

STAND TOGETHER



Features

- 
- 2 Chair's Corner
 - 3 Journey to the DNP
 - 5 Nursing and Climate Change Action
 - 6 Featured Section Member
 - 8 In the news

Join the OPHA Nursing Executive Team!!!

This October during the Nursing Section Meeting at the OPHA Annual Conference we will have two Section Executive Committee positions open for election: Chair-elect and Section Board Representative. Both positions are three year commitments.

The Chair Elect leads the planning for the annual Nursing Leadership Celebration. The following year, the chair-elect becomes the chair of the nursing section, followed by their last year serving as the past-chair.

The Section Board Representative serves on the OPHA Board of Directors as a voting member representing the interests of the nursing section. The representative acts as a liaison between the executive committee and the OPHA Board.

In addition to these roles, as a part of the Executive Committee, you will be involved in decision making for the section, planning events, and more. Nurses of all experience are welcomed and encouraged to run for either of these openings. For more information or if interested email opha.nursing@gmail.com.

A special thanks to Anna Stiefvater—current Board Representative — for her service and contributions to the OPHA Nursing Section. With her leadership, she have supported numerous Nursing Section and OPHA events and activities.

Chair's Corner

It has been one year since we started this newsletter. Before celebrating the year success, I would like to say thank you to all who have contributed to this newsletter. I can proudly say that this newsletter has been successful because of the constant submission of great articles, stories, and positive feedback from members. *Please keep sending articles, pictures, or anything else that you might like to share.* Through the newsletter and our section, we bring together Oregon Public Health Nurses' strengths and provide opportunities to work on leadership skills.



Picky-backing on that, this newsletter is dedicated to the open opportunities within our section and to the many upcoming events. If you're looking to get involved with the nursing section, we have two open positions on our board which are explained in detail on page 1 and we have opportunities to learn new or expand old skills in website design and newspaper editing. Any skill level is welcomed for any opportunity. Again, our section works to bring together our strengths in order to support each other and provide opportunities to work on our leadership skills. Oregon Public Health Nurses Rock!!!

*Picture from bike tour around Crater Lake

OPHA Nursing Website Design

Do you have skills in designing a website; or, do you want to learn how to design a website? If you answered yes to either question, then join the OPHA Nursing Section Website team. On this team, you'll learn all the in-and-outs of designing, managing, and putting together a website. The job expectations are about ~1 hour a month. If interested, email: opha.nursing@gmail.com.

OPHA Nursing Newsletter

Want to be an editor for the OPHA Nursing Section Newsletter? Then join our newsletter team!! The job is fun and job expectations are a few hours each quarter. If interested, email: opha.nursing@gmail.com.

Save the Date: 71st Annual OPHA Conference & Meeting

Date: Monday & Tuesday, October 12th-13th, 2015

Location: Oregon State University, Corvallis, OR

What: At OPHA 2015 you'll find the latest in public health research and trends, focused learning sessions, thought-provoking speakers, and plenty of networking opportunities. Highlights include: education, network events, association awards, professional opportunities, products and services.

Registration open!!!!

Save the Date: Nursing Section Gathering

Date: Monday, Oct 12th from 6:00 – 9:00 pm

Location: Laughing Planet, 127 NW 2nd St, Corvallis, OR 97330

What: The Nursing Section invites nurses to get together for a fun dinner and conversation. After ordering your food, join us upstairs for dinner, conversation and a presentation by Dianna Pickett about her recent visit to the Florence Nightingale museum in London. We encourage anyone who has visited an historical nursing site to share their experience with the group. If you need a ride, meet at the front door of the Alumni Center Lobby (near the Poster Session Hors d'oeuvres) at 5:30 PM for transportation.

Journey to the DNP

by Dr. Jake Creviston, DNP, RN, PMHNP-bc

In June 2015 I completed almost a decade long voyage. I became a doctor, more specifically a Doctor of Nursing Practice (DNP). In keeping with the pursuit of any great bounty, blood, sweat and tears were shed and lessons, revelations and insights gained. The tales of my adventure illustrate the majority of my professional nursing career and I believe are worth sharing. The persistent mystery of the DNP makes the story further worth telling. Through detailing my personal journey to the DNP I hope to offer some clarity of what the degree is and to suggest opportunities and responsibilities Doctors of Nursing Practice will inherit with the title.

My first few years of nursing were mixed. I loved my patients but working nights in the ICU was exhausting and moving to days virtually impossible. We offered stellar nursing care but psychosocial therapies often drowned in the wake of sexier, high-tech medicine. I wanted to change this but shared-governance member voices were lost on our ship steered by management and commanded by invisible figureheads. Discouraged by our direction I remembered a nursing school promise: for the sake of my patients, if I ever became cynical, I would pursue other options. It was time for a sea change.

Stricken with the inclination to leave nursing, I spent the following year on turbulent waters. I traded stability and benefits for a pay cut and slice of humble pie. I went on-call at the ICU and became an executive assistant at a professional nursing organization, a position I quickly proved myself unqualified for. It was a huge risk and my colleagues thought I was out to sea, but freedom from the hospital offered me the time and energy to explore. I clinically instructed, attended conferences and conducted informational interviews with every combination of the alphabet: PAs, LPCs, MBAs, MPA-HAs, FNPs, CRNAs, CNLs, CNSs, PMHNPs, the list goes on. These professionals enlightened me on my ignorance of healthcare and how important nursing was to its successful delivery. Intrigued by my findings I was compelled to go back to school. I researched graduate programs and found the DNP. Created to cultivate advanced practice clinicians, instill leadership principles and develop experts in population health, this was the degree for me.

In fall 2012 I entered a three-year Doctor of Nursing Practice program with sites set on a Psychiatric Mental Health Nurse Practitioner (PMHNP) certification at the two-year waypoint. Echoing the words of one of my interviewee's, I knew from the first moment at school I had made the right decision. But there were ominous clouds on the horizon.

The pace of the program forced my new shipmates and me to rapidly become a cohesive crew. We steadfastly navigated arduous courses like advanced pathophysiology, epidemiology, leadership, health systems, policy, finance, etc. all while trying, failing, and trying again to be proficient professional writers, a skill necessary for a graduate survival. We gained diverse perspective in sharing courses with aspiring APRNs of a different ilk and we learned patience and perseverance from countless group projects. We clung to each other when the scholastic seas became violent and threatened to throw us overboard. We fought to get the clinical sites we wanted and wrote our first prescriptions with trembling hands. The first two years passed like a flash. We had completed the requirements for licensure and for DNP progression and though most of my classmates chose to continue the journey to the DNP, several jumped ship to pursue a more stable life and practice. The last leg of the journey was upon the remaining crew.

Continue on page 4

From Journey to the DNP

As the saying goes, it's always darkest just before dawn. The remaining obstacles were two electives, the DNP final project, 720 hours of DNP residency, and the boards, the infamous boards. Time slowed down and like every step towards the end of the plank, each day was merely a day closer to our certain demise from the boards. Some of us ran and dove off the plank head first while others took a more controlled approach, preparing early and studying exhaustively. We all took different approaches, but in the end we all survived unscathed. With little room for celebration we spent the rest of our summer searching for employment and clinical residencies, drafting final project proposals, taking our third research methods course, and basically treading water, mostly alone.

Though most of us were experienced nurses, we were also fledging autonomous providers. Shanghaied by our endless responsibilities to keep our patients alive, develop acceptable research topics, duke it out with the institutional review board(s), on top of completing our personal ADLs, classmates rarely convened. This was challenging considering we had become close through enduring two marriages, a birth, multiple breakups, a failure, a drop out, and the onset and diagnosis of a number of our own mental disorders all while serving as each other's psychological and scholastic stewards. I grieved the constant contact of my comrades but celebrated the liberty of leading my own ship in the frenetic doctoral waters.

Every moment of my last year was a yearlong and the whole year a moment. It is a blur of hospital and clinic practice days, local and national conferences and events, speaking engagements, meetings, classes, the list goes on and on. Easily swayed by the siren songs of doubt, I was certain there was not enough time to finish my clinical hours and final project but my unwavering doctoral chair consistently righted my vessel just before capsizing. With trembling sea legs and salty skin I presented my doctoral work in late May. After the presentation my father said to me, "that was a career's worth of work." I hadn't thought about it that way, but from his perspective it was. The last three years were rich with lessons and tools and I could now pause, take a breath and appreciate my plunder.

My expedition has given me insight into what the DNP is and what it could be. The degree provides novice practitioners confidence from hundreds of additional supervised clinical hours; it prepares and charges nurses to design, implement and evaluate healthcare improvement initiatives in practice and beyond; and though it is not a research degree, it gives candidates the freedom to investigate health disparities and the responsibility to offer evidence-based solutions. It is my belief however that the most important function of the DNP is to resolutely steer nursing into the future.

Like an uncharted new world, the DNP offers great hope and opportunity. Scuttlebutt about the uncertain return on investment, looming mandate for APRNs, and ambiguity of role function create a pessimistic whirlpool from which progress cannot escape. DNP prospects must realize it is their responsibility to plot the course, weather the storms and safely and effectively steer the vessel into uncharted healthcare waters. It is our responsibility as doctorally prepared nurse practitioners to continually assess and understand these seas so that we may safely steward those who come after us. The DNP has been a life ring to my nursing career and also a beacon of hope for the future. With it I now have the knowledge and the confidence to command my own destiny. My journey is truly just beginning.

Jake recently won a national nursing award, the "Breakthrough Leaders in Nursing," and hopes to leverage the honor to promote interprofessional collaboration and achieving the Triple Aim and a Culture of Health. Jake is starting a new tenure-track faculty position at Linfield Good Samaritan School of Nursing this fall and anticipates starting his next mental health practice in early September in Portland.



Nursing and Climate Change Action

by Tom Engle RN

The science is clear that Global Warming, and the resultant Climate Change and Weather Extremes (shortened to climate change in this paper), is real and profound. Individuals from all walks of life that have let themselves be informed by the evidence are convinced that climate change is an existential threat to our civilizations.

It is a fact that nurses are regularly determined to be the most honest and ethical profession. This obligates all nurses to be informed about climate change and take action in their personal, professional, and policy lives. To do otherwise would betray the public trust.

Background: Global temperature is rising. The ten warmest years on record worldwide have all occurred since 1998. Most recently – the combined average temperature over global land and ocean surfaces for May 2015 was the highest for May in the 136 year-period of record, at 0.87 degrees Celsius above the 20th century average of 14.8 degrees Celsius, surpassing the previous record set last year by 0.08 degrees Celsius. The average global temperature across land surfaces was 1.28 degrees above the 20th average of 11.1 degrees Celsius. Consensus is that to avoid catastrophic changes we must keep the temperature increase to no more than 2 degrees Celsius. This is the outer limit, even that may still be too high.

Consensus is that we must hold carbon dioxide (CO²) levels to 350 ppm to avoid catastrophic changes. Clearly we are already over that amount. May 2014 global CO² – 398.49 ppm. May 2015 global CO² – 400.99 ppm. From 1990 to 2013 the total warming effect from greenhouse gases added by humans to the earth's atmosphere increased by 34%. The warming effect associated with carbon dioxide alone increased by 27%. CO² accounts for most of the US emissions and most of the increase since 1990. Electricity generation is the largest source of greenhouse gases in the US, followed by transportation.

Local weather conditions have become more extreme. Many areas of the United States suffer drought, more extremes of high or low temperatures, and increased cyclone activity. The ocean is warming, ocean sea surface temperature is increasing, sea level is increasing, and the ocean is becoming more acidic. Arctic sea ice is decreasing, glaciers are shrinking, snow cover is decreasing, and snowpack is decreasing. While these are averages there is significant local variation. For example, the West is experiencing severe drought while the South has been flooding.

It is important that we understand the local weather impacts of overall global warming and climate change. These local effects might be wildfires, changes in disease distribution (e.g. Lyme disease, dengue fever), length of growing season, reduced water availability, etc. We need to stay abreast of all the health effects of climate change such as heat stress, injuries, drowning, vector borne diseases, food and water shortages, respiratory disease exacerbations, and mental health issues.

FREE Workshop: "Using Your Voice for Civic Good: Testifier and Advocacy Training

The Oregon Action Coalition, working to advance the recommendations from the IOM Report on the Future of Nursing is offering a FREE 1/2 day Workshop "Using Your Voice for Civic Good: Testifier and Advocacy Training", featuring Scott Palmer.

This program is offered from 8am - 12:30pm on Wednesday September 2, 2015 and will be held in the C&D conference rooms of the Legacy Salmon Creek Medical Center in Vancouver, WA.

To register email:
gmcampbel4@aol.com.

Continue on page 7

Featured Section Member: Bryan Goodin



Tell us about your career in public health.

I have worked in public health for about 12 years. My B.S. was in Sociology and led to an interest in health disparities and reaching under-served populations. My M.P.H. focused on health policy and non-profit management. During college I did several internships with county health departments, service organizations, and rural primary care providers. I worked as a Consultant on pandemic preparedness for a county health department, then became Coordinator for the Oregon Health Authority Immunization Program and later as Coordinator in the Disaster Preparedness Program. After 6 years with OHA I moved to Legacy Health.

Tell us about what you do at Legacy Health.

I am Manager of Employee Health and am responsible for the health and safety of all 17,000 employees/volunteers/students/contractors. Our department has 8 clinics across the system with 24 nurses and staff. Our role spans many topics, including: immunization and prevention services, ergonomics, health education, disaster response, infectious disease, chemical exposures, and chronic disease maintenance.

What's your favorite part about your job?

I really enjoy the diversity of our work. One minute we're rolling out a flu vaccine campaign and the next minute we're standing up a major Ebola response. I never get bored and the work never stops coming, which makes me feel useful and challenges me to learn new topics. I really enjoy serving health care workers as our clients. We work to keep them healthy so they can go out and provide the best care for their patients!

I heard that you're in school for nursing. Tell us about what made you decide to become a nurse.

My mother was a nurse in the Emergency Department, and when I graduated high school I worked for about 5 years as an Emergency Medical Technician. I wanted to get into nursing but got sidetracked by an interest in Sociology. During my career with public health I have found that nursing plays a central role and decided to add an RN. I am a month from finishing the LPN, and will then do the RN bridge program. I feel having the RN will make me a better manager and give a more holistic perspective of public health.

What do you do for fun?

I am an avid reader of both fiction and non-fiction. I am a big nerd for anything to do with space and science. I enjoy gardening and raising my urban chickens. I'm also learning the art of canning, pickling, preserving, and cooking. My spouse and I love to travel, we went to Thailand most recently and are planning a trip to Uruguay for next year.

From Nursing and Climate Change Action

Action: Nurses must do 10 things

Personal 1. Each of us must commit to educating ourselves about climate change, and commit to continuous education. New knowledge and data is released frequently. While the new is often grim, and solutions are ebbing away, we must stay up to date.

2. Each of us must analyze our personal life style to understand how our own choices contribute to climate change and take appropriate action to reduce the impact. While it is probably not true that every little bit helps, it is the big bits that help, educating ourselves prepares us to have deeper conversations in other spheres. For example, appreciating the simple act of eating less meat informs one about energy use, water use, food distribution patterns, and a future of some peoples not having enough to eat. Similar action around carbon foot prints, energy use, air quality, social determinants, and the like assure we stay educated about climate change.

Professional 3. We must bring issues of climate change into our practice with patients. We must find ways to talk with patients about their individual actions and climate change. It is not right to inform patients about a disease or health process that is individual and not inform patients about ways that climate change will influence their health.

4. We must understand potential weather extremes in our local environment and teach our patients how to prevent adverse effects and when prevention is not possible how to assure their safety. Floods, heat, cold, winds, all must be part of our health teaching with all patients.

5. We must ask our professional organizations—national, state, local—to prioritize attention to climate change as either the highest priority or at least at the priority level below which there is no other for that organization. All of our nursing associations, local nursing groups, national professional groups, and such must be asked to prioritize climate change. Some will turn us down the first time, maybe even the second, but we are obligated to get our house in order.

6. Nursing education must integrate climate change content throughout the curriculum. There are three aspects to climate change – adaptation, mitigation, and suffering – students must be fully educated.

Policy 7. We must advocate for policies that will truly mitigate climate change. The accepted goal is to limit the increase in global surface temperature no more than 2 degrees Celsius over the pre-industrial average. When policy-making bodies are contemplating actions to reduce climate change we must insist they share the analysis that honors the 2 degree Celsius goal.

Places to go to stay informed:
Alliances of Nurses for a Healthy Environment
CDC Climate and Health
EPA Climate Change
Intergovernmental Panel on Climate Change
Climate Central
The Carbon Brief

8. We must advocate for policies that improve adaptation to climate change. While mitigation is the primary goal we recognize that even with a 2 degree Celsius rise, and policies that halt the rise at 2 degrees, there are still significant changes in sea level, water availability, food production, energy availability and the like. We must advocate for policies that are informed by already in motion changes.

9. We must support a nursing research agenda that includes climate change. Our nursing researchers are uniquely positioned to study all aspects of climate change.

Other 10. We must support the Alliance of Nurses for a Healthy Environment (ANHE) effort in this area. More importantly we must push ANHE to do the work that enables us to stay educated, practice well, and advocate for policies.

Coda It is worth keeping in mind two aspects of this work for which there must be some tension. It is the collective activity of community that will save us. It is the broad action of community that moves from local to national to international. Therefore we must continue to support the activities that improve our lives, for example - tobacco reduction, minimum wage, universal health care, and removal of toxic chemicals. Working on these and other activities build connections that can become useful for attention to climate change. On the other hand we must fully appreciate that time is very short, and we must be realistic that some of the catastrophic changes are very very close to inevitable.

Nurses are obligated.

In the News

Preparedness: Lots of discussion has recently occurred regarding the New Yorker article about the Cascadia Subduction and its effects on life in the NW. Check out the full article here: newyorker.com/tech/elements/how-to-stay-safe-when-the-big-one-comes.

Tobacco Laws: Smoking and tobacco are no longer allowed in any Portland city Park. For more information about the new law, check out their website: portlandoregon.gov/parks/67315.

Health Impact Assessment: Congratulations Curry County for winning a national award at the Health Impact Assessment National Meeting in Washington, DC. The recognition was for an HIA project that improved community health and well-being. This project was selected because the health information and personal stories included in the HIA helped decision-makers change a state affordable housing policy that excluded residents of manufactured housing. See the short film about the project: pewtrusts.org/.../health-impact-assessment-helps-f...

I Love Public Health T-Shirt: The American Public Health Association (APHA) is creating a public health movement through a “I Love Public Health” T-shirt. The shirt is on-sale online when you register for the APHA Annual Meeting and for purchase on site at the annual meeting from October 31 — November 4. Shirts purchased online are \$15, while shirts purchased at the Annual Meeting are \$18. More information about the shirts can be found here: publichealthnewswire.org/?p=13593

Webinar—Telehealth: A Game-Changer for Health Care — Are Laws Keeping Pace: Many in public health see telehealth services — such as doctor-patient video-conferencing — as a game-changer for health care. This webinar will examine how telehealth can improve access to health care for rural communities, the use of telehealth in schools, the use of VDOT for the treatment of tuberculosis, and the laws currently regulating telehealth practices in each state. Webinar is Thursday August 20th from 1-2:30pm (eT). Register for the webinar here: networkforphl.org/webinars...telehealth...



**Nursing
Section**

Want to submit an article for the newsletter? We're happy to review it and add it to our next newsletter. Deadline for Fall Newsletter submission is October 23rd. If you have any questions on the newsletter or want to guidelines for writing an article, email: opha.nursing@gmail.com.