

2021 Annual Institute Abstract Compendium

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Live Plenary Presentations

Community, Public Health Nursing, and Population Health in 21st Century Nursing Curriculum Reform: An Assessment of our Strengths, Weaknesses, Opportunities, and Threats

Presented by the ACHNE Education Committee

The ACHNE Education Committee has a history of evaluating curriculum and clinical experiences of faculty teaching in the specialty of Community/Public/Population Health Nursing (CPPHN). AACN (2020) is currently revising the Essentials to one core set: [*The Essentials: Core Competencies for Professional Nursing Education*](#). The competencies are broad and identical across the educational nursing trajectory with sub-competencies building from a novice professional nurse to an advanced level of knowledge and practice, to better prepare the nursing workforce of the future. Along with AACN, the American Nurses Association (ANA) Scope and Standards, 3rd edition highlighted several aspects of population health concepts needed for the practice and education of public health nurses. Current literature supports the need for qualified CPPHN faculty as an important component in developing the capacity for future nurses to lead the charge with specific knowledge and skillsets to address our current state of health. However, there are perceived discrepancies in how community, public population health (CPPH) concepts are included in the nursing curriculum.

This session will explore these gaps to advocate for strengthening the education of this specialty, specifically from faculty whose primary role is teaching CPPH in schools of nursing. Data gathered from a survey to ACHNE and Council of Public Health Nursing Organization (CPHNO) members will be shared that will help determine the current status of curriculum from experts who are leaders in educating the nursing workforce of the future.

Keynote: Incorporating Immunization Content and Skills in Nursing Curriculum: The IRUN Project

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Many gaps exist in undergraduate nursing education relative to immunization content. The current global pandemic, as well as advancements in teaching methods for health professions education, have resulted in the need to enhance immunization resources for future nurses. In response, the Association for Prevention Teaching and Research (APTR) and the Centers for Disease Control and Prevention's (CDC) National Center on Immunization and Respiratory Diseases (NCIRD) in collaboration with the American Association of Colleges of Nursing (AACN) convened an advisory committee of nursing faculty, leaders and students to improve the integration of immunization

content in undergraduate nursing education. Recommendations were developed by this expert group to improve and integrate immunization content in undergraduate nursing curricula. The Immunization Resources for Undergraduate Nursing (IRUN) curriculum framework was developed and a website (<https://www.irunursing.org/>) was eventually designed as a tool to fill that gap for those teaching undergraduate nursing students and provide resources to teach relevant immunization content successfully. This presentation comprises a comprehensive overview of the IRUN curriculum framework and key resources, including case studies, simulation scenarios, and PowerPoint slides. Faculty will be encouraged to assess their existing curricula and incorporate elements of the framework and resources.

This keynote presentation will build on the pre-recorded podium presentation titled **We're All in This Together: Improving Immunization Teaching through the Immunization Resources for Undergraduate Nursing (IRUN) Website.**

Keynote: Translating Research into Sound Policy: The Vital Role of Nursing Science

Shannon N. Zenk, PhD, MPH, RN, FAAN is the Director of the National Institute of Nursing Research.

Dr. Zenk was previously a Nursing Collegiate Professor in the Department of Population Health Nursing Science at the University of Illinois Chicago (UIC) College of Nursing, and a fellow at the UIC Institute for Health Research and Policy.

Dr. Zenk's own research focuses on social inequities and health with a goal of identifying effective, multilevel approaches to improve health and eliminate racial/ethnic and socioeconomic health disparities. Her research portfolio has included NIH-supported work into urban food environments, community health solutions and veterans' health. Through pioneering research on the built environment and food deserts, Dr. Zenk and her colleagues increased national attention to the problem of inadequate access to healthful foods in low-income and Black neighborhoods.

They have since examined the role of community environments in health and health disparities. Recognizing that restricting empirical attention to the communities where people live and not the other communities where they spend time may misdirect interventions, Dr. Zenk led early research adopting GPS tracking to study broader "activity space" environments in relation to health behaviors. She and her colleagues have also evaluated whether the effectiveness of behavioral interventions differs depending on environmental context and, most recently, how environmental and personal factors interact to affect health. This work has leveraged a variety of technologies and emerging data resources such as electronic health records. Energy balance-related behaviors and conditions have been a major focus.

Research in Action: Mentoring our Galaxy of Affinity Groups to Advocate for Evidence in Community/Public Health Nursing and Education

Presented by the ACHNE Research Committee

This interactive plenary session offers Association of Community Health Nursing Health Educators (ACHNE) members the opportunity to virtually connect as united scholars. PechaKucha (Petch-aa Koo-chaa) presentations will serve as an innovative focal point for participating in virtual Escape Rooms. A panel of Research Committee members will debrief escapees on how to advance mentorship using affinity groups aimed towards generating knowledge or translating evidence into community/public health nursing education/practice. In addition, the newly developing ACHNE Research Resource Center will be revealed, fostering movement toward a community/public health nursing research mentoring initiative.

Guided by the ACHNE Research and Evidence-Based Practice Project Priorities of 2020, the Research Committee strategically implements mentorship of ACHNE members to advance quality research and evidence-based practice through collaborative manuscripts, studies, and practice projects. During this plenary, Research Committee members will offer a synchronous session, featuring a mélange of the projects and topics beneficial to synergizing all ACHNE members to participate and contribute to scholarly efforts. In cadence with ACHNE's Research in Action Model, each project/topic will be framed around the ACHNE Research and EBP Priorities (2020).

Using Nursing Education to Engage Nurses in Policy

Presented by the ACHNE Policy Committee

Community/Public Health Nurses are critical to advancing public health policy through advocacy and leadership. Community/Public Health Nurse educators alike provide learning environments where aspiring C/PHN's develop the skills. The world is currently facing a global pandemic which in itself has resulted in morbidity and mortality not seen since the 1918 Spanish Flu pandemic. Additionally, and concurrently, chronic health conditions including substance misuse, obesity, and death by suicide are thought to be on the rise. These public health issues are a basis for nursing's importance in the policy arena through their assessment, implementation, and evaluation of health and healthcare.

This plenary will explore advocacy development that practicing C/PHN's and CH nurse educators employ in their respective settings. ACHNE's policy committee is committed to addressing both practice and education within its two-arm approach. This interactive presentation will include a panel discussion and breakout rooms that address strategies and case studies that teach and inform.

Storytelling as Advocacy

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The COVID-19 pandemic has brought attention to the role of the nurse as a frontline essential worker. However, the primary focus on nursing has been related to treatment in the acute care setting and not prevention in the community setting. The nurse in the community focusing on prevention and community-level intervention is essential to stopping the spread of the virus, bringing a halt to the pandemic, and promoting health for all. How do community/public health nurses (C/PHNs) as frontline workers advocate for what we do? As a distinct practice specialty, C/PHNs know how to advocate for others. However, the question remains: how do we advocate for our specialty on behalf of our entire population's health? Community/public health nurses focus on all levels of prevention with emphasis on upstream practice and mitigation.

Purpose: In this session/symposium, we will discuss the power of storytelling to inform our nursing and health care colleagues and the public-at-large on our role and function as community/public health nurses.

Method: The focus will be on nursing practice addressing primary, secondary, and tertiary prevention through social justice advocacy and activism, regulatory actions, and health promotion. Additionally, we will address public education in the care of vulnerable populations and the health impacts associated with the health of the environment. Using multiple exemplars, we will share stories that focus on advocating for our specialty. The session will provide a template for transitioning your practice to a story that you can share with others.

Conclusion: The template allows the participants material to share stories, thereby advocating for the collective strengthening of the practice of community/public health nursing and advocating for the essential services we provide.

Podium Presentations

An Academic/Workforce Collaboration to Train Public Health Nurses to Work in Disaster Shelters

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Statement of Purpose: Extreme weather events in California have prompted health departments to enhance disaster response plans and have highlighted the need to train public health nurses (PHNs) who are required to respond to emergencies. PHNs have to address unique medical and behavioral health needs frequently encountered in shelters. Many individuals arrive at shelters with minimal notice, often without medications, durable medical equipment or caregivers. In addition, some shelter residents may become injured or sick as a result of the incident or have pre-existing health conditions. Although experts in case management and local resources, PHNs' patient care skills are perishable if not used. The challenge for health departments is to develop a sustainable structure that enables PHNs to safely deliver direct patient care in shelters. Through a partnership between a local public university and a regional collaborative of local health departments, a replicable and adaptable training was developed to provide new skills and refresh old skills for PHNs to deploy to disaster shelters.

Methods/Approach: A university partnered with regional local health departments to develop and implement a PHN training curriculum focused on the medical and behavioral needs of the population that may utilize a disaster shelter. Due to restrictions related to Covid-19 transmission prevention, the training was offered online. In addition, a toolkit was created to facilitate health departments' ability to modify and replicate the training to meet local needs.

Results: The training consisted of five-hour, open-access online modules. Topics included: sheltering basics, triage, psychological first aid, disaster resources, physical assessment, pharmacology and basic medical interventions. As of the date of this submission, 212 individuals from 26 California counties have registered for the training and there have been 10 requests for access to the toolkit.

Conclusion: University based community health educators can use their education expertise and access to educational resources to ensure high quality training for public health nurses. Health departments ensure curriculum is relevant and reflects current practice thus positioning PHNs to be better prepared for disasters. This model can be used to sustain ongoing training of PHNs and could be applied for other topic areas.

Advocacy for Equitable Access to Nature and Outdoor Recreation

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Background: As the far-reaching community impacts of COVID-19 continue to unfold, people across the nation and worldwide have sought respite in the outdoors, desiring relief from social isolation, mounting tension, and stress. However, recent research highlights disparities in access to nature and green space. Through collaboration with the local parks and recreation department, teams of baccalaureate nursing students and their public health nursing faculty seek to advocate for equitable access to nature for all members of the community.

Purpose: The primary aim of this initiative is to assess the quality and proximity of recreational parks and green space to low-income neighborhoods in an urban metroplex in the southern United States. A secondary aim is to increase awareness of local parks and natural resources among nursing students.

Methods: Baccalaureate nursing students working in teams completed a population-focused public health nursing (PHN) practicum with emphasis on nature-based health promotion. The students used an online tool to audit parks located within a 5-mile radius of two low-income neighborhood schools in the urban school district with whom the nursing school has established partnerships. The tool focused on physical features of each park, including amenities, safety considerations, access, and observed patterns of use. In addition, student teams focused on implementing the basic steps of advocacy outlined in the Public Health Intervention Wheel (Minnesota Department of Health, 2019) to promote park improvements and increased use.

Results: Through data collection and analysis, PHN students captured key indicators of quality and accessibility of over 30 urban parks. The findings form the basis for stakeholder recommendations for advocacy on behalf of children and families to ensure equitable access to green space for recreation. In addition, the findings represent key components in the development a nature prescription toolkit for clinical and service providers who serve the neighborhoods.

Conclusions: Through focused assessment, PHN students identified priorities for advocacy to promote park improvements and to support community action to increase outdoor recreation among community members. These experiences reinforce the importance of advocacy for partnership with community stakeholders to co-create strategies for equitable access to nature.

Advocating for Public Health: An Exploratory Descriptive Study of School Nurses' Roles, Responsibilities, and Preparedness to Lead Crisis and Risk Communication During Public Health Emergencies

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Statement of Purpose: Since 2010, the United States (US) has experienced 228 disasters impacting 86 million people. As of this writing, we have 9.6 million cases and 234,000 deaths related to the COVID-19 pandemic. Historically, vulnerable populations have suffered disproportionately from disasters and other emergencies and are often less prepared to protect themselves. The COVID-19 pandemic response and recovery is revealing the same: the very populations who are most at risk for serious consequences are those who have limited ability to access and respond to crisis and emergency risk communication (CERC) efforts. School nurses are trusted community leaders with knowledge of individual, family and community health determinants. The multiple roles assumed by school nurses (including health promotion, risk reduction, surveillance, and advocacy for students and families) makes them ideal public health experts to lead efforts in bridging the critical gap in CERC access and response. School nurses are extenders of county and state health department efforts to reach the families they serve. The purpose of this descriptive, exploratory study is to identify/evaluate school nurses' knowledge, skills and experiences in public health CERC efforts.

Methods and Approach: This exploratory study is a collaborative partnership of public health nursing and mass communications faculty from three different universities across three states. The sample consists of school nurses working full-time or part-time in public or private schools in frontier rural, rural, suburban, or urban environments. Authors designed an online Recap survey to evaluate school nurses' (1) knowledge and skills in public health emergency risk communication and (2) perceptions about their role in providing risk communication to school-aged children and their families. Additional survey items address demographic characteristics, communication channels/strategies that school nurses rely on to acquire information, the use of county health department websites, and the application of the Centers for Disease Control and Prevention's CERC program.

Results: Data collection is ongoing. Currently, 28 school nurses have completed the survey. Of those, 25% (n=17) are registered nurses; the majority 76% (n=19) have a BSN or higher level of nursing education; representing suburban (47.8%, n=11); urban (39.1%, n=9); rural (8.7%, 2) and frontier rural (4.3%, 1) areas of the U.S. Over half of the SNs are overseeing a school population of 251-500 students (52.2%, n=12) followed by a population of 501-750 (21.7%, n=5) students. Most SNs (63.7%) indicated that they never or rarely collaborated with their local public health departments on emergency preparedness plans. Almost 50% reported being somewhat knowledgeable about CERC. Authors will present preliminary findings from data analysis.

Conclusions: School nurses are poised to lead and engage in risk communication decision-making that can complement and extend communication dissemination efforts from local health departments. Strengthening partnerships between local health departments and school districts is crucial to support school nurses' vital public health roles and responsibilities. Findings from this study will be used to build the capacity of school nurses to lead and advocate for CERC efforts during public health emergencies in meeting the needs of the children, youth, and families in their school population.

Building Global Partnerships through Nursing Education and Practice

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Statement of Purpose: Research indicates that few baccalaureate nursing programs offer extensive study abroad experiences. Consequently, we live in a global society, where nurses impact and influence healthcare within and beyond US borders. Excellence in nursing education, which includes leadership development, is of crucial interest to educators. Developing global partnerships which include collaboration among healthcare disciplines, is identified as a means to promote competency in caring for people of different cultures. Additionally, experiential learning from an international perspective is a unique opportunity to practice nursing at the microsystem level within dynamic global healthcare systems.

Methods/Approach: A midsize southeastern nursing program is committed to maintain an international presence while preparing students to practice in a global economy. In response to the university's goal, to *elevate the student experience*, curricula facilitate sustainable outreach and study abroad programs. Global collaborative opportunities offered within the nursing program create environments whereby students experience leadership engagement and contribute toward community nursing development across the globe. The global health initiative provides targeted healthcare in rural areas, as well community projects aimed at resolving some of the pressing rural health challenges. In addition to enhancing cultural competence, the international opportunities provide nursing students with increased self-confidence and collaborative experiences with healthcare interprofessionals from other countries.

Results: The purpose of this dynamic presentation is to share how faculty developed global partnerships and sustainable outreach and study abroad programs in Seville and Pamplona, Spain; Malawi and Ghana, Africa; and Quito, Ecuador. The Malawi, Ghana, and Quito programs offer students experiences in participating in community health screenings, treatment, and education. In contrast, study abroad programs in Seville and Pamplona offer students a unique opportunity to compare US and Spanish healthcare in addition to lessons in the Spanish language.

Conclusion: Students are exposed to a real-world perspective of nursing culture and leadership through a series of healthcare site visits, lectures, and cultural activities. This presentation will demonstrate detailed planning, implementation, and evaluation of each of these programs.

Code 66: Nursing Students and New Graduates Experience of Shocked Moral Distress During COVID

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Statement of purpose: This qualitative study explored how COVID 19 impacted perceptions about the image of nursing, perceptions of safety, and pursuit of a career in nursing for students and new graduate nurses in order to gain an understanding of the experience of nursing students and newly licensed nurses. This may inform policies that save nurses lives, support them from the trenches up through the boardroom and work towards health care systems and a healthy and sufficient workforce that is prepared, no matter what the future holds. The study was approved by the IRB at 3 schools of nursing in New York State. A theoretical framework of moral distress was used to examine the phenomena of the COVID 19 pandemic on nursing students and recent, newly licensed graduates (Hanna, 2006; Rushton et al., 2013).

Methods: This qualitative study was approved by the IRB at 3 schools of nursing in New York State. A theoretical framework of moral distress was used to examine the phenomena of the COVID 19 pandemic on nursing students and recent, newly licensed graduates (Hanna, 2006; Rushton et al., 2013). Participants were students in 3 schools of nursing at all levels of baccalaureate education and recent baccalaureate graduates (n=299). Data was collected through an online Baseline Platform of Campus Labs survey. Participants responded anonymously with one qualitative open-ended question extracted from a larger study. Data was analyzed using deductive and inductive content analysis (Kyngas, Mikkonen & Kaariainen, 2020; Kreippendorff, 2019). Typology identified geographic location of subjects by school, level in school or recently licensed graduate status. Typology was used to examine connections and relationships among typology and main categories, mapping these linkages (Kyngas, Mikkonen & Kaariainen, 2020). Trustworthiness was assured through independent content analysis by the research team. The study specifically included a broad array of subjects to increase the richness of data and the likelihood of illuminating how COVID 19 impacted perceptions of image and practice.

Results: Early data abstraction coded the data, identified sub concepts and grouped these into 6 main concepts; shocked moral distress; muted moral distress; suppressed moral distress; perceptions of image of nursing; fear; and organizational supports. Main themes shared how nurses are afraid for themselves, their families and the future of healthcare. Many indicated they may no longer pursue nursing as a career or look for other 'safer' workplace venues. Anger and vulnerability permeated our findings, especially in more urban settings. Idealism and a desire to 'do well' with a commitment to the profession were seen. Organizational and governmental support fell short of expectations, with a feeling of being 'disposable' seen in the data.

Conclusion: Quality of care and the future of the profession were called into question with a need for nurses to be at the forefront of policy making. The study can inform teaching strategies and policy development that provide unanswered to mitigate the shocked moral distress of the pandemic and to inform better policy for a "future ready" nursing workforce. These will be discussed in the presentation.

Connecting Community Health to Policy: Leading Undergraduate Nursing Students Upstream

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Purpose: Undergraduate nursing education regarding social determinants of health (SDOH), social needs, and health equity often focuses on the level of community and population health assessment, planning, and implementation but misses the important upstream connection with healthy policy. We will describe an undergraduate nursing education project combining these concepts to facilitate students' connecting the assessed need in the community with the upstream policies impacting those needs. In this project, student groups performed community health needs assessment and program planning, concurrently identifying policy with potential impact on that need. Student groups identified a policy influencer (a state legislator, city council member, county commissioner's court, CEO of a large local employer, etc.) and created a policy pitch to deliver to that audience. Through this exercise, students were able to see clearly the larger impact they can have as nurses at all levels of intervention; recognize the influence SDOH have on the health of communities; practice a persuasive written and oral pitch for healthy policy change; and learn to take greater accountability for their potential to make real change in addressing health equity.

Methods/Approach: Nursing faculty in an undergraduate nursing program (Community Health Nursing and Leadership and Management in Nursing faculty) developed a joint assignment to bring together traditional community health needs assessment and planning with policy exploration. Student groups were encouraged to use their understanding of SDOH to creatively identify an upstream factor that could be altered by a policy change. Students pinpointed the audience that would be an influential supporter of the healthy policy change and created and delivered a policy pitch. These two assignments were delivered jointly as part of the final course assignments for both courses.

Results: A survey was given to all 101 students concurrently in the two courses. 28 individual responses were received for a response rate of 27.72%. The responses were representative of all 21 student groups. The survey was given after the assignments were completed. The survey was made up of 11 questions, with five questions directed at the student perception of policy work and the nurse's role in it. Students answered questions such as "...reflect upon your group's ability to identify a policy area related to an identified community health problem from your community assessment. Describe whether your group identified this with ease or with difficulty and why." Concepts that rose repeatedly in the students' narrative responses to this and other questions included recognition of nurses' unique perspective through firsthand knowledge of the community, importance of nurses acting as advocates for healthy policy to impact health, connection between patient-centered care and nursing advocacy, and more. Students drew clear connections between the upstream work on policy and its capacity to change the community health need.

Conclusion: Experiential strategies in nursing education can assist students in making connections between upstream drivers of SDOH, healthy policy, and community health needs. In this example, the approach described resulted in improved understanding of policy advocacy by students, with a new recognition of the importance of nurses' role in it.

Development of a Public Health Nursing Community Engagement and Advocacy Learning Experience with 612 M*A*S*H, a Grassroots Community Medical Clinic near the George Floyd Memorial

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Statement of Purpose: The purpose of this presentation is to describe how baccalaureate nursing students became involved in a community grassroots medical clinic near the George Floyd memorial in Minneapolis and provided community engagement and advocacy volunteer services focused on social justice. The 612 M*A*S*H (Minneapolis All Shall Heal) medical clinic in a tent was launched in the summer of 2020 to provide medical services to neighborhood residents in this multi-cultural community. In the fall of 2021, public health nursing faculty and students were invited to join the community and healthcare volunteers in join in these efforts. The priority shared with students was the need for resources: volunteers, materials and equipment, and linkages with community resources. The volunteer staff described the lack of trust community residents, many of them African American, had in traditional medical services based on their experiences. The impact of the social determinants of health on this at-risk community including institutionalized racism and recent events will be discussed.

Methods/Approach: The nursing student involvement was initiated with two projects in Fall 2020: an asset-based community assessment focusing on identifying safety net resources for the neighborhood population; and, volunteering to provide nursing services in collaboration with the four volunteer nurses. A framework of entry-level public health nursing competencies, a Community Assessment Project (CA) Workbook, and the Minnesota Public Health Interventions (2019) provided a foundation for student learning activities. Due to the start-up nature of 612 M*A*S*H, which was in the process of becoming a non-profit organization, the organizational structure was informal and staffed by community and healthcare volunteers. It was not possible to create a legal contract between the university and 612 M*A*S*H. Approval from the Nursing Program Director, the Dean, and the University provost for students to carry out learning activities with this grassroots medical clinic was requested and approved. Students had their choice of community assessment projects with community partners. The 612 M*A*S*H community assessment project was selected by a group of four students as their first choice. Other student who volunteered to worked with the volunteer RNs at the clinic were able to sign-up online using Sign-up Genius.

Results, and conclusion: The creating of a new community nursing learning experience was made more difficult by the COVID-19 pandemic which resulted in several novel barriers to be overcome by nursing faculty. The results of the asset-based community assessment were presented to the 612 M*A*S*H volunteer staff and community members. The students provided a resource guide for health and human services in the local community that could be used by the volunteer clinic providers, patients, and community members. The beginning of a trust relationship between the community, the university, and the nursing faculty and students was in place. This effort demonstrates that when challenges occur, so do opportunities and community/public health nursing faculty have the ability and resources to overcome these challenges.

Development of an Interprofessional Disaster Health Competencies Assessment Tool

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Statement of purpose: The purpose of this presentation is to describe the development and pilot testing of a disaster health competence assessment among undergraduate and graduate health sciences and baccalaureate nursing students. The National Center for Disaster Medicine and Public Health has developed core competencies for disaster medicine and public health (Walsh et al., 2012). This project developed and piloted the disaster health competencies assessment with interprofessional health science and senior-level nursing students.

Methods/approach: Students enrolled in Rural Health Scholars (RHS), Nursing, and Athletic Training programs were asked to complete the Disaster Health Competency Assessment survey as part of their courses during the Spring 2020 semester. The online survey consisted of 36 questions and was designed to assess self-reported competence of students in the 11 domains of Disaster Medicine and Public Health developed by Walsh et al. (2012). Students were asked to assess their competence – to what degree they felt they could effectively complete the competencies – using a four-point scale: 1 = None, I am unaware or have very little knowledge of the skill, 2 = Aware, I have heard of, but have limited knowledge or ability to apply the skill, 3 = Knowledgeable, I am comfortable with my knowledge or ability to apply the skill, 4 = Proficient, I am very comfortable, am an expert, or could teach this skill to others. An example question includes: “Please indicate how competent you feel in your ability to - Describe clinical considerations for the recovery of all ages and populations affected by a disaster or public health emergency.”

Results: One hundred and fifty-four students completed the online disaster health competencies assessment during the Spring 2020 semester. Average scores for all of the Disaster Medicine and Public Health Disaster Core Competencies were below the benchmark of 3 – Knowledgeable. The average scores for the 11 domains ranged from 2.66 – Demonstrate personal and family preparedness for disasters and public health emergencies, to 1.87 – Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency.

Conclusion: The results of the online disaster health competencies assessment provided baseline data to help faculty and programs address gaps in disaster health education. The results are consistent with expected levels of competence among undergraduate students whose coursework does not include information on disaster health from an organizational or policy perspective. Additional surveys of students enrolled in courses with disaster health content will be completed in Fall 2020 to assess the effectiveness of these changes in course content.

The Effects of an On-Line Curated Mental Health Toolbox on General Self Efficacy and Perceived Stress in Nursing Students (Undergraduate and Graduate)

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Relevance/severity of the problem: Reported stress and anxiety in the college student population nationally and internationally are rising at alarming rates. Nursing students have special considerations when it comes to stress and anxiety related to the student population, clinical settings, and rigor of programs. Implications of stress and anxiety on the nursing student population can include decreased performance, negative health outcomes, and increase burnout once working. Justification: Campuses across the nation have been called to act on this crisis to implement evidence-based tools for this population. Gap: This project will be implemented at a midwestern university college of nursing. The project's purpose is to provide tools for mental wellness with a focus on mindfulness to measure a decreased in students perceived stress score (PSS) and increase in students General Self Efficacy (GSE). Methods: An electronic guided 9-week toolkit focused on mindfulness with access to electronic self-assessment PSS and GSE (pretest/posttest), access to curated evidence-based tools (each week has topic) 3 times weekly, and access to a comprehensive campus-wide list of mental health support resources hosted on the learning platform (Canvas).

Four outcomes addressed:

- Building tool on Learning Management System and inviting all Nursing Students within large midwestern university College of Nursing to enroll (approximately 850 students).
- Measuring Change in Perceived Stress and General Self-Efficacy (before use and 9 weeks after use).
- Measure Usage of students over time.
- Measure Student Satisfaction of tool and technology

This project was a recipient of the EBP small grant award. It will run Fall 2020 semester.

Empowering Leadership with Pre-licensure nursing Students during COVID-19 through the Assignment of Elevator Speeches

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Statement of Purpose: An educational strategy of an Elevator Speech to improve leadership and advocacy skills of senior baccalaureate nursing students was implemented in the spring 2020. The purpose of the Elevator Speech was to identify a need, gap in care, or lack of policy for at risk populations in the community. The speech was designed as an experiential learning activity to extend beyond the classroom to where students were currently living and working due to a virtual teaching environment. Once a need was identified students were to provide a desired outcome or possible

solution to the issue. The Community Theory class assignment of an Elevator Speech was revised from an in-classroom presentation and discussion to a community-based approach focusing on ways to improve the health of populations during the institution of COVID-19 restrictions.

Methods: The assignment instructed students to write and deliver, a concise 150-word speech, outlining key messages, integrating an attention grabber, visual or story, and ending with a key ask to the recognized audience. A grading rubric outlined the need for an Introductory Explanatory Paragraph that was not included in the 150-word count to introduce themselves and explain why they chose their specific topic. The students were to include the rationale for their selection of the person to whom they were giving the speech. The Elevator Speech needed to include the following elements in the speech; introduction of themselves, articulate description of issue, justification of why this topic is important, an “official ask” to state what they wanted the individual to whom the speech was presented to do, the offer for further discussion and contact information. Supporting handouts or supplements resources were to be created and delivered to support their speech.

Results: Students named key audiences as direct supervisors, managers, co-workers and government officials. Predominately majority of the speeches were directed to environments in long-term care, assisted living, older adult independent living facilities, and hospitals. Several students expanded to local churches, campus facilities, and local and state officials. The student speeches found concerns related to social isolation, use of masks, visitor policies, and lack of adequate staffing. Several identified needs related to a decrease in availability or limited local community resources. Students advocated for new policies and provided solutions to decrease barriers to health care for older adult populations, family caregiving, campus support, and aid for funding. Due to the Elevator Speech several organizations did adopt the student suggestion to improve care.

Conclusion: Even during a pandemic with limited access to typical learning settings, students were able use this assignment as an opportunity to improve health in the community. Students had the opportunity to put the nursing process in action and advocate for a healthy change. Student comments focused on surprise and self confidence that their voice was heard and respected. This assignment emphasizes several key points in the *Institute of Medicine Future of Nursing: Leading Change, Advancing Health* (2011) regarding the call for nursing leadership and competency-based education.

#Finding their Voices: Promoting Political Competence and Advocacy Skills through Social Media

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Purpose: This presentation will describe the development of a DNP online health policy course that promotes political competence and development of advocacy skills using Twitter.

Background: Political competence includes understanding the political system as well as the development of key attributes such as communication, perseverance, nursing expertise, networking

persuasion, and collective strength, and a strategic perspective as defined by the seminal work of Warner (2003).

Problem: Nurses are not often involved in the political system, but have much to contribute to the political dialogue, especially about healthcare issues. Additionally, advocacy skills need for successful change are congruent with the professional values of the nursing profession and can be developed.

Methods: In a DNP health policy course, students engage with a Live Twitter feed managed by the faculty where they explore current issues in health policy. Students then select a health care legislative issue, analyze the legislation based on the evidence and engage in conversation with peers about their support or reasons why they do not support the legislation. Students then create Tweets to express their analysis in a succinct fashion.

Results: A course was developed to meet each of these criteria and was first used in Fall 2019. Initial feedback from the students indicates that the course has been well-received, and students have reported increased advocacy skills, political engagement, and political competence.

Implications: Course delivery that interacts with real-time political conversation has the potential to promote student engagement and outcomes including increased advocacy skills and political competence.

Discussion: Learning to navigate and follow Tweets can aid increase political engagement and political competency.

Conclusion: The benefits of using social media to promote advocacy skills, political engagement, and political competence in DNP students was enhanced through the use of Twitter. Students reported increased self-efficacy related to advocacy skills, political competence and increased interest in political activity.

[Hack the Outbreak: A Multidisciplinary Approach to Teaching About Using Technology to Contain Communicable Disease Outbreaks in Low Resource Settings.](#)

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Statement of Purpose: To determine if a simulation-based hack day can increase student interest and knowledge in communicable disease outbreak response in low-resource settings as well as foster multidisciplinary collaboration among STEM students.

Background: In order to better respond to communicable disease outbreaks, students in STEM fields need to have a solid understanding of the complexities of outbreaks as well as understand the range of outbreak prevention and response opportunities. Hack days can provide students from a variety of disciplines to participate in an immersive experience which can increase student interest and knowledge in outbreak prevention and response in international settings as well as provide them a chance to integrate technology in their solutions. While other studies have demonstrated the

effectiveness of multidisciplinary courses that focused on technological healthcare innovations, ours is the only one that demonstrates the effectiveness of a single day event. Prior nursing simulation focusing on public health emergencies demonstrate the effectiveness among nursing students. Our study indicates that simulation scenarios were effective across all disciplines- including nursing.

Methods: We invited students from the nursing, biology, engineering, computer science and public health departments to participate in a one-day event called “hack the outbreak”. Students listened to brief flash talks, walked through simulation healthcare tents and worked in multidisciplinary teams to develop a technology that would help to contain the outbreak in a low-resource setting. Throughout the training students engaged in leadership roles in different discipline-specific activities that allowed students to learn from one another.

Results: Our results indicate that our simulation- based hack day was effective in significantly increasing interest and knowledge in refugee health, communicable disease outbreaks, epidemiology, drone and robot technology as well as significantly increased confidence in working in a multi-disciplinary team.

Conclusion: Hack Days are an effective way to promote learning about communicable disease outbreaks in low-resource settings as well as promoting life skills such as multidisciplinary collaboration and leadership. Given what we have learned from the current COVID pandemic, it is critical that students leave school with these skills in order to ensure that the future workforce is able to respond to the next pandemic.

Impact of SBIRT Training on Attitude, Knowledge and Confidence in Online RN to BSN Students

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Background: The Centers for Disease Control and Prevention (CDC, 2018) has declared substance abuse as a national epidemic. Substance abuse is defined as the overuse of psychoactive substances such as alcohol and drugs (prescription and illicit) that can cause harm and may also lead to dependence (World Health Organization, 2020). More than half of Americans ages 12 and older are current drinkers of alcohol (SAMHSA, 2018); Over a quarter report current use of a tobacco product and 10.2% report use of illicit drugs (SAMHSA, 2018). Substance abuse is a significant threat to the health of our American citizens and a major cause of preventable deaths. Addressing the substance abuse crisis merits attention and skills training for our healthcare professionals. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based intervention that nurses can use to identify those at risk for substance abuse and provide brief intervention and referral to treatment.

Study: This interventional study with pre-post design examined the effectiveness of an online SBIRT training in RN to BSN nursing students by assessing the change in knowledge, readiness to perform, attitudes, and confidence related to the use of SBIRT in practice. The participants were asked to

complete a pre and post intervention survey following a SBIRT training. The survey research design was used for gathering information from RN to BSN nursing students (n = 162) from a large private online university in the U.S. Participants were ages 18 and above, and mainly ages 45-54 (35%).

Findings: The majority of the RN-BSN student nurse participants were between 45-54 years old (34.6%); 74.4% worked in acute settings, 34.6% identified as Native-American and 32.1% identified as Asian. A T-test was conducted, and results showed a statistically significant improvement in knowledge, attitudes, confidence and readiness to perform SBIRT.

Conclusion: This study supports the growing evidence that online SBIRT delivery is a viable tool for increasing RN to BSN student confidence in performing SBIRT and changing students' attitudes toward patients with substance use disorder. This study also demonstrated that online SBIRT assignments have the potential to reach larger groups of students. By having SBIRT training modules prepared by faculty and subject matter experts that are readily available, nurse educators can easily integrate SBIRT into their courses throughout programs in the university with an aim to increase SBIRT performance in practice and improve patient outcomes.

Implementation and Evaluation of a Case Management Education Program: Expanding Knowledge and Skills for Nurse and Social Worker Case Managers in a Federally Qualified Health Center

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The purpose of this presentation is to describe a partnership targeted to 8 practicing nurses and social workers in a Federally Qualified Health Center who provide care coordination for underserved populations. The Affordable Care Act (ACA) has highlighted the high prevalence of poor care coordination in the US resulting in negative patient outcomes and the potential for optimizing positive outcomes with case management services. While funding has become available for case management services through the ACA, many of those case managers acting in the role do not have the education in evidenced based case management philosophy, content, and principles. The 8 participants of this program which is funded through the Rhode Island Department of Labor and Training (RIDLT) do not have previous systematic education or training in case management and are not certified as case managers. They provide services for the most complex, costly, and challenging patients in the system. This project involves combines a current three credit Rhode Island College School of Nursing course, NURS 518, Nurse Care/Case Management course (delivered online synchronously using Zoom and Blackboard technology) with specialized group and individualized coaching. The planning, implementation, and evaluation of the project will be provided to ACHNE participants who may replicate or adapt it to improve population health outcomes. Sharing this project with other health centers and healthcare organizations as well as academic institutions through dissemination to those who would want to expand the knowledge and competency of nurse and social workers in this role would contribute to promoting positive patient outcomes on a large scale and to knowledge in public health nursing as a discipline.

The Implementation of an Online Diabetes Education Group during the COVID-19 Pandemic

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Statement of Purpose: This presentation will describe the implementation of an online diabetes education group offered to patients within a nurse-led clinic in an underserved community in Chicago, Illinois. The goal of the diabetes education group is to improve self-management behaviors and decrease A1C levels within participants.

Background and Problem: The health center serves a diverse population, primarily composed of Latino/Hispanic (54.8%) and African American (37.2%) residents from low socioeconomic backgrounds. Recent health center data documents an increase in the number of patients with poorly controlled diabetes (A1C > 9%). Uncontrolled diabetes can lead to severe complications resulting in mortality. Racial and ethnic minority groups are disproportionately affected by chronic conditions like diabetes due to inequities in their social determinants of health. In this Chicago community, diabetes-related deaths were 94.2 per 100,000 population compared to the city average of 59.4 per 100,000. To address this issue, a group intervention was planned for implementation. There is increasing evidence suggesting that group-based education is an effective strategy to improve A1C levels and self-management behaviors for patients with diabetes. Due to the COVID-19 global pandemic, the intervention was modified from an in-person format to online to ensure safety and decrease risk of exposure to this vulnerable community.

Methods/Approach: Recruitment efforts for the diabetes education group started in February 2020 by contacting eligible patients and placing flyers in the waiting area of the health center. An assessment was conducted of interested participants to determine educational needs related to diabetes. The pilot group will consist of four-hour long sessions hosted with the Zoom video conferencing platform. Each session will include a member of the health center's interdisciplinary team, including a family nurse practitioner, registered dietitian, and licensed clinical social worker. Participants will fill out pre-and post-surveys to assess self-management behaviors. Data on A1C will be captured from the electronic medical record.

Results: The intervention is expected to be implemented in November 2020, where results will be analyzed after.

Implications and Conclusions: For health centers located in underserved communities, coming up with innovative and technology-based modifications to continue to educate and support the diabetes population during a global pandemic is imperative while keeping everyone's health and safety in mind. This intervention aims to assess if implementing an online diabetes education group will help patients with diabetes improve their self-management behaviors and A1C levels. The anticipated impact of the online diabetes education group is an improvement in the health outcomes of the participants, which in turn, will lead to reduced health care costs and strain on healthcare workers and the healthcare system through a collaborative approach.

An Interprofessional Collaborative Partnership with Public Health Vaccine Programs: Moving Forward During the COVID-19 Pandemic Era

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Statement of Purpose: In the COVID-19 pandemic era, significant decreases in vaccination rates within vulnerable population groups require innovative academic-practice partnerships to improve health outcomes. Healthcare professionals shared responsibilities to ensure adequate vaccine rates within the practice community. An academic-practice partnership with the local health department offered the opportunity create clinical learning opportunities the demonstrate the relationship between interprofessional practice and community practice health outcomes. Three health care professional schools at The University of the Incarnate Word (UIW), Nursing, Pharmacy and Osteopathic Medicine partnered with the local public health authority, San Antonio Metropolitan Health Department (SAMHD) to provide a variety of immunization events to reach 'at-risk' populations. The work of the partnership will be presented including a 'clinical toolbox, SWOT analysis, and a collection of faculty and student feedback.

The aims of the project include addressing the core competencies for inter-collaborative practice focused on community and public health practice to address social determinants of health, advance health equity, and foster innovation leading to lasting partnership with public health. Specifically, the student gains were linked to curriculum concepts for evidence-based practice, population health data analytics, and the development of collaborative practice-ready graduates.

Methods/Approach: UIW partnered with the local public health authority to administer federal and state publicly funded vaccination programs. The COVID-19 pandemic contributed to a dramatic drop in the overall childhood vaccination rates. Increased threats of seasonal influenza and other vaccine-preventable diseases required the partnership to reshape the original mission and vision. Operationally, this meant re-configuring shared resources and responsibilities across the organizations in terms of logistics, manpower, facilities, and consumables. Faculty members redesigned and standardized workflow and educational processes within the context of COVID-19 local, state, and federal directives.

Results: Findings include salient differences in 1) workflow and education processes before and during the COVID-19 pandemic; 2) participant feedback in the context of the IPE four core competencies; 3) perceived barriers and facilitators within the administrative, faculty, and student leadership roles; and 4) population outcomes.

Conclusion: Guided by the WHO Framework for Action, a dynamic university and public health partnership adapted tactics and resources to advance IPE development and address population immunization needs.

Investigating a Collaborative School-Based Health Education Program in Rural School Systems

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The purpose of this school-based health intervention is to examine the impact of education on child health outcomes in the rural school setting.

Schools are collaborators in providing comprehensive health services to children. Current rural school systems struggle to provide formal health education and recently partnered with an academic nursing program to deliver a 12-week intervention throughout the school year. The focus of this intervention aims to prevent obesity and diabetes, and promote heart, respiratory, and mental health in kindergarten to 6th-grade schoolchildren. By implementing this collaborative education project, we focus on student responsibility for one's own health. This rural health community is one of the unhealthiest in the U.S and leads in poverty rates. The specific poverty rate is 19.7%, nearly double the national average of 10.5% (RWJF, 2019). The rural population has one of the highest rates of adult obesity with 36% and diabetes rates have risen dramatically to a rate of 14.6% (U.S., 8%). Additionally, hypertension rates are also high at 40.4% (US 29%) (TFAH & RWFJ, 2019) and such statistics confirm the need for proactive health interventions.

Methods: The school-based health intervention is focused on the heart, lungs, and brain, and addresses topics of nutrition and activity, staying healthy, and managing our emotions. For sessions, we have large group engagement through discussions, 10-15-minute small group (8:1) discussions, and 1-2 activities implementing active learning techniques. Some sessions have pre and post-test questions or questionnaires related to the topics. In addition, we incorporate take-home information for students and families in the form of handouts or mini-projects and provided incentives when students returned with completed family work.

Results: In the first 3 years, we have educated over 1800 children for 12 sessions, and had significant results in participation (83% very favorable), pretest and post-test nutrition responses ($t = 2.33$, $p < .0001$, nutrition questions), decreased sedentary rates (27%), documented primary emotion of child, and 22% responses from home setting. Additionally, we have documented screen time and oral health activities within the home setting.

Conclusion: We believe enhanced education about nutrition, exercise, control of long-term health problems, and mental wellness has a favorable impact. The collaborative opportunity allowed nursing students to provide interactive education has more impact than regular classroom teachers for these subjects. Students initiated physical activity in the home setting with the goal of moving from sedentary to physical. Students raved over the physical activity strategies recommended and actively participated.

Native American Youth Suicide Management & Prevention e-Learning Module

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Background: Suicide is a serious public health problem determined by a combination of social determinants of health (SDOH). These internal/external factors include cultural, physical, psychosocial and environmental influences. Today tribal nations face an unprecedented public health crisis among Native American Youth (NAY) with mental health vulnerabilities who, for a variety of reasons are disconnected to health support systems and face overwhelming challenges with the SDOH within communities. Those with pre-existing mental health conditions experience higher levels of isolation which tributes to depression and feelings of hopelessness. Research asserts suicide is the second leading cause of death among 10–24-year-old NAYs. It is critical to routinely screen youth for depression, isolation and suicidal ideation. Community/Public health nurses (C/PHN) work in a variety of care settings and are positioned to provide routine screenings, interprofessional collaboration and referral, follow-up and education toward suicide prevention.

Historically, education for health care professionals is conducted in silos rather than interprofessionally. When this disconnect exists healthcare outcomes may be impacted. The increased complexity of mental health patients benefits from a holistic approach and interprofessional collaboration to improve outcomes. C/PHN educators responded to the need to teach nursing students youth suicide management and prevention using an interactive case-based scenario focusing on at-risk populations. e-Learning modules incorporate case-based scenarios with a multi-purpose approach for teaching current public health priorities, the C/PHN process, and health information technology.

Methods: In response to NAY suicide trends, C/PHN educators developed and piloted an e-Learning Module (e-LM) for teaching youth suicide management and prevention, C/PHN process and electronic health record (EHR) documentation. e-LMs include three components: Part 1: a tutorial about charting in the EHR, using standardized terminology that guides and describes C/PHN practice. Part 2: an interactive case study (ICS), focusing on a fictional NAY suicide case for management and prevention. Part 3: a posttest. In addition, students were assigned readings in preparation for e-LM.

Results: Results of the multi-site pilot study are pending and will be available at the conference.

Implications for nursing education: The e-LM provides nurse educators an open-source product for teaching topical content, the C/PHN process, and health information technology. A focus of the e-LM for the pilot study raised awareness to a public health crisis, NAY suicide prevention and management, the role of the C/PHN, at the individual level of practice in a school setting and use of health information technology. Students develop competencies for cultural congruence, identifying SDOH, evidence-based strategies, including advocacy, in working with at-risk populations. To guide the C/PHN process students used a standardized terminology embedded in a mock EHR for documentation and care plan development.

Conclusion: The e-LM is an innovative approach offering a safe learning platform for educating students about NAY suicide. The case-based scenario integrates topical content and the C/PHN process: holistic assessment, evidence-based interventions and outcomes evaluation to address the complex risk and protective factors related to NAY suicide. The e-LM is open source and available to C/PHN educators interested in raising awareness of NAY suicide prevention and management.

Nursing Education During a Pandemic: Creative Solutions to Meet the Clinical Needs of Undergraduate Nursing Students and Public Health Departments

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The shift to online learning in response to the Covid-19 pandemic in March 2020 created many challenges in higher education, but particularly for programs such as undergraduate nursing, that include experiential clinical components. In Virginia, health departments shifted many of their public health nurses (PHN) to remote work. This resulted in limited opportunities for nursing students to get direct PHN clinical experiences. One creative response to these challenges was for an undergraduate nursing program in Virginia to partner with local health department PHNs to help answer phone calls in a Covid-19 regional call center. Under faculty supervision, students provided up-to-date information in response to questions from the general public about Covid-19. After the clinical experience, students were enthusiastic and stated that they felt like their work in the call center made an impact in their local community and helped to ease public fear surrounding the Covid-19 crisis. PHN staff were impressed by students' therapeutic responses to anxious callers and their ability to provide calm, fact-based information over the phone. In addition, PHNs expressed gratitude at the help offered by students and their subsequent ability to focus on other, pressing, PHN tasks. Undergraduate nursing students can be more fully utilized within PHN clinical settings, particularly during public health emergencies. Public health experiences, particularly during a pandemic, have much to teach novice nurses. Through partnership between schools of nursing and community health agencies, creative solutions can be found that meet clinical requirements for nursing programs and provide support for PHNs and staff.

Nursing Education Leaders Decision-Making during a Pandemic Crisis

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Conference Objective: Discuss emerging issues and trends in community/public health nursing education, such as increased use of technology/informatics, emphasis on interprofessional education, rise in online teaching platforms, and evolving curriculum.

Background: Academic nursing leaders face unprecedented decision-making during the recent global pandemic. While some universities had emergency response plans at the start of the pandemic, many did not or did not address the specific needs of nursing education programs.

Purpose: This descriptive survey study sought to describe the decision-making and response of nursing education leaders during the pandemic.

Methods: A descriptive survey method was used. The researcher-developed survey consisted of questions that collected demographic data and questions related to emergency plans, situational awareness, institutional response, challenges addressed, and recommendations for the future developed to focus on the Federal Emergency Management Association (FEMA) mission guidelines. Nurse leaders were solicited from among nursing programs in each state to obtain a mixture of public, private, rural, and urban nursing programs. Email invitations were sent to solicit participation with a link to the online survey. Descriptive statistics were used to analyze quantitative responses. Qualitative methods were used to analyze open-ended questions using a saturation table within the coding process to define themes. IRB approval as exempt was obtained from the three institutions participating in the study.

Results: A total of 41 nursing education leaders took part in the survey, for a response rate of 27%. While most programs changed the mode of delivery for courses, simulation and clinical experiences, only half of program leaders reporting have an emergency operation plan with most being a university plan. Of these plans, only half included a continuity of operations plan. Themes identified in the study include preparedness, emergency response, uncertainty, leadership and policy, and communication. Conclusions: As the pandemic continues as the current crisis and into recovery, academic nurse leaders need to respond with appropriate planning that include all disaster mission areas recognizing nursing's position within their institutions and their expertise as health care professionals. Conversations and planning across academic partnerships with universities, state boards of nursing, and community partners are needed now to promote continuity of critical didactic and clinical experiences to prepare new nurses for the future.

Nursing Student Rural Home Visits: A Collaborative Primary Care Educational and Outreach Initiative

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Home visits can be an important tool to assess how patients are managing personal health and wellness, address family needs, and carry out population health initiatives. Few nurses working in primary care settings have the opportunity to make home visits a part of their practice. Home visitation to manage transitions and prevent hospital readmissions has demonstrated positive outcomes. Primary care registered nursing roles have expanded to incorporate care transition management, chronic disease management, preventive care, and risk assessments. The extension of primary care into the home has been a critical opportunity to expand the reach of community health nursing.

Home visits are especially important in rural communities, where the residents are typically older and poorer than non-rural residents and have higher rates of chronic illness. Rural residents may face additional barriers due to transportation, healthcare access, and social isolation. The need for the development of a student home visit program was intensified by Covid-19. The pandemic has highlighted patients and family needs in rural areas, who are uniquely vulnerable.

Purpose: To address the unique needs of rural residents, a HRSA-funded primary care-focused nursing education project in a rural Virginia county created an interprofessional home visitation program, which allows senior-level students an opportunity to transition to independent community-based nursing practice with faculty guidance. Teams of two students have scheduled home visit day whereby they pre-plan, make a visit itinerary, and assess for education needs, perform the visit, and afterward, debrief and plan follow-up. Home visit patients are referred by clinic providers and support staff and demonstrate need in terms of limited transportation access, a gap in biometric measurements, need for medication reconciliation, or limited support. Currently, home visits are an opportunity for Covid-19 education.

Methods/ Approach: The home visits follow interprofessional team-based protocols. Students are oriented to guidelines for home visit safety and etiquette, home visit bag contents, their daily visit schedule, and the pre-planning process. Pre-planning in conjunction with nursing faculty allows the student to explore the patient's electronic health record for information on health history, chronic care needs, care gaps, and current medications. With faculty, students plan the visit based on the desired provider goal, pre-assessed needs, and evidence-based practice. The student team arrives at the home and structures the flow of the visit using screening tools to assess individual physical and mental health, as well as home safety, social determinants of health, and potential caregiver burden, following best practices. Afterward, students debrief with the faculty, report to the interprofessional care team, including the provider, and document the visit.

Results/ Conclusion: These visits have allowed students to hone their assessment and planning skills independently while giving isolated rural patients needed interaction and closing gaps in care. Students have reported positively on these opportunities, and the patients have asked for repeat

visits by the students. Home visits are an important tool that can be incorporated into primary care to address rural health disparities, worsened by the Covid-19 pandemic. This innovative pilot program has been embraced by students, staff and patients.

Nursing Students as Court Monitors: Virtual Clinical Practice Site for BSN Students During COVID-19 and Beyond

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Statement of Purpose: COVID-19 global pandemic has made known the vulnerabilities of certain population groups, i.e., homeless, elderly, and perhaps less known people with intellectual disabilities (ID). People with ID live in various community-based settings including nursing homes, group homes, nursing homes, and private homes. During a pandemic, people with ID may face a series of challenges. These challenges can include both health of the person with ID as well as the caregivers providing daily care. Social isolation can occur due to new distancing policies such as closing day programs or visitation policies. Family members caring for people with autism spectrum disease or Alzheimer's disease may notice changes in the person's behavior because the usual daily routines are interrupted. The challenges created by COVID-19 pandemic within this population and their caregivers can lead to exacerbated behavioral problems not limited to elder abuse and violent acts.

In 2012, University of the Incarnate Word School of Nursing (UIW), in partnership with Catholic Charities Archdiocese of San Antonio, Inc., adapted a 2012 award-winning AACN initiative from the University of Texas Medical Branch, School of Nursing, Galveston, Texas for training health professional students as volunteer court monitors. with the local Catholic Charities Guardianship program. In compliance with COVID-19 student training precautions, UIW faculty collaborated with Catholic Charities to create an alternative virtual clinical experience. The aims of the project include 1) repurpose on-site 'home visit' monitoring clinical experience to 'virtual' visit clinical experience; 2) develop nursing student's knowledge of ID spectrum disorders and value of independent community living for the population; 3) advance skills, and abilities aligned with 'virtual' visits.

Methods/Approach: UIW and Catholic Charities reimagined the partnership in response to COVID-19 social distancing restriction. Training included the appropriate level of supervision for the protected person; continued interventions for physical and mental health problems; annual preventive health measures; signs of neglect or abuse; and guardian compliance with the scope of rights for the protected person. The key processes included reviewing past records and previously filed court monitored reports; conducting a virtual scan of the protected person's living spaces; and assessing the person's health, well-being, and safety. In addition, students learned how to assess for sufficient healthy food sources, working fire alarms, emergency preparedness, and expression of individuality as evidence by personalized property and daily activities.

Results: With the supervision of Catholic Charities Guardianship staff and nursing school faculty, nursing students conducted over 80 virtual visits through Fall, 2020. Several of the students would like to volunteer court appointed visits after graduating from the nursing program.

Conclusion: The project was remarkably successful providing a robust clinical experience during COVID-19 pandemic that was equal in content and rigor to other traditional experiences.

Opioid Overdose Prevention Outreach with Rural Populations in Rhode Island During Covid-19.

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Introduction: According to the National Institute on Drug Abuse (2019), there were 277 overdose deaths involving opioids in Rhode Island in 2017. This represents an age-adjusted rate of 26.9 deaths per 100,000 persons, higher than the national average of 14.6 deaths per 100,000 persons. This increased in 2018, where opioids accounted for 314 of the overdose deaths in the state. According to the Rhode Island Department of Health, between 2011 and 2017, overdose deaths rose by nearly 90 percent (State of Rhode Island: Department of Health). On a national level, prescription opioids account for more than 35% of all opioid overdose fatalities (Center for Disease Control, 2018). Additionally, while prescription opioid use is still prevalent, the majority of deaths involve mostly illicit opioids. In fact, the largest increase in Rhode Island was in cases related to synthetic opioids, mostly fentanyl, as deaths involving fentanyl rose from less than 5 in 2012 to 205 in 2017 (RI Department of Health, Behavioral Healthcare, & Brown University). In particular, more communities in Rhode Island are seeing opioid misuse, including rural communities. There has been an increase in opioid and other drug-related mortality, particularly from illicitly manufactured fentanyl during the Covid=19 pandemic (AMA, 2020).

Aim: To provide opioid outreach prevention through the Community First Responder's Program in Rhode Island's rural communities with COVID-19- 19 restrictions.

Method: The PHN/CHN students and faculty collaborated with the College of Pharmacy faculty and students to provide opioid outreach prevention in Rhode Island's rural communities. To address the growing opioid crisis, particularly in rural communities in Rhode Island, the University of Rhode Island (URI), created a Community First Responder program to: 1) educate rural communities about substance use disorder and opioid misuse, and 2) provide resources to these communities to help address opioid misuse. Originally, the strategy was to engage rural populations at an educational booth/van that would attend all state fairs, garden shows, beaches, schools and town squares. Prior to the pandemic restrictions the outreach was face to face in the rural communities. Once restrictions were in place, the College of Pharmacy and College of Nursing team converted to a

Covid-19 strategy. This modification resulted in outreach with Farmer's Markets, Fire Stations, and Police Department leave behind programs.

Results: We were able to serve the population in over 20 rural communities with over 2600 individual points of contact. The events were developed with strict guidelines by the state department of health. The Farmer's Markets were used through the warmer months. We then move to fire stations, storefronts, and police station drop-off sites as the weather became colder.

Conclusion: The evolving landscape for PHN/CHN programs to serve the population has had some challenges but more importantly, the pandemic led to the development of alternative strategies to reach the population in need.

A Qualitative Analysis of LGBTQI+ Representation in Prelicensure Nursing Textbooks

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Background: With the current demand for culturally competent nursing education, it is vital for instructors to continually evaluate the language and context of their curricula to be inclusive of varying underrepresented and underserved communities, such as the lesbian, gay, bisexual, transgender, queer, intersex, and other sexually and gender-diverse groups (LGBTQI+). How LGBTQI+ people are represented in course material can impact students' and future nurses' attitudes and behavior towards these patients while providing care. Harmful or even absent academic discussions of caring for LGBTQI+ patients lead to provider discomfort and inadequacy in treating this patient population.^{1,2} Nursing schools are well-positioned to increase exposure and comfort with LGBTQI+ content as part of prelicensure curricula, thereby creating a more culturally competent and prepared nursing workforce. Sexuality- and gender-affirming portrayals, meaning representations that deliberately recognize and support LGBTQI+ identities³, could improve student confidence in caring for LGBTQI+ patients and aid in combating health disparities.

Statement of Purpose: Based on a systematic evaluation of nursing textbooks, we present the extent to which LGBTQI+ populations and health considerations are presented in nursing textbooks, and we characterize the nature and quality of the representations.

Methods: As part of the ongoing effort to examine how LGBTQI+ health is taught to nursing students, a qualitative descriptive analysis of LGBTQI+ content from 14 nursing-specific textbooks required by the Master of Science in Nursing prelicensure degree program at the Johns Hopkins School of Nursing was conducted by a student-led team with faculty oversight. A priori search terms were used to identify and extract text segments that referenced LGBTQI+ content in each textbook. An iterative codebook was developed, codes were applied, and analysis of the information and context in which the terms were presented was performed.

Results: Results showed a lack of positive, intentional LGBTQI+ representation across textbooks, as well as entries with oppressive messaging. Most textbooks had little to no affirming, diverse LGBTQI+

content. One textbook, *Fundamentals of Nursing: Human Health and Function* (9th ed.)⁴, yielded a notable number of entries that intentionally define and normalize LGBTQI+ identities, but outdated language is used in several passages from the same textbook. A significant number of entries across all 14 textbooks contained flawed terminology and stereotypical attitudes towards LGBTQI+ patients.

Conclusion: The findings highlight a need for increased sexuality- and gender-affirming academic exposure for prelicensure nursing students regarding the care of LGBTQI+ patients. Increased and thoughtful inclusion of LGBTQI+ content may better inform evidence-based care for this patient population and improve patient-provider interactions. These findings will inform improved nursing textbooks and curriculum to support the training of nurses that deliver high quality sexuality- and gender-affirming care for LGBTQI+ patients and populations.

A School of Nursing-Led Community Initiative to Identify and Reduce Hypertension in Mukono District, Uganda

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Hypertension (HTN) is a health condition, which can lead to debilitation or death. According to The World Health Organization, the highest prevalence of hypertensive adults is in the African Region at 46% (2008). The most commonly reported non-communicable disease (NCD) in Uganda is hypertension (Musinguzi, et al, 2015), with a prevalence rate of 27% (Musinguzi, & Nuwaha, 2013). HTN in Mukono can go undetected until a major catastrophic health event occurs. A University School of Nursing, in partnership with a non-governmental agency (NGO) that provides sustainable, and evidence-based health programs in the Mukono district, developed an innovative plan to educate the community health workers (CHW), on HTN diagnosis, education, and medical referral. CHWs are cost effective in screening for cardiovascular disease in medically low resource areas (Gaziano, et al, 2015).

Statement of Purpose: Pre-licensure nursing students and a university faculty member partnered with a local NGO in Uganda and trained over 100 community health workers on blood pressure (BP) screening, healthy lifestyles, and referral to health centers for those in need of treatment (BP greater than 160/90).

Methods/ Approach: During the fall of 2017, 2018, and 2019, the nurse-led teams of 5-7 pre-licensure nursing students and a faculty member trained over 100 CHWs in measuring, recording, and educating people in their villages about BP and HTN. Manual BP equipment was acquired by the students and faculty and hand-delivered to Uganda. Once CHWs were trained in manual BP, they were educated about lifestyle changes to lower BP, given documentation forms to track BP results, and follow-up communication with the HTN control liaison within the NGO.

Results: In Fall 2017, 45 CHWs were trained in BP monitoring. Immediately after instruction, all CHWs were evaluated on BP accuracy, with the trainer (student nurse) testing BP simultaneously and evaluating a 5 stop method developed by Amarchand, Sharma, & Krishan (2013). At the conclusion of

the training sessions, 100% of the 45 trained CHWs correctly measured BP, evaluated by the student nurse re-test. In March 2018, follow-up evaluation was done on the previously trained CHWs from 2017. On re-evaluation, there was 95% accuracy in BP measurement, using student nurse re-test and 5-point method. In fall 2018, 51 un-trained CHWs were trained on BP monitoring and education; along with 21 follow-up evaluation on those trained in fall, 2017. Of both new trainees and follow-up trainees, there was 100% accuracy in BP measured by student nurse re-test.

Conclusions: The health of a global community is dependent upon partnerships that are embedded in the community, with sustainable, evidence-based interventions based on realistic goals and a well-conceived evaluation plan. A School of Nursing led initiative, partnering with a local NGO, focused on training CHWs on BP screening and education has led to over 100 CHWs successfully monitoring for HTN in their villages, training the villagers on healthy lifestyle, and referring those with HTN to local health centers for treatment. Successful monitoring of this program, with the HTN control liaison within the NGO helps guarantee sustainability.

Self-Care and Wellness for Community Health Nursing Students: A Pilot Study

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Purpose: Self-care behaviors are acknowledged as major contributors to improved health status. Ironically, nurses and nursing students are rarely advised to assess their own health status and purposively care for themselves in a holistic manner. While some nursing students may enjoy a healthy lifestyle, studies suggest that students slowly stop practicing self-care behaviors during nursing school as the intensity of course work and clinical requirements increases. Students acknowledge they recognize the importance of self-care but find it increasingly difficult to balance hectic academic schedules with consistent self-care behaviors.

Nursing education programs in the United States tend to focus on academic achievement and skill acquisition, often at the expense of teaching about health promotion and self-care. Disrupted sleep patterns, excessive screen time, unhealthy food choices, excessive stress, lack of physical activity, and harmful coping methods predispose nursing students to diminished health and inability to care for others, including their patients.

Methods: A mixed methods pilot study was conducted which implemented an interdisciplinary, collaborative wellness program for a senior-level cohort of community health nursing students with an emphasis on five domains: activity, sleep, nutrition, stress management/quality of life, and safety. Collaboration included faculty and students from three disciplines: Nursing, Health Promotion, and Dietetics. Students were hired to aid in project design and implementation. Bi-weekly educational meetings were incorporated into one didactic course while additional wellness activities were offered twice weekly. Pre- and Post-test evaluation of wellness data was collected and evaluated. Both quantitative and qualitative data were gathered over a 12-week timeframe. Physiologic metrics included: BMI, BP, waist and hip measurements, body fat percentile, and one-minute push-up and sit-up tests. Weekly journals were also collected.

Results: For the experimental group (n= 27), over a 12-week timeframe, the physiologic metrics were not found to be statistically significant; however, the aim of this project was exceeded with qualitative themes identifying increased student empathy, increased motivation for healthier lifestyle choices, and increased awareness of health promotion techniques. Findings suggested that students can significantly improve their self-care behaviors during a semester when they are provided with the knowledge, skills, time, and motivation.

Conclusions: Self-care and wellness should be promoted in nursing students. This project motivated students to make healthier lifestyle choices while also cultivating friendly competition with their peers. It provided content and resources to students through interdisciplinary education and increased students' awareness of interventions to promote wellness. An interdisciplinary wellness project for nursing students can not only encourage healthy lifestyle routines, but also has the potential to positively impact the future of our healthcare system. Allotted time to practice self-care skills can be an effective strategy to support behavior change and addresses lack of time which is one of the biggest perceived barriers to self-care. The well-being of nurses is fundamental to the health of our nation; therefore, wellness should be emphasized and promoted in nursing students prior to entering the workforce.

Teaching COVID-19 Updates: Real-time Epidemiology for BSN Community and Public Health Course

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Statement of Purpose: Most nursing students are committed to acute care settings; however, knowledge and application of epidemiological elements are needed in all practice areas. The COVID-19 pandemic data has allowed for real-time analysis and synthesis of live application of data and meeting specific requirements on current and future epidemiological problems. As epidemics, pandemics, and disasters become more prevalent, BSN nursing students will need education on epidemiological principles to fully provide their clients, families, and communities with effective educational strategies. BSN Essentials, Healthy People 2030, and The Future of Nursing Report note the importance of population health and health promotion and disease prevention. Nursing students need to be adequately equipped with understanding epidemiological principles such as incidence, prevalence, mortality and morbidity for application in the future real world of nursing. Utilizing this approach allows the educator to provide epidemiological information and guidance to meet course student outcomes.

Methods/Approach: Nursing students can monitor weekly trends through disease surveillance and application to the surrounding community thus providing for effective critical thinking and clinical judgment. Allowing nursing students to compare weekly changes in data assists in developing interest on how to utilize this information for practice. Weekly updates of current COVID-19 cases/trends were given during a BSN Community and Public Health Nursing course during spring, summer, and fall 2020. Evidence-based websites such as John Hopkins Resource Center, Center for

Disease Prevention (CDC), Florida Department of Health COVID site, and DKB Med were used to provide real-time updates on local, state and national trends. Weekly reflective journals were utilized to provide evaluation of what the students noted as well as how they felt about the weekly epidemiological data.

Results: Nursing students noted on weekly reflective journals what they learned during weekly updates, how they felt, and how they would apply to community settings. Many students stated that they understood epidemiological terms such as incidence per 100,000 since they could apply it to weekly changing data and provided weekly analysis of trends. They also were able to analyze data each week through posted PowerPoint slides that demonstrated timely data. The educator could note issues or problems through the reflective journal as well as real-time instructions on how to analyze, interpret, and apply the data to meet course outcomes.

Conclusion: The current pandemic allows for current instruction and evaluation of epidemiological principles that current nursing students need to comprehend before beginning their nursing career. Journaling is an effective learning and teaching strategy within education and nursing to meet student learning outcomes and to assess requirements related to BSN Essentials and accreditation. Reflective journals encourage critical thinking, expression of feelings, and deepens current learning experiences. Consistent and current evidence-based websites with data is needed to provide real-time education on current disasters such as the current COVID-19 pandemic. In both acute care settings and population-based arenas, future nurses will need education and application of epidemiological principles to provide critical thinking and clinical judgment for effective patient outcomes.

Teaching Nursing Students During the COVID-19 19 Pandemic and the Need for a Trauma Informed Pedagogy in Nursing Education

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Statement of Purpose: Nursing educators moved rapidly to adopt new methods of teaching during the COVID-19 pandemic. As a result of this new teaching paradigm educators increasingly communicate with students on an individual basis to guide, precept, mentor, and advise students on coursework, in addition to supporting their individual traumas during the pandemic.

There is a need for nursing educators to teach from a trauma informed pedagogical basis. Trauma-informed pedagogy is a framework for instructional practice that is slowly gaining attention in nursing curriculum. Trauma experienced by students are dynamic and result from a multitude of factors that may change in context.

Methods/Approach: As educators we need to employ teaching processes to recognize and reduce trauma students may experience due to the pandemic. The structure of educational practices may result in outcomes that may cause a student to be revictimized. Many students may have experienced trauma in the past, adding this radical change in teaching since the pandemic occurred

may be a trigger for some students to re live trauma. It is apparent that many students, their friends, and families are currently encountering trauma related to the effects of the pandemic. Trauma experiences demand respect. Narrative pedagogy assists in understanding this phenomenon.

Results: Currently, we no longer interact with patients prelicensure nor are we in simulation labs during nursing education. Nursing students will require unique orientations to the practice setting requiring time, patience, and a focused curriculum when initially licensed. Educators both in university and hospital settings must be committed to using trauma-informed principles to cultivate educational outcomes as today's students enter the workforce. The gap between service and education is narrowing and flexibility will be the operative word.

Conclusions: Nursing educators are now obligated to reframe how we teach and embed trauma informed pedagogy into curriculum to improve future outcomes. This challenge just may offer improved teaching techniques and more realistic outcomes in nursing programs. Nursing curriculum needs reorganization to meet the health needs of society in the future.

Transitioning to Virtual Clinical Experiences in a Community Health Nursing Course During the COVID-19 Pandemic

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Purpose: This presentation will describe how an undergraduate community nursing clinical course was transitioned online in the face of COVID-19. Despite this change, students were still able to meet clinical objectives, clinical competencies, and required minimum clinical hours for the course.

Background/Significance: The World Health Organization declared COVID-19 a global pandemic on March 11, 2020. Subsequently, this led to Illinois Governor Pritzker's declaration of shelter-in-place and closing of schools starting March 13, 2020. At the University of Illinois Chicago, spring break for students was already scheduled to start March 16, 2020 and due to the pandemic, was extended for an additional week. All classes resumed March 30, 2020 and were required to be implemented in a 100% online format. All courses, including clinical courses, needed to pivot from face-to-face teaching to virtual learning.

Methods/Approach: In the undergraduate community health nursing course students are required to attain 60 clinical hours during the clinical portion of the course. Clinical experiences from March 30, 2020 through May 1, 2020, utilized a combination of synchronous and asynchronous virtual learning strategies. For synchronous learning, the online platform Zoom was used. For asynchronous learning, students participated in various activities such as live webinars, community health related online training, and viewed community health related documentaries. A hallmark of our clinical experience includes student participation in a simulation with a standardized patient actor; we were able to transition this experience to an online format. Student feedback was gathered about their clinical experiences.

Starting June 22, 2020, Illinois began Phase 4 of its statewide COVID-19 guidelines, which allowed in-person clinical experiences during the 2020 Fall Semester however some previous clinical sites were no longer accepting students and some students were not able to attend in-person experiences. Thus, clinical experiences in Fall were hybrid integrating a combination of both in-person, synchronous virtual experiences, and asynchronous virtual experiences.

Results: Results of student clinical evaluations, course evaluations, and student responses about the clinical experiences will be tabulated at the end of the Fall semester. Initial survey results from the Spring and early Fall semester demonstrate overall positive responses to the various in-person and virtual clinical experiences.

Implications: During the COVID-19 global pandemic, it became essential for nursing courses with a clinical component to be innovative and creative in teaching methods while continuing to provide high-quality nursing education. As we look beyond this current crisis, we should continue to utilize clinical experiences that have been positive for student learning even those that are provided virtually.

Conclusion: These educational enhancements aim to continue providing high-quality clinical experiences to prepare nursing students to care for people across communities while addressing the challenges presented by COVID-19.

Using an Unfolding Case Study to Teach Public Health Concepts

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Statement of Purpose: This presentation will describe the development and implementation of an unfolding case study to teach public health nursing concepts. Unfolding case studies can be used to promote critical thinking, to help students make connections between didactic and clinical content, and to assess learning. The learning objectives are met as the student uses the case study information, resources, and online links, to collect and analyze data to answer the questions presented in the case study. Case studies are particularly useful in today's online education environment as they increase student engagement and allow flexibility in teaching structure. Case studies closely mimic real-life situations and can be used to prepare students to work with real people in real communities (Bonito, 2019). A case study can be completed synchronously or asynchronously, by an individual student or by a group, in a classroom or online. The case study may be implemented in parts, or it may be completed in its entirety at one time. Case studies can be developed to address content specific to teaching needs.

Approach: This case study focuses on the social determinants of health and population health to address the criteria for a grant funded by the American Association of Colleges of Nursing (AACN) and in response to the emphasis on the social determinants of health in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2020). Allowing students to use a variety

of technology and implementing a variety of teaching methods encourages student engagement (Shatto & Erwin, 2017). For online learning to be transformational, opportunities for engagement with the content and with other students is essential (Conrad & Donaldson, 2012). Most of today's undergraduate students are cohorts of millennials or members of Generation Z (Shatto & Erwin, 2017). Millennials and Generation Z students are accustomed to multitasking, are eager to learn, appreciate using their own technology, and desire active participation in learning (Shatto & Erwin, 2017). Use of a progressive case study increases student engagement with the content and can facilitate learning.

Results: Students have responded favorably to the case study, commenting that they enjoyed the interactive approach. Though the unfolding case study was a success, the content was overwhelming for one class presentation. In future semesters the faculty will present the case study in several parts.

Using Foodbank as a Platform for Community Health Promotion and Nursing Education

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Statement of Purpose: This project describes a novel partnership model aimed at promoting health in food insecure communities and enhancing nursing students' learning experiences through collaboration between a public university in the Pacific Northwest of the US and a regional food bank. Food insecurity is associated with chronic health conditions, such as diabetes and hypertension (Helmick et al., 2018), dyslipidemia (Shin et al., 2015), and obesity (Rasmusson et al., 2018). The complex interactions between poverty and lack of resources among food bank patrons and the need for disease management require responsive intervention models (Ferrer et al., 2019). Although food banks strive to provide quality nutritious foods to alleviate hunger (Wetherill et al., 2019), nursing engagement extends those services into the broader healthcare domain of disease prevention and health promotion. Experiential learning through community-based practicum helps enhance RN-to-BSN students' appreciation of the social determinants of health (Evans-Agnew et al., 2017), their understanding of chronic diseases and related challenges (Breen et al., 2019), and nursing competencies, including cultural sensitivity (Davis & Gustafson, 2015). The mutually beneficial project was crucial during COVID-19 pandemics.

Methods: This project, guided by the CDC's 10 Essential Public Health Services and the Healthy People 2020 MAP-IT frameworks, was developed as a fieldwork project for a core senior nursing course, *Population-Based Health in Community Practice*, in partnership with a local food bank. In order to identify appropriate health intervention activities that meet the community's needs, students engaged in comprehensive health needs assessment, including windshield surveys, population data analysis, and key informant interviews. An anonymous one-time client-needs survey on health and nutritional needs of food bank users was also administered. Thirty-five patrons

responded to five open-ended survey questions that required short answers. Based on the results in conjunction with scholarly evidence, the team developed health interventions tailored to the needs of food bank patrons and staff.

Results: Key findings indicate that the service area of the foodbank is diverse and has high percentage of Hispanic population. There were high poverty rates, household sizes ranged from 1-7 members, and 71% of patrons have internet access. There was limited access to fresh produce in the area, and over a third of participants has hypertension and diabetes. Chronic inflammatory diseases were also reported. Food bank staff reported disabling chronic back pain. Health intervention activities included education on healthier food choices and recipes based on food items available at the food bank, foods that trigger/fight inflammation, proper washing of fruits/vegetables, proper meat preparation, and prevention and management of diabetes and hypertension. Ergonomic education was provided through a recorded video. Deliverables were provided via hard copy flyers and electronic files available for upload to the foodbank website.

Conclusions: A correlation exists between poor nutrition and chronic illnesses. Food banks can be excellent platforms for health promotion for vulnerable populations particularly during pandemics as many families relied on foodbanks for survival due to economic challenges. The collaboration provided valuable learning opportunities for nursing students to build their essential skills and competencies.

Utilizing County Medical Reserve Corp deployment with Undergraduate Nursing Students: Social Determinates of Health Become Real

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Population health clinical placements are designed to advance student understanding of population health and public health advocacy. The COVID 19 pandemic created unique barriers and opportunities for population health clinical placements. To meet these challenges, a model was designed to use the Medical Reserve Corp in multiples counties in Pennsylvania to provide students opportunities to serve the community and obtain first-hand knowledge of the impact of the pandemic on the community. This practice-based session will discuss the benefits of using the Medical Reserve Corp (MRC) as a unique learning opportunity. Multiple community partners volunteer with or receive services through the MRC. Students' experiences ranged from stocking food pantries to handing put Personal Protective Equipment to community agencies to assisting with large scale flu clinics. While the MRC is often associated solely with disaster care, this clinical opportunity shed light on the other benefits of partnering with this County-based resources.

Virtual Outreach Supporting Community Members with a Cognitive Disability

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Background and Statement of Purpose: In the United States one in four individuals have a cognitive, vision, hearing, mobility, self-care, or independent living disability (Centers for Disease Control and Prevention [CDC], 2020). In the state of Alabama, over 30% of individuals have a disability and 15% of those are considered cognitive disabilities (CD) (CDC, 2020). Individuals living with disabilities are amongst the most vulnerable of patient populations with limited access to healthcare (World Health Organization (WHO), 2018). Individuals with CD suffer with higher rates of obesity, inactivity, hypertension, high cholesterol, diabetes, and depression among other chronic conditions when compared to those without disabilities (CDC, 2020).

A school of nursing in the southeastern region of the United States works with multiple community organizations that serve and support individuals living with CD. When collegiate instruction transitioned to a virtual platform in spring 2020, many in-person community clinical experiences were cancelled. The purpose of this presentation is to describe a virtual outreach mechanism for nursing programs to use to promote health and prevent disease in those with CD when in person clinical experiences are not available.

Methods/Approach: Nursing students enrolled in their first semester of the program viewed a 25-minute video covering unique communication styles to utilize when working alongside individuals with CD. Student teams received one topic identified by the community partner as an area for growth for their participants who were enrolled in a summer program. Topics focused on preventing disease and development of common chronic conditions experienced by persons living with CD. Student teams filmed a five-minute video addressing the given topic utilizing the communication styles they learned about, along with a list of three post-viewing questions for participants to gauge learning attained. Videos were sent to community partners to show participants and their caregivers at weekly Zoom sessions. Participants viewed the video together with the community partner along with nursing faculty, and then answered the post-viewing questions as a group through a Kahoot game.

Results: Student teams created a total of 12 videos. At the end of the summer semester, participants played the Kahoot games again to see how much information they retained from the videos. Approximately 50% of the questions during the review session were answered correctly. The other 50% were discussed and clarification was given if needed. Learning from this clinical experience was twofold. Participants gained knowledge regarding personal health and the nursing students learned valuable communication skills while reinforcing health promotion topics.

Conclusion: Health education was successfully dispersed, but it was given virtually in an asynchronous format. Student teams were unable to attend the weekly Zoom session with participants because of unavoidable schedule conflicts. Should virtual learning continue to be the only appropriate option, arrangements should be made to ensure students are able to attend the weekly zoom sessions synchronously, alongside participants. Should students return to in-person clinical experiences, more should be offered to these students to ensure their ability to apply communication principles they learned about when communicating with individuals living with CD.

We're All in This Together: Improving Immunization Teaching through the Immunization Resources for Undergraduate Nursing (IRUN) Website

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Statement of Purpose: Many gaps exist in undergraduate nursing education relative to immunization content. The current global pandemic, as well as advancements in teaching methods for health professions education, have resulted in the need to enhance immunization resources for future nurses. In response, the Association for Prevention Teaching and Research (APTR) and the Centers for Disease Control and Prevention's (CDC) National Center on Immunization and Respiratory Diseases (NCIRD) in collaboration with the American Association of Colleges of Nursing (AACN) convened an advisory committee of nursing faculty, leaders and students to improve the integration of immunization content in undergraduate nursing education. Recommendations were developed by this expert group to improve and integrate immunization content in undergraduate nursing curricula. The Immunization Resources for Undergraduate Nursing (IRUN) curriculum framework was developed and a website (<https://www.irunursing.org/>) was eventually designed as a tool to fill that gap for those teaching undergraduate nursing students and provide resources to teach relevant immunization content successfully. This presentation comprises a comprehensive overview of the IRUN curriculum framework and key resources, including case studies, simulation scenarios, and PowerPoint slides. Faculty will be encouraged to assess their existing curricula and incorporate elements of the framework and resources.

Methods/Approach: In 2015, the professional groups mentioned previously along with expert nurse faculty and leaders with diverse nursing perspectives representing nationwide organizations, such as the American Nurses Association and the National League for Nursing began meeting. The initial goal was to organize immunization content into a framework that could be used as a curriculum guide for undergraduate nursing faculty across the U.S. based on a Canadian model. After the framework was developed, this group then recommended two further main components of IRUN: teaching resources and an IRUN website. Learning objectives were developed to describe immunization knowledge and skills that the advisory group recommended nursing students acquire during undergraduate training. Teaching resources were developed which included case studies, simulation scenarios and faculty PowerPoint slides.

Results: Immunization education in undergraduate nursing education has been found to lack structure and consistency. By using the IRUN framework, faculty can identify gaps and redundancies of immunization content within their own school's curriculum. All immunization resources are derived from the CDC's Pink Book and website. Such curricula will help faculty to better prepare the future nursing workforce and support the CDC's Healthy People 2030 immunization objectives.

Conclusions: Nurses play a crucial role in maintaining a highly immunized population as advocates, educators, and health care providers. A nursing workforce competent in immunization practices can be achieved when effective immunization training starts with undergraduate nursing courses. The IRUN framework and resources provide the necessary tools to achieve the call to action to build a future nursing workforce knowledgeable on immunizations.

“Why would they think that?” – Cultivating empathy in nursing students regarding polarizing healthcare decisions

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Background/Statement of Purpose: The year 2020 brought heavy challenges to the United States including, but not limited to a global pandemic, continued racial injustice, and political division. In the midst of social turmoil community/public health nursing educators must lead students in reflective, purposeful assignments that help them navigate polarizing subjects with empathy. The level of empathy nurses display is a reliable determinant of patient-centered care (Park & Choi, 2020). The purpose of this presentation is to describe a layered assignment designed to cultivate empathy in nursing students before providing health education to an underrepresented population.

Methods: A local K-12 county school presented Auburn University School of Nursing with a need for more education regarding vaccinations before a flu vaccination clinic came to their school. The school nurse shared there were lots of barriers to children receiving vaccinations and she needed help educating them and their caregivers on facts regarding vaccines. Three main barriers the school nurse mentioned were fears and mistrust of the medical community founded through the Tuskegee Syphilis Study, the false report linking Autism Spectrum Disorder (ASD) to vaccination administration that was circulated in the early 2000's, and a language barrier since 30% of the students live in a home where English is not the primary language spoken. Faculty realized that nursing students might fail to take these barriers into consideration when providing education. As a result, an assignment was created to develop empathy and help nursing students understand the validity of the concerns voiced by the county school students and their caregivers.

For pre-work students visited select websites to familiarize themselves with the Tuskegee Syphilis Study, read articles based on evidence dispelling a link between ASD and vaccinations, and watched a video clip showing a nurse trying to obtain “informed” consent for a medical procedure from a client who spoke very little English. Students were placed in teams and assigned an age group. They made a 3–5-minute video regarding the benefits of vaccinations, myths surrounding vaccinations, and information regarding the upcoming vaccination clinic coming to their school. Four videos were created spanning Kindergarten through adulthood. For post-work, students completed three reflection questions which measured if empathy increased as a result of the assignment.

Results: Reflections revealed that while many students had heard of the Tuskegee Syphilis Study before, most had not studied it to the extent that the assignment required. Students identified mistrust in the medical community as a completely legitimate and understandable reaction to this abuse of power. Reflections also revealed that students desired to listen to their patients when they held a different opinion in order to best understand and educate their patients. Instead of writing off differing opinions, students expressed their desire to display non-judgmental care towards those with whom they agree and disagree.

Conclusions: Overall, the assignment proved successful as many of the students used empathetic language in their reflection logs and described an increase in their ability to understand why patients make the decisions they make regarding healthcare.

Posters

Assessing the Need for a Campus-Wide Sexually Transmitted Infection Clinic at Longwood University

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Did you know one in two sexually active individuals will get an STI by the age of 25? In 2017, the Center for Disease Control (CDC) reported that men and women age 20-24 had the highest incidence of chlamydia and gonorrhea reported for all age groups (CDC, 2018). College is a time when many individuals will engage in unsafe sexual activity. Drugs and alcohol are often factors but for many, it is the lack of education about STI's. The CDC suggests that many college students are not getting tested due to cost of testing or fear that their parents will see STI testing on their bill from university student health (Lindsay, 2016). For these reasons, three senior nursing students felt compelled to establish free STI screening on campus. The students met with faculty and nursing administration to discuss their concerns and ideas. They reached out to the Prince Edward health department (PEHD) to see what options were available for free on campus screenings. They were able to partner with PEHD to offer free STI screening on campus once a month for three months to nursing students. The senior nursing students provided education to sophomore, junior and senior nursing students on STI's and the importance of testing. Pre- and post-surveys were conducted to assess understanding and student perceptions of attending a STI clinic on campus. Students reported an increase in the likelihood they would attend a STI clinic on campus after the education. Three on campus STI screening clinics were offered on campus in the nursing department. Twenty-one percent of nursing students attending the clinic. Eighty-seven percent of participants reported they were comfortable attending the clinic on campus. The results show a need to provide education and on campus STI screening to all students on campus. Students had planned to present their findings to administration in the Spring of 2020 but were unable to do so due to COVID-19.

Clinical in a Pandemic: Emphasizing "Service" in Service Learning

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Purpose: RN to BSN students in CCNE (Commission on Collegiate Nursing Education) accredited nursing programs must complete "direct" clinical as part of the curriculum. The American Association of Colleges Nursing defines direct care as "nursing activities... at the point of care to patients or working with other healthcare providers that are intended to achieve specific health goals or achieve selected health outcomes" (p. 9). The direct care clinical is placed within the Population-Focused Nursing Practice course within this university's curriculum and is satisfied through the completion of a service-learning project. This abstract describes how clinical was accomplished in the midst of a global pandemic during the spring semester of 2020.

Methods/Approach: On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. In the days following the pronouncement, the United States began sheltering in place to mitigate the spread of infection (CNN, 2020).

On March 16, the RN to BSN Population-Focused Nursing Practice course opened. This was a 7-week course in which students completed the “direct” clinical, as required by CCNE. With pandemic stay-at-home orders in place, the need for a rapid change of focus was necessary.

Many students were worried about their ability to successfully complete clinical requirements with pandemic restrictions in place in their communities. Faculty collaborated with the students at an intensified level to provide support and coaching as students were assessing their communities for opportunities to meet course requirements. Students were encouraged to contact potential community partners and emphasize the “service” that their project might provide to meet the immediate, unique, and “unprecedented” needs that arose as a result of the newly declared pandemic.

Results: Students were able to fulfill the clinical requirements and objectives of the course with a variety of creative projects. Examples of projects included:

- Developing infection control policies and procedures for an agency that provides affordable housing for persons living in homelessness.
- Recording an educational video on COVID-19 infection mitigation for use in a homeless services system.
- Assisting an agency with a virtual “baby shower” for low-income women, with the addition of safe sleep education to combat the problem of unsafe sleep-related deaths in the county.
- Development of virtual education on exercise and nutrition for a population of older adults served by an agency on aging, who normally used the agency’s in-person resources.
- Providing virtual exercise programs for a hospital affiliated post-bariatric surgery support group.
- Developing resource pamphlets on coping with loneliness and isolation for low-income and older adults for distribution with their home-delivered meals.
- Educating personnel on an Air National Guard based on COVID-19.
- Collaborating with local health departments and FQHC sites to develop COVID-19 education for clients.

Conclusion: Within a short time frame, students were able to creatively fulfill clinical hours and objectives by partnering with organizations within their communities and assisting them with immediate demands related to the pandemic.

Collaborative Practice Strategy for PHN/CHN's to Provide Population Outreach for Those in Cancer Treatment Centers during Covid-19.

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Introduction: During the early days of the covid-19 pandemic, cancer centers no longer allowed family and friends to be with cancer patients in the treatment centers. Health facilities were overwhelmed and forced to make swift decisions about service delivery within the confines of infectious disease control protocols and restrictions on visitors were enforced. This was distressing to the population of patients and family members using our outpatient cancer treatment centers.

Aim: To develop a connection between PHN/CHN students and the population being served by outpatient cancer centers using Covid-19 Connection Kits.

Method: The PHN/CHN students and faculty collaborated with the 10 state cancer centers, the Partnership to Reduce Cancer in Rhode Island, and the Rhode Island Department of Health to design, develop and distribute Covid-19 Connection Kits. The kit contents included Covid-19 educational material regarding distancing and mask-wearing, hand sanitizer, anti-viral/bacterial wipes, 5 white fabric masks, fabric markers, pen, jewelry, etc. The bags were slightly modified for the children's outpatient cancer centers. Each kit had a note letting the recipients know that we are thinking about them as they received their treatment without family/loved ones by their side and a short survey about the contents of the kit. The nurses also completed a survey.

Results: Originally, 75 kits were delivered to the 10 cancer centers, for a total of 750 kits. Post distribution, the recipients provided feedback to the PHN/CHN team. The overwhelmingly positive response seen in survey results from the population receiving the kits and the nurses led us to add another 50 kits to each site.

Conclusion: The concept of the Covid-19 Connection Kit may be beneficial for other nursing programs and community partners. The concept could be expanded to provide a connection with those in the population who are experiencing isolation, beyond the Covid-19 pandemic. The benefit of this type of initiative is the opportunity for PHN/CHN students to provide another form of connection in the community.

Community Health Nurse Educators and Disaster Nursing Education

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Statement of Purpose: No Americans are immune to the possibility of the destruction and trauma that disasters leave behind. With the world in the middle of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic, the need for disaster nursing education has never been clearer. Recently, the American Nurses Association found that 87% of nurses feared going to work,

36% have cared for a COVID-19 positive patient without having adequate personal protective equipment (PPE), and of the over 32,000 nurses surveyed; only 11% felt well prepared to care for a COVID-19 patient (ANA, 2020). This further exposes the gaps in what nurses need to know in a disaster compared to how well they know it. The purpose of this presentation is to share a research study that describes community health nurse educators' perceived disaster preparedness and competence in educating future nurses of America.

Methods/approach: The study described is a descriptive, correlational design used to measure community health nurse educator's perceived preparedness for disaster response. The study examined the relationships between and among community health nurse educator's perceived preparedness and personal attributes and self-regulation (motivation). The demographics included geographic location, role (nursing background), age, years in nursing, years of teaching, the importance of disaster education, and previous disaster experience. Quantitative data analysis was conducted in this research study. One-way ANOVA and independent t-test were used to analyze the data.

Data were collected during the spring 2020 semester via a survey instrument. The Qualtrics survey was sent out electronically to the sample population via the ACHNE listserv with the link to the survey. The researcher did not collect individual emails or names of the sample population except for those who choose to take part in the gift card drawing. The data were collected and entered into SPSS Statistics version 26 for Windows.

Results: Having participated in a disaster previously was significant in perceived competence in disaster preparedness between groups ($F=6.62$, $p < .05$). If community health nurse educators had actively participated in a major disaster event in the past, they reported a greater perceived competence in disaster nursing preparedness ($p=.001$).

A one-way ANOVA analysis revealed that Self-regulation and perceived competence in disaster preparedness are statistically significant ($p=.001$). The higher the level of self-regulation the more familiar community health nurse educators are with disaster preparedness.

Conclusion: Community health nurse educators are on the frontlines of healthcare's response in a disaster. It is vital that university administration, curriculum developers, state boards of nursing and faculty members understand the importance of disaster preparedness competence and promote the education and training of this population of nurses as well as its importance to a well-rounded nursing curriculum. Community health nurse educators can stress the importance of the nurse's role in disaster preparedness to administrators and professional organizations of nursing and provide students with the self-determination to take the risks involved in learning and acting in a disaster.

Digital Technology in Accelerated Nursing Program Population Health Practicum Courses: A Community Assessment Teaching Strategy

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Statement of Purpose: To develop, implement and evaluate an innovative strategy integrating digital photos using a 360-degree camera application as a strategy in teaching the community assessment process. Generally, foundational components of community assessment are defined in the classroom and applied in a community practicum setting. Teaching the basics of community assessment is challenging due to the necessarily broad and contextual nature of assessing whole populations. Incorporating digital photos as a teaching strategy augments the collection of data, provides a unique approach to learning and extends opportunities for community engagement.

Methods/Approach: The project progressed over three eight-week terms during population health didactic and clinical courses across three campuses with two cohorts of accelerated nursing students. Students completed five assignments, two short surveys and one personal reflection activity: 1) students collected and described community data during a windshield survey activity using 360-degree photos to illustrate the natural and built environment; 2) students linked photos to community assessment data and included a one sentence caption; 3) a 360-degree photo along with a short recording is embedded using a Quick Response Code (QR Code) into a poster describing a health program planning project; 4) is a written summary of community assessment findings connected to the health program planning project; 5) the personal reflection activity linking the environment and health. To evaluate student perception of the activities, a five-question survey was conducted before the first assignment and upon completion of the assignments.

Results: Due to COVID-19 challenges, one of the three campus groups of students was unable to participate in the first half of the project. Data available from the first half of the study (cohort one) found a total of 50 out of 51 students completed the pre/post-survey and provided digital photos illustrating outcomes of community assessments. A comparison found that when it came to promoting health of communities and populations, examining data related to health promotion and disease prevention, and assessing health factors in communities, students were extremely and moderately comfortable with the use of digital technology. Three themes emerged from the personal reflection assignment: the connection between environment and health, applying new technology in community assessment, and impact of COVID-19 on the assignment. Data analysis including the second cohort of students will be completed when the project ends in Spring 2021.

Conclusion: Using 360-degree photos as a strategy adds an important teaching tool for faculty and enhances student learning of a complex concept. This creative teaching strategy empowers students to take charge of their learning. Concepts discovered through enhanced technology help to increase understanding of social, health, and cultural awareness thereby increasing student engagement and interaction.

Educational Relationships Matter; Advocating for Student Focused Learning

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Background: Nursing students in BSN programs require didactic and clinical experiences in public health nursing. Programs vary in the incorporation of experiences with some integrating the public health experience in specialty clinical courses, while others pair students with home health or hospice nurses. It is not customary for students to have extended exposure through an immersive community/public health clinical experience as most programs schedule the final semester's clinical immersion practicum placements in acute care settings.

Purpose: To describe and share the student perspective on an immersion practicum clinical where students had a "real world experience" which prepared them for community practice and taking NCLEX.

Method: A regional university with limited public health clinical placement during the five-semester program placed students in nurse managed (NP) clinics who focus on rural and vulnerable populations. Students volunteered for their clinical practicum to be in one of the community clinics, where they were paired with a RN BSN preceptor. Prior to this clinical the students' exposure to nursing beyond the acute care setting was almost nonexistent. Clinical faculty made three site visits and were available by phone. Administration noted a difference in the clinic students' relationships with their faculty which was the impetus for this qualitative content analysis study. Approach: After graduation, students were invited to participate in the IRB approved study. Five students consented and were interviewed, a voice recorder was used and the interviews were transcribed verbatim.

Findings: Through the iterative process two themes were identified. The first theme, Student focused learning, has one subtheme, relationships. This theme identifies the relationships the student had with the preceptor and faculty regarding how both provided and created opportunities to meet student identified learning needs. The second theme Clinic's conducive to learning has two subthemes, clinic nursing expands my skill set and Nursing transcends in the community. This theme and the two subthemes address how the clinic environment provides learning opportunities that address technical skills; injections, specimen collection, and diagnostic testing and non-technical skills including the importance of communication, leadership, team huddles and the impact of social determinants of health on individuals.

Conclusion: While concern was expressed by administration regarding students' ability to pass NCLEX the first time, this was not realized, as the first-time pass rate of clinic immersion students was comparable to that of acute care immersion practicum students. Relationships matter, findings indicate the importance of meeting student identified learning needs. When students are listened to, allowed to share what is important to them and encouraged to learn at their pace, learning occurs. The students shared their ability to develop critical thinking skills which are sometimes difficult to teach in technically focused clinical courses. The immersion practicum clinical in a community setting focused on student needs. Students valued this innovative practicum immersion experience which provides a replicable model for a culminating clinical immersion practicum course. As health care moves into the community it is paramount that nursing education provides real world community health clinical experiences for our future community public health nursing workforce.

The Emergency Preparedness "Tell One" Campus-Community Collaborative: Serving Families with Children with Special Healthcare Needs (CSHCN)

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Statement of Purpose: During this challenging time of pandemics and global crises, emergency preparedness and disaster risk reduction in families is critical for behavioral and physical wellbeing. The Association of Community Health Nurse Educators (ACHNE) advances population health and promotes collaborative campus-community partnerships. This presentation will describe a successful campus-community collaborative project within multiple community entities and two academic institutions, addressing emergency preparedness in families with children with special healthcare needs (CSHCN). According to the Maternal and Child Health (MCH) division of Health Resources and Service Administration (HRSA), children and youth with special health care needs (CSHCN)... "have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally (MacPherson et al., 1998)." Nearly 20% of U.S. children under age 18 years have a special health care need, often requiring varied and interdisciplinary services from public and behavioral health systems (HRSA MCH, 2019). Emergency preparedness can be defined as the capacity of individuals, communities and organizations to "anticipate, respond to and recover from emergency or disaster situations" (Edmonds et al., 2016)

Methods/Approach: The Emergency Preparedness "Tell One" Collaborative began with an assessment of needs for emergency preparedness and a gap analysis with a regional center serving families, youth, and children with physical and mental health needs. Families with children with special health care needs (CSHCN) face unique challenges and are particularly susceptible to adverse outcomes in emergencies and disasters (Bagwell et al., 2016). Despite increased vulnerabilities, however, families with CSHCN are not adequately prepared for disasters (Bagwell, et al., 2016). The collaborative provided interdisciplinary opportunities for interventions to address health inequities among vulnerable populations.

Results: The masters and doctoral nursing, public health, and social work students developed and evaluated interventions and local and regional health policies. Inter-professional competencies are critical for advancing population health and addressing social determinants of health. The Randall Lewis Health Policy Fellowship (RLHPF) is a competitive year-long program that provides opportunities to engage stake holders in policy development to meet local community needs; and was an essential partner in these preparedness and policy efforts. The RLHPF, students from two universities, the ASD clinic families, and a regional center provided stakeholder input for creating a vision, strategic plan, and logic model to evaluate progress on emergency preparedness. Participants of workshops and community forums took the "Tell One" challenge to disseminate information through a model to "Tell 1 Other Person to Tell 1 Other Family to Prepare 1 Community at a time to

Get Ready!" Outcomes included faculty, student, and stakeholder partnerships for 6 community and professional presentations, submission of 4 grant applications, and several publications in progress.

Conclusions: The project exemplifies the Association of Community Health Nurse Educators (ACHNE) purpose to advance population health and promote collaborative campus-community partnerships. In addition, students demonstrated competencies in the public health core functions of assurance and policy development, with a focus centered on health equity.

Evaluation of Population Health Competencies among Baccalaureate Nursing Students

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Statement of purpose: The purpose of this presentation is to describe the development and pilot testing of a survey to measure population health competence among baccalaureate nursing students enrolled in a population care nursing course. Storfjell, Winslow, and Saunders (2017) write "Population-focused nursing is a culture change for all nurses and particularly nurse educators. Preparing nurses for population-focused interventions is the most critical aspect for the successful development of a dynamic population health nursing workforce" (p. 31). Baccalaureate nursing education is increasingly emphasizing population health nursing (AACN, 2020; AARP & RWJF, 2019). The purpose of this project was to develop an assessment of Population Health Competencies based on the Public Health Foundations (PHF) Competencies for Population Health Professionals (PHF, 2019).

According to the PHF (2019) "The Population Health Competencies...are a set of foundational skills for public health professionals and can help strengthen the connection between public health and healthcare." (p. 1) The competencies are categorized into six domains "Community Engagement, Community Health Assessment, Community Health Improvement Planning and Action, Healthy Equity and Cultural Awareness, Systems Thinking, Organizational Planning and Management" (PHF, 2019, p. 2)

Methods/approach: A survey was developed using the PHF (2019), Competencies for Population Health Professionals. The online survey asked student to rate how well they believe they you can effectively complete each of the competencies. For example, "Please indicate the degree you can effectively describe the historical and current conditions that are affecting health in a community (e.g., racism, historical trauma, power dynamics, natural disasters, poverty, housing)". There were 57 survey questions. The number or questions under each domain ranged from 5 (i.e., Health Equity and Cultural Awareness) to 12 (i.e., Community Health Improvement Planning and Action).

The survey was approved by the Institutional Review Board. Fourth year baccalaureate nursing students enrolled in population health and population health clinical courses were asked to allow researchers to use their survey responses as part of this study. A pre-course assessment was completed during the first two weeks of the course and post-course assessment will be used to

determine if there were any changes in self-reported efficacy in population health competencies among students who participated.

Results: Result from the pre-course survey of students found that the mean scores for each of the six population health competency domains ranged from 1.75 to 2.53. Post course assessment will occur at the end of the Fall 2020 semester, and analysis of changes (e.g., parametric testing between pre-post surveys) in population health competencies will be completed.

Conclusion: Survey results from the pre-course assessment of population health competencies of fourth year baccalaureate nursing students found a lack of self-reported competence, mean scores for each domain below 3 = Knowledgeable, I am comfortable with my knowledge or ability to apply the skill. Post course survey results will be used to determine if there were any changes in the self-reported competence. The results will also be used to make improvements in population health curriculum for undergraduate nursing courses.

Evolving Curriculum Using Informatics to Teach Emerging Trends in Population Health for Online Programs

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Background: The profession of nursing is the largest US workforce utilizes health information technology (HIT) to improve and protect population health. Current research asserts, nurse graduates often lack confidence and competence in using HIT in practice, in particular the electronic health record (EHR) to advance population health. Nurse scholars endorse the use of an Academic Electronic Health Record (AEHR) in nursing programs for students as a safe and efficient learning platform to build levels of confidence and competence using an EHR in community clinical settings. Effective population-health management relies on competent community health nurses who are proficient with the EHR, evidence-based guidelines, and outcomes evaluation using an interprofessional approach.

Methods: A Quality Improvement (QI) project for program evaluation was completed, over the course of one year, to identify student learning outcomes, satisfaction, and sustainability of an AEHR. Using an interprofessional approach, nurse educators incorporated the Systems Life Cycle Model to adopt an AEHR in two pre-licensure nursing programs.

Results: Student levels of confidence using an EHR in clinical settings increased markedly. Satisfaction rates for use of an AEHR were high. Instructors provided feedback, over the course of the project, based on observations stating students' significantly improved knowledge, competence, and confidence in using an EHR in various clinical settings, including community health. Instructors reported that the AEHR helped students collect information from simulated charts, document patient assessments, medication administration, assessment of tissue integrity and care plan development.

Instructors also reported increased student confidence in using an EHR in a clinical experience where they documented in an on-site EHR. Instructors observed the majority of the students enjoyed using the AEHR and adopted the AEHR in nursing courses for skills validation, simulations, chart auditing, discussions regarding quality and safety, as well as enhanced interprofessional communication.

Conclusion: Exposure to HIT in a pre-licensure nursing program ensures students are better prepared for information management in healthcare environments upon graduation. Based on the C/PHN Competencies, there is a degree of importance to integrate HIT into nursing education. Implementation of the AEHR into the nursing curriculum was widely supported by the stakeholders and faculty. Furthermore, to build on students' foundational HIT knowledge, toward a higher level of critical reasoning, inclusion of the following courses were recommended by the taskforce and unanimously approved by faculty: Nursing Informatics, Leadership, and Population Based Care. While there were several limitations to the pilot study, the AEHR was identified as an educational platform to enhance student learning prior to working as a registered nurse.

Implications: With a quality improvement focus, the adoption of an AEHR provided excellence in nursing education. Integration of an AEHR into nursing curricula advances evidence-based practice, and C/PHN competencies to ensure nursing students learn essential aspects of HIT that improve population health. An AEHR provides students experiential learning opportunities to develop leadership skills when interfacing across specialties using effective communication strategies with HIT.

Factors Associated with Exclusive Breastfeeding Directly on the Breast in the First Three Months

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Statement of Purpose: Exclusive breastfeeding directly on the breast (EBFDOB) is rarely documented in the literature even though there are distinct health benefits for both the mother and infant for this practice. This study aimed to identify factors that support mother and infant dyads who exclusively breastfed directly on the breast (n = 132) in the first 3 months.

Exclusive breastfeeding (EBF) for the first 6 months is recommended either through direct breastfeeding or breast milk feeding. EBF is an umbrella term which considers only the type of nutritional source, i.e., breast milk, not the method of feeding. Extensive documentation has shown the benefits of EBF which confer both short- and long-term advantages for infant and mother.^{1,2,3,4} These infant/maternal health outcomes are dose-response related.

Other advantages of EBFDOB is the establishment on the milk supply as there is a supply-demand relationship through infant suckling on the breast.⁵ The infant falls asleep with non-nutritive sucking present ⁵ which is a self-soothing activity and self-regulated. Non-nutritive sucking also improves sleep-wake cycles, stress reduction, weight gain and oxygenation. Infant suckling also has

psychological effects on the mother; feelings of calmness, positive interactions with her infant ⁶, and maternal bonding which are caused by an inhibitory effect on the HPA axis. Lactation amenorrhea is another long-term effect, maintaining child spacing.³

There are methodological limitations in breastfeeding studies, including misclassification of breastfeeding categories and inconsistency in breastfeeding definitions.⁷ This study will thus build the case for this gap in knowledge.

Methods/Approach: A cross-sectional online survey design was used to recruit a convenience sample of 370 mothers living in the U.S., with a healthy singleton infant between 1-12 weeks of age and whose feeding methods consisted of breastfeeding directly on the breast as part of their feeding method. Mothers stayed at home and had not returned to work/school at the time of survey.

Results: Self-reported questionnaires were administered through Qualtrics survey software. Univariable analyses using the likelihood-ratio chi-squared test and multivariable logistic regression were used to investigate the association between independent variables and EBFDOB. The odds of EBFDOB decreased with mothers who used pacifiers (aOR=0.31; 95% CI [0.21,0.65], $p=.000$), had concerns about perceived insufficient milk (aOR=0.11; 95% CI [0.04, 0.26], $p=.000$), or breastfed with a nipple shield while in the hospital/birth facility/home (aOR = 0.13; 95% CI [0.05, 0.35], $p=.000$). Mothers who practiced demand feeding in response to infant behavior were more likely to EBFDOB (aOR = 35.76; 95% CI [2.04, 500.00], $p=.014$).

Conclusion: This study identified factors associated with EBFDOB which involves both breastfeeding type and method. Direct breastfeeding may promote the breastfeeding relationship between mother and infant resulting in longer breastfeeding continuation. Community health nurses should provide support for demand feeding,⁸ alleviation of PIM^{5,6} and nonuse of pacifiers^{9,10,11} and/or nipple shield to promote EBFDOB for mother and infant dyads by adapting and disseminating best practices. This grassroots effort may provide mother and infant dyads needed support and education. Further investigations between EBFDOB and breastfeeding relationship is warranted.

Farm-based Education is Associated with Increased Vegetable Intake and Knowledge of Healthy Recipes among Elementary Students

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Purpose: Despite decades of efforts to increase policies and community collaborations related to farm-to-school activities and education as well as access to fresh produce for children and families, less than half of the school districts in the U.S. participate in any sort of farm-to-school programming.^{1,2} Further, youth continue to eat less than the recommended amounts of fruit and

vegetables per day.^{3,4} The Food Literacy Project is a non-profit organization that provides farm-based experiential education programs to promote healthier children and communities, particularly in underserved areas. The purpose of this study was to evaluate the effects of two farm-based experiential education programs for elementary school students on: (1) student knowledge of recommendations for daily fruit and vegetable intake, screen time, and physical activity; (2) student fruit and vegetable consumption; (3) student knowledge of cooking a healthy recipe using vegetables; and (4) student desire for farm fresh foods available at school.

Methods/Approach: This evaluation research study used a quasi-experimental, pre-post design to test the effects of two Field-to-Fork programs provided by the Food Literacy Project. During the 2017-2018 and 2018-2019 academic years, 3rd to 5th grade students from four Title I, urban elementary schools located within a large Midwestern public school district participated in the study. The Field-to-Fork Farm-Based Education Program provided 6 in-class educational experiences plus 2-3 farm-based educational experiences over an academic year. The Field-to-Fork After-School Club provided 10 – 12 weekly experiential education farm visits for students plus 4-5 weekly experiential education farm visits for the caregivers.

Pre- and post- intervention data were collected via self-report surveys for fruit and vegetable consumption, student knowledge of cooking a healthy recipe using vegetables, student desire for farm fresh foods at school, and knowledge of recommendations for fruit and vegetable intake, screen time, and physical activity. Statistical analysis included McNemar's Test and Wilcoxon signed rank test as appropriate. Statistical significance was set at $p < .05$.

Results: The final samples included 264 students, ages 7 – 10, for the Farm Based Program and 56 students, ages 7 – 11, for the After-School Program. Of all student participants, 53% identified as Black or African American and 55% identified as female. The number of students who reported knowing how to cook a healthy recipe using vegetables increased significantly for both the Farm Based Education Program (pre-intervention = 53.6%; post-intervention = 68.7%, $p < .001$) and the After-School Club (pre-intervention = 50.9%; post-intervention = 81.1%, $p = .002$). Participants in the After-School Club also significantly increased their student vegetable consumption from pre- to post-intervention ($Z = -3.148$, $p = .002$); the greatest increase occurred in the proportion of students who ate three or more servings of vegetables (pre-intervention 7%; post-intervention: 32%).

Conclusion: Farm-based experiential education programs delivered in collaboration with a public school system appears to be an effective method of increasing knowledge of how to cook healthy recipes using vegetables. The results of this study also suggest that farm-based experiential education programs with caregiver involvement can increase vegetable intake among diverse elementary school populations.

Humanities in Health Policy and Advocacy

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Health and other public policies, including financial and regulatory policies, profoundly impact the nature and function of the healthcare system in which nurses and other healthcare professionals work and therefore should be addressed in any health professional education program. The [American Association of Colleges of Nursing \(AACN, 2008\)](#) includes education on policy as one of the Essentials of Baccalaureate Nursing Education. Another essential from the AACN (2008) establishes the need for a solid base in liberal education. Often, this liberal education is included in general pre-requisite courses within the curriculum, and these requirements commonly include a study of the humanities. In a broad definition, the humanities include the study of art, literature, social sciences, and other disciplines that contribute to human society and environment. The National Academies (2019) contends that studying the humanities contributes to the development of reading skills, an understanding of human context, an ability to analyze social structures and relationships, and the capacity for empathetic understanding. For students to effectively engage in policy development and become leaders in the healthcare system, they must have well-developed skills in these areas. Davidson and Goldberg (2004) agree that in order to develop effective policies to meet the needs of humanity, policy makers must have a deep historical perspective and knowledge of other cultures, places, and traditions, which can only be provided by a study of the humanities.

In an attempt to help our undergraduate nursing students integrate policy development and the humanities, we developed a book discussion assignment (the “Book Club”) in the required Policy and Advocacy in Health Care course. As part of the assignment, each student is expected to read one book from the selected list of books addressing contemporary issues. An example is Fink, S. (2013) “Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital” (New York, Broadway Books). Students then participate in a discussion about the content. The books on the list are not traditional textbooks, but were selected from popular literature because of their historical, cultural, political, and literary attributes and the clear relevance to the development of health and public policy. The book discussions were recently expanded to include other health professions students in a voluntary interprofessional activity. One of the expectations for participation in the interprofessional book discussions was a written reflection after the discussion answering questions about appropriate strategies for addressing the complex health issues presented in the books, developing policies around those issues, and the roles of other health professionals in policy development. The students were also expected to complete a survey addressing the value of the activity to their learning after the experience. To gain a better understanding of student learning in these experiences, statistical analysis will be performed on the quantitative data, and content analysis will be performed on the reflections, which will be included in the presentation. Preliminary data suggest that the book discussions were an effective tool for engaging students in learning to integrate policy development and humanities in the context of interprofessional practice.

Identifying Competencies and Education and Training Models to Improve Education of Health Care Professionals in the Care of Persons with Intellectual and Developmental Disabilities

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Purpose: The purpose of this project is to identify existing competencies, and training models for health care professionals in the care of persons with intellectual and developmental disabilities (IDD). The project is part of the Partnering with Persons with Intellectual and Developmental Disabilities to Improve Health Outcomes (PATH-PWIDD) Program (Administration for Community Living 90DNHE0001-01-01). The work will be used to build a shared agenda between advocates with IDD, family members, health care educators and professionals, and community stakeholders to inform the development of educational programming and standardized practice experiences for healthcare professional students in the care of this population.

Methods/Approach: We are conducting an environmental scan, a systematic process to identify and categorize information from diverse sources and viewpoints on issues based upon judgments as well as facts (Choo, 2001). It is in health services delivery research (Charlton et al., 2019), and in public health research and practice as a process for data collection and assessment of barriers and facilitators to addressing health problems of populations (Wilburn, Vanderpool & Knight, 2016). Our environmental scan includes two main components: 1) analyzing existing healthcare literature (including curricula, guidelines, protocols, reports, competencies, etc.) focused on the healthcare professionals' interactions with and treatment of persons with IDD; and 2) identifying and categorizing what key stakeholders: persons with IDD; their family members; and healthcare professionals, educators and researchers in the field, view as critical elements in respecting the self-determination of persons with IDD within the healthcare system, competencies of health care professionals, improving education and training of healthcare professionals, improving care, and reducing health disparities for persons with IDD. Data will be collected through a scoping review of literature and other sources, and interview/surveys with key informants.

Results: We will present initial results on identified competencies and education and training models for health care professionals in the health and health care of persons with IDD and on the results of key stakeholder interviews about the results.

Conclusions: The report on the environmental scan and its associated report on key stakeholder views is relevant to the Conference objective of *Explore innovative educational models or programs that address population health competencies through active and experiential learning.*

Meeting the Community Need with Faculty Nurse Practitioners (NP): How One BSN Program Connected the Client to the Care in Southside VA.

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Accessing health care continues to be an obstacle for vulnerable populations in the United States. According to Healthy People 2020, access to health care varies depending on socioeconomic status, age and residential location. Research has shown that individuals with limited resources are unhealthier and often try to manage multiple chronic medical conditions. This is intensified for clients living in rural communities in Virginia. In 2017, the CDC reported that rural communities in the South have the highest rates of death for heart disease, stroke, cancer and respiratory illnesses, and nearly double the incidence of diabetes. Many counties in this mostly rural region have socioeconomic and educational profiles typified by low high-school graduation rates, low college attendance, low family incomes, and high unemployment. The region's socioeconomic factors coupled with high rates of uninsured and high-risk health behaviors contribute to some of the worst health outcomes in the Commonwealth. Of the 15 counties in the region, 60% (nine) rank in the lowest quartile in health outcomes in comparison with the 133 counties in the Commonwealth. Nurse educators are challenged with including community health content in nursing curriculum with clinical experiences that reinforce the content. In an effort to improve patient outcomes in the underserved region of Southside, VA, one BSN program set out to bridge the classroom and clinical with home visits utilizing Ipad® technology for telehealth and faculty who are Nurse Practitioners. At-risk clients in need of home visits were identified by the FQHC. Students who were in their senior year Community Health course worked with a faculty who was also a Family Nurse Practitioner, to develop an individualized plan of care prior to the scheduled home assessment. Twenty-four students and one nursing faculty member conducted home visits once a week for 12 weeks averaging 2-3 client visits a day. Students were able to complete problem-focused physical assessments, reconcile medications, assess the home environment and provide education on chronic medical conditions. Students identified at-risk behaviors and proposed a plan for reducing or eliminating them. Using Ipad® technology, video streaming was used to connect back to the FQHC from the client's home. Accessible community resources were identified and provided to the client by the student. Student perceptions were measured using a 4-point Likert scale on a survey that was completed prior to and after the home visit. Students reported an increase in comfort level and level of confidence in performing assessments on clients in the home setting after the visits had occurred. Preliminary results of this study indicate the need to continue home visits, with the plan to expand to the antenatal vulnerable clients requiring home visits in future semesters. Limitations include weak or absent cellular service at the client's home, which impacted the ability to connect to the FQHC during the visit. Strengths included meeting a community need, by providing for at least 30 client visits that may not have occurred otherwise.

New Rules: Managing A Mass Immunization Clinical Experience During the Pandemic

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Purpose: The purpose of this clinical intervention was to deliver 3490 doses of influenza vaccine to a campus community during a global pandemic. To that end, the typical student led Annual Mass Influenza Immunization clinical experience was reworked to adjust to the ongoing pandemic.

Methods: Faculty members and student worked with community partners, contacts at the CDC, FDA and the local health authority in addition to University Health, Safety IT, and Legal teams to reconfigure an annual mass immunization event. In preparation for a challenging winter with two viruses circulating, the University officials agreed to move forward with the mass influenza immunization event but required multiple adjustments to make this event safe for the consumers as well as the students leading the project.

Key Modifications:

COVID Considerations	Typical
Moved event outside under a 40 x 60 tent in a common area on campus. Adjusted for weather possibilities	Held inside the Recreation Center, using a large gymnasium.
Guests registered for Vaccines by the half hour using scheduling software No outside guests allowed	First come first served. Emeritus faculty invited
Team limited to 40 students + supervising faculty to limit exposures and maintain strict standards	All college event using students at every level to work the event 40 volunteers per hour plus senior II team of 20 students and faculty.
6 foot social distancing at every level of clinic experience	No social distancing, no masks
One touch experience...guests kept ink pens, no clip boards, frequent sanitizing of shared spaces	Shared use of spaces, ink pens, clip boards
In person contact time with vaccinator choreographed to under 2 minutes. No face to face contact	Time in clinic about 5 minutes but some socialization allowed, especially during the slower hours of the clinic. Face to face contact and guest watching nurse common.

Modified PPE Used: face shields and Fit tested N95 masks used, remained gloveless procedure	No PPE, gloveless procedure
Multiple hand sanitizing stations, social marketing reminders, mask reminders	Relied on guests to wash hands and use cough etiquette.
COVID vs Flu education campaign	Flu vs Cold education campaign
Used bubble clinics to support at risk populations Selectively vaccinated groups to avoid mass exposures. Followed all COVID guidelines	Only used one pre event clinic for training purposes followed by mass event

Results: A total of 3,490 vaccines safely delivered. Social distancing maintained, wait line never exceeded capacity, average time in line less than 5 minutes, average time inside clinic under 2 minutes. Consumers voiced satisfaction with elements of the clinic and reported feeling safe at the outdoor COVID adjusted influenza immunization clinic.

Conclusion: This successful event served as a prototype in preparation for the upcoming COVID19 vaccination campaigns. Students learned skills like honing activities at the vaccination stations, reduced exposure times and using popular software to schedule event attendance times keeping lines at an acceptable level. Bubble clinics allowed vulnerable population an opportunity to vaccinate in a safe environment prior to the main event.

A Population Based Strategy Utilizing Nursing Faculty to Improve National Preparedness

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Statement of Purpose: The future implications and application of national preparedness among the largest group in the healthcare workforce is more obvious than ever. Taking a population health approach to recognizing and treating life threatening bleeding sustained from trauma may improve patient outcomes. Nursing faculty are the first “touchpoint” in the lifelong learning continuum of professional nursing. They are nurses, educators, scientists, advocates, role models and active change agents in improving the nation's healthcare system. The Stop the Bleed Initiative is a national awareness campaign to encourage and train everyone to use three simple hemorrhage control techniques. Applying pressure, wound packing and applying a tourniquet. This began in the military and in response to the Sandy Hook shootings, an extensive review of mass casualty response was launched. The task force was called the Hartford Consensus and they translated this life saving response to the civilian sector. Not unlike the history of cardiopulmonary resuscitation (CPR), teaching medical professionals first and then later training the general public is the trajectory of this

initiative. In many universities, nursing faculty are required to have CPR training as are nursing students. The World Health Organization describes an advantage of population-based strategies as the idea that even a small shift in some risks to a population could improve the outcomes. This has been true for the CPR initiative. The STBI may present another opportunity for nursing faculty to participate in the area of national preparedness. Nursing faculty are the educators of our nation's future nurses and members of communities across the country. The process of educating nursing faculty about the "Stop the Bleed Initiative" remotely, due to safety guidelines during the Covid-19 pandemic, is discussed in detail. This will include obstacles and successes. Introducing nursing faculty to STBI is an exercise in health promotion and seeks to empower the faculty in their role of nurse, educator and individual member of their community.

Methods/Approach: This manuscript describes the process of introducing the "Stop the Bleed Initiative" (STBI) to nursing faculty members to continue the call to action launched by President Obama to improve national preparedness. The approach used is to introduce a video to the faculty online. The video is followed by a short questionnaire. The questionnaire will ask questions concerning the previous knowledge of the STBI and plans to disseminate this knowledge after viewing the video.

Results: The results will be discussed including implications for future studies.

Conclusions: Introducing nursing faculty to the simple intervention of recognizing life-threatening bleeding and immediately responding with pressure or wound packing or the placement of a tourniquet may improve trauma patient outcomes.

KEYWORDS

nurse faculty, Stop the Bleed Initiative, CPR history, nursing education, health promotion, trauma

Promoting Healthy Eating Among Chronic Kidney Disease Patients

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Adherence to a low sodium diet is vital for blood pressure control and slowdown progression of chronic kidney disease. However, patients who lack access to healthy food have difficulty in adherence to low sodium diet. The purpose of this study was to evaluate the impact of an intervention to promote healthy eating among chronic kidney disease patients. This quality improvement project was conducted in the renal clinic, located in a Metropolitan Chicago Hospital caring for underserved population. All chronic kidney disease patients were invited to participate in an intervention. They were asked to complete Food Frequency Questionnaires, attend one-hour presentation on healthy eating, and asked to complete a 3-day food diary. Participants were screened for food insecurity using the 2-item Food Insecurity screening tool, and were given food vouchers if they were positive. The participants were asked to return to the clinic for a follow-up visit (6-8 weeks) to review their food diaries with a Nurse Practitioner. A total of 18 patients participated

in the study. The majority of the patients were African Americans (67%), followed by Hispanics (27%). More than half of the patients were uninsured and Medicaid recipients. Of 18 patients, 16 (89%) were screened positive for food insecurity and given food vouchers to obtain fresh fruits and vegetables from the Food Depository. According to the Food Frequency Questionnaires, most patients consume high sodium foods such as potato chips and processed meats. The 3-day 24-hour food diaries revealed that most patients diet consisted of deli meat and hamburgers. The mean sodium intake per day was 2,085mg. The study findings suggest that minority chronic kidney disease patients often had limited access to healthy food and consumed high sodium food. Providing education is important but without access to healthy food, chronic kidney disease patients will not likely be able to adhere to low sodium diet. Screening patients for food insecurity and utilizing resources, such as the Food Depository, is an important first step in promoting healthy eating among chronic kidney disease patients.

Public Health Faculty Response to COVID-19: Moving from the Classroom to the Virtual World

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Background: In early 2020, due to the COVID-19 pandemic, nursing educators around the country were forced to abruptly change the way future nurses learn, moving face-to-face courses to virtual learning experiences. This emergency transition should not be confused with the methodical development of robust online learning to which educators are accustomed. Instead nursing faculty rapidly adapted learning experiences to fit emerging public health guidelines while doing their best to maintain academic rigor and continue to develop a well-prepared workforce so desperately needed to combat the current and future public health crises, doing so virtually overnight. Understanding the process and student perspectives on the transition is essential so that we may learn from each other and continue to provide high-quality education during the continued uncertainty of the current pandemic. The **purpose** of this presentation is to 1) describe how faculty responded to COVID-19 by transitioning a face-to-face public health nursing course to remote learning, and 2) describe the student perspective on this transition.

Methods: Changes were made to a public health nursing course in a pre-licensure generalist entry master's nursing program. Seventy-five students were enrolled in the course. The emergency transition is described based on faculty review of internal documents. Student perspectives were collected with a 12-question survey. Descriptive statistics were calculated for quantitative data. A descriptive, qualitative approach was used to analyze qualitative data collected from the student survey.

Results: This public health nursing course started on January 6, 2020. This was just one day before a novel coronavirus was identified as the cause of severe respiratory illness and death in China. Three weeks later, faculty began incorporating emerging knowledge about the virus into the course, relating current events to course content such as epidemiology, social determinants of health,

communicable disease and ethics. On March 11, 2020 in response to university guidance to cancel all live classes, faculty made immediate arrangements to continue classes remotely. Changes included moving lectures to a virtual platform, utilizing electronic proctoring for exams, adding office hours, and revising assignments to align with remote learning capabilities.

The student survey was sent to all 75 students, with a response rate of 35% (n = 26). The mean score on Likert-scale questions (1 [not satisfied] – 4 [very satisfied]) was 3.55 (range 2.65 - 3.85), demonstrating that students found most changes to the course to be favorable. Themes within the transition facilitator category included emotional support for students, communication, availability, flexibility and course organization. Themes within the transition challenges category included exams, course to course communication, COVID-19 course content and technology.

Conclusion: As higher education continues to be impacted by the COVID-19 pandemic, it is essential that educators learn from the emergency transition of spring 2020 to capitalize on successes and mitigate challenges moving forward.

Teaching an Introductory Global Health Course During the COVID-19 Pandemic: Lessons Learned from Merging Real Life Experiences into A Redefined Classroom.

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Statement of Purpose: A profound interest in global health has grown exponentially among institutions of higher education across the United States and beyond, with an upsurge of imbedding global health programs at both undergraduate and graduate levels, schools of public health, and medical schools. This call for global education pedagogies has evolved to include curricular and co-curricular opportunities for students to develop global and public health competencies to better understand global health priorities, socioeconomic/environmental social determinants of health, disparate burden of disease, health status measurements, ethical and human rights dilemmas, impact of natural and manmade disasters, role of culture and health beliefs, access to quality health care, health care systems, political advocacy, and interprofessional approaches to health education.

Approach: Due to increased technology, learning management systems, and the ability to teach/learn remotely, innovative strategies to engage students allow for expanded opportunities in re-defined classrooms. As a nursing faculty teaching an introductory global health course open to undergraduate students from all majors, this course is part of a newly developed 18 credit minor that intends to inspire student learning and engagement about critical societal issues around the world and encourages student contributions toward the greater good. This pedagogy shifts beyond a charity model to engage students who may not have an opportunity to travel globally and engage in the field due to time constraints, prohibitive costs, work schedules or family demands.

During fall 2020 as the world was in the throgs of a pandemic due to the spread of COVID-19, this synchronous course was taught using traditional teaching/learning strategies that seemed lackluster as students and faculty found themselves living in a pandemic in real time. The challenges of being a

college student with restricted campus housing or living at home while working in essential or non-essential roles at their places of employment, and amidst heightened concerns about the spread of COVID-19 emerged.

Results: In addition, the limitations of a traditional global health textbook to capture the complexity of the lived experience of a pandemic allowed for impromptu class discussions of beginning global health concepts in relation to current and emerging trends, the impact and burden of the virus on vulnerable groups, mitigating the risk of contracting coronavirus among their families and social circles, and restructuring assignments to capture this historic moment in the history of public health and meet course outcomes.

Conclusion: By allowing a flexible classroom approach to unfold, students were able to gain knowledge beyond class readings, and consider the possibility of volunteerism and the array of rising careers related to public and global health, and in being part of an emerging community whose actions can contribute to building values and ethical practices as global citizens. This approach allowed faculty to look beyond global health nursing contributions and competencies to encourage students across majors to understand the overlap of classroom and real-life experiences that proved to be a rich teaching/learning experience.

Textbook Evaluation: A Systematic Approach to Uncovering Racism in Nursing Education

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Significance: Though the nursing profession has been awarded America's "Most Trusting Profession," it is not immune to insidious and historically racist practices. The egregious events precipitating the recent civil rights movement have inspired scholars across the globe to increase focus on racism as a public health crisis. Due to recent antiracist efforts in healthcare and academia, clinicians and educators are challenging the use of "race" as a biological risk factor for disease and refocusing attention on the role of racism and discrimination as fundamental causes of racial health disparities. A publication in the Lancet reported that far too often "health disparities are presented without context, leading students to develop harmful stereotypes on the basis of the belief that some populations are more diseased than others" (Cerdeña, 2020). This study builds on the calls for a reckoning on racism in healthcare and academia by systematically examining and critiquing presentation of race and racial disparities in nursing textbooks and curricula. Based on our evaluation of nursing textbooks, we present specific examples of how race and racial disparities are currently presented and offer actionable steps for healthcare educators to integrate anti-racist language and pedagogy into their textbooks and curricula.

Methods: We systematically reviewed and critiqued 14 textbooks in the core curriculum of the Johns Hopkins University School of Nursing's Master's Entry into Nursing Practice program. Each textbook was searched for 125 terms used to identify racial/ethnic groups. If a health disparity

was presented using a term, excerpts within three sentences of the terms were evaluated for presence or absence of citation, context/rationale for the disparity (e.g. socioeconomic disparities, genetics, environment, etc.), and if a citation was given for the context provided. When assessing the context provided, we evaluated whether race was presented as a social construct or whether race was inappropriately identified as a biological construct. The results presented in this abstract are qualitative notes on themes across textbooks in the presentation of racial/ethnic disparities.

Results: Preliminary findings revealed several notable themes that need to be addressed by authors and nursing educators. These include the conflation of racial and ethnic terms; using “white” as the standard reference for epidemiologic statistics; listing race as an unproblematic risk factor for morbidity and mortality; and lacking sufficient context, citations, and framing to support inferences about raced-based treatment recommendations and variances in physiological function in clinical practice.

Conclusion: This study is important, timely, and will facilitate improved development of nursing textbooks and curricula from an antiracist perspective. In education, textbooks are considered the gold-standard guidelines for clinical practice. Based on the findings from our review, we believe there is an urgent need to reframe health disparities through the lens of historical, structural, sociopolitical, and racial discrimination. Uncovering racism in nursing textbooks, disguised as racialized health differences, is the first of many steps needed to rebuild the future of academia and healthcare around justice, equity, and human dignity.

Utilizing Public Health Grand Round Sessions in Nursing Education

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Purpose, Background, and Problem: Community and public health nursing clinical experiences were impacted by the Covid-19 pandemic. Many clinical experiences switched from face-to-face activities to virtual activities. In response to identify and develop quality virtual learning experiences for nursing students, faculty utilized webcasts from the Centers for Disease Control and Prevention (CDC). The CDC provides a monthly webcast to promote discussion on national and global societal health concerns. The webcasts are recorded and made available on the website. The webcasts highlight how the CDC and community partners are addressing the societal health concerns and provide recommendations for practice and research. The webcasts are developed for a multidisciplinary audience including nurses. The purpose of the assignment was to explore a societal health issue and understand the role of the public health nurse within an interdisciplinary team in influencing public health outcomes.

Methods: Community and public health nursing students were required to watch five Grand Round Sessions and the interviews that followed the recorded webcast and reflect on what they learned and how the experience would impact their future nursing practice. The Grand Rounds cover a variety of topics including maternal child health, infectious disease, cardiovascular health,

HIV/STD/TB. Nursing students watched session on acute flaccid myelitis, smoking cessation, legionnaire's disease, immunizations, preventing suicide maternal, infant, and early childhood nutrition, etc.

Results: Students shared powerful reflections on the webcast recordings and linked the information to what they were seeing in practice, clinical, didactic course, and communities. Reflections included information on the role of the nurse in advocating for vulnerable populations, screening at-risk populations, coalition building and collaboration, implementing community and school-based programs and other health promotion and disease prevention programs, surveillance, educating communities, providing competent care, and being involved in research. Students reflected on the impact of policy, system, and environmental changes on health outcomes.

Conclusion: The assignment was effective in teaching the role of the public health nurse and stimulated engaging clinical debriefing discussions on the topics.

Student Posters

Application of PDSA Cycle and SWOT Framework to Assess Alternative Settings for Mass Immunization Administration by a University-Sponsored Clinic

A Mazurak

Introduction: A baccalaureate nursing student combined the Plan, Do Study, Act (PDSA) and Strengths, Weaknesses, Opportunities, Threats (SWOT) frameworks to accomplish a community quality improvement project. The purpose was to determine a safe setting and methods to vaccinate medically underserved populations.

Aims: To advance BSN student's community leadership, problem-solving and decision-making skills by applying a combination of cognitive frameworks.

At the end of the session, the learner will be able to:

- Facilitate students' project management skills by combining PDSA process with six qualitative criteria.
- Advance students' synthesis skills by overlaying SWOT framework.

Methods: With consideration for six qualitative criteria and three potential community-based locations (parking lot, parking garage, football stadium) the student and interprofessional faculty applied PDSA and SWOT frameworks to develop a community vaccine administration safety plan.

Results: The School of Medicine parking lot was selected because it optimizes efficiency and visibility by accommodating two traffic lanes; maximizes social distancing which increases the safety of patients and providers; and encourages participation by target populations living near-by. Additionally, this option is most agreeable to the university, community-based partners and public-school stakeholders.

Conclusion: Community health educators can advance BSN students' interprofessional and leadership skills by requiring community-based quality improvement projects. Additionally, educators should introduce multiple frameworks such as PDSA and SWOT to augment nursing process. Students should be taught to combine cognitive strategies to problem solve and make decisions that expedite the process improvement, achieve the desired results, minimize the occurrence of costly trial and error experiences, and avoid un-intended outcomes.

Developing an Integrated Medication Assisted Treatment Program Within a Nurse Managed Primary Care Health Center

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Background: Opioid use disorder (OUD) is a global crisis that affects millions of individuals each year, leading to overdose and death. Humboldt Park, a community on the Westside of Chicago, Illinois, has been especially impacted. Between January and June of 2020, the neighborhood experienced 41 opioid overdose deaths and 837 overdose-related EMS calls. This poster describes the implementation of an integrated medication assisted treatment (MAT) program within a primary care center in Humboldt Park.

Methods: The University of Illinois Chicago College of Nursing (UIC) operates a nurse managed, primary care center in Humboldt Park. The center practices the Collaborative Care model of integrated primary and behavioral health services with primary care. In 2019, the team expanded access to MAT through the provision of buprenorphine and OUD related therapy. To promote care coordination, a nurse dedicated to patient follow-up joined the care team in September 2020.

Results: Since implementation, 49 patients have participated in the MAT program, 31 of which are currently active participants. Since initiating MAT these patients have averaged 6.87 visits. In addition to receiving MAT, 51.6% also are engaged in behavioral health therapy within the health center.

Implications: Nursing care management and integrated MAT programs offer a multidisciplinary team approach. This promotes effective management and treatment, engagement, and consistent follow-up for patients in a single setting. The team will continue to implement this integrated model of treatment for OUD while also initiating universal substance use disorder screening.

Developing Future Public Health Nurses Through Academic-Practice Linkages: A Literature Review

K Moore, P Guthman

Statement of purpose: Public health nurses currently play a crucial role in the United States health care system and will continue to be in high demand as the population ages causing a shift from health care taking place in the hospital setting to the community setting. The increase need for public health nurses forces the need for pre-licensure nursing curriculum to adapt. A literature review was conducted to explore the value of academic practice linkages in the impact of understanding population health among nursing students.

Methods/approach: Systematic searches for articles discussing academic practice linkages within pre-licensure nursing curriculum were conducted through CINAHL and PubMed. A total of 40 relevant articles were selected for thorough review.

Results: The articles included information on the formation and objectives of community and public health practicums, nursing students' attitudes and knowledge pre- and post- clinical, and the interdisciplinary impact on community partners involved in the academic-practice linkage.

Conclusion: Information was gathered about the value of academic-practice linkages within the public health nursing curriculum. Students, community members, and community organizations had remarkable benefits which outweighed any challenges to the experience. Pre-licensure nursing students grew in their knowledge and had positive change in their attitude towards public health nursing. Academic-practice linkages in nursing education has the potential to impact the future of population health knowledge among nursing students with community impact in addressing health care disparities.

Disaster Simulation and the Influence on the Development of Interprofessional Education Core Competencies: An Integrative Review

LS James

Statement of Purpose: Interprofessional education (IPE) is a teaching strategy that involves students of at least two disciplines coming together to learn about, from, and with each other to achieve optimal client health outcomes (American Academy of Colleges of Nursing [AACN], n.d.; World Health Organization [WHO], 2010); Sullivan et al., 2015; Interprofessional Education Collaborative [IPEC], n.d.). IPEC identified four core competencies to be achieved during IPE: 1) roles/responsibilities; 2) teams and teamwork; 3) values/ethics; and 4) interprofessional communication (IPEC, 2016).

For a successful disaster response, nurses need to have fundamental disaster competencies (International Council of Nurses [ICN], 2019). Disaster competence is important because natural disasters have tripled in the past 60 years (WHO, 2018) with 19 storm related disasters in the United States as of October 2020 (Federal Emergency Management Association [FEMA], n.d.). Disaster simulation training can be easily done as an interprofessional activity. **Research Question:** What is the effect of an interprofessional disaster simulation activity on the development of the IPEC core competencies?

Methods: A systematic review was conducted based on Galvan and Galvan's (2017) guide for writing literature reviews. The databases CINAHL, Medline, ERIC, Scopus and Cochrane Library were searched. Following initial review, full articles were retrieved and read for specific relevance. The initial review revealed approximately 1,622 articles, of which 25 were reviewed and 21 were included in final analysis.

Results and Conclusion: Identified gaps included limited tools with established validity and reliability and limited identification of the effects of disaster simulation, or any simulation, on all four IPEC competencies.

HOMETx: A population-focused clinical experience

AJ Preston

Purpose: The purpose of this poster is to explore the application of the population-focused nursing process in rural communities for undergraduate nursing education in order to develop nurse leaders that understand how to operationalize leading positive changes within their community.

Methods: Students in a baccalaureate nursing program enrolled in population health worked among interdisciplinary teams consisting of graduate-level nutrition and pharmacy students. Student teams conducted field clinicals to meet with key informants within a rural community. The student teams proceeded to carry out the steps of the modified population-focused nursing process through partnership, assessment, goal setting, intervention selection, implementation, and evaluation.

Results: Students involved in the clinical experience verbalized benefits of community-driven goal setting as evidenced by high level of participant engagement and participant feedback. Students gained experience translating the theoretical nursing concepts of person-environment-health-nursing in the clinical setting, resulting in a holistic understanding of the nurse-patient relationship.

Conclusions: Students key take-aways included the knowledge of how to operationalize the population-focused nursing process within a rural community. Students developed empathy and active listening skills by applying the theoretical nursing metaparadigms to the nurse-patient relationship through community-driven goal-setting.

Improving Patient Engagement Among Homeless Veterans Through Open-Access Interdisciplinary Care and Outreach

S Escobar

Approximately 14% of the homeless population in the United States is comprised of veterans. Despite the services available to veterans in both the private sector and through government organizations such as the Department of Veterans Affairs, homeless veterans face unique challenges in regard to health care engagement. The purpose of this integrative review was to examine research that explores the effectiveness of open-access interdisciplinary care and outreach in engaging homeless veterans in health care. The integrative review method was used to examine research that explores the effectiveness of open-access interdisciplinary care and outreach in engaging homeless veterans in health care. Both qualitative and quantitative research was reviewed. Data collected from individual studies included: study purpose, design, location, total number of participants, homeless versus non-homeless status of participants, and their engagement in health care. The literature review was reduced to ten studies which addressed these factors in order to gain a better understanding of how they contribute to ongoing health care engagement and self-advocacy among homeless veterans. Data collection was organized using the 2009 PRISMA flow diagram, then once reduced to ten studies was critiqued using critical appraisal tools adapted from Polit & Beck. The literature reviewed for this study resulted in substantial evidence for the benefits of open-access clinics, an interdisciplinary team, and outreach for the sustainability of engaging

homeless veterans in health care. In conclusion, consistent with the Behavioral Model for Vulnerable Populations as introduced by Gelberg et al. in 2000, tailoring care to the needs of the homeless veteran population does result in positive outcomes. These positive outcomes are defined by better overall engagement with the health care team, reduced ED visits, and higher levels of patient satisfaction. As perceived stigma and lack of trust were found to be common themes throughout these studies, it was noted that tailored outreach efforts help to reduce this stigma, establish trust, and build rapport. This again leads to a positive response of homeless veterans becoming more proactive and engaged in their own health care. It would certainly be worth considering whether staff working with this population should receive an initial screening to explore their perceptions and attitudes toward this population. This could be followed up by population-specific education to help them better understand and work with homeless veterans. The advanced practice nurse plays a valuable role in this process as there is need for enhanced program and policy development to meet the needs of this population as well as the demand to disseminate population-specific education to the interdisciplinary team with the advanced practice nurse in a leadership role. Future research on this topic should include expanded geographic areas as well as more data on veteran health care outside of the VA. If researchers can integrate data from the VA and other service delivery systems, a better understanding of patterns of homelessness and service utilization among veterans can be developed.

Long-Term Care for LGBTQ Older Adults: Findings from a Population Assessment of an LGBTQ Older Adult Social Group

K Fasullo

Statement of purpose: To perform a comprehensive population assessment using the PRECEDE-PROCEED framework of an LGBTQ older adult social group, especially in regards to their perception of long-term care.

Methods: A self-directed questionnaire was conducted with the participants that obtained demographic data, health status, social determinants of health, and social isolation risk factors. Qualitative data were obtained through a group discussion in which long-term care was a topic. Population-specific information was compared to literature in the field of LGBTQ aging, public health databases, and national, local, and organizational archival data. Key informants were interviewed, and data were connected to themes within the focus population.

Results: Participants were more likely to be single, live alone, and rely on peer groups for support, which put them at a higher risk of relying on long-term care settings. There was a marked fear of entering these settings for fear of abuse, discrimination, and isolation. Once entering long-term care, participants were less likely to disclose their LGBTQ identities increasing their risk of social isolation. The group was also concerned that their finances would not sustain them through aging, especially when needing long-term care.

Conclusions: The findings from this population assessment reveal a complex relationship between long-term care settings and LGBTQ older adults and provides evidence of the need for further work to improve care for LGBTQ residents within long-term care.

A New Model for Changing Times: How the Beyond Clinic Walls Program Continues to Serve Community Members Using a Telehealth Model

D Allen, J Weston

Beyond Clinic Walls (BCW) is an interdisciplinary, student-led volunteer organization comprised of several collegiate healthcare programs in Western North Carolina that aims to improve access to resources for elderly community members (clients) demonstrating social or financial needs. Prior to this academic year, BCW utilized an in-person outreach model where groups of students met with client participants to improve home safety, increase access to community resources, and provide social companionship. Students also learn through engaging in an interprofessional student team and working in assigned groups as well as meeting periodically for roundtable case studies and presentations. Student groups consisted of learners from social work, nursing, medicine, and pharmacy from both Western Carolina University and University North Carolina – Chapel Hill. In order to adapt to the SARS-CoV-2 pandemic, the program established a telehealth model to continue effectively serving clients while minimizing the risk of infection. The pandemic made the importance of healthcare collaboration more apparent than ever, with 23% of patients recognizing their attending physician or nurse, but the rest of the healthcare team can typically be referred to as “backline,” workers (El-Awaisi, A., et al. 2020). Recruitment for client participants took place in two affordable housing units in downtown Asheville, NC using the help of local senior housing coordinators. By adopting a telehealth model and restructuring the student-to-client ratio, the program was able to see a 286% increase in clients being served compared to the prior year. Utilizing virtual platforms in the new model also encouraged groups to meet at least four times more frequently relative to past programs. The new model did have drawbacks, including reduced satisfaction of participants related to the desire for face-to-face interaction and the limited ability for students to assess areas of social determinants of health by not visiting the participants’ home environments. The new model has allowed learners to continue providing practical health-related services to underserved community members, and also allows a collaborative context amongst students as future leaders in healthcare.

Partner Caregiver Resilience: A Scoping Review Protocol

S Burton

Purpose: To report on the initial results of a review to determine key themes and map main sources and types of evidence available in the area of resilience among dementia caregivers. More than 80% of Americans with Alzheimer’s Disease (AD) are cared for at home; and caregivers > 65 account for

34% of all caregivers. Partner caregivers often experience grief and multiple losses, including loss of a partner and personal freedom. Understanding and promoting positive aspects of caregiving is essential.

Resilience is a concept that may help explain why some older adult couples can continue to live meaningful lives together despite living with dementia. As resilience in partner dementia caregiving is a new area and comprehensive reviews are lacking, a scoping review following.

Methods: Arskey and O'Malley's framework is undertaken. The scoping review will include the electronic databases PubMed/MEDLINE, Scopus, CINAHL, PsycINFO and Google Scholar, using search terms for dementia, Alzheimer's, caregivers, spouses, partners, resilience, hardiness, adaptation, adjustment.

Windle's definition "Resilience is the process of negotiating, managing, and adapting to significant sources of stress or trauma" will be used, with attention to the concept that "assets and resources within the individual, their life, and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity. We defined partner caregiver as a committed intimate partnership including heterosexual and same-sex couples who are married or cohabiting but not married.

Results: Out of 44 identified articles, 15 studies were included in the review. Four key themes were identified as follows: social resources, social support, personal characteristics, and emotional challenges.

Conclusion/next steps: The findings of this scoping review will be used to conduct a qualitative study among partner caregivers to confirm critical themes of resilience and inform the development of a resiliency model. The scoping review and follow up qualitative study will help inform efforts to refine existing or develop new approaches to foster resilience in partner caregivers.

Perinatal Depression Screening Using the Edinburgh Postnatal Depression Score: A Review of Efficacy and Use

C Casadei, I Bustamante

Perinatal depression (PND), defined as major or minor episodes of depression during pregnancy or in the first 12 months after delivery, affects an estimated one in seven people after delivery. Due to this high prevalence, screening recommendations and guidelines have been made with one of the most commonly used screening tools being the Edinburgh Postnatal Depression Scale (EPDS). However, recommendations for when to implement the EPDS and the frequency of screenings remains unclear. Statement of Purpose To provide a summary of evidence supporting the use of EPDS and to demonstrate that community health providers are well positioned to identify people at risk for PND. Methods An initial search was conducted by two authors for literature related to PND screening. The PubMed and Cumulated Index to Nursing and Allied Health Literature databases were searched. The search terms included "perinatal" AND "depression" OR "mood" AND "edinburgh postnatal depression scale" AND "identification" AND "treatment". Results A total of six studies were identified

including two prospective cohort studies, one retrospective cohort study, one narrative review, and two systematic reviews. Conclusions for Practice Results reinforce the evidence that the EPDS is a validated, sensitive and specific screening tool that adequately identifies people exhibiting, or at risk for, PND. All people should be screened for depression during the perinatal period and timely screening and identification are imperative to providing treatment and improving health outcomes. For this reason, community health providers are well positioned to screen and capture people suffering from or at risk for PND.

A Post Masters Student's Experience with Mixed Simulation Design

T Varughese, MSN, RN, FNP-C, B Hekel, PhD, MS, MPH, RN

Background: Due to the COVID-19 pandemic, institutions have designed innovative and creative ways to simulate real life nursing situations for learners while maintaining social distancing.

Purpose: The purpose is to describe my experience, as a Post Master's student, with an innovative, mixed design simulation activity, combining virtual and in person elements. The simulation focused on taking health histories, performing physical exams, listing diagnoses, formulating treatment plans, interdisciplinary communication, and addressing social determinants of health (SDOH).

Methods: The simulation required my acting as a patient via WebEx. A screen was next to the mannequin, and I interacted with the students throughout the scenario providing information and cues. Through interaction with me, students completed physical exams on the mannequin and utilized SBAR for handoffs.

Results: The experience of being a patient in this innovative mixed simulation design was unique. The simulation was structured, easy to follow, and convenient. By being able to participate in a remote setting I felt comfortable while ensuring social distancing. My concerns as the "patient" were verbalized during the encounters as would occur in an in-person simulation. Students rarely questioned about SDOH therefore, further research on strategies to teach about SDOH is important. The one limitation of this simulation was technical issues due to the video disconnecting, but the issue was quickly resolved.

Conclusion: COVID-19 has provided opportunities for nursing to expand educational opportunities and encouraged instructors to think creatively to deliver simulations. Simulation of this type provided a high-quality experience while also being less stressful.

A Resource Nurse in the Community: An Evaluation of Role Implementation

M Bull¹, L Blanchette²

Purpose: Childhood obesity is a growing health problem that affects one in five children in the United States today (CDC, 2019). Children that live in low-income households are more likely to develop childhood obesity-related to low food security and lack of access to healthier foods (Lee & Lim, 2009; Sage, McCracken, & Sage, 2013). Nurses are in a unique position to collaborate with communities and families to facilitate access to programs and resources that focus on the primary prevention of childhood obesity. This project is a pilot intervention that used an evidenced-based strategy with the addition of a resource nurse to evaluate outcomes related to healthier living in low-income families within a community.

Methods: The resource nurse collaborated with the Stonington Human Services Department (SHS) in Stonington, CT. to identify families that needed support in regards to healthier living. The resource nurse worked with these families using an evidence-based program to guide the families in making beneficial health changes.

The educational part of the program consisted of implementing the Let's Go! 5,2,1,0 rules. The intervention consisted of consuming at least five servings of fruits and vegetables daily, limiting screen time to no more than two hours per day, attaining at least one hour of physical activity daily, and consuming zero sugar-sweetened beverages (Maine Health Let's Go Children's Program, 2020). The resource nurse collaborated with a local farm called Stone Acres Farm and the Yellow Farm House Educational Center located in Stonington, Ct. A scholarship included weekly delivery of farm produce that included vegetables, protein, and recipe cards to the families.

All families in the program had access to virtual cooking classes at the Yellow Farm House throughout the program's duration. The resource nurse arranged weekly appointments with each family. At the weekly meetings, the nurse assessed the progress of the 5,2,1,0 program by reviewing each participant's week. At this weekly meeting, the nurse-assisted families to identify resources that may help them create and sustain healthy living habits based on their responses. After completion of each weekly meeting, the resource nurse sent a weekly email with tips that would assist the families based on their needs.

Results: A thematic analysis was used to evaluate qualitative data obtained from the participants. Analysis has shown that the resource nurse had a significant and positive impact on participant's knowledge of healthy living habits. In addition, the resource nurse was able to create relationships with community partners creating connections that will be sustainable in the future.

Conclusion: Primary interventions in the treatment of childhood obesity are crucial preventative strategies that a nurse can implement in communities. Children living in low-income households are more likely to develop obesity. This project implemented the role of a resource nurse within a community. The resource nurse used an evidence-based program that increased knowledge of healthier habits that are sustainable. The resource nurse also bridged a gap between community members and community organizations that can help support healthy living initiatives.

Returning to the Community: A Quality Improvement Project

B Updike, E Webster, P Guthman

UW-Eau Claire nursing students are working on Returning to the Community: A Quality Improvement Project. The project's purpose is to improve programming by incorporating community action research to advocate on behalf of populations who have experienced incarceration and are returning to the community. Methodology included a modified photovoice technique that was used to represent the participants' experiences through pictures to communicate the themes derived from interviews. These themes addressed the barriers participants experienced when returning to the community. Students collaborated with Chippewa Valley - Ex-Incarcerated People Organizing (EXPO), Eau Claire Department of Human Services, and the Chippewa Valley Justice Action Team to recruit voluntary interviewees. The students used the themes identified in interviews to address current barriers and highlight the need for resources for people to return successfully to their communities after incarceration. Over the span of two semesters, the students conducted fifteen interviews using the modified photovoice technique. Results thus far have identified six themes, though the project is still in process. Through this project, students learned about the role of the nurse as a change agent by using advocacy skills for those who have shouldered disproportionate health inequities due to racial and social injustices embedded within mass incarceration.

SARS-CoV-2 Prevention for Elementary Students Returning to School for Outdoor Instruction

D Welsh¹, A Kaesberg¹, M DeBell¹, M Teuton²

The purpose of this project is to educate elementary-aged students on COVID-19 by providing preventional practices through playful and interactive role-playing, we created a video recorded lesson on the importance of physical distancing, hand hygiene, mask-wearing, and protective practices for sneezing and coughing. The video will be presented to a class of 2nd-grade students at Olympic Hills Elementary. Amidst the COVID-19 pandemic and the possibility of returning to outdoor instruction, education and reinforcement of these practices are essential to protect students, staff, and the entire Olympic Hills community. We hope this lesson will not only be presented to 2nd graders but to the Olympic Hills student population, other Seattle public schools, and any persons who would benefit from this education as a whole. We believe this intervention can deliver a significant protective impact on the Olympic Hills community and reduce the spread of COVID-19.

Link to Video: <https://www.youtube.com/watch?v=jKnQbmDyqLw&t=16s>

A Scoping Review of the Impact of Hurricanes on Disease in the US

L Strothers, R Dawson, M Wirth

Background/significance: Every year, hurricanes in the United States (US) are responsible for the emergence and spread of diseases. As public health nurses (PHNs) are integral to appropriate hurricane emergency response and delivery of public health services, understanding the historical impact of hurricanes and patterns of post-hurricane diseases is important.

Purpose: The purpose of this scoping review was to describe the literature on infectious and noninfectious disease patterns following hurricanes making US landfall between 1999 and 2019.

Methods: First, all hurricanes making US landfall between 1999 and 2019 were identified by name. Database searches (i.e., PubMed, JSTOR, and CINAHL) were then conducted using the keywords “hurricane”, the specific name of each hurricane, and “disease”. English-language studies reporting disease occurrence in the direct aftermath of these hurricanes were included. Psychiatric and mental health disorders were excluded, as well as chronic diseases (e.g., cancer, cardiovascular, renal).

Results: Of the 23,823 publications identified, 29 articles on 8 hurricanes met inclusion criteria. Article types included rapid health status/needs assessments, morbidity/mortality weekly reports, public health reports, infectious disease alerts, annals of health/medicine/social science, and public health journal articles. Broad categories of post-hurricane diseases included respiratory infections, gastrointestinal/diarrheal illnesses, and skin/wound infections.

Conclusions/implications: These results can help PHNs anticipate and prepare for likely disease emergence in the aftermath of hurricanes, as well as inform public health educational interventions. PHNs should also take on leadership roles in hospitals, clinics, and government agencies focused on the needs of vulnerable populations, who are highest risk for post-hurricane disease transmission.

Sharing the Public Health Nursing COVID-19 Response in a 3-minute Advocacy Video

J Schaer

Although public health nurses (PHNs) serve as the first line of prevention in public safety threats such as the COVID-19 pandemic, there remains an overarching lack of knowledge regarding the role of the public health nurse among policymakers and the general public.

Purpose: The purpose of this project was to develop an outward-facing video to disseminate via social media highlighting the public health nursing response to the COVID-19 pandemic as well as the other indispensable services provided by PHNs. The goal of this video was to advocate for investment in the public health nursing workforce as staffing and financial limitations have created sizeable barriers for PHNs during the COVID-19 response.

Methods/Approach: A three-minute advocacy video was created from interviews with PHNs from COVID-19 hot spots across the nation. Public health nurses featured in this video discussed the repercussions of redirecting scarce resources to battle the COVID-19 pandemic. The video was

disseminated through popular social media venues, and metrics were collected on video awareness and engagement.

Results: The video had 2,732 views over eight weeks with an average view duration of two minutes. Data was also collected on the geographic location of viewers as well as how individuals located the video.

Conclusion: Crafting advocacy videos with personal stories from PHNs emerges as a compelling and cost-effective strategy to increase the visibility of PHNs and their impact on population health. This presentation will also include "lessons learned" from this project and other techniques to increase an advocacy video's impact.

A Stroke Education Program for Middle School Students

C Catron

Statement of Purpose: Approximately 87% of all strokes are ischemic strokes and are often caused by blood clots preventing blood flow to the brain³. Stroke education is expected to decrease the time from onset of symptoms to arrival to the hospital, and the only approved treatment for ischemic strokes is intravenous fibrinolysis (recombinant tissue plasminogen activator [r-tPA]). Previous studies show that r-tPA treatment within 4.5 hours of a stroke onset considerably improved acute mortality and functional outcomes⁸. Not only is r-tPA an effective treatment but it also lowers healthcare costs as patients receiving treatment are often discharged home rather than to a nursing home or rehabilitation center. "Educating adults about stroke is costly and its efficacy is either limited or not present. The promising solution is educating children at schools"¹⁷

Methods: The teaching of a stroke education program in middle school students was started in January 2021. During classroom time, a pre-test was done to determine initial stroke knowledge. A PowerPoint presentation was given during the students' PE class and the immediate post-test was given after the PowerPoint presentation. For the remainder of the class time, an online gaming platform (Kahoot!) was used so the students could compete during class against each other. Additionally, fun games were given to the students to complete including a crossword puzzle, word scramble, and word search. A long term retention post-test will be administered 8-12 weeks from the initial teaching (scheduled for April/May 2021).

Results: A quasi-experimental design was used, and repeated ANOVA will be used to compare the average differences of each test with another. All results are not currently available as the long-term retention post-test has not been administered. However, the hypothesis that test scores would increase from the pre-test to the immediate post-test was proven to be true. The range of correct answers on the pretest 33% - 93% with an average test score of 65%. The median test score was 66%. The range of correct answers on the immediate post-test was 60% - 100% with an average test score of 88%. The median test score was 93%. The average test score increased by 23%.

Conclusion: Children are usually with adults and by increasing knowledge about stroke signs and symptoms and what to do when observing an acute stroke is of great importance to the community.

By improving children's knowledge, it increases the number of individuals in a community capable of recognizing stroke symptoms and activating emergency services. This may allow the stroke victim to be assessed and treated in the time frame for r-tPA. "Stroke educational campaigns for elementary school or junior high school students have been demonstrated to be effective not only for the youth but also, indirectly, for their families through communication among family members"¹⁶. This study has found that a stroke education program in middle school students did increase the students' knowledge on stroke signs and symptoms, stroke prevention, the acronym BE FAST, how to activate emergency services, and stroke treatment.

Symposium Presentation

Meeting Students' Virtual Learning Needs

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Background: In response to the COVID-19 pandemic, many universities began moving in-person classes online, and many continue to offer courses that are traditionally held in-person in a virtual format. Many students, including students in nursing programs, have been learning virtually for several months and know what strategies enhance their learning and what aspects create barriers to learning.

Purpose: The purpose of this quality improvement project is to assess students' virtual learning needs prior to the start of their public health nursing course, make course adaptations based on student feedback, and evaluate students' experiences in the online course at the end of the term.

Methods: An 11-question survey was distributed to all students enrolled in the public health nurse course (n=68) prior to the start of the fall 2020 term. Survey questions focused on course set-up, student engagement in virtual learning, how students feel they learn best, and challenges students may have related to virtual learning. The survey included 3 open-ended questions about students' biggest concerns related to online learning, what students have found most helpful when learning online, and anything else students wanted faculty to know before the term. As part of a larger survey at the end of the fall 2020 term, students will be able to provide feedback about whether strategies implemented throughout the term met their virtual learning needs. These surveys will also be sent to students enrolled in the course for the spring 2021 term.

Results: There were 42 responses to the fall 2020 pre-term survey. For course set-up, 40.5% (n=17) preferred live, synchronous online lectures while 33% (n=14) preferred having both synchronous and asynchronous online lectures. 90.5% (n=38) of students preferred to communicate with course faculty via email and preferred morning or early afternoon virtual office hours. A majority of students, 54.8% (n=23) reported being able to focus online for 45 minutes before needing a break, and 64.3% (n=27) reported being able to focus for a full online course for 1-2 hours at a time. The activities that a majority of students found engaging included: 81% (n=34) real-life stories/examples, 71.4% (n=30) polling or quiz questions, 61.9% (n=26) study guides, and 54.8% (n=23) YouTube videos. Students also reported that clear online course organization and structure were helpful to enhance their learning experience. Students reported concerns about experiencing technology issues and the importance of faculty being familiar with course technology.

Conclusion: Based on the findings from the fall 2020 pre-term survey, course faculty made several adaptations to meet virtual student learning needs. These included adding in and restructuring a variety of in-class activities including polling/quiz questions, the use of breakout rooms, and adding to the guest speaker list for class. Faculty also created several short You-Tube videos throughout the course to share real-life examples of topics covered in class. Results from the fall 2020 end-of-term surveys will be used to determine if these adaptations were successful. Data will be collected in the same manner (pre- and post-course survey) for the spring 2021 cohort.