A1-1: When Reach Extends Touch: How an Academic/Practice Partnership Affects Undergraduate Community/Public Health Nursing Curricula

Geraldine Moore, EdD, MS, RN; Monica L. Diamond-Caravella, MSN, RN, PMC, AE-C; Lauren Janssen Breen, RN, BSN; Michelle Wruck, PNP-BC; Anne Little, MPH, AE-C; M. Zacharia; Claudia Guglielmo, MPA, AE-C; Mary B. Cataletto, MD

Abstract: Method: After IRB approval was granted, guided student focus groups (n=60) were conducted at the end of two semesters. Data was transcribed and collaborative, descriptive content analysis was completed. Initial coding was supported by a review of competencies embedded within student clinical evaluation tools. Through constant re-reading of the data, student descriptions of their experiences related to their community/public health placements within the partnership were obtained. Results: Students provided rich accounts of new and changing perspectives of population-focused community/public health nursing roles. They spoke to positioning themselves, both personally and professionally in new and unfamiliar ways. Students shared stories about being challenged, frustrated, surprised and personally impacted by the family, environmental and social conditions faced by the populations. Student comments revealed strong linkages between student learning and the context, workings and goals of the partnership. Major areas of learning included advocacy, social justice, valuing, leadership, inter-professionalism, group skills and impact. Implications: While findings from the study supported the value of academic practice partnerships in achieving mutually shared goals, the most unique discovery was that the functionality of the partnership itself was central. Student recognition of a rippling effect of the partnership was reflected in the central theme of ‘reach extends touch.’ Discussion: Students reported new and changing perspectives on the role of a population-focused community/public health nurse. They spoke of pulling from each other’s strengths and positioning themselves professionally and personally to achieve positive outcomes. Students saw themselves in changing roles with families, communities and populations. Conclusion: An academic practice partnership, focused on improving population health outcomes, had the added benefit of enhancing the community/public health nursing curriculum through student exposure to the values, ideas and innovation of the partnership.


Krista Jones, DNP, MSN, ACHN, RN

Abstract: Module content was created using a combination of PowerPoint, Camtasia, YouTube, and interactive activities using SoftChalk software. Content includes data resources, searching strategies, data collection, analysis, evidence critique, PICO development and knowledge translation. Pre and post session surveys and CEU documentation were created using Qualtrics survey software. Participants will receive 3 free CEU hours for module completion. This presentation will cover this unique collaboration, the process of online module development and findings of online pre and post-test surveys. Preliminary findings support participant satisfaction with the convenience and flexibility of online EBP education. Eighty-one percent of participants reported increased development of new skills and the ability to find evidence based literature.

A1-3: Developing a C/PHN Mentoring Program for Generalist Nursing Students: PHN Scholar

Jessie Reuteler, MSN, RN, CNL; Monique Reed, PhD, MS, RN, CON CSMHN; Diane McNaughton, PhD, APHN-BC; Pamela F. Levin, PhD, APHN-BC

Abstract: Methods: Scholarly Concentration (SC) programs have been described in the medical education literature as programs that provide medical students with opportunities to explore specific topics through in-depth scholarly activities outside of the core curriculum. These programs offer entry level students the opportunity to build on critical thinking and analytic skills, develop opportunities for self-directed learning, and support unique individualized learning experiences thus creating effective leaders and forward thinkers. SC programs have not been described in the generalist nursing literature. Beginning in 2014, a team of C/PHN faculty from a Midwestern College of Nursing applied the SC approach for graduate entry nursing students. Nominal philanthropic funds were secured to evaluate the effectiveness of a SC pilot to promote community focused nursing specialty programs. During term two of a six-term program, 2 to 4 students were selected from a competitive pool of applicants to enter into the PHN Scholar program. Objectives of the PHN Scholar program included: awareness of career opportunities and scholarship through mentorship with PHN faculty, building camaraderie with peers
interested in C/PHN, and increasing scholarship around self-identified C/PHN topics. Program components included (1) one-to-one faculty mentoring, in which public health related scholarly interests were identified and pursued, (2) one to three annual team-building events, (3) support in identifying C/PHN professional development opportunities, (4) integration of a C/PHN focus into the Master’s capstone or other scholarly product, and (5) financial support to attend a C/PHN related conference. These experiences were an opportunity to tailor already-existing graduation requirements towards a C/PHN health interest. Results: To date, 15 of Scholars participated in the program with 7 faculty mentors; 9 have graduated, each with a C/PHN perspective to their capstone. Scholars have presented two national podium presentations and one poster presentation. Team building events occurred each term with 9 to date and 11 of the 15 Scholars attended national C/PHN conferences. End of program feedback from the Scholars will be shared, as well as their personal experiences. Implications: As Scholars reported the mentoring relationship key, other nursing programs should consider including a SC program focused on C/PHN as an elected opportunity for generalist nursing students to increase awareness of the specialty. Schools of nursing may consider the SC program as an approach to mentor generalist nurses into specialties with a focus on vulnerable populations such as gerontological and pediatric nursing.

A2-1: Across the Curricula: Leveraging the Community Health Needs Assessment to Promote Competency in Population Health in BSN, MSN and DNP Nursing Education
Sara Brown, DNP, RNC-MNN, CNE, LCSW

Abstract: The presentation will describe assignments incorporating the CHNA across each level of the curricula. Examples include: Baccalaureate: 1) Students participate by participating in personal completion of the community health needs assessment. 2) The coordinator of the local assessment presents in class. 3) Students use the assessment to identify issues in their community for development of a health promotion teaching project. Masters: 1) Students analyze the results of the community health needs assessment and identify which needs impact their own practice setting. 2) Students propose solutions to the needs identified in the community health needs assessment. DNP: 1) Students develop an initiative to address a population health issue through the development of a project/grant proposal that is of a quality that could be funded and implemented. 2) Students may participate with the development, implementation and evaluation of the community health needs assessment with practice partners. The CHNA affords an exceptional opportunity to foster population health competency at each level of the curricula.

A2-2: Service Learning and Point-in Time Count: Promoting Empathy in Nursing and Public Health Students while Meeting Federal Mandates
Lori Pierangeli, PhD, RN, FCN

Abstract: Student perception and knowledge of homelessness was assessed on a 5-point Likert scale using the Health Professionals Attitude towards Homelessness Inventory (HPATHI). HPATHI results were combined with qualitative findings from in-class pre-experience briefings, post-PIT count debriefings, and reflective discussion board posts to evaluate changes in student affect surrounding following PIT count participation. Results and Discussion: Undergraduate nursing and public health (N=52) majors completed the HPATHI prior to PIT count training. Few students endorsed cynical statements about the homeless (M=2.06, SD=0.50) and most felt those experiencing homelessness had the right to basic healthcare (M=4.19, SD=0.74), yet few students agreed they had adequate knowledge of homeless (23.1%). PIT count training and surveying (over 26 person-hours contributed from PH, not sure who on the list are nursing students) was transformative with many students reporting enhanced empathy for those experiencing homelessness and a greater understanding of the services available following the count. Linkages between academic training programs and the public health workforce can be an effective mechanism to complete the PIT count while supporting personal and academic growth among students. This experiential learning opportunity represents a meaningful first step toward achievement of curricular goals of fostering a more culturally competent health services workforce. Suggestions for refining the educational experience are discussed.

A2-3: Public Health Nurses’ Perceptions of Graduate Education: Report of Findings
Denise Drevdahl, PhD, RN; Mary K. Canales, PhD, RN

Abstract: Digitally-recorded individual interviews were conducted with PHNs (n=30) working in health departments, academics, and businesses across the U.S. Two main findings emerged from data analysis. The first finding was the influence of the perceived value of the MPH over a graduate nursing degree on PHNs’ decision-making processes. Secondly, PHNs struggled to be seen as ”real” nurses when providing population-level care. This second finding led to the development of a model describing tensions and strategies PHNs used in efforts to balance individual and population level care. Considering the recent decline in graduate public health nursing programs, the study results provide possible avenues for supporting PHNs’ pursuit of graduate education, especially for those seeking leadership opportunities within government systems. A summary of the results’ significance for graduate education, research and practice will conclude the presentation.
A3-1: Ethical Principles of Global Health Nursing Practice
Jeanne Leffers, PhD, RN, APRN-BC; Ruth McDermott-Levy, PhD, RN

Abstract: Method: Using Delphi methods to identify the ethical principles to guide global health nursing practice, we began with a recorded focus group interview with 12 nurses with significant global health expertise. The interview was transcribed and coded in order to develop the initial Round 1 survey that included 135 items. The survey was posted on 4 listserv internet sites that target public and global health nurses to reach respondents from a global audience. There were 153 respondents to Round 1. After analysis and review by the Focus Group, Round 2 contained 53 items and 135 respondents. Respondents were from the US, Canada and many other countries across the globe. Results: The analysis of Round 2 results led to the development of a set of 10 Ethical Principles and Specific guidelines for ethical global nursing practice.

Conclusions: Nurses around the globe are eager to contribute to this important topic of ethical practice for global health. Further work is recommended to engage nurses from wider international representation in the refinement of this work moving forward. Implications: We consider this a first step to address those concerns and hope that future work will draw from a broader range of experts from across the globe.

A3-2: The Role of a Nurse Policy Entrepreneur: Utilizing a Multiple Streams Approach to Reduce Motor Vehicle Crashes in a Rural Community
Judy Gregg, MS, RN

Abstract: Methods: Utilizing the Multiple Streams Approach, the Nurse Policy Entrepreneur analyzed the problem, policy & political streams. Public MVC databases were used to identify local priority issues. Policy analysis included comparison with peer counties and current literature to identify best practice. A framed message was shared with identified stakeholders resulting in an alliance formation. In addition to verbal consensus, a modified Organizational Change Recipient’s Belief Scale (OCRBS) tool was given at the end of the initial alliance meeting. Results: OCRBS results reinforced that stakeholders believed teen MVC was an important issue (discrepancy); the policy change was supported as an appropriate solution (appropriateness), along with principle support for the project. However, neutral results were found for both efficacy related to personal influence to impact the issue and personal gain/impact from the change. Implications: Ideally, a coalition would be empowered to propose the new policy to the decision maker. However, the participants did not report efficacy nor verbalize willingness to approach the judge, leading the Nurse Policy Entrepreneur to continue to advocate for the community at the stakeholders request. Discussion: With community support for ongoing program oversight, the Nurse Policy Entrepreneur gained judicial approval for a local policy change. The successful adoption of the new policy was the direct result of the deliberate application of the Multiple Streams Framework by the Nurse Policy Entrepreneur to open the policy window. Conclusions: The application of the Multiple Streams Approach is a valuable tool for all nurses regardless of setting and needs to continue to be explored along with the further development of the role of a Nurse Policy Entrepreneur. The Multiple Streams Framework can successfully guide nurses to change policy in healthcare at any level of policy change and in any setting.

A3-3: Building Global Alliances for Professional Growth in Students in Public Health Nursing Courses
Jeannine Uribe, PhD, RN

Abstract: This presentation compares international short-term programs with a program offered as the public health nursing clinical experience at La Salle University in collaboration with Universidad La Salle in Mexico City. The La Salle program uses in-class presentations by Mexican professors, trips to health care sites such as the Red Cross, an HIV clinic, a poor neighborhood and biophysical screening profiles completed at a government sponsored home for abandoned women. Community assessment is used and students are debriefed daily to discuss their observations. Methods for developing sociocritical literacy include group readings with training to understand hidden issues of power, hierarchy, and social inequalities. Group discussions are held to examine commonalities and differences and to understand the values and practices of the country.

A4-1: Advancing the Capacity of Maine’s Public Health Nursing Workforce through a Targeted Workforce Development Leadership Program
Jennifer Morton, DNP, MPH, APHN-BC; Karen T. Pardue, PhD, MS, RN, CNE, ANEF; Judith A. Metcalf, APRN, BC, MS, FMGS

Abstract: To date, three cohorts of emerging nurse leaders (n = 20) working in population focused environments have completed the program. Cohort practice settings include home health care, school health, ambulatory care, nursing education, district level public health, and veterans’ primary care. The education and training components of the Population-focused Nurse Leadership Institute included a DISC Leadership Profile, Interprofessional and Collaborative Practice basics/TeamSTEPPS, the QUAD council competencies, examination of population health disparities, and cultural awareness. Participants additionally completed a faculty-mentored evidence-based project designed to better understand a practice problem or an intervention to address it. The Institute unfolded over an academic year involving four meeting
sessions. Evaluation data suggests that program completers reported significant gains in leadership capacity, cultural sensitivity, and in the ability to communicate and advocate with others members of the health care team. Additionally, participants identified higher levels of confidence and self-efficacy after implementation of the evidence-based project.

A4-2: Finding the Prince of a Journal by Kissing Lots of Frogs: Supporting Novice Faculty Publication Using Mentorship by Experienced Faculty
Sallie Shipman, EdD, MSN, RN, CNL; Patricia Speck, DNSc, RN, FNP-BC, DF-IAFN, FAAFS, FAAN; Melanie Gibbons Hallman, DNP, CRNP, CEN, FNP-BC, ACNP-BC

Abstract: Design/Methods: The design is a literature review about mentoring techniques, followed by a descriptive case presentation. The method included mentoring strategies for publication based on the International Authorship Guidelines framework and faculty role expectation. Results: Using the International Authorship Guidelines as a framework for progress, a manuscript was submitted in early 2015, rejected, re-submitted in mid-2015 and rejected, and re-submitted in late 2015. With each rejection, the mentor and mentee worked through reviewer comments to improve the manuscript. The 3rd journal editor rejected the manuscript, but recommended another indexed journal. The fourth submission to the indexed journal resulted in an award-winning publication in early 2016. The mentor-mentee relationship continues with subsequent manuscript preparation. The mentee is now a co-mentor for additional novice faculty where the mentor and mentee are moving toward peer collaboration and support. Conclusion: The lack of standardized metrics for mentoring is a challenge for experienced faculty in their role as a mentor. This presentation demonstrates one way to improve self-efficacy of inexperienced novice faculty using International Authorship Guidelines as a method with publication as a goal. The exchange between mentor and mentee leads to maturity in the faculty role resulting in peer colleagues. In addition, through the mentoring process for publication, and over time and with positive mentoring, the mentee succeeds and passes successful publication techniques to future novice faculty.

A4-3: Updates on a Residency Program for New Graduates in Home Health Care; An Academic/Practice Partnership
Lynn Blanchette, PhD, RN

Abstract: The program proposed includes a year-long, precepted residency. Standards for the residency are developed using the CCNE (2015) Standards for Accreditation of Entry-to-Practice. Evaluation of hiring practices, internal organizational supports and supervision was completed. Presentation will include information about program goals, including retention, career ladders and core curriculum. Conclusions related to development of future residencies will be presented.

B1-1: Implementing Veteran-centered Community Health Field Work in a Public Health Nursing Course in a Baccalaureate Nursing Program
Dorcas Kunkel, DNP

Abstract: Methods: Students were selected for this community clinical rotation based on applications which were evaluated on academic achievement and a written assignment describing their interest in the veteran population. The clinical course was designed by integrating the findings of veteran-centered publications and the American Association of Colleges of Nursing veteran-centered resources. Field work experiences were accessed through the Veteran’s Administration Health Care System (VAHCS) in a partnership with the School of Nursing. Results: Formative and summative anecdotal information was gathered in the learning experience during weekly post-clinical discussions, course assignments and a final seminar. Three noteworthy themes stood out, 1) increased descriptions of resources and services available to veterans and their families; 2) increased expressions of the complex health care needs of veterans; and 3) increased recognition of the autonomous nature of the community health nursing role. Implications: This clinical rotation exposed students to eight of ten veteran competencies including: Military and veteran culture, post-traumatic stress disorder, environmental/chemical exposures, substance use disorders, traumatic brain injury, suicide, and homelessness. Depending on exposure to clients in various settings, students learned about an additional competency, amputation and assistive devices. Students were less likely to be exposed to cases of military sexual trauma and serious illness especially at the end of life in this clinical rotation. Discussion: It was necessary to assure the learning experiences gained at the VACHS meshed with those of the non-VA focused students in the larger body of students taking the same course at other sites. It was necessary for faculty to orient and focus the students on the unique aspects and needs of the veteran population in their brief seven-week rotation. Conclusions: Early indicators are that this community health field work experience will be sustainable into the future. The academic institution and clinical partner remain committed to working together to provide meaningful learning opportunities to students. Nursing student’s increased knowledge of the American veteran population and their unique health care needs, demonstrated skills that promote health, prevent disease and ameliorate diseases or conditions experienced by veterans, and examined their attitudes about veteran-centered care.
Preparation of Upstream Leaders for Public Health Nursing Practice and Research
Gina Alexander, PhD; Lisa Bashore, PhD; Carol Howe, PhD; Jada Stevenson, PhD; D. Lynn Jackson, PhD, LCSW, ACSW

Abstract: Methods: Through interprofessional collaboration, PHN students designed and implemented school-based health promotion workshops focused on mental/emotional health, goal setting, nutrition, and injury prevention. The following year, nursing students and nutrition students engaged in an interactive study protocol to gather data from museum participants on the factors that contribute to food literacy and meal preparation. Students documented the PHN process using the Healthy People 2020 MAP-IT framework, and compiled a variety of multimedia products for stakeholders. Results: Analysis of these multimedia products reveal themes of unanticipated discovery, overcoming challenges, and connectedness that evolved through partnership with children, families, community members, and service providers to promote health and wellness. Furthermore, the goodwill among public-private partners fosters increased trust and enables opportunities for networking and career development for students in the health professions. Conclusions: Nursing students applied PHN principles in evidence-based, interprofessional practice and research, discovering opportunities for meaningful collaboration in PHN practice, research, and career development. Through ongoing public-private partnerships, efforts toward health promotion and advocacy among children and families will continue.

Collaboration to Promote the Public Health Nursing Workforce in Maryland
Pat McClaine, DrPH, MPH, BSN, RN; Carolyn Nganga-Good, RN

Abstract: Methods: Maryland’s Robert Wood Johnson Foundation PHN Leader in collaboration with the Maryland Action Coalition and the state PH Nurse Council of PHN leaders has begun the process of identifying and interviewing local PHN leaders and key informants from each of Maryland’s 24 local jurisdictions to enumerate and characterize the PHN workforce in Maryland. The study has IRB approval. These interviews will ascertain the current number of PHNs employed by the local health departments, including PH administrators, staff nurses, and school nurses often employed by Boards of Education, their scope of work, their level of education, salary and examples of work to help build a culture of health. Historic workforce information is being sought for comparison purposes, but has not been available in all local jurisdictions. All PHNs working in local health departments and for local boards of education are being invited to participate in an on-line survey. As of early December 2016, more than one third of identified PHNs have participated in the survey and interviews have been completed in 17 local jurisdictions. Faculty from University of Maryland School of Nursing and one CPH graduate student have been providing support for this initiative. The face to face contact with local PHN leaders and their rich stories about their work in population health and their efforts to build a culture of health in their communities has been inspiring to CPH students investigating employment opportunities in the community. Results: Participants have identified several barriers to PHN practice including poor salaries, resulting in challenges in recruitment and retention; cuts in funding and restrictions on use of funding; lack of leadership understanding and appreciation of the value of PHNs; lack of PHN leadership representation at decision making tables; inappropriate use of para-professionals to perform nursing responsibilities; lack of awareness of what PHNs do; poor marketing of PHNs even in schools of nursing where exposure to community/public health nursing is limited. The presentation will also showcase the Maryland’s progress in enumerating the PHN workforce including a description of the process, a description of how CPH educators and students have been used to help support PHN workforce issues, and early lessons learned.
B2-3: Advancing the Role of Primary Care Registered Nurses in Population Health Management
Sandy Hafroid, MSN, RN; Florence Weierbach, PhD, MPH, RN Jennifer Lee Morton, DNP, MPH, APHN-BC; Mary K. Goldschmidt, DNP, RN, APHN-BC; Tamara Zurakowski, PhD, GNP-BC; Kae Livsey; Rebecca Sutter, DNP, APRN, BC-FNP; Gwen W. Anderson, PhD, RN

Abstract: Focused pre-licensure education is essential to addressing population health in community based settings. In order to meet the nation’s need for a well-prepared future PC registered nurse workforce, a paradigm shift must occur in care delivery models and nursing education; leaders must shift to a greater focus on primary care curricula, including offering community-based PC immersion practicum opportunities. Six awardees of HRSA’s Bachelor of Science in Nursing Practicums in Community Settings grant (2016) will discuss advancing the role of qualified PC registered nurses, their potential impact on effecting population health goals, and selected approaches to the “education, practice, quality and retention for BSN practicums in Community Settings”.

B3-1: Facilitate Communication among Members of the Care Team Using a Smartphone App
Whitney Bischoff, DrPH, RN, CTN-B

Abstract: The author selected this smartphone app to meet the needs of her family who was caring for a man with advanced dementia and his elderly wife in their home. For three years this app facilitated communication among the family caregivers, the paid caregiving staff and the numerous healthcare providers involved in caring for both individuals. In the palm of one’s hand are the brief medical history and medication schedule for each individual; a calendar of appointments and sentinel events; photos of medical events and other activities of note; copies of medical power of attorney and out of hospital DNR; contact information for providers; chronological log of the daily lives and disruptions for the couple; and a reminder feature for upcoming appointments and activities. Additional reference material for caregiving including videos and checklists are also accessible from this app.

B3-2: Assessing BSN Student Confidence using Public Health Nursing Skills in Community Settings.
Carol Hunter, DNP

Abstract: Methods: Post-test, two group comparison. Convenience sample of traditional BSN students enrolled in their senior Community and Public Health Nursing course. Students were randomly assigned to either traditional (n = 29) or non-traditional (n = 20) community clinical experiences. Upon completion of didactic and clinical components, students completed two assessment tools: the “Tool on Confidence in Using PHN Skills” (Diem & Moyer, 2010), and an author developed questionnaire used to identify factors influencing student confidence. Results: Mean confidence scores were slightly higher across most measures for students who practiced PHN skills in traditional public health settings, however, other defining characteristics of the clinical site — staff receptiveness and experience, clinical instructor engagement – in both settings had a greater impact on student confidence. Discussion & Conclusions: Both traditional and non-traditional community-based clinical settings provided valuable opportunities for developing PHN skills among students. The two factors that had the most impact on student learning and confidence were the clinical site staff and clinical faculty engagement. While resource-intensive, it is essential to commit adequate faculty resources to establish and maintain meaningful engagement with community-based clinical partners. Results useful for developing PHN clinical curriculum.

B3-3: Adapting a County-wide Flumist® Immunization Program to Accommodate 2016 ACIP/CDC Recommendations
Christa Cook, PhD, RN, MSN, APHN-BC; Sally M. Bethart, MSN, ARNP; Paula Alexander-Delpech, PhD, RN, ARNP; Joan B. Castleman, MS, RN

Abstract: Methods: While the change in vaccine administration presented significant challenges, the CON public health nursing faculty and students were instrumental in making adoptions to the program. Several steps were necessary to modify the program. First, the local health department, the school board, and CON faculty reviewed policies for administering vaccines to school age children. A significant barrier to implementation was a requirement of the superintendent that all children from Head Start age to 2nd grade must have a parent present during administration. Children from 3rd to 12th grades could receive the vaccine without parental supervision if parents consented prior to immunization. Second, teams of 3-4 nursing students were assigned to 36 county schools to conduct a comprehensive community assessment and educate parents and children about flu and immunizations. Students also worked with the school nurses to plan the immunization clinics. Third, students began immunizing high school students and gained competence in giving injections before immunizing middle and elementary school children. With the increase in complexity of IM injections over intranasal administration, pediatric and adult faculty assisted in providing clinical supervision during immunization clinics. Finally, students partnered with each other to develop novel ways to ease anxiety, provide assistance at their peer’s assigned schools, and immunize children within a short time frame. Faculty debriefings after each clinic and classroom discussions assisted with identifying concerns and propose solutions for the clinics to run smoothly. Faculty from the CON also engaged in ongoing communication with community partners which was essential in achieving both educational and flu immunization program goals. Curriculum areas of evaluation included: knowledge/theory of community
health nursing, research, assessment, analysis, planning, implementation, and evaluation. Conclusions: While the overall rate of immunizations had a 42% decrease, the county health department had expected to see a decline of at least 50%. The CON faculty and student contributions in planning and implementation were integral in getting children to accept IM injections in the school setting. Nursing students met clinical learning objectives by organizing and implementing primary prevention through the program as well as gained experience in applying public health interventions based on the intervention wheel. Students also enjoyed practicing clinical skills by giving IM injections. While we are hoping the ACIP/CDC will modify flu immunization recommendations, we feel confident that we can improve upon the program implemented this year and we also feel prepared to organize mass IM immunization clinics if needed.

B4-1: Using Service-Learning Pedagogy to Enhance Public Health Nursing Education

Kelly Bower, PhD, MPH, RN, APHN-BC; Joan K. Kub, PhD, MA, APHN, BC; Kamila Alexander, PhD, MPH, RN; Carey C. Borkoski, EdD; M. Levin

Abstract: Several faculty from the Johns Hopkins School of Nursing have participated in the Johns Hopkins University Student Outreach Resource Center (SOURCE) Service-Learning Faculty and Community Fellows Program, which brings together faculty from nursing, public health and medicine as well as staff from local partner community organizations. The program aims to educate faculty and community in service-learning pedagogy and assist faculty in applying the pedagogy in courses they teach and community in applying the pedagogy to design service learning opportunities within their agency. The presentation will describe the service-learning fellows program, a program that has been in existence for 5 years and has trained 46 interprofessional fellows from both academia and the community. Secondly, the paper will describe the service-learning pedagogy and how public health nursing courses have been enhanced by integration of the pedagogy, especially with a renewed emphasis on reflection in the courses. The benefits as well as the challenges involved in the integration of these principles will be discussed.

B4-2: An Interprofessional Community Health Partnership to Promote Identified Public Health Needs

Kim Alexander Decker, MSN, RN, CNS; Sonita Ball, MSN, RN, CWCN; Derrick Garletts, MSN, MPH, RN; Jamie Titzer, MSN, WHNP-BC; Patricia Watts, DNP, RN, CAN, PNP-BC

Abstract: The initial phase of the project was a comprehensive health assessment to determine community-based priorities; followed by the implementation of evidence-based interventions to address the problems identified. The majority of the counties represented are rural in nature, and designated as dental, primary care, and mental health professional shortage areas. Community health assessment data collected by both qualitative and quantitative methods over a six-month period identified priority health care needs of substance abuse, mental health, dental health, chronic disease management, and access to health care services. Evidence-based population health care interventions that focus on prevention and health promotion to address the problem of substance abuse, were initially implemented by interprofessional health science students and faculty in partnership with the communities. Primary health science schools involved include nursing, psychology/brain sciences, public health and social work. A pilot project implementation and analysis will be described that utilized an assertiveness and mindfulness training intervention with elementary school aged children. Next steps will also be addressed. This presentation provides a prototype for addressing population health needs through interprofessional education and practice.

B4-3: The Power of Partnership: Mentoring a Nursing Student in Global Community Health Leadership through Independent Study

Irene Felsman, DNP, MPH, RN, C-GH

Abstract: Method: The faculty advisor, throughout a semester long three credit independent study, mentored a nursing student through collaboration with the City of Hope partner organization to assess the priority needs for a health intervention, the research of best practices for community health interventions in rural east Africa, and attendance at a global health conference to meet with global health professionals. Using the partnership concept of “twinning”, the COH executive director and program administrator met with the student and advisor several times and were in direct correspondence throughout the semester giving input and feedback as the student developed the intervention plan. Results: Results of the students work included a logic model representing projected outcome objectives, intervention methods, and an evaluation plan as well as an initial packet of ten health education modules for children and adolescents. A Power Point presentation of the project plan was given at the end of the semester to faculty, students, and the COH executive director. The COH partner organization entered a contract with student to serve as a volunteer health educator/provider for a one-year period. Discussion/Implications: Academic mentors are a valuable resource for students, modeling leadership through facilitating collaboration with partner organizations, enabling them to make professional contacts, focusing research on evidence based practice and gaining knowledge in the use of community health tools and methods. Partner organizations benefit from collaboration with faculty and students through access to academic resources, current best practices in community health intervention, and the development of sustainable collaborative relationships,
Abstract: Environmental Health in Nursing (2016), an open access electronic textbook for nurses and other health professionals. The book offers essential information for nurses new to the topic as well as those with advanced environmental health experience. Open access makes it available free to any nurse with access to the internet. In addition to original material, the electronic format provides direct links to authoritative resources such as the Environmental Protection Agency, the National Institutes of Health's ToxNet and the World Health Organization. The text provides ease of accessing information because of the electronic search features. There are chapters written as they might appear in a traditional textbook, as well as presentations with slides and voice added and educational strategies that target academic and professional development educators. This is to be a living document and the editors welcome ideas for new topics and invite potential authors in subsequent editions. This presentation will explain the process used to develop the electronic text, including the collaboration of over 30 nurse authors in 13 states and the District of Columbia. The scope of the table of contents will be discussed including climate change (Anderko, Chalupka, & Afzal, 2012) and healthier energy choices (McDermott-Levy, Kaktins, & Sattler, 2013). Recommendations for additional topics to be included in future editions will be provided, as well as solicited from the participants. Plans will be addressed for future revision that include soliciting additional nurses to participate in the creation of subsequent editions. Education of all nurses regarding environmental health is essential to nurses achieving the EH standard in their practices. The open access electronic text Environmental Health in Nursing (2016) is one mechanism to achieve that aim.

C1-1 Leading the Way for Environmental Health in Nursing: An Open Access Resource for Nurses to Advance Knowledge for Practice
Claudia Smith, PhD, MPH, RN-BC

Abstract: To that end, the ANHE Education Committee developed and published Environmental Health in Nursing (2016), an open access electronic textbook for nurses and other health professionals. The book offers essential information for nurses new to the topics as well as those with advanced environmental health experience. Open access makes it available free to any nurse with access to the internet. In addition to original material, the electronic format provides direct links to authoritative resources such as the Environmental Protection Agency, the National Institutes of Health’s ToxNet and the World Health Organization. The text provides ease of accessing information because of the electronic search features. There are chapters written as they might appear in a traditional textbook, as well as presentations with slides and voice added and educational strategies that target academic and professional development educators. This is to be a living document and the editors welcome ideas for new topics and invite potential authors in subsequent editions. This presentation will explain the process used to develop the electronic text, including the collaboration of over 30 nurse authors in 13 states and the District of Columbia. The scope of the table of contents will be discussed including climate change (Anderko, Chalupka, & Afzal, 2012) and healthier energy choices (McDermott-Levy, Kaktins, & Sattler, 2013). Recommendations for additional topics to be included in future editions will be provided, as well as solicited from the participants. Plans will be addressed for future revision that include soliciting additional nurses to participate in the creation of subsequent editions. Education of all nurses regarding environmental health is essential to nurses achieving the EH standard in their practices. The open access electronic text Environmental Health in Nursing (2016) is one mechanism to achieve that aim.

C1-2 Visionary Leaders for Public Health from The Johns Hopkins Hospital and Training School for Nurses: Mary Adelaide Nutting, Isabel Hampton Robb, & Lavinia Dock
Joan Kub, PhD, MA, PHCNS-BC, FAAN

Abstract: This paper will highlight historical documents from the Johns Hopkins Archives illustrating the interconnections of these women and the impact they had on shaping nursing education, nursing students, and public health. It will use an historical analysis. The leadership of these women not only played a significant role in making the Johns Hopkins Training school a model program but provided the foundation in which the relevance of advocacy for nursing education would have lasting impact for all nurses. Their transformational leadership also impacted the birth of public health nursing with many former students leading PHN initiatives here in Baltimore as well as other states and countries. These select students and their initiatives will be described. The paper will examine the beliefs and roles that each played in shaping our vision of the role and importance of advocacy and policy in improving health. Each contributed in their own way and contributed to developing major nursing organizations. Their contributions focused on the professionalism of nursing including the specialty of PHN, the importance of addressing social determinants of health, and need to be of service to society. The relevance of their visions for public health nursing today will be discussed.

C1-3 Nurse Educators Leading Collaboration to Engage Community Partners: A Case Study
Megan Gross, PhD (IP), MPH, RN

Abstract: Methods: The Collaborative Leadership Theory (CLT) provides the theoretical framework for this study. CLT postulates that collaborative leaders work together to build relationships, create a vision and strategy, communicate and set a direction, motivate plans, and align individuals to pursue common goals. Two full-time nursing faculty from an accelerated RN to BSN program were recruited. After IRB approval each participant completed an initial in-depth face-to-face semi-structured interview. Additional data sources included course syllabi, curriculum vitae, student handbook, and aggregated student evaluations. Telephone follow-up interviews were completed to check meanings and themes. Conclusions/Implications: Four themes emerged from the analysis: partnership, service, vision, and trust. Participants explained the importance of mutual benefit and feedback in order to establish a working partnership and valued community involvement outside of the classroom. These findings may help nurse educators to identify and maintain opportunities to collaborate with community agencies to support nursing students. Further research supports developing a well-defined vision between nurse educators and community partners and implementing these plans into nursing education.
C-14  
**Addressing Communication Barriers and Health Literacy in a Hispanic Community Center**  
*Allison Gregory, MS, RN, FNP-BC*

**Abstract:** Senior nursing students at Virginia Commonwealth University practice communication skills by working with LEP clients through a partnership with a family literacy program at a Latino community center. Students and faculty developed a series of health lessons for adults in a second language (ESL) community program. Nursing students develop awareness of cross-cultural and plain language communication skills by working with a Spanish-speaking community members who have limited English proficiency (LEP). The students present series of three health lessons in English classes for Spanish speaking community members. The lessons are directed at specific communication skills that a client will require for accessing health care services: calling to make an appointment, completing a health history and receiving medication instructions. The project culminates in a simulated mock clinic wherein clients and nursing students practice information exchange in a role play format to apply principles of plain language communication. Informal feedback from clients reveals the lessons and simulation improve confidence in accessing health care. Informal evaluation from student demonstrates increased awareness of principles of clear communication. LEP is a barrier to accessing health care in a timely manner and is associated with poorer health outcomes. Health professionals have been tasked with improving communication patterns but the evidence of how to integrate health literacy knowledge and skills into health professional educational curricula is lacking. This project provides an example of one potential strategy for integrating health literacy and communication skills into a community health nursing course in a Bachelor’s program.

C-15  
**School Nurses: A Key Link to Healthy Communities**  
*Jacqueline Nikpour*

**Abstract:** In June 2016, the American Academy of Pediatrics released their new policy statement calling for every school to have a full-time registered nurse (FTRN). With legislation from the Affordable Care Act and the Every Student Succeeds Act affecting school nursing practice, there is greater attention than ever on school nursing. Yet, a lack of knowledge amongst education professionals on the value of a school nurse and increasingly tightening school budgets prevent this recommendation from coming to fruition, especially in districts with lower socioeconomic status. Advocating for nursing practice within an educational setting presents unique challenges that we sought to understand and combat. The purpose of this study was to further examine these barriers to school nursing care, and to develop tangible action steps that nurses may take in their own communities to institute a FTRN in every school. We conducted qualitative interviews with 34 child well-being experts across the nation, including nurses, researchers, program developers, physicians, administrators, parents, and more on school nurse perception, and strategies to bring FTRNs to every school.

C-16  
**Improving GPRA measures at the Wellpinit Health Clinic: A Quality Improvement Project**  
*Elizabeth Pheneger*

**Abstract:** The Indian Health Service David C. Wynecoop Memorial Clinic in Wellpinit, WA was concerned that not meeting GPRA requirements could have a negative impact on the health of the population they serve. PICOT: This project was conducted to determine if the outcomes of four mini quality improvement (QI) projects could achieve the GPRA requirements by June 31st, 2016. Methods: The nine step QI process outlined in the Guide to Implementing Quality Improvement Principles (2015) was utilized for this project. Pender’s nursing theory influenced the development of this study. Results: Based on the June 2016 results, the targets were met for two of the four outcomes: blood pressure control in diabetics and depression/domestic violence/alcoholism screenings among adults. For pap smears, there was a 20% improvement over the previous year, although the target was not met. Conclusions: When staff had time to implement action items, there was improvement in the targets. Barriers to completing the action items included lack of staff time dedicated to quality improvement activities, staff turnover, and competing priorities that required staff attention.

C-17  
**Perceived Barriers to Contraceptive Use: An Exploratory Study of Women Living in Rural Haiti**  
*Jocelyne de Gouvenain*

**Abstract:** Maternal health is defined by the World Health Organization (WHO) as the health of women during pregnancy, childbirth, and the postpartum period (WHO, 2016). Maternal health is a critical determinant of familial, educational, economic, and environmental development in developing countries. The purpose of this study was to explore maternal health, specifically underlying factors leading to high numbers of reported unintended pregnancies among women who were prescribed contraception at the Erline et Armelle Clinic in Beaulieu, Haiti. Maternal health assessments using in-depth interviews of eight women of childbearing age living in rural Haiti were conducted to investigate factors leading to reported unintended pregnancies among women seeking health care and being prescribed oral contraceptives at a Haitian Clinic. Factors impacting maternal health and contraception including: the women’s perception of barriers to care; knowledge of how contraceptives work to prevent pregnancy; partner knowledge and approval of the woman’s contraceptive use; environmental/living conditions such as whether the woman and her partner live with parents or in-laws; proximity to the clinic and transportation barriers; and occupational and child care responsibilities conflicting with clinic hours were
explored. The interviews were conducted in Haitian Creole by a native Haitian public health nurse in a private location in the clinic, and the research was approved by the Rhode Island College Institutional Review Board. Potential interventions are identified. Recommendations and implications for future population/public health nursing practice to promote positive health outcomes for Haitian women and their families are provided.

C1-8 Mass Casualty Bus Collision: A Simulating Triage Experience
Kelly L. Gainey

Abstract: The purpose of the project was to design a simulated mass casualty experience in the community setting for senior BSN-level nursing students. Francis Marion University worked in conjunction with Florence School District’s Director of Transportation to obtain a school bus to enhance the scene. Students received just-in-time training related to triage and were assigned the roles of victim—with a description of injuries,—observer, or first responder. Several props were used to maximize the simulation experience. Specifically, baby powder and silly string were also used to give the illusion of biohazard contaminants. Students participated in a post-exercise debriefing—using information about their role in the simulation activity—to challenge critical thinking skills and reflecting on triaging and emergency response techniques. Participants reported satisfaction with the activity and observers involved in the exercise noted students who played first responders “tagged” the “victims” with a high level of accuracy. During debriefing, students reflected on the chaos of the scene. Skills were analyzed and reinforced as needed to ensure appropriate decision-making abilities and interventions were applied. Feedback revealed that some students had difficulty connecting the dots to procedure and protocol, while triaging and providing initial care. Others were unable to problem-solve considering that the resources that are available in a hospital setting may not always be readily available in a mass casualty event. Overall, students were enthusiastic about learning and reflecting on their experience. For future exercises, additional training and education implications should include barriers related to community-based healthcare and emergency interventions.

C2-1 Health Beliefs of Farmworkers in Rural Michigan
Suzanne Keep, PhD, RN

Abstract: Institutional review board approval was granted from the University. This study used a convenience sample. Face to Face structured interviews were conducted by senior community health BSN nursing students, at migrant camps and farms, to learn about health beliefs of MFW. Surveys consisted of demographic information, questions related to self-perceptions of health concerns, and barriers to accessing health care. A visual inspection of the MFW’s eyes was also conducted to determine if a growth appears in the conjunctiva of their eyes. Inclusion criteria included (a) age 18 or older, (b) seasonal worker in agriculture, (c) able to speak English or Spanish, (d) willingness to complete the interview. A native and fluent Spanish speaking individuals read the consents. Hispanic workers from the Department of Health and Human Services, were paired with the nursing students for interpretation. Farmers were asked permission prior to entering the farms, where interviews took place. Due to sensitivity regarding potential undocumented status, verbal consent was given for the study. Information sheet given to MFW. A total of 282 participants were interviewed. Information collected:
Demographic information: Do you consider yourself a healthy person? Do you enjoy life? What are your challenges/problems to accessing health care? When you are ill, where do you go for help? Nursing students assessed if there was a presence of growth in the eye, and if so, indicated which eye(s) had the growth. Data were analyzed using IBM SPSS Statistics 23 on 282 Migrant and Seasonal Farmworkers between the age of 18 and 75, with mean age of 45 years with a mean of 10. Overall most migrant farmworkers felt they were healthy. Most reported health problem was hypertension, followed by diabetes and shortness of breath. Although mental health status was not asked, 4 disclosed they felt anxiety or depression. Many migrant farmworkers (97.5%) stated they enjoyed life, in spite of hard manual labor. Many migrant farmworkers (91.6%) go to clinics for health needs. This study provides information on the personal perceptions of health. Although most of the farmworkers felt they were healthy, further research is needed to measure health outcomes such as hypertension, diabetes, exposure to chemicals, and growth over the eyes. Preventive measures such as educating the migrant farmworkers about the effect of the sun on the eyes over time, and the importance of wearing sunglasses to prevent pterygium. In light of the high potential risk of pterygium, it is important that health care providers assess for this eye condition, and make proper referrals. A more thorough understanding of these issues are warranted to understand eye issues among the MFW.

C2-3 Teaching Population-Based Community Health Nursing and Public Health Policy to Graduate Nursing Students: Using Video Documentary as an Active Teaching/Learning Strategy
Kelly Bohnhoff, PhD

Abstract: Participants were 19 graduate nursing students enrolled in the MIDAS/CNL program in both NURS 752, “Community Nursing and Public Health Policy,” and NURS 753, “Community Nursing and Public Health Policy Practicum,”
C2-4  Designing a Disaster Management Training Simulation Experience for Undergraduate Nursing Students: Lessons Learned from Formative Feedback

Candace Johnson, PhD, MPH, RN

Abstract: METHODS: An interactive game by OXFAM America called In Harm’s Way® is a low-tech live simulation adapted (with permission) by the authors, to characterize the City of Richmond, VA by the author and emergency disaster management and personnel, designated aid agencies and community partners in two local disparate communities within the city. An inter-professional team of nurse educators, and representatives from the local American Red Cross and Medical Reserve Corps were on hand to guide 89 Community/Public health nursing students through an imaginative unfolding disaster simulation that required teamwork, awareness of E/DP planning, personal preparedness and creativity to solve evolving problems. Identity scripts assigned to the students upon arrival grounded them in their roles during the game. Formative post-simulation evaluations with Likert-style and open-ended questions were completed by students (N=76) following the simulation. RESULTS: Of the students who responded to the feedback (N=76), 58% were satisfied with the before-simulation email communications related to logistics of the game. While the city-specific scenario was satisfactory to 62% of students, while nearly half (47%) of students were dissatisfied with their assigned identity scripts. Students’ responses indicate areas for improvement. Though students seemed engaged in their roles and in advocated for more resources for their group, some of the decisions/actions made by the student groups reflected a low level of E/DP literacy. There was some confusion among the nursing students regarding the scripts and the rules to the game. Students gained a gestalt of the chaotic experiences that might occur during a hurricane with flood scenario. Students demonstrated good analytical skills as well as advocacy and negotiation skills. DISCUSSION: Providing readings prior to the simulation that lay out a typical local E/DP response, while allowing the students to have some free creative reign with how they respond to a more catastrophic scenario can bring the balance needed to properly ground the students in an awareness of local E/DP protocols. CONCLUSIONS: Selecting appropriate training modules presents challenges, as they are often elaborately designed and time-consuming. Deciding a priori whether the simulation is to be a catastrophic scenario with free creative reign or a more realistic, scripted response to a less dramatic scenario is essential to planning. Applying lessons learned from this pilot simulation answers ACHNE’s call to possess the minimum knowledge base, skills, and abilities regarding disaster response and public health.

C2-5  Learning Leadership through Community Assessment

Jennifer Johnson, DNP, MSN, WHNP-BC, RN

Abstract: Purpose, Aims, Background, Problem: The purpose of the presentation is to share information about a clinically based community assessment project designed to enhance understanding of public health nurse role functions and building leadership skills. The aim includes strengthening student understanding and performance of the public health nursing role. Fundamental public health nursing education includes student development in the areas of population health, clinical prevention, policy, regulatory environments, and inter-professional collaboration (AACN, 2008). Within the meshwork of the health care system, public health nurses provide leadership in population health through community partnership, advocacy, interdisciplin ary practice, and policy reform (APHA, 2013). Leadership skills are identified as critical to the practice of public health nursing (Quad Council, 2011). The development of leadership skills at all levels of education, research and practice is recommended (Quad Council, 2014). Baccalaureate graduates, prepared as generalists, should demonstrate competence in the application of population focused nursing care including community assessment (AACN, 2008). Methods, Results, Implications, Discussion, Conclusions: To achieve competence in the role of generalist, faculty designed a community assessment clinical experience focusing on leadership development and application of the nursing process with populations. The community assessment project is a methodology used to enhance role competence and critical skill development for the role of public health nurse. A review of the structured community assessment project in the clinical setting with senior baccalaureate nursing students is presented. The setting and context for the assessment project includes a rural, medically underserved area of the southeast during a time of response to a natural disaster.
Student groups completed community and aggregate assessments, analyzed data to formulate prioritized community diagnoses, planned population level interventions focusing on Healthy People 2020 objectives, implemented community interventions, and evaluated outcomes within the community setting. Through completion of the clinical project students developed skills in leadership, communication, group process, partnership development and community level interventions such as political advocacy and media advocacy. Faculty concluded the methodology is useful as an approach to enhance student leadership skills and the ability to provide evidence based population level public health nursing care.

C2-6 Achieving PHN Competencies through a Large-Scale Community Service Event
Julie St. Clair, RN, MSN

Abstract: The United Way works towards “advancing the common good by focusing on the building blocks of a good life—education, income and health” (United Way of Southwestern Indiana, 2013-3016). Their goal is achieved through funding and volunteer support for agencies and programs, and is consistent with addressing social determinants of health. Each fall, the local United Way holds the Day of Caring, a community-wide event in which over 1,000 volunteers are connected with nonprofit agencies. Volunteers participate in activities as varied as painting offices, sorting donated supplies and food, assisting with care of children in daycare settings, and cleaning. This large-scale event offers an opportunity to connect nursing students with other volunteers from across the community and contributes to their development of leadership skills, while engaging skills of community assessment and planning. Senior level nursing students enrolled in Population-Focused Nursing Practice participate in the Day of Caring as a clinical assignment. Following the event, each student completes a reflection assignment which is shared with the class in a seminar held the week after the event. As the students share their experiences, they are also learning more about all of the agencies in which their peers were assigned. In this way, students are assessing their community and learning more about resources available for clients, how agencies are funded and staffed, and how they may continue to support the United Way as volunteers and by giving when they are employed as registered nurses. In advance of the event, the course faculty corresponds with the volunteer coordinator at the United Way to assign students to agencies and projects that are consistent with course objectives and with students' service learning and/or clinical assignments. The Day of Caring is scheduled as an 8-hour clinical day. Participation by all students is mandatory. Students receive information about the event during the course clinical orientation. Students are assigned to sites such as homeless shelters, community health clinics, youth development programs, and faith-based inner city organizations.

C2-7 Increasing the HPV Vaccine Rate through Social Media Education
Patricia Howard

Abstract: More than two hundred viruses comprise the Human Papillomaviruses (HPV). HPV types 16 and 18 cause most HPV related cancers (NCI, 2015). Genital human papillomavirus (HPV) is the most common sexually transmitted infection in the United States, and results in around 14 million new cases each year (NCI, 2015). The HPV vaccine can significantly reduce HPV infections and the associated cost of HPV related cancers. The influence of social media, such as Twitter, Facebook, e-mail, and text messaging, has a significant impact on how we share information, and how we make everyday decisions. Gustafson and Woodworth cite, 80% of adults use the internet to find answers about health-related topics (Gustafson and Woodworth, 2014). The purpose of this project is to identify the impact social media education for parents and guardians may have on the uptake of the Human Papillomavirus (HPV) vaccinations. This is a descriptive pre/posttest design using a random sample of fifty African American parents and guardians of preteens and teens ages 11-17, to measure changes in uptake of HPV vaccine after exposure to social media. This project uses social media as a method to disseminate information, improve knowledge of HPV, the HPV vaccine, and to increase the rates of the HPV vaccinations.

C2-8 Naloxone Administration by Law Enforcement
Thomas Stegnicki

Opioid overdose has become a public health epidemic, and the use of naloxone by law enforcement personnel has recently become a controversial public policy issue. This pilot research project addresses the attitudes regarding addiction, overdose, naloxone administration training and the expanding role of law enforcement in naloxone administration. This study involved interviews with law enforcement personnel who have been trained to carry and administer naloxone to those individuals experiencing an opioid overdose. The Theory of Planned Behavior was used to guide this project. The methodology used was an exploratory qualitative approach with individual face-to-face interviews as the data collection method. The results are presented and analyzed including findings of a need for “hands-on” naloxone training, perception of empowerment by some officers since being trained to administer naloxone, and perception of empathy for those who overdose, especially toward the younger victims. Recommendations and implications for nursing practice, policy, research, and leadership are presented including a plan for dissemination to nursing, interprofessional stakeholders, and policy makers.
C3-1  An Integrated Health Care Delivery Model for Homeless Men in Addiction Recovery  
Mary Lashley, MS, RN

Abstract: The Medical Committee engaged in an evaluative process of best practice integrated health care delivery models, seeking legal consultation and evaluating national evidence based models. Partnership opportunities were explored with external community partners. An integrated health care delivery model, consisting of an on-site primary care and mental health center, was developed. The model provided for integrated and coordinated primary care and mental health service delivery. The Medical Committee established goals and Board level policies governing the Wellness Center. The overarching goal was that residents will experience optimum wellness to regain their hope, sense of purpose, and independence through access to quality, integrated, cost-effective health and wellness services. The Mission sought to partner with a health care practice that supported and valued its organizational culture. An onsite primary care clinic consisting of paid staff and volunteers was established. The second phase of the project includes expanding health and wellness services beyond primary health care delivery. This expansion includes participation from public health faculty and students as well as other community partners who bring a range of health education and wellness enhancement services to the resident population. For example, graduate students specializing in community based practice offer wellness programs as part of their capstone projects. Projects focus on topics such as meditation mindfulness and smoking cessation, nutritional counseling, and diabetes education. Undergraduate nursing students provide project management leadership in directing semi-annual on-site health fairs which target major health needs in the population. The health fairs utilize an interprofessional practice model, engaging pharmacy students and other health partners to provide education and screening services. Undergraduate students also work with a master’s prepared nurse in the clinic to deliver primary care services. Students report the experience has dramatically changed their perception of the homeless and increased their desire to work with homeless and underserved populations.

C3-2  Facilitating Collaborative Practice and Population-Based Community Health Education to Promote Core Public Health Competencies in Undergraduate and Graduate Nursing Students  
Kimberly Toole, PhD

Abstract: Methods: Faculty will discuss how the clinical coordinator and didactic faculty collaborated to bridge the gap between the classroom and clinical experience while actively engaging students to incorporate recommended competencies. Results/Evaluation: Program revisions will be evaluated through student and faculty evaluations, and adjunct satisfaction surveys. Results will be presented. Implications: This improvement project has implications for public health education by incorporating ACHNE essentials and Quad competencies while addressing BSN and MSN essentials to promote a positive learning experience for students. Discussion: Curriculum changes were made to provide community nursing students the opportunity to make the connection between the classroom and clinical experience. By integrating the didactic and clinical portions of community health, students can appreciate the significance of prevention, health promotion and population health in today’s society. Conclusion: Collaboration between didactic and adjunct faculty create integrated experiences which enhance learning and offer opportunities to apply ACHNE Essentials in both the classroom and clinical setting. Clinical assignments need to be tied to theory, systematic assessment and planning and other concepts covered in the didactic course.

C3-3  Building Capacity for Public/Population Health in Baccalaureate Nursing Education Through Public Service and Service Learning  
Susan Poslusny, PhD, RN

Abstract: A college of nursing at a public, research university implemented a model of service learning and community engagement replacing more traditional clinical learning experiences in public/community health over the last 3 years. The model consisted of students performing service hours at one or more non-profit organizations serving a vulnerable population. Students in groups completed a community assessment and health promotion project focusing on the population served by the agency. Presentation and discussion of projects allowed students to learn about a range of safety net providers in the community. Exemplar health promotion projects included educating the public about responsible pet ownership to control pet overpopulation and zoonotic disease, vision and hearing screening among school children, promoting self-esteem for girls through exercise, health screening among residents with the highest rate of amputations in the state, and cancer prevention and control programming among other topics. Implementing service learning as community-oriented nursing practice had a number of advantages for student learning and the college. First, students were able to provide indirect nursing care consistent with established public health nursing interventions. Students also were able to engage in leadership functions of the organizations such as advocacy, social marketing, and fundraising. The interaction between nursing students and those of limited resources with diverse cultural backgrounds facilitated greater understanding of how social determinants can create complexity for individuals and families in obtaining essential goods and services necessary for health. Service learning was very cost effective for the college because students as volunteers did not require direct supervision by a nurse in the setting. Faculty were in contact with agency directors to negotiate and
evaluate placements and were available electronically should the need arise. Nursing education has long promoted and
been recognized for its roots in public service. However, it has fallen short recently in helping students learn about helping
the most vulnerable in society and applying the principles of public health. It is essential that professional nursing recovers
its perspective on public health and regains its capacity to provide meaningful education in the community.

C3-4 Teaching Community Health to Undergraduate Nursing Students: Using Poster Presentations as an Educational Tool
Kelly Bohnhoff, PhD

Abstract: Participants were 112 undergraduate nursing students enrolled in NURS 470, “Community Health Nursing,” and
NURS 471, “Community Health Nurse Practicum” during the Fall Semester 2016 at a Mid-West Jesuit University.
Undergraduate nursing students completed a questionnaire via Survey Monkey® with basic demographic information,
including age in years, and gender. Undergraduate nursing students were also asked to describe their perceptions using a 5-
point Likert scale (Strongly Disagree to Strongly Agree) related to the use of the poster presentations as an educational tool
in the Fall semester, 2016. Four additional open-ended qualitative questions were also included related to the student’s
description of the learning experience using poster presentations, what the student felt was the most valuable part of the
poster presentation assignment, recommended improvements to the poster presentation assignment, and in their own
words, what they would tell future nursing students about their experience using poster presentations as an educational
tool. A limited amount of research exists related to the use of a poster presentation as a pedagogical tool to foster learning about and interest in population-based, community health nursing in undergraduate nursing students. The data obtained in
this study will contribute to the growing body of knowledge related to the use of poster presentations as an active learning
strategy for undergraduate nursing students enrolled in community health nursing courses. This study will inform future
use of the poster presentation to foster learning about and interest in population-based, community health nursing while
exploring the importance of nursing scholarship.

C3-5 Looking Upstream while Downstream: We Need Boots! Creating Nursing Health Programs for an Underserved Population
with Student Research and Pilot Testing.
Kelly Doran, PhD, RN

Abstract: Case Description: Students at PP are able to approach Community Health Nursing through an upstream and
donstream lens. Upstream thinking focuses on population health approaches, on the social determinants of health and
primary prevention. Downstream thinking, on the other hand, focuses on the individual and is curative without considering
socio-economic variables. In a setting such as Paul’s Place we see both upstream and downstream thinking and
interventions. The poster will highlight these interventions and the decision process to offer these interventions. For
example, we will discuss how detailed community assessments, key informant interviews, student projects, and student run
journal clubs sparked the development of programs such as: a 5-week nutrition program, exercise programming, intensive
clinical case management with families of kids with health concerns, art therapy, wound clinic, medication adherence
program, and a patient centered model of seeing clinic patients that focuses on enhancing patient activation. We will also
discuss some of the outcomes of these programs such as: 67% of smokers seen reported a decrease in tobacco use; 70% of
individuals without a medical home were connected to a one for primary care; 75% of individuals needing non-emergent
care avoided the emergency room due to the care they received in the clinic; 152% increase in participation in health and
wellness classes, compared to 2014; 76% of adults in the nutrition program reported increasing fruit and vegetable intake;
50% of children identified with excess body mass index at the beginning of the school year reduced their body mass index
by the end of the school year; 75% of children at risk for hypertension at the beginning of the school year improved their
blood pressure by the end of the school year. We will also discuss the evolution of the partnership and interventions
offered. For example, when the University of Maryland School of Nursing (UMSON) and Paul’s Place partnership began 30
years ago, the main focus was a screening, first aid, and triaging clinic. The clinic has now grown and expanded to also
include health education, behavior change interventions, care coordination, and clinical case management. The faculty led
efforts have grown into a forward thinking assessment of “Healthy Living” variables that are intimately tied to the social
constructs of health. Conclusion: This case description demonstrates the effectiveness of using clinical placements and a
faculty practice to implement successful community programs.

C3-6 Evaluation of Factors Related to Prolonged Admissions for Patients with Autism
Andrea Cabrera

Abstract: Analysis of UHC (formerly University Healthsystem Consortium) data for patients (age≥18) admitted to academic
medical centers with a secondary or primary diagnosis of autism spectrum disorders (ASD; from 10/1/2012 to 7/15/2015)
revealed that approximately 1.2% of 23,731 patients had lengths of stay ≥ 60 days, accounting for 15% of total hospital days
for this group. Anecdotal reports indicate similar patterns may exist for patients with intellectual disabilities (without
additional diagnosis of ASD), and that extended stays may be related to difficulties in finding appropriate community based
services at discharge. The stays create stress for the patients, their supports, and hospital staff and are expensive. To
C3-7  Pain Management for People with Dementia: A Literature Review  
Hui Zhao

Abstract: Aim: Pain prevalence among people with dementia is as high as 80% and pain is inadequately managed in this population. To improve inadequate management of pain in dementia, a comprehensive understanding of current pain management status is needed. The purpose of the study was to identify the facilitators and barriers of pain management in existing studies. Methods: Using combinations of key terms, the study searched in four major databases, including the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline, Psych Info, and Web of Science. Inclusion and exclusion criteria were used for study selection. The PRYSMA recorded the details of the search strategy. Results: The online search obtained a total of 3,243 unique hits and 13 quantitative studies were included for the final review. The quality of the studies was assessed using the Mixed Methods Appraisal Tool (MMAT). Three key perspectives of pain management in dementia were explored: impact factors on decision making in pain management; barriers for effective pain management; and recommended strategies for effective pain management. Discussion: Methodological issues in the reviewed studies exist. No studies have examined family caregivers’ experiences of pain management for people with dementia in the community settings. Conclusions: Effective pain management in dementia remains challenging. Large sample of RCT should be conducted in order to improve quality of pain management. Future studies need to explore family caregiver’s experiences of pain management at community-based settings.

C3-8  Home-based Care for Homebound Elders  
Sydney Record

Abstract: In the pursuit of health and general well-being, homebound elders are unable to meet their own care needs independently. In 2009, one million permanent homebound elders were living in the United States. 1) By the year 2020, the number of homebound elders is estimated to double to two million Americans. 2) Homebound is defined by Medicare as taking a considerable and taxing effort to leave one’s home. 2) To maintain quality health care, a homebound elder requires about nine to twelve provider visits a year, however, they are only receiving about two visits per year. 1) Disparities accessing high-quality health care negatively impacts quality and continuity of care for homebound elders. Analysis of research was applied to five community health sector change approaches for home-based care for homebound elders. In the brief, ten different articles, two in each community health sector, along with the sustainability and impact of each intervention was completed. A budget justifying funds allocated to the most impactful community health sectors is also provided. The outcome of the research analysis indicates partnerships between hospitals and universities with the utilization of multidisciplinary team-based care are the most impactful interventions. However, analysis of the community health sectors revealed gaps in research, especially business/industry and the family/tribal/kinship network sectors. Further research on positive impactful interventions for each community health sector is evident. 1) Beck RA, Arizmendi A, Purnell C, Fultz BA, Callahan CM. House calls for seniors: building and sustaining a model of care for homebound seniors. J Am Geriatr Soc. 2009;57(6):1103-1109. Accessed November 12, 2016. 2. U.S. Department of Health and Human Services. Centers for Medicare and Medicaid Services. https://www.medicare.gov/Pubs/pdf/10969.pdf. Revised May 2010. Accessed November 28, 2016

C4-1  Planetary Health: A Unifying Concept for Public Health Nursing Practice and Education  
Jeanne Leffers, PhD, RN, APRN-BC

Abstract: Public health nursing is a natural place for leadership in the advancement of this important issue. The concept spans many public health nursing and practice areas such as health promotion and protection, infectious diseases, environmental health, extreme weather events and disaster response, climate change and sustainable communities. Strategies for incorporating the broad lens of planetary health into public health nursing education and practice will be examined in this presentation.
C4-2  The Importance of Nurse Leadership for Community Health and Safety

Sophie Dohnalek

Abstract: This initiative began with a literature review addressing safety concerns in the elderly. From this research, polypharmacy, medication safety, fall prevention and isolation were identified as common problems in the geriatric population. An intervention was then developed with collaboration and support from community stakeholders. A community pharmacist, physical therapist, community health nurses, fire and safety representatives, and local philanthropists provided the framework for this intervention. Medication Safety Bingo, a Brown Bag medication review, and safety-focused booths provided resources and education for older adults. The program success was evaluated using a post-test knowledge score, a Likert Scale satisfaction survey indicating that at least 85% of participants were satisfied with the program, and an attendance of more than 30 participants. Subsequently, this initial intervention has been expanded to include student nurses collaborating with similar community partners thereby continuing to promote the health and safety of seniors in Frederick County, Maryland. Nurse educators possess a unique leadership opportunity for collaboration with educational and community partners to provide effective safety and well-being strategies and initiatives for vulnerable populations in every community.

C4-3  Back to Basics: Class Plan Design for Engaging Students

Karen Teeley, RN, MS, AHN-BC, CNE

Abstract: The presenter will provide an example of a course design template and examples of some successful and engaging community health lessons. Whether or not you just want to add content or build a new course from scratch, this presentation will give you some starting skills to build on by combining the best of strong pedagogical elements with the discipline of instructional design principles. The presenter has been teaching community health nursing for 15 years, both face-to-face and online, and has worked in the corporate environment as an instructional designer. Practice opportunities will be provided to apply template to your own community health topics and share designs among participants.

C4-4  Schools of Nursing Using a Culture of Health Model to Support Population Health Management in a Nurse Run Clinic

Regina Johnson, MSN, RN

Abstract: This presentation will discuss a pilot project initiated by several mid-western schools and colleges of nursing (CoN) whose aim was to gather evidence about present and future incorporation of population health content within nursing education to create a culture of health within our local communities. Our first goal was to make health a shared value by analyzing the utilization of the AACCN Essentials in the curricula among our CoN. Our second goal was to foster cross sector collaboration by sharing our curricular objectives with our community partners and discuss the resources needed to facilitate student learning outcomes in population health. Our overall goal is to strengthen the integration of health services in education, practice and research to achieve excellence in population health nursing, improved community health, well-being and equity in our local community. This presentation will discuss how these CoN nursing used the Culture of Health framework to implement and support a population health management partnership alongside a nurse run clinic. This model will describe how baccalaureate nursing students from local schools of nursing use population health management knowledge and skills to improve health outcomes by engagement of nursing students in the community at a zero cost to the organization.

C4-5  “Mindful and Prepared”: Exploring Environmental Health Literacy

Sophie Dohnalek

Abstract: Background: An emerging field, environmental health literacy (EHL) aims to equip the public with information and risk communication tools that are applicable and easily understood. To address the need for improved EHL, education sessions to promote EHL took place on an urban private university campus among students, faculty, and staff. Purpose: To determine whether environmental health (EH) education impacts student, faculty, and staff’s likelihood to reduce or stop the use of products that are known to negatively impact health. Methods: Students, faculty, and staff on the TCU campus participated in an EH education session. Pender’s (1982) Health Promotion Model and evidence from the Agency for Toxic Substances and Disease Registry (ATSDR) informed session development. Each session consisted of a presentation, hands-on demonstration, and group discussion. Participants completed baseline surveys, and discussion questions were recorded and transcribed. The investigator used descriptive and content analysis methods to evaluate these data. Results: 28 participants (18 students, 10 faculty/staff) attended one of 5 group sessions. 82% reported no prior EH education; however, 75% indicated awareness of natural alternatives. An estimated 95% of participants felt the lesson motivated them to make informed choices and educate others. Key barriers to applying EHL in daily life included lack of understanding and education on the topic (36%), cost (32%), and brand familiarity (25%). Conclusions: Education sessions promoted EHL among students, faculty, and staff. These sessions have the potential to improve understanding of EH, and the overall health of the community by empowering individuals to make informed choices.
C4-6  
**Improving Physical Activity in Employee Wellness Program**

*Alissa S. Miller*

**Abstract:** Engaging in the recommended amount of physical activity results in multiple health benefits. Employers can promote physical activity through wellness programs. One way of promoting physical activity is by using a wearable physical activity device, such as a Fitbit device. This project involves women employees 18-65 years old who provide care for adults with disabilities, and addresses improvement of an ongoing employee wellness program, specifically targeting physical activity. The purpose of this project with these employees is to 1) determine willingness to be physically active, 2) assess baseline physical activity steps, and 3) identify barriers and recommendations for participation in a physical activity program. Desire to participate in physical activity was assessed using the Physical Activity Stages of Change Survey. Physical activity was assessed with a Fitbit device. Data from a Wellness Survey and two Focus Groups were used to determine physical activity barriers and recommendations. Stages of Change survey results (n=244) showed 4% pre-contemplation, 22% contemplation, 46% preparation, 7% action, and 21% maintenance rates. Fitbit data (n=23) is currently being analyzed using Fitbase software. Employees (Survey n=244, Focus Group n=14) indicated that lack of communication between administration and the staff about the wellness program, their low-income status, and time pressures, contribute to decreased physical activity. Employees said they could benefit from an employer-sponsored walking program, an employer-sponsored gym membership, and staff participation in a wellness committee. We are now establishing an intervention to address these employee recommendations to promote physical activity.

C4-7  
**Sleep Health Disparity: Examining the Effect of a Group Intervention to Improve CPAP Adherence in Medicaid Patients Diagnosed with OSA**

*Maureen Smith*

**Abstract:** Obstructive sleep apnea (OSA) effects between 5-15% of the population in the U.S. Untreated OSA are a significant public health problem associated with coronary arterial disease, stroke, mood disorders and motor vehicle accidents. Continuous Positive Airway Pressure (CPAP) therapy, the first line treatment for sleep apnea, has known positive health outcomes. However, 29% to 83% of those prescribed CPAP don’t use it. Functional and interpersonal concerns are barriers, with OSA management and CPAP use less effective in populations with lower socioeconomic status and educational level. At a specialty clinic in the Chicago metropolitan area, 35% of the non-adherent patient population is insured under Medicaid. Of this group, 75% are African American, 58% male, 64% are between the ages of 35-64, 87% have a high school education or less, and the median household income is $32,000 per year. Survey data indicate that 80% stated not having enough knowledge or information about the importance of using CPAP and 60% reported that having more time with their provider would be beneficial. Group education approaches that provide culturally appropriate educational materials and allowed for increased time with a sleep provider have shown improvement in adherence. The purpose of this DNP project is to develop a group intervention in consultation with stakeholders including patients and to measure its effectiveness. We will report pre- and post-hours of CPAP use and pre- and post-scores on the Epworth Sleepiness Scale and Functional Outcomes of Sleep Questionnaire

D1-1:  
**Teaching Population Health to Primary Care APRN Students**

*Susan Swider, PhD, APHN-BC, FAAN; Pamela F. Levin, PhD, APHN-BC*

**Abstract:** As key components of promoting and maintaining health, knowledge and skills in population health and addressing the SDOH need to be integrated into APRN Doctor of Nursing Practice (DNP) curricula so primary care NP providers of the future can maximize their positive impact on the health of the public. Nurses with advanced preparation in public health/public health nursing are necessary to teach and evaluate this skill development in the APRN workforce of the future. During this session, the overall concepts will be presented, based on two recent National Academy of Sciences/Institute of Medicine reports, *Primary Care and Public Health: Exploring Integration to Improve Population Health* (2012) and *A Framework for Educating Health Professionals to Address the Social Determinants of Health* (2016). The presenters will identify core knowledge and skills in population health for primary care providers; describe how to integrate this into APRN curricula; and present an approach to measuring developing competencies in DNP APRN students. We will describe DNP scholarly projects emphasizing the integration of primary care and population health, with a focus on target populations, population health outcomes, and student outcomes. These DNP evidence-based projects highlight the potential impact of population health in nursing practice and education and create opportunities for the advanced nursing practice community to work collectively meet the challenges of improving the nation’s health. Lastly, we will discuss challenges to the integration of population health into primary care APRN Curricula at the DNP level, and future directions for these efforts.

D1-2:  
**University, Community, and Hospital Partnership for Disaster Preparedness**

*Elizabeth Austin, PhD, MA, RN, CEN; Kathleen T. Ogle, PhD, FNP; H. Wayne Nelson, PhD, MBA; Jordan Koveleski*
Abstract: Methodology: CHP students were provided with opportunities to assist with the planning, operation, and evaluation of Operation STAT 2016. Students completed coursework on the Incident Command System and were integrated into small teams for the exercise. Nursing students served in leadership roles within their groups and one student served as the Student Charge Nurse. Senior students worked with seventh grade students during the months in advance of Operation STAT to develop family response plans and increase overall disaster preparedness. The Greater Baltimore Medical Center’s Department of Nursing Education and MedStar Union Memorial Hospital’s Emergency Department received patients by ambulance and bus from Operation STAT. Student leaders worked with mentors from the College of Health Professions and the Maryland Defense Force while caring for pediatric, deaf, and other victims of a simulated explosion exercise. Operation STAT 2016 was a full-scale exercise that included Friends School of Baltimore, the Maryland Defense Force, Maryland School for the Deaf, Pikesville Volunteer Fire Company, Chestnut Ridge Volunteer Fire Company, English Consul Volunteer Fire Department, Hereford Volunteer Ambulance Association, the Office of the Medical Examiner, and the Maryland State Funeral Directors’ Disaster Response Team. Total participation included 528 adults and children. Student teams provided care for 211 patients. Results: All participants completed post-exercise surveys and responded positively about the exercise. University students reported that the educational activity was positive and challenged their thinking and practice in ways that are not captured in the traditional classroom setting. Simulation with children and deaf students provided opportunities for children and families to be engaged in the process of emergency preparedness. Implications: Partnerships are essential for increasing community preparedness for disasters. Large scale exercises are complex, but, can provide meaningful educational activities for students and partner agencies. Conclusions: Disasters present many challenges for families, health care providers, emergency responders, and communities. Disaster education is a critical component of whole community preparedness. Operation STAT represents a model for partnership through the use of full scale exercises and educational activities.

D1-3: Preparing a Community/Public Health Nurse Workforce to Lead Primary Care Initiatives
Susan Antol, MS, RN

Abstract: Content will be presented using PowerPoint, case examples, discussion and exhibits of work accomplished and evaluations as a HRSA Nurse Education Practice and Retention (NEPQR) Interprofessional Collaborative Practice cooperative agreement grantee # UD7HP28547. Discussion will be undertaken to elicit the status of current activities underway to enact associated curriculum revisioning and affected courses in peer SON academic institutions. Information gathered will be used to identify realistic next steps and to formulate recommendations for potential collaborations and task forces to further develop SON capacity to develop and deliver primary care RN curriculum.

D2-1: Innovative Community Clinical at a Residential Summer Camp: The Strength of Academic / Community Partnerships
Karen Dawn, DNP, RN

Abstract: Methods: Nursing students who were interested in this innovative clinical completed an application, including faculty recommendation. Sixty-one of the 80 enrolled students applied to the camp nursing clinical; 21 were selected. Student preparation included two face to face meetings with the faculty to review camp nursing role and responsibilities, documentation, community health course objectives, the community health education project, clinical assignments, daily routine and living arrangements. To prepare the staff for the camp nursing experience, faculty attended a two day, one night training session, located at the camp, attended by the staff and counselors. Faculty educated the camp staff on common illnesses, injuries, and health issues that may be exhibited by the campers and counselors. Faculty also educated the staff on the academic partnership and role of the student nurses while at camp. Seven faculty members, with experience in Community and/or Pediatric nursing fulfilled the camp nursing role. Each faculty member, along with three senior nursing students, attended camp for 7 consecutive days. At the end of the one week clinical rotation, report was prepared and given by the exiting nursing students to the in-coming faculty and students. While at camp, student nurses took on an active role as the community health nurse, including: assessment of all people attending camp, daily medication administration, community assessment, daily education on planned and spontaneous health topics, and communication with campers, counselors, parents, and healthcare providers. Student nurses, along with faculty, participated in all aspects of camp; including swimming, hiking, games, meals, and camp rituals, allowing both the campers and counselors to have frequent nurse interaction, which led to open communication between the campers, staff and nurses, fostering a trusting relationship. At the completion of each day, de-briefing occurred between the faculty and student nurses. Discussion: The success of this academic / community partnership was evaluated by student journals; student evaluations; staff, student and faculty de-brief; and post camp meetings between the community partner and school of nursing. One of the most heartfelt evaluations was from several campers and counselors who stated they “want to be a nurse when they grow up.” Conclusion: An academic/community partnership that includes camp nursing clinical opportunities for a BSN program offers students an opportunity to work alongside their faculty, in a fast-paced, energetic, community clinical. Flexibility, resourcefulness, and a sense of humor are requirements for both faculty and BSN students. Implications: Research on the
impact of the student nurses experience and the health outcomes of the population would further enhance this academic / community partnership.

D2-2: Relieving the Caregiver; Student Nurses as Respite Care Workforce
Christine McGrane, MS, RN; Diane Cocozza Martins, PhD, RN, Lynn Blanchette, PhD, RN; Donna Huntley-Newby, RN-BSN

Abstract: The Nursing programs identified clinical groups to participate in the respite program. One program developed the clinical experience as part of their Pediatric course, the other included it in their Community/Public health course. Manuals and on-line training programs were utilized to deliver the didactic content. The students also participated in unfolding case study simulations which included end of life support for family caregivers. Students completed pre and post surveys related to their experience with respite care. While developing a program involving many state and non-profit agencies presented many challenges, this grant provided the basis for additional clinical opportunities for students, an increased awareness for future health care providers of the burden of caring and a sustainable, low cost pool of respite providers as well as extended the opportunities for clinical experiences for nursing students. Student nurses identified the experiences as positive.

D2-3: Engaging Underrepresented Students in Environmental Research: A Case Study In Interprofessional Collaboration
Karen May, PhD, RN, CNE

Abstract: Methods: High school students were recruited from a local school district that is located in a city with a history of environmental insults. A recruitment activity was conducted during the fall open house. This activity allowed students and parents to ask questions about the program. An initial cohort of applicants consisted of 6 students, 5 females, 1 male. An interprofessional team were trained based on the EnvironMentors program guide and began meeting with the students to discuss potential interest and projects. Students and mentors attended a field day where students explored the path of a local waterway that has been known to contain runoff and sewage overflow. The habitat and the environmental impact of the stream was discussed. Supporting students in the development of research topics and outlines were time consuming and involved about 2 months of work/meetings. Students explored environmental websites and resources as background for their research. In learning to use library resources, students to completed laboratory experiments as part of their research project. Students met with research mentor 3 times a month to review progress of their projects. Results: Students completed basic research on water quality, environmental diversity and the history of pollution in their city. Students developed a research poster to present at Undergraduate Research Day. Students answered questions from undergraduate science majors about their research and received ideas to expand their topics. After the Undergraduate Research Day students continued to work with mentors to further refine and complete their research studies. A formal research paper and poster were completed and presented at the EnvironMentors National Fair and Awards Ceremony in Washington DC. Conclusion: Raising awareness and empowering those at greatest risk to take action is an essential nursing responsibility. The EnvironMentors program prepares students to conduct environmental research and arms them with the knowledge, skills and resources to be a powerful advocate of their community. Further, this program invited students to explore their environment and begin to see the connect of the environment to their health. This project was an opportunity for the Community Health Nurse Educator to engage with the community, raise awareness about environmental health and promote nursing as a research based science.

D3-1: Public Health Nursing Leadership: Key to a Healthy Virginia
Pamela Kulbok, DNSc, RN, PHCNS-BC, FAAN; Doris F. Glick, PhD, RN; Seok Hyun Gwon, PhD, MSN, RN; Maria Gilson deValpine, PhD, MSN, RN

Abstract: Method: Priorities and actions were derived using iterative group processes similar to those implemented by the Quad Council to determine national strategic priorities and actions. Six groups with educators and managers recommended actions and future directions for each priority. Faculty/student teams moderated and took notes. Results: Common actionable steps were investigation of literature; implementation of evidence based practice and PHN competencies; creation of partnerships and strategic networks; connection with legislators; education of public health nurses and policy makers; plan future meetings, and disseminations of recommendations. Stakeholders included board of nursing; case managers; financial officers; health commissioners; legislators; and, nursing school administration. Responsible parties were primarily PHN educators, staff and managers. Resources included access to information; legislative aides; national standards; and state nursing associations. Outcomes included academic-public partnerships, networking, and improved population health indicators. Discussion: PHN educators and nurse managers were enthusiastic participants in all group processes. The mandate for future strategic actions and leadership by public health nurses to impact the health of the public was clear.
D3-2: Veterans, Posttraumatic Stress Disorder, Service/Emotional Support Dogs and Community Health Nursing Students: A Public Health Approach  
Joann Paoletti, PhD(c), MSN, RN-BC

Abstract: There are various methods and treatments for the veteran suffering posttraumatic stress disorder. It has been found that animal-assisted interventions decrease stress, improve the psychological wellbeing and offer a sense of autonomy and control that the veteran did not experience prior to having the canine. The baccalaureate community health nursing students collaborate with the nursing instructor, social worker, rehabilitative team and the veterans to assess and evaluate the use of service/emotional dogs to veterans. Veterans were more apt to come to the clinical settings; social centers, outpatient clinic and homeless shelters when they were not feeling overwhelmed, stressed and angry. This allowed the student nurses to perform a comprehensive physical and mental health exam. Observing the interaction between the dog and the veteran lead to various post conference discussions as well as a new and appreciated view of our four-legged friends.

D3-3: Interprofessional Global Healthcare Mission Trip: Haiti as Classroom  
Karen Dawn, DNP, RN; Carol S. Lang, PhD; Nancy Rudner, PhD

Abstract: Overview: A health mission trip in Haiti’s Central Plateau Region was developed in collaboration with a local non-governmental organization (NGO), incorporating faculty and students from nursing, medicine, and public health programs. Students in the undergraduate community health nursing course gained public health competencies through community assessments, health education, mobile health clinics in rural areas, and home visits. Students’ activities supported outreach efforts of the local NGO partner and bridged patients with complex problems with the NGO’s on-going services. Community health education, taught by the undergraduate nursing students, occurred at mobile and stationary local clinics to populations in attendance, and special education sessions were developed and presented to the community health workers, who regularly work with the local populations, with the goal of sustainable and improved health outcomes for the populations served. Faculty facilitated two-hour debriefing sessions each evening, beginning with four questions: What did you learn today? What did you see you didn’t expect to see? What can we do better to help the people of the area and local health organization we partnered with? What are the systemic issues? Building on observations and experiences, students explored public health, social and physical environment, and clinical issues. Students reflected upon the experiences of the day, exploring cultural competency, socioeconomic impacts and ethical issues of short term medical mission trips. Comparisons were made between nursing, medicine and public health approaches to care. Outcomes: Removed from the social constructs of their US environment, students examined social determinants of health more readily. The learnings abroad helped health professional understand global health and the impact of environment in Haiti, the USA, and the world. Faculty and students assessed the barriers and facilitators to health improvement. Haiti’s weak infrastructure, deforestation, and poverty limited the impact of health services. Working with a local NGO provided a sustainable structure for ongoing care and introduced a higher level of understanding of systems of care. The interdisciplinary team approach was the first collegial experience for many of the students. Extensive preparation, setting realistic expectations, building the community of learners are critical to successful learning in a global health experience. Daily debriefing provides a rich learning context and opportunity to explore complex emotional and cognitive experiences and provide a learning framework.

D4-1: An Innovative Approach to Develop Political Advocacy and Leadership Skills in Post-licensure Nursing Students via Community Action Teams  
Christine Vandenhouten, PhD, RN

Abstract: Methods: Students participated in interprofessional community oral health action team meetings to better understand the public health concerns facing vulnerable groups in their community. Students conducted a literature review, developed a policy brief, and presented at a local legislative event designed to raise awareness of the concerns and recommend policy changes. Results: Students overwhelmingly found the experience of participating in political advocacy at a grass roots level an effective way to develop their political knowledge and leadership skills. They expressed greater confidence in their writing, presentation, and advocacy skills after presenting to local legislators. Implications: Public health nurses must demonstrate political acumen to impact change in their communities but far too often they feel ill prepared to engage in political activism. Engaging students in grass roots political activities via an interdisciplinary community action team not only enhanced their political skill and knowledge but also demonstrated the profound impact of community coalitions to impact population health outcomes. Discussion/Conclusions: Nursing faculty, particularly public health faculty, are best positioned to prepare the public health nurse workforce to engage in political activism and community action teams. Through an assignment designed to expose students to the work of community coalitions, nursing students better understand the important role that public health nurses play in influencing health policy at the local, state, and national levels.
Teaching Public Health Nursing in a Baccalaureate Nursing Program

Dorothy Greene Jackson, PhD, RN; Elizabeth Thomas, PhD, RN, MPH, RNC, APHN-BC

Abstract: Class Presentation with implication for increasing the awareness of public health needs and encouraging students to join the public health workforce.