended teaching strategies for Crisis Standards of Care education.

Purpose

This interactive podium presentation is a follow up to the We're Off to See the Wizard Pecha Kucha presentation delivered at the 2020 AI Research Plenary, Research in Action: Mentoring our Galaxy of Affinity Groups to Advocate for Evidence in Community/Public Health Nursing and Education.

Historically, the Institute of Medicine Annual Report: Forum on Medical and Public Health Preparedness for Catastrophic Events (2010), developed a system level approach to disaster planning and response from which reacting to disasters with needs that far exceeds the resources. The IOM Report entitled, Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations (2009), defined Crisis Standards of Care as "a substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive or catastrophic disaster (IOM, 2009). The guidelines were intended to assist the health care team in leading the provision of equitable quality care when resources are scarce. Hanfling et al. (2012), reported that the CSC Guidelines were updated to include ongoing community and provider engagement, education, and communication. Infrequent implementation of CSC guidelines had led to limited knowledge of the guidelines and perceived limited dissemination of the necessary education on CSC to current nursing students. Prior to 2020, there was not a need for

widespread CSC guideline implementation. The COVID pandemic is the most current exemplar of the need for widespread CSC guidelines as well as the need for a renewed focus on education about the equitable implementation of the CSC guidelines. While the CSC guidelines exist, it was unclear if C/PHNE faculty were aware of them or if they engaged in teaching the rising workforce regarding the equitable implementation of the CSC guidelines. This presentation covers the completed study entitled, Understanding Crisis Standards of Care during the COVID Crisis. The impetus for this study was the Covid 19 pandemic and the renewed need for education and implementation of the Institute of Medicine's (2012) Crisis Standards of Care (CSC) guidelines.

During this presentation, the authors will provide participants with the results of the descriptive research study entitled, Understanding Crisis Standards of Care during the COVID Crisis. The researchers will prompt discussion about findings from the study that was aimed at discovering C/PHNE teaching practices related to CSC amid the COVID-19 pandemic. In addition, the authors will provide the attendees with opportunities to discuss and share ideas for enhancing CSC education through resources and tools designed to increase the curricular content of CSC. Discussion will focus on C/PHNEs sharing ideas to maximize teaching and learning methods that will shape the future of CSC education, policies, and programs.

Materials and Methods

This research employed a descriptive survey research methodology. IRB approval was obtained from all represented research institutions. The researcher team developed a survey entitled, Survey on Crisis Standards of Care- Education Version (SOCSC-E). The survey contains qualitative and quantitative elements and face and content validity was established through use of a panel of experts in the field of crisis standards of care.

The electronic survey was used to assess a population of C/PHNEs who were members of the ACHNE Listserv and who taught community and public health nursing courses during the pandemic. The population (~350 ACHNE members) were invited to participate resulting in a purposive convenience sample (12% response rate, n = 45).

Data analysis was conducted both quantitatively and qualitatively. SPSS was used to analyze quantitative data and open and axial coding was used to analyze qualitative data. Results were used to triangulate findings in an attempt to answer the research questions.

Results

Overall, the data revealed that:

1. Self-reported knowledge of CSC among C/PHNE was low.
2. Knowledge of curricular content was "uncertain" and "ambiguous"
3. A need for improved teaching strategies related to CSC
4. A need for more training/workshops on CSC content and how to integrate into curriculum.
5. There is a voiced need for confidence in CSC educational strategies and knowledge.

Specifically, findings from this study include several short and long-term implications for nursing education. For example, there is an immediate need to develop educational resources for C/PHNE that can be used to address the knowledge deficit that surrounds the crisis standards of care. C/PHNE need access to ready-made materials such as toolkits that are user friendly and easily mobilized to address deficits in their own knowledge base or gaps in existing courses. Many educators are willing and enthusiastic about integrating crisis standards of care into their teaching efforts but lack the time or

energy to develop these materials themselves. In addition, providing support for nurse educators in the form of on demand “train the trainer” webinars or workshops could be a strategy to jump start action-oriented solutions to the current knowledge deficit.

Throughout the pandemic, there has been confusion among professionals and the general public about who has the authority to invoke a response to public health emergencies. C/PHNE would benefit from revisiting the legal, ethical, and moral implications associated with a global pandemic. As a professional organization, ACHNE could certainly serve as the voice to address concerns with the pandemic response in the United States and the associated consequences such as erosion of trust in governmental agencies, lack of consistency in health messaging, vaccine hesitancy, shortages of personal protective equipment, rationing of care, and nurse burnout.

As the pandemic continues to unfold over time, a significant long-term implication is the need to address the ongoing moral distress and lack of self-care that is evident among nurse educators. Just as clinicians must confront necessary changes in their practice during public health emergencies, C/PHNE need a plan to balance the tension that exists between preservation of the self and, what many would call, a student-centered approach that strives to provide the “best” in nursing education. Ideally, planning would occur at both the organizational level as well as the personal level. Finding this balance would ease the tension and create an environment where nurse educators could continue with the mission of their organization, while at the same time, experience support for self-care, emotional, and physical well-being. Efforts in this type of planning would acknowledge the need to consider what should happen in nursing education during a global crisis versus what is best to do during normal conditions.

Conclusion

Although the study had a few limitations (small sample, drop out, poor timing of distribution, and length), this study provided the researchers with the understanding that C/PHNEs need more information about CSC integration into curricula. To that end, the researchers recommend debate among C/PHNEs on the following topics:

- A toolkit to assist educators in disseminating CSC training
- Teach the teacher/Train the Trainer programs for CSC education
- Flexibility in ongoing training - new variants and global pandemics may recur and C/PHNE need to be able to adapt educational strategies to match the current needs of the students
- Policy change and advocacy by C/PHNEs. Throughout the pandemic, the CDC posted guidelines but individual states needed to respect local guidelines as well making it difficult to know what to follow when and where. A consistent response from leaders and lawmakers would assist in the implementation of CSC guidelines.
- WHO also did not produce consistent and science based recommendations or where late in admitting the same to the public
- Science lied to us and did not keep up with changes so consequences in public health are health behaviors - vaccine hesitancy, health behaviors that are detrimental
- Addressing moral distress and self care - we need a plan to sustain RN staff and educators

Trash the Ash: A Smoking Cessation Education Program at an Outpatient Addiction Treatment Center

Samantha Kreps, Agnieszka Suminski, Stuti Buddhadev, Katherine Quigley, Brianna Thompson, Lucy Saidu, Marta Konopka

Rush University, Chicago, IL, USA

Objectives

Educate peers on the importance of smoking cessation education, elicit supportive feedback from at least ten colleagues, evaluate feedback and make at least three changes to presentation.

Purpose

Cigarette smoking is common among persons with substance abuse disorders. Studies have reported that 80% of persons with substance abuse disorders also have nicotine dependence. Cigarette smoking is associated with an elevated risk for coronary heart disease, stroke and lung cancer. Despite the significant health risks, the majority of clients who receive treatment at an outpatient addiction treatment center smokes cigarette daily. The majority of the center staff are also smokers and there is no smoking cessation program available at the center. The purpose of this study was to assess the feasibility and efficacy of a pilot smoking cessation program.

Materials and Methods

This was a descriptive study guided by the Transtheoretical Model. The study was conducted at an outpatient addiction treatment center located in one of the low-income neighborhoods in Chicago. The center provides services for diverse clients with substance abuse disorders. Participants were recruited from the center. Eligibility criteria were a) adult age 18 and older and b) smoke cigarettes daily. Descriptive statistics were used to analyze all study data. Participants were invited to attend 4 weekly evidence-based smoking education sessions followed by guided group meetings. At the first session, participants were asked to develop SMART goals for cigarette cessation. Each session lasted for 1 hour. Participants who attended all four sessions received a \$20 gift card at the end of the program.

Results

A total of 15 clients participated in the program. The majority of participants were males 12 (80%). All participants were black (100 %). Participants reported that creation of a SMART goal and group meetings helped them to be accountable with their smoking cessation goals. Of 15 clients who participated in the program, 5 (33%) attended all 4 sessions. While participating in the program, 5 clients solicited help for acquiring nicotine replacement therapy. Of 5 clients who completed the program, and 4 (80%) reported a reduction in their daily cigarette consumption.

Conclusion

This was the first smoking cessation program at the outpatient substance abuse treatment center. The results suggest that the cigarette smoking cessation program was feasible and effective in reducing daily cigarette consumption among persons with substance abuse disorders. Although the majority of participants who completed the program showed improvement, none of the participants were able to completely stop smoking. Extending the length of the program, as well as adding medical intervention

management and behavioral health counseling, may be helpful in increasing the effectiveness of the program.

The study findings suggest the importance of addressing nicotine addiction as part of substance dependency treatment. Future study is needed to assess long-term effects of a cigarette cessation program.

Using Contemporary Literature to Teach Social and Structural Determinants of Health

Dr Sarah Brown Blake PhD, RN, PHN

CSU, Chico, Chico, CA, USA

Objectives

Describe how to incorporate novels into the community health nursing curriculum, List two methods of engaging nursing student in discussions about health equity using contemporary literature, Apply examples from contemporary literature to propose upstream solutions to improve health outcomes among marginalized populations

Purpose

The COVID-19 pandemic has exposed the extreme inequities that impact marginalized communities in the United States (U.S.). Undergraduate nursing programs are compelled to prepare students to act as innovative change agents by emphasizing systems-level approaches to understanding the root causes of health inequities. The Association of American Colleges of Nursing's (AACN) new essentials and the Future of Nursing 2020-2030 report will drive the need to expand antiracist nursing pedagogy to help pre-licensure nursing students understand structural causes of health disparities. Nursing faculty are uniquely positioned to address current gaps in the curriculum.

Nursing curricula have a history of incorporating novels and contemporary literature as teaching tools to explore health in a variety of settings. However, there is a unique opportunity to expand this tool in the community and public health nursing curriculum to specifically use the stories and lived experiences of diverse populations to teach, discuss, and explore complex health challenges and the role of social and structural determinants of health in the U.S.

This education intervention has two primary objectives: 1) To explore the effectiveness of using 21st-century literature in expanding nursing students' understanding of diverse lived experiences and health inequities among marginalized populations related to the social and structural determinants of health. 2) To share new, engaging, and innovative teaching strategies with nursing faculty colleagues who are teaching similar content.

Materials and Methods

During the 2021-2022 academic year, a community and public health nursing theory course incorporated the campus "Book in Common" into the curriculum. The book selected was There There by Tommy Orange (2018) a novel exploring twelve characters from Native communities. Students were assigned to small online group discussions based on the reading. Large group discussions on the content were also incorporated into regular lectures. Prior to the first book club assignments, students received content on

implicit bias and evidence to support their development and understanding of health equity and structural competency in nursing practice.

Results

Mid-semester feedback from fall 2021 students suggests positive impacts and greater depth in understanding of structural causes of chronic disease and other health outcomes. Students (n=38) report that reading the assigned book has been both engaging and transformative in their understanding of the health challenges Native and Indigenous communities experience. Many mentioned that they would not have read the book if it had not been assigned and that the content complemented course content.

Conclusion

Detailed results from combined student course evaluations from the fall 2021 and spring 2022 semesters (estimated N=79) focused on this education intervention will be presented. In addition, lessons learned, next steps, and further plans for implementation will be discussed.

Practice & Policy Track

Application of the Operational Model for Academic-Practice Partnerships: The Tale of Two Teams

Heide Cygan, Angela Moss, Mallory Bejster

Rush University College of Nursing, Chicago, IL, USA

Objectives

1. Learners will explain the need for a framework to guide academic-practice partnerships, 2. Learners will differentiate between the eight strategies for academic-practice partnerships, 3. Learners will apply the Operational Model for Academic-Practice Partnerships to community partnerships

Purpose

Academic-practice partnerships bridge the gap between nursing academia and clinical care delivery, and result in improved capacity and outcomes for nursing programs and students, community-based organizations, and populations. While the benefits are well documented and definitions are available, the Operational Model for Academic-Practice Partnerships is the first model to operationalize definitions and guide the development, implementation and evaluation of academic-practice partnerships. The purpose of this presentation is to describe the development, implementation and evaluation of two Academic Practice Partnerships using the Operational Model for Academic Practice Partnerships.

Materials and Methods

The Operational Model for Academic-Practice Partnerships includes the following partnership strategies: innovation, embedded faculty, joint appointment, consultant, independent practice, volunteer, scholarship, and clinical site development. The academic-practice partnerships between Rush University College of Nursing and Chicago Public Schools, and with the Rush University College of Nursing and Chicago Department of Public Health are described in alignment with model strategies.

Results

The partnership with Chicago Public Schools began as clinical site development and has since evolved to include scholarship and consultant strategies. Outcomes include consistent clinical placement for pre- and post-licensure students, faculty scholarship opportunities, increased organizational capacity for health promotion and disease prevention, and improved knowledge for the population. The partnership with Chicago Department of Public Health began as an innovation and embedded faculty strategy, and quickly evolved to include volunteer, scholarship and clinical site development strategies. Outcomes include direct primary and specialty care delivery to over 1000 individuals experiencing homelessness and COVID-19 infection, over 20 student and volunteer opportunities, and faculty scholarship.

Conclusion

The Operational Model for Academic-Practice Partnerships may be used by colleges of nursing across the country to realize the potential of partnerships to improve outcomes for students, faculty, organizations and populations.

Co-Creating Strategies for Equitable Access to Nature and Green Space

Dr. Gina Alexander PhD, MPH, MSN, RN [ORCID iD](#), Dr. Vicki Brooks DNP, MSN, APRN, FNP-BC, Dr. Tammie Williams DNP, MSN, APRN, FNP-BC, CNE

Texas Christian University, Fort Worth, TX, USA

Objectives

(1) Discuss historic patterns and root causes of recreational park inequity in low-income neighborhoods within a southern urban metroplex in the United States., (2) Describe the process of coalition building for an equitable evaluation of these local recreational parks., (3) Outline a policy advocacy agenda for park master planning efforts and increased park funding.

Purpose

Background: People-power dynamics in a large urban metroplex in the South have led to persistent inequity in green space, fueled by residential segregation, lack of funding for parks in low-income neighborhoods, and institutional racism. Recently, teams of baccalaureate nursing students completed a park auditing process to explore the quality of the parks within the attendance zone of a low-income, racially diverse neighborhood school. In addition, the students and supervising faculty mobilized partners in the school community, in a community-based nonprofit organization, and in the local park and recreation department.

Purpose: The primary aim of this initiative is to co-create a policy advocacy agenda to increase access to high-quality recreational parks and green space among low-income, racially diverse neighborhoods in an urban metroplex of the southern United States.

Materials and Methods

Baccalaureate nursing students working in teams completed a population-focused public health nursing (PHN) practicum with emphasis on access to green space, parks, and nature. Using a social justice lens, the students and supervising faculty collaborated with local residents, the local school community, a

community-based nonprofit organization, and the local park and recreation department to research historic patterns and root causes of recreational park inequity. All stakeholders adopted a framework for equitable evaluation to gather community member input and recommendations for policy and systems change.

Results

The research and equitable evaluation process is ongoing, but key leverage points for increasing park equity and access to green space are evident through preliminary analysis of findings. One lever is strategic tree planting to enhance canopy coverage, which is only 6% in some neighborhoods, relative to other areas of the city less than 5 miles away with much higher tree canopy coverage approaching 42%. Other levers include the establishment of safe, secure, accessible nature trails to connect neighborhood parks and the creation of a vegetative habitat buffer in strategic locations to mitigate water contamination and improve water quality. Coalition partners are co-creating a policy advocacy agenda for park master planning efforts and increased park funding.

Conclusion

Preliminary findings of research and equitable evaluation have clear implications for public health nursing practice regarding nature-based health promotion at multiple levels of practice. Nursing students and faculty collaborated with coalition partners to identify priority leverage points for policy advocacy to promote park equity. Advancing this policy advocacy agenda will build community capacity for sustained access to nature and green space for all community members.

Policy and Advocacy through Children's Literature

Owner Ashley Wynn-Grimes master's degree

Cannabis Nursing Solutions, Owings Mills, Md, USA

Objectives

participants will have Increased awareness of the implications related to medical cannabis specific to minors, Participants will be able to describe the importance of educating public health advocates on cannabis medicine, Participants will be able to compare and contrast recreational and medical cannabis programs.

Purpose

This presentation will describe how a nurse and advocate found a creative way to increase the awareness of cannabis as a medicine and the policies that support it. A book "Asa's Medicine" was created to raise the awareness of medical cannabis use in a child and the how advocacy can influence policy change.

Materials and Methods

This presentation will describe how a nurse and advocate found a creative way to increase the awareness of cannabis as a medicine and the policies that support it. A book "Asa's Medicine" was created to raise the awareness of medical cannabis use in a child and the how advocacy can influence policy change.

Results

In, 2020, the Maryland General Assembly passed H.B. 617, which allows the use medical cannabis administration on school property. With the passing of this bill into law, school nurses need to acquire state-specific knowledge of the laws and regulations about the use of medical cannabis. Additionally, the nurse will facilitate the development of policies and protocols for administering the medication.

Conclusion

As a trusted health care experts and educators, school nurses are in a unique position to inform the community, parents, teachers, and other students the differences between recreational cannabis use and medical cannabis. As the use of the medicinal cannabis grows, so will the need for nurses with advanced education in this specialized area.

School-based Blood Lead Surveillance: A Missed Opportunity in Schools

Dr. Kimberly Stanislo DNP

Ashland University, Mansfield, Ohio, USA

Objectives

Describe the impact of childhood lead exposure in school-age children, identify barriers to childhood blood lead screening, identify how school nurses can provide a critical link between public health and schools

Purpose

Childhood lead exposure remains a public health crisis, despite decades of intervention. Current methods of blood lead surveillance do not effectively identify, screen, and refer children in the school setting for lead exposure. Children with early childhood lead exposure, even those who have lead levels as low as 1 µg/dL, are suffering health and academic adverse outcomes. There are no communication systems in place for healthcare providers or health departments to communicate with school districts regarding children identified with childhood lead exposure. The purpose of this project is to 1) Improve the identification and management of children exposed to lead through the implementation of school-based blood lead surveillance and 2) Improve health and educational outcomes of children at-risk for elevated blood lead levels by implementing the use of an evidence-based public health surveillance tool in the school-based setting. School nurses are an essential members of both the healthcare and educational interprofessional teams. They represent a unique collaborator between primary healthcare, public health, families, and schools. Implementation of school-based BLL surveillance for blood lead screening results, utilizing the state immunization database, allows school nurses to identify at-risk children with childhood lead exposure, refer for health and educational assessments, and promote screening for children with no record of previous screening. School-based blood lead surveillance can improve child health outcomes, educational outcomes, and promote the overall health of communities by addressing the social determinants of health.

Materials and Methods

Implementation of the CDC Decision Chart for Children Affected by Lead (2015), modified to include blood lead level surveillance (BLL) by school nurses in Ohio schools utilizing ImpactSIIS, the Ohio

immunization registry. A pre- & post- retrospective records review was conducted in two high-risk areas for student in grades K-3.

A post-intervention survey was completed by the participating school nurses in relation to their knowledge of BLL impacts, community resources, and use of the Modified Decision Chart.

Results

BLL surveillance utilizing ImpactSIIS identified approximately 60% of student BLL as compared to 0-2.4% identified in student health records.

41% of students did not have a retrievable BLL result. These students were referred for BLL screening. These students met the requirements for mandatory screening by the CDC and state guidelines.

54-89% of students, between the two schools, had a BLL of 1-4.9µg/dL, too low for referral and services by state and county health departments.

8% of students had BLL greater than 5-9.9µg/dL. These students should be identified by local health department, but do not qualify for monitoring or intervention services.

2% of students had BLL between 10-14.9µg/dL and 15-24.9µg/dL. 2% of students had BLL between 15-24.9µg/dL. 0.5% of students had BLL greater than 25µg/dL. These students should be known by and have a history of intervention through the local health department.

None of these students had BLL shared with the school for purpose of academic monitoring as a result of lead exposure. Through the use of the Modified CDC Decision Chart for Children Affected by Lead, School A referred 58% of students for academic monitoring and 2% were referred to the health department and Child Find processes. School B referred 53% of students for monitoring and 3% were referred to the health department and Child Find processes.

The post-intervention survey indicated the school nurses valued the impact of BLL results, increased their knowledge of community resources, rated the Modified Decision Chart as efficient and manageable in regards to time and complexity.

Conclusion

Prevention of childhood lead exposure is key, but it is also critical to identify children already exposed to lead to ensure they receive the appropriate academic, behavioral, and health interventions and services. ImpactSIIS is an effective method for school nurses to conduct BLL surveillance. The Modified Decision Chart was effective in providing schools with the ability to increase the identification, screening, and referral of children at high risk for lead exposure. Schools already have interprofessional teams charged with monitoring student outcomes. Including students with a history of lead exposure into this monitoring process increases the likelihood they will be identified, evaluated, and receive intervention services to support academic achievement.

School-based BLL surveillance by school nurses provides an ideal collaboration between access to the patient population, healthcare follow-up, and public health intervention in at-risk communities. Nationally, only 60% of children are screened for lead exposure per guidelines. School nurses have expertise in surveillance of health conditions and screening results and have access to the patient population on a daily basis. This creates an opportunity to overcome some of the barriers to BLL screening, such as access and mobility rates. Providing schools with an evidence-based practice to better

identify and manage students at risk for adverse health and academic outcomes is essential in addressing the needs of the whole child. The identification of schools as communities and school nurses as experts in public health are essential to improving the health and academic outcomes of millions of children.

Vaccine Hesitancy: Then and Now

Bridgette Pullis PhD, RN, CHPN, Barbara Hekel PhD, MPH, RN

UT Health Cizic School of Nursing, Houston, TX, USA

Objectives

Participants will be able to discuss the history of vaccine hesitancy. Participants will be able to discuss the vaccine hesitancy continuum. Participants will be able state an intervention for each of the levels of vaccine hesitancy.

Purpose

The desired outcomes of this project are to (1) Increase knowledge of COVID-19 vaccine hesitancy among nursing students; (2) Increase nursing students' ability to confidently deliver information to individuals and communities to address current and future public health threats; (3) Increase opportunities for conversations about vaccine hesitancy regarding COVID-19 vaccinations among student nurses and the vulnerable populations served in the community health clinical setting.

Materials and Methods

This is a mixed model longitudinal study.

Development of communication skills will be emphasized as students practice presenting a convincing argument regarding health issues (debate), motivational interviewing, and employing communication modalities such as social media and Public Service Announcements (PSAs). Key learning opportunities will foster students' confidence and effectiveness in addressing vaccine hesitancy including:

- (1) A didactic module focused on communicable disease and vaccine hesitancy concepts;
- (2) Student learning will be evaluated through quizzes over vaccine hesitancy and communicable disease concepts;
- (3) Student participation in a reflection exercise based on a case study regarding vaccine hesitancy will illustrate real-world consequences of personal health decisions;
- (4) A Texas Health Steps motivational interviewing module to assist students to use motivational interviewing techniques as part of routine clinical practice to support children, adolescents and families in making positive health changes;
- (5) Students will develop a PSA to address vaccine hesitancy in the vulnerable population of focus in their community clinical;
- (6) Students will participate in a debate regarding current health issues and vaccine hesitancy;

(7) Students will participate in a simulation focused on risk communication;

(8) Students will use effective communication skills in clinical to teach individuals and groups about vaccines and communicable disease risk.

Data sources to measure key outcomes will include: (1) Quiz results, (2) Completion of reflection exercise, (3) Completion of Motivational Interviewing Texas Health Steps Module, (4) Completion of a PSA assignment, (5) Performance in a debate, (6) Number of students completing the simulation (quiz or debriefing will be developed with the simulation), (7) Number of community sites where the PSA or other risk communication modality was employed to address vaccine hesitancy,

Results

A statistician has been consulted and will run all statistical analysis. Independent T test will be employed.

Research Track

Adapting and testing the Self-Efficacy in Environmental Risk Reduction instrument among Spanish-speaking populations

Dr. Julie Postma PhD [ORCID iD](#)¹, Dr. Gail Oneal PhD¹, Dr. Tamara Odom-Maryon PhD¹, Dr. Celestina Barbosa-Leiker PhD¹, Dr. Patricia Butterfield PhD²

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Objectives

1. Define self-efficacy in the context of maintaining a healthy home., 2. Describe Harkness' five step model of cross-cultural survey design., 3. Identify nontraditional agencies with which to partner on environmental health promotion efforts.

Purpose

The purpose of this study was to adapt the Self-Efficacy in Environmental Risk Reduction 2.0 (SEERR) instrument to Spanish-speaking populations. The aim was to explore the latent constructs in the SEERR 2.0 instrument, identify the relationships between the items and the factors, and identify the overall dimensions of the factor structure.

Materials and Methods

Design: This study was guided by Harkness' five step model of cross-cultural survey design which was used to adapt SEERR 2.0 to Spanish (SEERR 2.0 Sp). These steps included: 1) Parallel Translation; 2) Review; 3) Adjudication; 4a) Pre-test (qualitative); 4b) Pre-test (quantitative); and 5) Documentation. The factor structure was analyzed using exploratory factor analysis (EFA) with maximum likelihood estimation, thus allowing us to move toward factor structure confirmation, and compare results with previous findings. This study received a certificate of exemption from the university's institutional review board.

Sample: We sampled 95 adult, Spanish speakers from a federally qualified health clinic in a rural, agricultural community that serves farm workers, the un- and under-insured. Inclusion criteria consisted of being: 1) aged 18 or over, 2) Spanish-speaking, and 3) a recipient of clinic services.

Measures: SEERR 2.0 is 11 items organized around actions and behaviors taken in response to general household environmental health risks. Results from pre-testing motivated a revision of the response scale from 0-100 to a 5-response option Likert scale and a simplified translation.

Procedures: The SEERR 2.0 Sp was administered by clinic personnel using pen and paper. Data was collected anonymously, April-June, 2019. Consent was verbal and implied upon filling out the survey. Data was entered in Excel. Analyses were conducted in IBM SPSS Version 26.

Results

Results from the EFA indicated that a 1-factor model provided the best fit to the data. The latent construct of the SEERR 2.0 Sp is household environmental health self-efficacy. All items load higher than .610, indicating each item explains at least 36% variance in the latent construct. Cronbach's alpha indicates the scale has high internal consistency ($\alpha = .92$).

Conclusion

Long-standing university-community partnerships were instrumental to adapting the instrument, recruiting participants and collecting the data. Working with Latina women from a community coalition and a community health worker program serving the target population was critical. This study provides additional evidence that parents and caregivers do not conceptualize environmental health as agent-specific. Rather, like the conceptual models that informed the original instrument, participants conceptualized environmental health from a household perspective that includes an action-oriented focus on multiple exposures and effects. An emerging 'environmental health literacy' conceptual framework extends SEERR by situating it on a continuum from individual awareness and knowledge to collective action to protect health. Given the findings from the pre-testing completed in this study and the revisions made in response, environmental health literacy is a useful frame for future work. Next steps will include collecting data from English (n=110) and Spanish (n=110) speakers and analyzing that data using Confirmatory Factor Analysis.

Funding acknowledgement: This work was supported by the Association of Community Health Nurse Educators, \$2500, 2018.

Clinical Debriefing use in Community, Population, and Public Health Nursing Education: A Descriptive Statistical Analysis Approach

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Objectives

- Describe 2-3 findings on community health nursing clinical experiences and clinical debriefing from a national survey of baccalaureate nurse educators. ,
- Describe 1-2 ways that current baccalaureate nurse educators have received training on debriefing for their community health nursing clinical.,
- Identify 2-3 ways that baccalaureate nurse educators can use clinical debriefing in a community health nursing course.

Purpose

The purpose of this study will be to understand how baccalaureate nurse educators view the role and purpose of clinical debriefing, whether they use clinical debriefing in their current teaching practices, and how they would use debriefing to help nursing students to translate theory into clinical judgment.

Materials and Methods

There are two components of this study. The first component is an online descriptive survey. Using a multitude of question-types, the survey aimed to understand the types of Community/Population/Public Health (CPPH) rotations, whether nurse educators utilized clinical debriefing to help students reflect on their clinical learning, and what programs used for clinical rotations in this course work. This 12-question descriptive survey will be distributed during the Fall 2021 academic semester to members of an international nursing organization's listserv. This survey will provide insight into topics that have not previously been collected or analyzed. After completion of the survey distribution, researchers will embark on the second phase.

A descriptive phenomenological method will be implemented with four focus groups of nurse educators to explore the lived experiences of facilitating student learning through clinical debriefing to open the discussion while giving control to the participants to respond and direct the conversation (Morse & Field, 1995). The purpose of this phenomenological study is to understand how CPPH nurse educators use the debriefing process to drive clinical judgment for nursing students. Limited literature is published on debriefing in the acute clinical setting with no literature specific for the Community/Public Health baccalaureate nursing (BSN) courses. The semi-structured questions will be reviewed by content nurse experts prior to starting the second phase of this study. The focus groups will answer the following questions (1) How do baccalaureate nurse educators view the role and purpose of clinical debriefing?; (2) How would baccalaureate nurse educators wish to be trained on using debriefing for clinical rotations?; (3) How would baccalaureate nurse educators use clinical debriefing in their current teaching practices?; and (4) How would baccalaureate nurse educators use debriefing to help nursing students to translate theory into clinical judgment? Focus groups will be conducted at the beginning on the Spring 2022 academic semester.

Results

The descriptive survey will be conducted on an online platform and will be analyzed by the researchers. Data analysis of the 12 questions will be reported out by using descriptive statistics including means, standard deviations, percentages, and a range of scores. Content analysis of the focus groups will follow Colaizzi's Seven-Step method.

Conclusion

Results from this study will inform the professional nursing education community on the knowledge and/or practice gaps of CPPH nurse educators on best practices to translate theory into practice and develop clinical judgment. In addition, findings from the survey and focus groups will lay the foundation for a future study on the implementation of a structured clinical debriefing in CPPH BSN courses. This will help to fill the gaps and offer an opportunity to optimize student learning and clinical judgment as baccalaureate nursing students prepare for professional nursing practice.

Healthcare Workers' Health Beliefs Regarding Personal Protective Equipment: A Mixed Methods Study

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Objectives

Describe healthcare workers' health beliefs regarding PPE as measured by the Health Beliefs Related to PPE Tool., describe the healthcare workers' calculated risk of infection during the COVID-19 pandemic as measured by the Risk for COVID-19 Infection Tool., Describe the relationship between the healthcare workers' calculated risk of infection and their self-reported perceived susceptibility of infection during the COVID-19 pandemic.

Purpose

The purpose of the quantitative component of this mixed methods study was to explore and identify healthcare workers' health beliefs regarding PPE and their calculated risk for infection during the COVID-19 pandemic.

Materials and Methods

Demographic and environmental questions were developed by the primary researcher after a review of the literature.

Healthcare workers' health beliefs were measured using the Health Beliefs Related to PPE During the COVID-19 Pandemic tool.

The healthcare workers' susceptibility to COVID-19 was measured using a tool developed by the primary researcher, the Risk for COVID-19 Infection tool. Items for this instrument were developed from the literature.

A final dependent variable, susceptibility, was measured using healthcare workers' answer to one question on the PPE tool—"My health condition makes me more likely to get infected."

Results

RQ 1: What are the healthcare workers' health beliefs regarding personal protective equipment (PPE) during the COVID-19 pandemic as measured by Health Beliefs Related to PPE? The values obtained were subjected to a series of *t* tests or analysis of variance in the case of healthcare role. No significant differences in perceived beliefs were found among those who do and do not live alone, work in a union or nonunion setting, and work in a private or public or a for profit or not for profit setting.

RQ 2: What are the healthcare workers' calculated risks for COVID-19 infection as measured by the Risk for COVID-19 Infection Tool? Total scores on the Risk for COVID-19 Infection Tool were calculated. Descriptive statistics describe the healthcare workers' responses to each type of risk and the calculated risk for COVID-19 infection.

RQ 3: Is there a statistically significant difference in the relationship between healthcare workers' calculated risk for COVID-19 infection and their self-reported perceived susceptibility to infection between those who provide direct and those who provide indirect care? The correlations of the participants' calculated risk for COVID-19 infection and their perceived susceptibility to infection were compared for each type of care provider (direct and indirect). The obtained correlation values were compared by transforming the correlation coefficient (*r*) values into *z* scores. Correlation between risk for COVID-19 Infection and susceptibility to infection was significant for direct care providers ($r = .34, p < .01, n = 181$) and insignificant for those who provided indirect care ($r = .20, p = .18, n = 48$). These positive correlations indicated as the perceived susceptibility score increased so did the calculated risk score (or vice-versa). A comparison of the correlations for the two groups of providers found they were not significantly different from each other ($z = 0.91, p = .36$).

RQ 4: Do selected demographic and environmental variables and their calculated risk for infection during the COVID-19 pandemic predict healthcare workers' health beliefs regarding PPE during the COVID-19 pandemic? A series of multiple regression analyses was conducted to examine what independent variables predicted the six subscales of the PPE tool. Demographic and environmental independent variables were their calculated risk score, whether the healthcare worker provided direct or indirect care, were vaccinated, had adequate PPE resources, lived alone, their healthcare role, and their gender and years of experience. Also included as independent variables were the settings in which they worked—unionized, profit status, and location (metro, rural, or suburban).

All multiple regression analyses showed significant equations, but the adjusted R^2 found was low in some analyses ($\sim .25$) and negligible in others ($\sim .05$). Common significant predictors across the scales included whether the participants were vaccinated, believed they had adequate PPE resources, and their perceived risk. Less common predictors were their gender, their healthcare role, whether they were a direct or indirect healthcare provider, or the setting in which the participants worked. The preliminary nature of the PPE instrument development process guided the qualitative component of the study.

Conclusion

The calculated scores on the risk tool correlated with the reported perceived susceptibility scores indicating as participants' risk rose, so did their perceived susceptibility. Participants' perception their institution had adequate PPE resources was a significant positive predictor of perceived workplace benefits, while in the same regression model, risk was a negative predictor.

Those participants who were vaccinated reported higher perceptions of seriousness, which may have motivated them to get vaccinated. Vaccination was positively associated with perceived benefits and having adequate resources. Those who were not vaccinated were more likely to report higher perceived barriers.

The highest mean scores were for the perceived benefits and perceived self-subcales. This confidence may also be reflected in the lower mean score for barriers. Being vaccinated was a positive predictor of perceptions of benefits and a negative predictor of perception of barriers.

Having adequate resources was a positive predictor of workplace benefits, cues to action, and self-efficacy.

Those who provided direct patient care such as nurses and EMS workers were more likely to report higher perceived barriers. White and female participants were more likely to report higher perceived barriers. A higher score on perceived barriers indicated participants were more likely to consider the use of PPE as a barrier to their work, which may reflect the homogenous sample.

Having adequate PPE resources was a positive predictor of self-efficacy, suggesting healthcare workers have confidence in their ability to successfully use PPE and need to be supported with adequate resources to adhere to the appropriate protocols.

School Nurses and Asthma Care in the Southeastern United States

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Objectives

1) Understand the current state of asthma-related school nursing in the southeastern US, 2) Identify school nursing barriers and challenges related to asthma care, 3) Identify school nurse leadership opportunities related to asthma care

Purpose

School nurses play an integral role in managing childhood asthma (Bergen, 2017, McCabe et al., 2019). This is especially relevant in rural and poor areas, which have fewer primary care providers/pulmonary specialists, more knowledge deficits, and increased transportation issues that impact care access (Estrada & Ownby, 2017). These challenges are directly related to asthma outcome disparities, including higher rates of severe asthma among African American/Black children and asthma-related hospitalization among Hispanic/Latino children. The American Lung Association (ALA) has charged school nurses with leading best practices in school-based asthma services, including identification/tracking of students with asthma, use of asthma action plans, and access to prescribed medications (ALA, 2021). The purpose of this study was to provide a comprehensive understanding of the current state of asthma-related school nursing in the southeastern US and discuss the role of school nursing in championing asthma care equity through leadership in practice and policy development (NASN, 2021).

Materials and Methods

After IRB approval, an anonymous, online survey link was emailed to school district head nurses or superintendents in all Virginia, North Carolina, South Carolina, Georgia, Alabama, Mississippi, and Florida counties for further dissemination to district nurses. Data were collected using REDCap, a secure web application designed for survey development and data capture. Descriptive statistics were generated using Excel.

Results

Participants included 319 school nurses; the majority were white (n=282, 88%), female (n=316, 99.7%), and between the ages of 45-64 (n=200, 63%). Most were RNs (n=247, 77%). Most had either an associate (n=124, 39%) or bachelor's (n=142, 45%). Salaries ranged from <\$30,000 (n=60, 21%) to over \$60,000 (n=26, 9%) with the majority earning \$30,000-\$44,999 (n=127, 44%). Most were responsible for one school (n=247, 77%), 23% (n=72) were responsible for 2 or more, and a small number (n= 5, 1.6%) were responsible for 5 or more schools. Most practiced primarily at elementary schools (n=204); school locations were predominantly rural (n=215, 68%). Student body sizes ranged from 50 – 2950 students with the number of students identified with asthma at each school ranging from 1 – 200. Only 89 participants reported their school(s) had some type of asthma educational program (e.g., Open Airways, informal programs) in place; barriers to implementation were inadequate funds and personnel. All nurses administered rescue medications (short-acting bronchodilators). Even though participants indicated a willingness to administer controller medications (n=207, 82%) only 34% were currently doing so.

Conclusion

School nurses are a vital part of community/public health nursing, particularly for children with asthma. Limited personnel - likely related to low salaries as compared to other nursing roles – is directly related to limited implementation of evidence-based asthma educational programs. Additionally, lack of resources, funding, and competing demands are challenges that ultimately contribute to childhood asthma outcome disparities. To mitigate asthma outcome disparities, school nurses should employ advocacy strategies that raise awareness of the need for adequate staffing and resources, such as leading community partnerships (e.g., with school board representatives and primary care providers), maintaining a consistent social media presence, and engaging in the policy-making arena through political service.

Theoretical implications for a smartphone application designed for young adults with asthma during wildfire smoke: Lessons learned from a feasibility study

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Objectives

1. Identify health behavior theories that informed a smartphone application (app) designed to reduce risks from wildfire smoke. , 2. Align protective health messages with concepts from behavior change theories.,

3. Describe lessons learned for future health messaging from a clinical trial testing a smartphone application tailored to young adults with asthma.

Purpose

The purpose of this study was to reduce risks from wildfire smoke among young adults with asthma. The specific aims were to: 1) Establish the feasibility, acceptability, and barriers and facilitators of adopting the technology of the risk reduction interventions in young adults with asthma; 2) Explore the preliminary impact of the Smoke Sense interventions on lung function and asthma control.

Materials and Methods

Materials and methods: Sixty-seven young adults were enrolled during the 2020 wildfire season and randomized to one of 3 groups for an 8-week study period: Smoke Sense Urbanova, Smoke Sense Urbanova Plus, or a control group. Both intervention groups could access Smoke Sense Urbanova, an app that supports reducing risks from breathing wildfire smoke. The Smoke Sense Urbanova Plus group also monitored their daily lung function, received air quality notifications, and accessed a message board. App usage data were collected throughout the study period. The Asthma Control Test and Forced Expiratory Volume in one second (FEV₁) were measured at baseline, 4, and 8 weeks. A subset of intervention participants evaluated the interventions via a follow up survey and brief interview after they completed the study.

Results

Results: Most participants agreed the app was usable. The message board was used infrequently by the Smoke Sense Urbanova Plus group (n=23) with 26% posting at least once. More participants read than posted messages. Participants made recommendations to strengthen the app features, including the asthma prevention tips and the message board. Asthma control and FEV₁ did not significantly differ between groups.

Conclusion

Conclusion: App design and deployment was feasible with no adverse effects. Reinforcing the benefits of protective behaviors across a broader range of outcomes, such as getting a good night's sleep versus avoiding an emergency room visit, is recommended for app revision. Enhancing perceived susceptibility and severity by training participants to create healthy habits in consideration of air quality will impact asthma monitoring and control. Ongoing research will support asthma self-management tools that public health nurses and community health workers can recommend for at-risk populations.

Posters

Student Posters

Addressing the Social Determinants of Health Needs in Underserved Communities: A Student-Driven Interprofessional Team Approach

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Objectives

Describe the tools and resources needed to address social determinants of health in a community engagement center., Explain the interprofessional educational (IPE) goals and outcomes in a student driven initiative., Discuss the complexity and opportunities to meet the unmet health needs identified by local community members.

Purpose

West Baltimore encompasses several communities challenged by significant social stratification and health disparities.¹ Neighbors have difficulty navigating the complexity of health and social care systems due to limited availability, lengthy wait times, and limited resources. Using a social justice framework, an interprofessional team of students and faculty have bridged these gaps by serving as patient advocates and care coordinators, addressing barriers to care and walking neighbors through accessing needed services.²

Materials and Methods

In 2018, an interprofessional collaboration inclusive of University of Maryland, Baltimore (UMB) students and faculty from Schools of Medicine, Nursing, Law, Physical Therapy, Social Work, Pharmacy, and Dentistry, established the UMB Health Alliance (UMBHA). Under the directive of the university president, the UMBHA aligned with the university's core values of social justice and community engagement. Students established a place-based, interprofessional education model to provide health education and coordination of care.

Results

UMBHA now provides a weekly social determinants of health clinic in collaboration with the Community Engagement Center. Neighbors receive care coordination for extremely complex health and social needs either in person or virtually. Screening tools and strategies will be presented. Neighbors emphasize that access to care means more than having a provider; they require assistance with every detail.

Conclusion

UMBHA is a meaningful experiential and volunteer service provided by interprofessional teams of students and led by public health nursing faculty. Students gain advocacy and care coordination skills but more importantly neighbors whose fundamental needs remain unmet are guided through complex health and social systems. UMBHA addresses social determinants of health, modeling social justice in action.

A Community-Based Telehealth Clinical Experience to Enhance Associate Degree Nursing Student Learning During the COVID-19 Pandemic

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Objectives

Identify specific skills and perspectives achieved by students through the telehealth project. , Explore avenues to enhance community health nursing in Associate Degree education. , Understand the benefits of including basic community health nursing education in Associate Degree nursing education.

Purpose

Traditionally, the associate degree nursing program focuses on the preparation of the student nurse through didactic classroom, laboratory, and clinical experiences. Research supports the importance of exploring innovative strategies for nursing education of both exploring innovative strategies for nursing education both in the classroom and clinical setting. As colleges and universities around the world rapidly shifted from on-ground to virtual learning in the beginning of the COVID-19 pandemic in the spring of 2020, schools of nursing faced the challenge of completing clinical requirements while being prohibited from entering in-patient care facilities. At the same time, out-patient care facilities began a shift to telehealth to promote social distancing. As a result, virtual clinical became a primary source of clinical hours for students. Faculty members at a community college nursing program added a five-week telehealth experience to increase patient contact in a contemporary practice environment. The purpose of this work is to present the student experiences, challenges, and learning that resulted from this clinical experience in the first and subsequent semesters. These experiences offer insights that can inform the development of emerging policies and programs in nursing education in the rural practice settings, as the community college, faculty, students, and clients involved in the experience live and work predominantly within rural areas over a large geographic area in the southeastern United States.

Materials and Methods

The clinical experience required students to follow the same client for five weeks. All components aligned directly with specific course objectives. Student assignments included selection of a client aged 70 or older to meet a specific course objective involving care of the older adult. Clients needed to volunteer for participation, be capable of providing informed consent, able to understand English, and willing to communicate about health and health related topics by phone or video conferencing a minimum of four times over five weeks. Student identification of clients led to many students choosing clients with whom they already had relationships, but time constraints and emergent pandemic concerns justified student self-selection of such clients. The project focused on student assessment of the needs, supports, and

strengths of the client in the community setting. It allowed students to identify elements of practice involving the use of a telehealth format, and supported student application of concepts of teaching and learning. The inclusion of safety and infection control component related directly to the COVID-19 pandemic, and further supported student attention to the mental health needs of the client. The experience also allowed students an opportunity to attend to their development of caring behaviors using Swanson's Theory of Caring.

Results

At the culmination of the project, students submitted multiple assignments including problem lists, care plans, teaching plans, and process recordings. Additionally, students completed a journaling assignment addressing the challenges and benefits of the assignment while reflecting on both client and personal learning and growth.

Conclusion

Students demonstrated a better understanding of the issues facing clients at discharge from acute care facilities and better insight into the challenges of daily living for older adults. Student feedback and reflection revealed a sense of accomplishment when clients met outcomes, and enhanced nurse-client relationships built over time. Additionally, students had an opportunity to interact closely with monitoring faculty and to gain important insights and experiences regarding the limitations of telehealth, especially as related to the older adult living in a rural environment.

Educate to End Tuberculosis (TB): Improving Public Health Nurse investigative proficiency through novel guidelines for food processing facilities in a low TB incidence state

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Objectives

Understand the need for comprehensive tuberculosis (TB) contact investigation (CI) guidelines in low TB incidence states., Describe the public health nursing (PHN) educational materials, methods, and piloting of the guidelines., Explain the intersection of the guidelines, public/private collaborative partnerships, and the advancement of PHN education related to tuberculosis in diverse populations.

Purpose

Improve PHN lead Tuberculosis (TB) contact investigation (CI) in low TB incidence states with food processing plants through the development and dissemination of the first comprehensive TB CI guidelines.

Materials and Methods

A historical review of the literature and expert consultation were employed to inform the TB CI guidelines. Feedback from TB experts, local public health, and private sector stakeholders was synthesized

to develop food processing facility CI guidelines. In addition, county-level case rates, descriptive case data, and self-assessed data about local public health core competency proficiency were gathered for project context.

Results

Comprehensive food processing facility TB CI guidelines were developed to guide PHNs through the process of gathering CI data, performing site visits, ongoing investigation processes, collaboration activities, and cultivating public/private partnerships. Piloting occurred at a beef processing plant in a rural western Kansas county.

Conclusion

The guidelines inform future TB CI training and education for PHNs across low TB incidence states while improving public health/private sector partnerships and advancing the global health goal of TB elimination. Further piloting and improvements will refine the guidelines as a living document with easily accessible and explainable guidance. Future opportunities include a nationally available toolkit produced in collaboration with the Centers for Disease Control and Prevention and the TB Centers of Excellence.

Evaluating Nursing Knowledge and Readiness in Providing Medical Care To Post-9/11 Veterans in Civilian Healthcare Settings: A Quality Improvement Project

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Objectives

Identify risk factors (toxic exposures) in post-9/11 veterans, Identify the top three cancers diagnosed within post-9/11 veterans, Identify three resources available for post-9/11 veterans

Purpose

Since 2001, the United States has deployed over four-million uniformed service members to areas in the Middle East and Southwest Asia in support of the Global War on Terror (Connable et al., 2020). While research is limited and preliminary in nature, the data suggests that veterans who have deployed to Iraq and/or Afghanistan are more likely to experience chronic physical symptoms, increased shortness of breath (Sedliak et al., 2021) and a decreased level of physical fitness post-deployment as compared to pre-deployment (Poisson et al., 2020). In addition, data related to present cases suggest that the same population is experiencing chronic, complex, terminal and otherwise unexplainable medical issues and rare forms of cancer at an increased rate when compared to their non-veteran, civilian counterparts of similar demographics (Waszak & Holmes, 2017). Additionally, much of the literature surrounding post-9/11 service members focuses heavily on mental health, post-traumatic stress, and suicidality. In a review of the literature, very few studies address this topic of civilian nursing knowledge and readiness in caring for post-9/11 veterans. The lack of research highlights a clear gap for concern. For example, a 2015 Congressional appropriations committees reporting suggests that 26% of post-9/11 veterans are currently enrolled in and utilize the Department of Veterans Affairs Healthcare Administration, leading

researchers as well as committee members to believe that the remaining are using civilian-based (non-Veteran Health Administration) medical facilities (Maiocco et al., 2020).

According to Bonzanto et al., as many as 96% of registered nurses in civilian healthcare centers lack the education, knowledge, and preparedness to provide care to post-9/11 veterans and their families (2019). This is a concern because the Department of Veterans Affairs already projects that the number of post-9/11 veterans will continue to grow as we are still actively involved in combat operations overseas, and peak around 2039 at more than 4.3-million post-9/11 veterans (Crawford, 2018). In turn, as the number of veterans returning increases, the need and necessity for healthcare and disability needs will likely increase as well. Lastly, a concern of knowledge and readiness in the civilian nurse caring for this population arises as registered nurses tend to be the backbone of the healthcare system in terms of initial encounters, assessments, and interactions.

The clinical problem to be investigated is to determine the level of nursing knowledge and readiness in providing medical care to post-9/11 veterans in civilian-based acute-care settings.

Materials and Methods

Purpose

The purpose of this quality improvement project is to evaluate nursing knowledge and readiness in providing medical care to post-9/11 veterans in civilian healthcare settings. Leininger's Transcultural Nursing Theory will guide this study.

Study Design

The study design will consist of a web-based, fifteen question survey instrument focusing on participants military knowledge, comfort in providing veteran-centric care, self-reported proficiencies and prior training with built-in score range for competency evaluation.

Sample and Setting. The study sample participants targeted will include actively practicing, registered nurses who are employed either full or part time in a civilian acute-care setting, to include emergency departments, walk-in/urgent care clinics and ambulatory care facilities in the United States. The identification of the term acute care for purposes of this study is any branch of health care where a patient receives short-term treatment for an injury, illness, and urgent medical conditions. Agency nurses and per-diem nurses will be excluded in this study.

Study participants will be recruited through e-mail from the Emergency Nurses Association (ENA.org) membership portal. Pending approval, study participation requests will be sent to 500 individuals with estimates of obtaining twenty percent response rate. Demographic information regarding age, gender, location (city/state) and military service will be gathered for data analysis purposes. Study participant goal is a minimum of 100 completed responses. No participation incentive will be provided.

Materials. Materials to be used in this study will include a computer-generated graphic flyer to be utilized during emailed, survey distribution and will merge respondents to Qualtrics XM survey software where the study will be hosted.

The survey instrument to be utilized for this study is a variation of the RAND Corporation's Ready or Not web-based tool, a tool with 22-individual items assessing military knowledge, comfort items, self-reported proficiency and prior training utilizing a built-in score range. Permission for survey instrument utilization and variation has been enacted and is pending.

Measurement. Upon survey closure and completion of the data collection process, completed survey response data will be exported to IBM SPSS Statistical Analysis Software for measurement and identification in trends based on built-in score range per item assessment.

Planning and Procedures. In the Fall of 2021, survey distribution planning will begin. First, a proposal to the Rhode Island College Institutional Review Board (IRB) will be submitted via Topaz Software Program. Pending IRB and survey instrument approval, the survey will begin to be distributed in early Spring 2022 and will remain open for responses for one month. Upon closure, surveys will be reviewed for completeness and merged into Qualtrics XM study software, data analysis will be completed by the end of Spring 2022. Study findings will be applied in a written, evidence-based practice paper, completed in the Fall of 2022.

Results

Demographics

The average age of registered nurse participants at the time of this survey ranged between 20 to 29 years (35%) and 30 to 39 years (48%) with a majority (83%) of nurses practicing in an acute-care setting (emergency department, inpatient care, intensive care/critical care). All the participants reported being licensed and actively involved in patient care, and (69%) having obtained a bachelor's degree in nursing. Majority of respondents identified as female (84%). Participants were asked if they had ever served in the Armed Forces, twelve percent (n=70) stated they had served in the military, averaging 7.6 years of service (range 2.5 to 30 years) and over half (62%) of participants stated they had an immediate family member who currently serves or had served in the Armed Forces. Lastly, respondents reported (based on experience), that mental health concerns (post-traumatic stress, depression, anxiety, suicidal ideation, addiction) are occurring most frequently in post-9/11 veterans (93%), followed by medical illness (pulmonary diseases, tumors/malignancies, autoimmune disorders, etc.) (7%), and lastly physical injury (amputations, musculoskeletal injuries, brain injuries, etc.) (<1%).

Self-reported Knowledge and Preparedness

Five areas of knowledge pertaining to caring for post-9/11 veterans was addressed using an interval-scale question. Areas of knowledge assessed included: war-related illnesses, traumatic brain injuries, psychological impacts of war, military/veteran culture, and lastly military/veteran resources. Competences were scored on a 5-point scale, ranging from "completely unfamiliar" (1), to "extremely familiar" (5). Over half of respondents reported very to extremely familiar with traumatic brain injuries (mean = 3.18; 55%) and military/veteran culture (mean = 2.82; 54%). Forty-seven percent reported being very familiar to extremely familiar with the psychological impacts of war (mean = 2.91). Concurrently, over half of respondents reported they were somewhat to completely unfamiliar with war-related illnesses (mean = 2.24; 51%), and military/veteran resources available (mean = 2.34; 57%).

Secondly, traditional true/false statements were utilized, and participants were asked to judge whether the statement was factual or false to assess one's surface level knowledge of post-9/11 veterans. Seven statements were made that compared post-9/11 veterans to previous combat eras, mental health concerns, combat exposures, healthcare utilization, demographic(s), and medical outcomes. Respondents recognized that more post-9/11 service members/veterans have died because of suicide than combat (79%), that most service members/veterans who have deployed to a war zone have not actively been involved in combat directly (73%), and the average age of post-9/11 service members/veterans is under 40 years old (80%). Respondents also recognized that Vietnam veterans are more likely to be diagnosed with a primary malignancy (cancer) than post-9/11 service members/veterans (78%). Lastly, respondents answered that

more post-9/11 service members/veterans had been diagnosed with post-traumatic stress than a primary malignancy (cancer) (94%).

Conclusion

Overwhelmingly, the Bonzanto et al. (2020) study demonstrated the lack of knowledge and awareness of military culture by civilian registered nurses when knowingly and unknowingly caring for post-9/11 veterans. Eighty percent of registered nurses stated they were “completely unfamiliar” or “a little bit familiar” (p. 40) with veteran supports for transition, health, and support services and 12% would collect military history or related health history. An important finding determined when registered nurses were asked about their behaviors relating to screening individuals to identify their military or veteran status, 70% responded they never or seldom ask. All in all, from the 22-scored items, 4% of civilian registered nurses within the study were found to be of high cultural competence when caring for post-9/11 veterans, half of the 4% served in the military themselves (Bonzanto et al., 2020).

Our study supports these previous findings while focusing on a larger cohort of registered nurses and focused largely on Likert-scale type questions to determine ones perspective of how they provide veteran specific, centric care. By 2039, post-9/11 veterans utilizing the healthcare system will peak. With the increased rates of late onset of cancer diagnoses in younger post-9/11 veterans it is imperative for nursing to take initiative in the public health spectrum and utilize screening on a secondary prevention-based level.

Exploring the Lived Experience of Aging in Place within the Rural Community

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Objectives

1. Identify contextually defined differences in available resources for community-dwelling, rural older adults., 2. Explore the community-dwelling, rural older adults’ use of resources for supporting personal health and independence., 3. Explore the unique impact of self-reliance and self-perception on community-dwelling, rural older adults’ prioritization, and acceptance of resources for supporting personal health and independence.

Purpose

Older adults make up a rapidly growing subset of the population in rural America. Rural areas with high rates of comorbidity already struggle to meet health care demands due to the overall sparsity and lack of available health care resources. The demands of the Covid-19 pandemic only increase these challenges. Research demonstrates that older adults often depend on formal and informal sources of support from within the community, yet little research involving rural-dwelling older adults has been done to explore their preferred patterns in the use of resources to support health, independence, and aging goals.

Materials and Methods

An institutional review board (IRB) approved phenomenological study was conducted to explore rural older adults' use of resources to support health and independence. Seven participants volunteered for the study and described these phenomena during an interview. Interviews were digitally recorded and transcribed verbatim. Following transcription, an iterative approach employing content analysis principles identified three broad themes.

Results

The identified themes included participant identification of what resources are available, perceptions of appropriate resource use, and when/how resources are utilized. The findings provide a unique insight into the lived experience of older adults who remain active as consumers and contributors within their rural communities.

Conclusion

Findings from these assessments and follow-up research may be integral in generating aging initiatives and promoting health policies that support healthy aging across the lifespan and equitable distribution of resources from metropolitan to rural communities.

Gaining International Perspectives through Virtual Learning

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Objectives

Examine student learning in an international virtual learning experience., Describe the weeklong virtual learning collaborative experience., Describe changed perspectives of students after completing an international virtual experience.

Purpose

International learning experiences provide nursing students with the opportunity to expand knowledge of global health systems. Students participated in a weeklong virtual learning experience with peers from Austria, Greece, and Germany. The purpose of this international learning experience was for students to compare and contrast nursing rituals and cancer care offered in these countries.

Materials and Methods

The student groups were divided into two tracks: Cancer Care and Nursing Rituals. Each day students began with two expert lecturers from the United States, Zurich, Austria, United Kingdom, and the Netherlands who presented on nurses' roles in cancer care, new advances in cancer knowledge, analyzing rituals in nursing care, and using people's experience to inform and improve service provision. Following the lectures, students worked within their designated groups to discuss cultural, social, and economic factors that impact either nursing rituals or cancer care. Groups were comprised of students with different

experiences, knowledge, values, and skill sets with the aim to develop a case study and plan of action for a client. On the final day, students presented their case study and care plan during a student conference.

Results

Through discussion with diverse groups, students learned how healthcare systems differ in function and funding. Findings included the United States healthcare system being the most complex and least efficient compared to Austria's publicly funded system and Germany's health care system that is funded by a solidarity community system. Through reflection, students identified future practices such as, researching community resources for patients being discharged, the necessary focus on psychosocial aspects of care, implementation of collaborative skills, and communication through the presence of language barriers. Students learned to adjust workflow and interactions to ensure success for everyone in the group.

Conclusion

The use of a virtual platform allowed accessible learning during a pandemic. Students grew personally and professionally through collaboration, increased cultural competence with communication, expanded understanding of global healthcare delivery systems while gaining insight of values.

Inaugural Life-Skills Boot Camp: A Nursing School's Pursuit to Level the Playing Field for Individuals with Intellectual Disabilities

Nursing Student Sarah Allen, Nursing Student Courtney Carden, Nursing Student Ansley Jones, Nursing Student Kelsey Lessmann, Assistant Clinical Professor Kelly Strickland

Auburn University School of Nursing, Auburn, AL, USA

Objectives

At the end of the presentation, participants will be able to recognize the lack of healthcare education and training regarding caring for those with intellectual disabilities, At the end of the presentation, participants will be able to explore potential community partnerships through which nursing schools can engage with the disability community, At the end of the presentation, participants will be able to tie disability health education to a Healthy People 2030 goal

Purpose

Over 15% of the world's population have a disability. Depending on the environment, many individuals with disabilities face barriers that prevent them from fully participating in society on an equal basis (World Health Organization [WHO], 2021). The purpose of this educational-intervention between Auburn University School of Nursing (AUSON) students and Auburn's Education to Accomplish Growth in Life Experiences for Success (EAGLES) program (Auburn University College of Education, 2021) was to effectively teach basic life-saving skills to students with intellectual disabilities (ID). The intervention had two aims. First, we aimed to increase job preparation, their understanding of life-saving techniques, and their ability to take an active role during emergency situations, ultimately fostering a healthy and equitable community. Second, we aimed to increase interactions between nursing students and individuals with ID to improve our care for this population.

The EAGLES Program is Auburn University's comprehensive transition program for students with ID. AUSON and the EAGLES program partner to increase nursing students' awareness and familiarity in

working alongside people with disabilities and foster a more inclusive campus and community. Few healthcare programs include educational interactions with clients with disabilities. This lack of education during students' training leads to a lack of knowledge regarding disability health when they become providers. Consequently, many healthcare services do not have policies that help accommodate individuals with ID, and individuals with ID are left out of decision-making (WHO, 2021; Havercamp et al., 2021). Lack of exposure to working with individuals with disabilities in school creates a disconnection between nurses and their clients with ID (Havercamp et al., 2021). Teaching and interacting with this population creates an awareness in nursing students of how to improve the health care of people with disabilities. It also promotes autonomy for those with ID by learning how to perform basic life-saving skills to protect themselves and their community.

One of the Healthy People 2030 objectives is to "increase the rate of bystander CPR for non-traumatic cardiac arrests" (Office of Disease Prevention and Health Promotion [ODPHP], 2022). The leading cause of death outside of hospitals is cardiac arrests due to the lack of CPR knowledge by many individuals in a variety of communities. Only 38.2% of bystanders were able to successfully perform CPR for non-traumatic cardiac arrests in 2017. Healthy People 2030 seeks to increase that number to 43.1% of bystanders able to successfully perform CPR (ODPHP, 2022). We contributed to this goal by educating and confirming understanding of CPR in the disability community in Auburn. Through a continued partnership, the number of individuals with ID who can effectively perform CPR will increase, which contributes to successful achievement of the Healthy People 2030 goal. Furthermore, we hope to encourage other institutions to promote CPR and other life-saving skills education to the disability population in their own communities to also contribute to this goal.

Materials and Methods

This educational intervention is part of a collaborative partnership between AUSON and Auburn's EAGLES program. We invited all six of the fourth year students from Auburn University's EAGLES program to participate in our event. Students from the EAGLES program were invited to the School of Nursing to participate in the inaugural "Life-Skills Boot Camp." First, we welcomed the students and gave a simple five question verbal large group pre-survey about the basics of CPR, first aid, and the Heimlich maneuver. The EAGLES students were then split into three groups and rotated between three stations for 20 minutes each.

The first aid station began with an explanation of basic first aid supplies such as Band-Aids, antibiotic ointment, alcohol pads, and gloves. The nursing students demonstrated the safe way to care for a cut and using the teach-back method the EAGLES students completed a return demonstration on the nursing students. The EAGLES students also got to practice using an ACE bandage to properly wrap a wrist. Finally, the EAGLES students had the opportunity to pack their own personal first aid kit. Nursing students then discussed the best location for them to keep their first aid kit for easy access when needed.

The CPR station educated the EAGLES students on how to perform basic compressions, rescue breaths, and taught the ratio of breaths to compressions. Mannequins were used to practice CPR skills, and the EAGLES students received keychain mouth barriers to use in the future if necessary.

The Heimlich maneuver station had two dolls specially made to practice the Heimlich maneuver. The participants practiced proper abdominal thrust maneuvers on these dolls until the demonstration was successful as evidenced by the fake food particles' expulsion from the dolls' airway.

Using the teach-back method, nursing students verified skill competency for each participant. At the end of the intervention, a large group post-survey that contained the same five questions as the pre-survey

was verbally delivered to determine if learning occurred. At the end of the intervention, each participant was awarded a certificate of completion.

Results

At the end of Life-Skills Boot Camp the EAGLES students' verbal answers to the post-survey were much more detailed when compared to their pre-survey answers as they felt more comfortable in what they had just learned. Students expressed understanding and sufficient basic knowledge on CPR, first aid, and Heimlich maneuver skills. EAGLES students were also able to return-demonstrate each skill successfully.

A survey with questions was sent out to the EAGLES participants two and a half months after the initial Life-Skills Boot Camp to assess retention rates for each skill. Responses from the survey show that 100% of the students correctly identified various situations in which to use each of the life-saving measures. Eighty percent of the students answered a question correctly that asked, "What is the first action you would take when cleaning a cut?" There was variability in the results of the question "How many chest compressions do you give in a minute." Sixty percent of the students chose the correct answer of 100, while the other students chose differing incorrect answers. Overall, it is evident that most objectives were met and teaching was effective. Follow-up education is needed with the students to reinforce learning.

Conclusion

This intervention provided an opportunity for students with ID to learn important basic life-saving skills like performing CPR, the Heimlich maneuver, and first aid techniques, which can be applied in their future home communities. Because this intervention was completed with only five of the six fourth year EAGLES students, we hope that future educational-intervention sessions will have more students who can participate. With more detailed follow-up education, we believe students will continue to demonstrate an accurate understanding of basic life-saving skills. It is essential for these lessons with people in the disability community to continue in the future to both further their education and ensure safety among them and their peers. Individuals with ID deserve to live the healthiest lives available to them. This includes educating them about common life-saving techniques. The partnership between AUSON and the EAGLES program will also ensure that nursing students interact with individuals with ID on a regular basis. The regular interaction will empower AUSON students to become professional nurses who advocate for health equity and full inclusion for individuals with ID.

Interdisciplinary Mentorship for Graduate Nursing Student Research in Community Health

Amy Rine Wake MSN, Florence M. Weierbach PhD, Jean Swindle PhD, Rebecca Adkins Fletcher PhD, Janet Keener PhD, Hadii M. Mamudu PhD, MA, MPA, FAHA

East Tennessee State University, Johnson City, Tennessee, USA

Objectives

The participant viewing the poster presentation will be able to identify specific skills and perspectives learned by the student through interdisciplinary mentorship., The participant viewing the poster presentation will be able to explore avenues to promote interdisciplinary research mentorship., The participant viewing the poster presentation will be able to understand the benefits of interdisciplinary research mentorship in the development of community health educators and leaders.

Purpose

The purpose of this discussion is to address information, experiences, and lessons learned by a PhD in Nursing student being mentored by an interdisciplinary research team with expertise in nursing, education, and anthropology.

Materials and Methods

This poster presentation is based on evaluation and reflection of information, experiences, and lessons learned through the months-long process of interdisciplinary research.

Results

Interdisciplinary mentorship in community health research provides graduate nursing students and novice nursing researchers actual experience with and preparation for working with communities, researchers, and health professionals to address the health needs of those communities. Opportunities for learning include the Internal Review Board process, developing research protocols, recruitment, informed consent document development, instrument development, and use of the REDCap system. Additional benefits and opportunities for learning relate to the professional growth and development that occur through the process of interdisciplinary mentorship.

Conclusion

Interdisciplinary mentorship can help to expand and refocus the lens through which future nursing researchers, leaders, and educators in community health view the community, community health, other disciplines, and roles of stakeholders.

Nurse's Knowledge toward infection control with wound care in Amran Governorate Hospitals, at Amran City- Yemen, 2021

Mr Fares Mahdi PhD [ORCID iD](#)

Al-Razi University, Sana'a, Sana'a, Yemen

Objectives

3. To find out the nurses' knowledge level about the best care practices toward wound care., 1. To identify the nurses' knowledge level about the general information on infection control., 2. To determine nurses' knowledge level about the standard precaution to control wound infection.

Purpose

Assess of nurses' knowledge regarding infection control for wound care in Amran governorate hospital.

Materials and Methods

Study Setting: The research project was achieving in Amran hospitals (22 May hospital and maternal and child Health Hospital) at Amran City, Yemen, to assess nurses' knowledge regarding infection control for wound care.

Study Design: The researcher was used a descriptive, cross-sectional study to was carry out to assess of nurses' knowledge regarding infection control for wound care in Amran hospitals (22 May hospital and maternal and child Health Hospital). This study was conducting through five months.

Population of the Study: All nurses with various educational backgrounds who are working in Amran hospitals (22 May hospital and maternal and child Health Hospital, 250 nurses), during the data collection period was inviting to participate in the study.

Sample Size Determination: Due to the relatively large population of potential participants, and time restraint the researcher was considered to select sample size 250 nurses from all population that were invited to participate in this study.

The sample size was determined through use EpiCalc program, taking into consideration the following:

- Total of population
- The precision level (5%)
- The confidence level (95%)
- The finally was selected for sample size.

Sampling Technique: The researcher was used a simple convenient sampling that applying to select the sample size from all nurses that working in Amran hospitals (22 May hospital and maternal and child Health Hospital).

Data Collection Tool: A modified structured questionnaire was administering to assess the nurses' knowledge regarding infection control for wound care. Nurses was told to verbal the consent form. The questionnaire consisted of thirty-two questions and nurses' informed consent.

The questionnaire prepared in English language and translated from English into Arabic language.

The questionnaire was filling during working hours; consent forms and filling questionnaires was placing into sealing by the researcher and taken from each unit daily. All of the collected data has checked by the researcher daily for completeness and finally.

Data collection method: The demographic characteristics of toward infection control for wound care, this was collecting through a both administrated and self-administered questionnaire. Data was collecting through the one months during 2021. where the good rapport was maintained in the whole period of data collection.

Study Variables/ Operational Definition Study variables:

Dependent variables: knowledge of nurses toward infection control for wound care.

Independent variables: Age, Sex, years of work, ward, training course, educational level, hospital name, marital status.

Ethical Considerations

Approval of the study was obtained prior to carrying out this study from the ethical committee of the faculty of Nursing, Amran University, Yemen. A cover letter was sent to principals of hospitals to obtain approval to conduct this study. The purpose and benefits of the study was explained to participants. The consent was taken from all participating nurses in the study. All nurses also have the right to refuse to participate or to withdraw from the study without any effect on their working.

Results

The results showed less than half (43.8 %) of nurses were from Amran hospital and the most (31.28%) of them were worked in surgical ward. Also the majority (88.21%) of nurses were female, the most (63.59%) of nurses were married, about more than half (55.38%) of nurses were in age group from 20 to 29 years and the majority (83.8 %) of nurses were had bachelor degree and the most (32.82 %) of nurses were had years' experience from 1 to 3 years. while the majority (83.8 %) of nurses were not Saudi national.

According to courses training, the results showed about (61.54%) of nurses were had courses training in wound care management and the results showed majority (76.41%) of nurses were not had diploma in infection control.

According to total all of nurse's knowledge toward infection control for wound care. The results showed the highest (90%) of nurses were had corrected answer.

Conclusion

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According to total all of nurse's knowledge toward infection control for wound care. The results showed the highest (90%) of nurses were had corrected answer.

Perceptions of COVID-19 pandemic public health measures in South Carolina: Informing community/public health nurse preparation for future pandemics.

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University of South Carolina, Columbia, South Carolina, USA

Objectives

1) Understand the historical context of community behaviors during previous pandemics in the US and compare to the recent COVID-19 pandemic, 2) Discuss individual experiences, beliefs, and perspectives that lead to community mistrust of current public health measures and behavioral outcomes, 3) Identify strategies community/public health nurses and educators can employ to increase uptake of public health measures

Purpose

To explore perceptions, attitudes, and beliefs toward COVID-19 public health measures in a conservative, southeastern state.

Materials and Methods

This qualitative descriptive study was guided by the Theory of Planned Behavior and Reasoned Action. Adult residents (≥ 18 years) living in South Carolina were recruited via purposive and snowball sampling on social media sites (i.e., Facebook, Instagram). Data included audio-recorded, semi-structured remote interviews that were then transcribed and analyzed using thematic analysis.

Results

Seventeen participants, ranging in age from 18 to 65 years, completed interviews. The majority were white and female. Five emergent themes were identified: 1) lack of trust in traditional, government-based sources of health information; 2) entrenched beliefs and disinterest lead to erroneous COVID-19 knowledge; 3) wearing a mask symbolizes weakness; 4) individual rights conflict with community responsibility; and 5) mask mandates do not affect private behaviors.

Conclusion

Healthcare professionals, including community/public health nurses, should understand the most common reasons why individuals are mistrustful of disease-mitigating public health strategies and be available to have respectful conversations that recognize why erroneous beliefs occur. For example, mistrust related to political beliefs, fear related to historical precedents (e.g., Tuskegee syphilis experiment), or simple lack of knowledge can all result in a similar behavioral outcome, such as the decision to not vaccinate. Community/public health nurses are uniquely prepared and positioned to perform detailed community assessments that reflect the diverse members of their local community, resulting in a more nuanced understanding of behaviors. This information can then be used to develop consistent, targeted, and tailored messaging that resonates with specific communities they serve. Because community/public health nurses are frontline health care workers, they are highly trusted and respected, and are perceived to be members of the community rather than representatives of agencies that are not

longer trusted. They can be at the forefront of disseminating evidence-based knowledge and play an active and important role as health educators.

Role of parents providing health care for children with life-threatening conditions while in the community

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¹Duke Global Health Institute, Durham, NC, USA. ²Duke University School of Nursing, Durham, NC, USA

Objectives

Define concepts that lead to role strain, conflict, overload, and exit in parents of children living in the community with complex life-threatening conditions, analyze strategies that can be used to support parents of children with special health care needs and complex life-threatening conditions both at home and in the hospital, Illustrate the role of health care providers in advocacy for parents and children with complex life threatening conditions

Purpose

Informal caregivers comprise a critical component of America's health care and long-term services and supports (LTSS) systems, especially in the community setting. The diagnoses of children with complex life-threatening conditions (CLTC) often entail and require intensive service needs; reliance on technology, polypharmacy, and/or home or congregate care; risk of frequent hospitalizations; and elevated need for community care coordination. Parents of children with CLTC act as primary medical caregivers at home and in the community while also sustaining relationships and multiple other roles. The pressure that medical caregiving puts on parents often results in a multidimensional experience of burden. In this study, we refrain from using the term burden and instead adopt the framework of role theory (consisting of role strain, role conflict, role overload, and role exit) in order to describe the experiences of parents as informal caregivers for CLTC.

Materials and Methods

The parent study for this analysis was a qualitative longitudinal Institutional Review Board-approved study on parent and provider decision-making for 35 infants with CLTC. Of the 35 children, 218 semi-structured interviews from 15 cases of infants with prematurity, bone marrow transplant, or complex cardiac disease were selected for this analysis. Questions targeted parental and provider perceptions and experiences caring for the infant. Transcripts were analyzed in NVivo 12, with thematic generation performed to capture the diverse parental roles embedded within informal parental caregiving expectations made by the provider team.

Results

Parents experienced multiple role transitions and exits, such as leaving employment, education, and relationships. While some parents reported positive experiences, including personal growth and the development of coping mechanisms, it is clear that the caregiver status still carries notable risk related to the role theory framework. It is essential for providers to inquire about parents' responsibilities and roles, encourage relationship support, and advocate for parental self-care.

Conclusion

Challenges noted by parents were, in part, shaped by perceived expectations by the health care providers and system, as well as due to perceived lack of support. The status of caregiving and its substantial role set caused parents to experience significant role strain. Parents also experienced conflict in managing multiple roles associated with different statuses, such as employee, student, wife or husband, sometimes leading to role exit. It is essential for community health nursing to understand the impact on parents of children with complex life-threatening conditions as these parents are prevalent in the community.

Member Posters

Adult Home Visiting Simulation for Undergraduate Nursing Students

Dr Nancy Turrubiates DNP, Gail Gores MSN, RN, CHSE

North Dakota State University, Fargo, ND, USA

Objectives

Describe an innovative educational strategy used in an undergraduate public health nursing course, demonstrate a simulated adult home visit, discuss implications for using simulation in an undergraduate public health nursing course.

Purpose

To present a simulated home visit used in an undergraduate nursing program

Materials and Methods

Objectives for the Community Health Nursing Course state that students will engage in processes that apply to individuals, families, communities and systems. A simulated home visit was created by trained simulation faculty. The following objectives are used: collect and document health assessment data on a patient with multiple co-morbidities; create an action plan to determine patient's priority health problem (s) and develop a health coaching plan; explore patient's ambivalence in managing chronic diseases utilizing motivational interviewing techniques; address current vaccination status and make appropriate recommendations; assess wound healing and evaluate appropriateness of wound care; apply appropriate skills: manual blood pressure, random blood sugar.

Results

Small groups of students engage in a pre/post briefing and engage in a simulated home visit. The simulated living room is set up in the nursing lab. Students prep by addressing supports, barriers, health promotion goals and discussing social determinants of health. Sufficient time is given for the students to assess the patient and engage in simulated home visit. A debriefing session evaluates the home visit. Students provided additional comments and described them as effective and a great learning experience.

Conclusion

Home visits are an effective health promotion activity. The ability to engage with individuals and families and gain trust is an important skill for future public health nurses. Helping undergraduate nursing students build the skill of establishing nurse-client trust relationships can be gained through a simulated home visit.

Creating an Infant Home Safety Simulation for Community Health Nursing Students

Karen Towne MSN, RN, APHN-BC^{1,2}, Andrea Corbisello MSN, RN¹, Monica Andreski MSN, RN¹

¹University of Mount Union, Alliance, OH, USA. ²University of Kansas School of Nursing, Kansas City, KS, USA

Objectives

By the end of the session, participants will list the resources needed to install an infant home safety simulation. By the end of the session, participants will analyze quantitative and qualitative results of student performance. By the end of the session, participants will discuss the value of independent simulation in senior-level community health nursing students.

Purpose

NOTE: This abstract was previously accepted for poster presentation at the ACHNE 2020 Annual Institute but was not presented due to a COVID-related cancellation. The author was given permission by ACHNE staff to resubmit for presentation at the 2022 Annual Institute.

The purpose of the project was to conduct an independent, experiential infant home safety simulation for senior pre-licensure community health nursing students. Project aims were to simulate home health provider (HHP) independence, self-assess knowledge of infant home hazards, and identify credible evidence to support rationale. Results also informed targeted delivery of infant safety education during pediatrics nursing course in the subsequent semester. Realistic simulation of home hazards has upfront costs outweighed by educational benefits.^{1,2} Available literature on infant safe sleep simulations is limited to hospital contact and not home installation.³ Despite coordinated efforts, Ohio is ranked 49/50 states for infant mortality,⁴ making infant home safety relevant content in our community health nursing course. Students entering home health simulations may self-rate as confident yet miss red flags.² Eliminating peer support and implementing phases of self-checks may encourage self-reliance.

Materials and Methods

Simulation was conducted in three phases. Phase 1 (P1): Students completed a pre-test and proceeded into the simulation designed to replicate an infant's bedroom. Students were instructed to refrain from speaking or collaborating while evaluating hazards; students uploaded a picture of their hazard list to a learning management system (LMS) dropbox before leaving the room. Phase 2 (P2): Students submitted evidence to support identified hazards prior to a debriefing and an infant mortality lecture when a post-test was given. Phase 3 (P3): Students returned to the simulation to view a transformed "safe" room; they compared their work to a complete list of hazards from P1, and resubmitted the P2 assignment as a comprehensive list with qualitative reflection.

Results

While organization and comprehensiveness of hazards improved from initial P1 upload to P2 submission, the P3 assignment is essential to identify blind spots in learning. Post-test results improved prior to P3 but revealed key content areas to target in the upcoming pediatric nursing course. Senior nursing students need opportunities to safely experience independent practice. Home health simulation during a first-semester senior community/public health nursing course is an ideal time to remove peer reliance, require

self-directed evidence-based practice, provide enriching home health experiences, and assess cross-curricular knowledge, such as infant safety, to inform curriculum planning.

Conclusion

Upfront resources are required – including a portable crib, lamps, rug, dolls, and small items – but can be stored compactly; installations staged for self-review afforded flexibility to student schedules. Curricular overlap, as with infant safety, is an opportunity to assess cohort knowledge for tailored learning in subsequent courses. With appropriate resources and staging, independent simulation provided an opportunity to apply previous knowledge, critically think, retrieve and appraise evidence, and self-evaluate without reliance on group work. With lecture-embedded debrief, two independent installations, and three phases of assignments, scheduling is flexible but quantitative and qualitative evaluation of growth across phases is necessary. Student feedback on simulation design and autonomy of working alone was positive, indicating a desire to practice independence in safe venues.

Identifying and Addressing Bias in Public Health Nursing Home Health Visiting Simulations

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Rush University College of Nursing, Chicago, IL, USA

Objectives

1. Learners will explain the need to review educational activities, including simulations, for bias. ,
2. Learners will identify how bias can show up in simulations.,
3. Learners will discuss strategies to revise simulations to be free of bias.

Purpose

The presence of bias in nursing education content and activities can negatively impact student learning and cause harm to learners. Nurse educators have an ethical responsibility to acknowledge and address bias in nursing education to create an inclusive, safe learning environment. As with other learning activities, bias may be present in nursing simulations. The purpose of this presentation is to explain how public health nursing faculty reviewed and revised three public health nursing home health visit simulation cases to address bias.

Materials and Methods

Six faculty (two course directors and four clinical faculty) from a public health nursing course participated in the project. Two faculty members have been assigned to review each of the three simulation cases. Faculty will review each simulation for bias using the Upstate Bias Checklist[®] (Caruso et al. 2019) to identify potential biases. As a large group, faculty will decide how to best address the bias identified in each case.

Results

This project is currently in progress and will be completed in early 2022. Planned results include identifying common biases in the simulation cases and a record of changes made across cases. Faculty lessons learned will also be shared related to the overall process and designing simulation cases to be bias-free.

Conclusion

While simulations can be an effective educational strategy, they may include bias which can cause harm to the learner. To ensure the best possible learning experience, new and existing simulation cases should be reviewed and evaluated for bias.

Integration of Global Rural Nursing Exchange Network (GRNEN) into Nursing Education.

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Objectives

Attendees will be able to describe how the GRNEN has been used in nursing education to connect students who share a passion for improving the health of rural communities and an appreciation for the role nurses play in serving these communities., Attendees will be able to design a learning activity using GRNEN resources (i.e., recorded GRNEN webinars, virtual collaborations, etc.) to increase opportunities for leadership development focused on rural community, public health, population health practice from a global perspective., Attendees will develop and build connections with educators, researchers, and nurses involved with GRNEN to expand opportunities for global nursing education, research, and practice to foster health and equity in rural and remote communities.

Purpose

This is not a study. The presentation will be on how nurse educators can use resources from the Global Rural Nursing Exchange Network (GRNEN) to increase knowledge and awareness of rural health nursing in different countries.

Materials and Methods

The Global Rural Nurse Exchange Network (GRNEN) provides a free, global platform to elevate rural nursing practice, education and research. The platform includes opportunities for global rural nursing collaborative exchange grants, a virtual platform for collaboration, and webinars on current topics of interest to rural nurses. Rural nurse ambassadors from around the globe assist the GRNEN to extend its mission to support rural nurses and rural communities. Recorded webinars and materials from the GRNEN website were incorporated in a community health course. Students have connected virtually with nursing students in a partner university around the globe to address a community health concern.

Results

N/A

Five paired university nursing schools were awarded grants to encourage collaboration and improve the health of rural communities. Quarterly webinars have addressed just in time topics for rural nurses. Over 100 rural nurses have connected via the virtual platform.

Conclusion

The Global Rural Nursing Exchange Network (grnen.net) provides an opportunity for community nurse educators to develop collaborative learning activities focused on rural communities, public, and population health among nursing students from different countries.

Student, Faculty, and Community Practice Partner Collaboration: Measuring APRN, RN, and Nursing Student Confidence to Teach Safety Measures in Disasters and Public Health Emergencies Following an Educational Intervention

Dr. Joanne Langan PhD, RN, CNE, Dr. Karen Moore DNP, APRN, ANP-BC, FNP-C, FAANP, FAAN

Saint Louis University, Valentine School of Nursing, St. Louis, MO, USA

Objectives

1. Discuss the relationship between nurse demographics and the intent to provide disaster preparedness, response and recovery information to future patients, students, and communities following completion of disaster education modules.,
2. Examine the relationship between nurse work-related characteristics and the intent to provide disaster preparedness, response and recovery information to future patients, students and communities following completion of disaster education modules.,
3. Evaluate the effectiveness of on-line disaster preparedness modules in increasing the levels of confidence, competence, and intent to teach disaster content to future patients, students, and communities.

Purpose

This pilot study will measure a baseline of advanced practice registered nurses', registered nurses' and nursing students' level of confidence and competence to teach disaster management content to their patients and students. Following an educational intervention, the advanced practice registered nurses, registered nurses and nursing students will be assessed again to determine whether their levels of confidence, competence, and willingness to provide disaster-related information has increased.

Materials and Methods

Following a baseline/pre-test on confidence and competence in disaster nursing skills, a series of ICN disaster nursing competencies (8 domains)/learning modules, scripted and read by a narrator with accompanying PPT slides will be sent electronically to participants. Following the modules (intervention), the nurses and students will complete the post-test to indicate whether the educational intervention increased their levels of confidence, competence, and intent to teach disaster content to their patients and students. The goal is that community persons will have disaster knowledge to remain safe

and able to access resources in the event of a disaster or public health emergency. Our population will be those nurses and students who volunteer at the partner practice clinics.

Preliminary data will be shared.

Results

Preliminary data will be shared; the launch date of the modules is October 15, 2021.

A descriptive correlational design is used to examine relationships between and among variables. The McNemar Chi-square test will be used as well as the chi-square test of independence to identify whether the competence and confidence ratings vary by major participant characteristics. All inferential testing will be conducted under an alpha level of .05.

Conclusion

We cannot offer conclusions at this time as we have no data until the modules, surveys and pre-tests and post-tests are submitted.

Taking the Lead in Integrating Population Health into the DNP Curriculum

Dr. Jeannine Uribe PhD [ORCID iD](#)

La Salle University, Philadelphia, PA, USA

Objectives

1. Describe the key points of the broad applicability of epidemiology and population health for informing advanced practice nursing care. ,
2. Identify methods for introducing social justice and population health topics into a variety of courses at the DNP level. ,
3. Design DNP level course assignments that require DNP level nursing students to synthesize social justice, epidemiologic, and population health research towards developing solutions to health issues.

Purpose

The American Association of Colleges of Nursing (AACN) approved new guidelines for the core competencies for professional nursing education and practice, which begins implementation this year. While population health and clinical prevention were included in the past essentials, the new competencies are inclusive of several social justice concepts important for all nurses to incorporate into nursing practice. Guided by McElroy, Statler and Smith's (2020) article on ACHNE research priorities as well as public health nursing and teaching experience, this presentation aims to address the necessary role of public health nurses in leading Doctor of Nursing Practice (DNP) education to incorporate social justice and population health knowledge and actions into graduate level curriculum. As specialists in population health, ACHNE members should be in the forefront of guiding DNP faculty and teaching DNP courses on these competencies for working with vulnerable populations. DNP students need to recognize the value of quality improvement projects aimed at vulnerable populations and DNP projects can generate evidence on the impact of using community/public health nursing strategies on long-term nurse knowledge, attitudes, behaviors, and use of the levels of prevention.

Materials and Methods

Public health experience, national guidelines of AACN and National Academies of Medicine.

Results

None

Conclusion

This presentation aims to address the necessary role of public health nurses in leading Doctor of Nursing Practice (DNP) education to incorporate social justice and population health knowledge and actions into graduate level curriculum.