


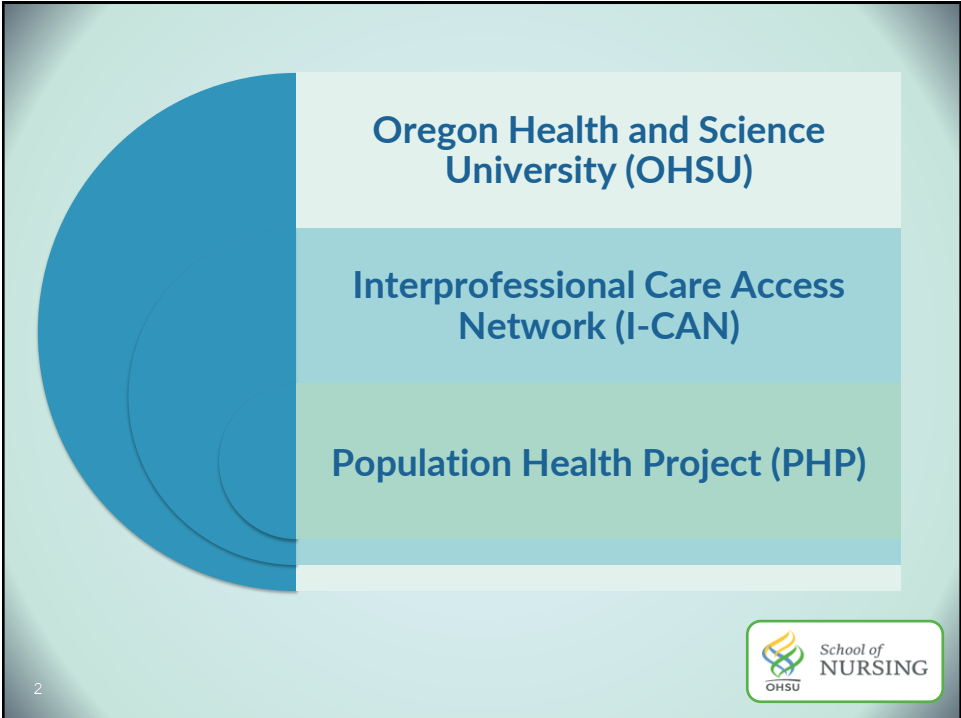
Population Health Projects :

An Innovative Teaching Strategy for Authentic Influence in the Community

Dec 3, 2021 – Beth Doyle, DNP, RN, Kristen Beiers-Jones, MNE, RN, Kristy Lanciotti MN, RN, Erin Lemon MN, RN




1



Oregon Health and Science University (OHSU)

Interprofessional Care Access Network (I-CAN)

Population Health Project (PHP)



2

Population Health Nursing at OHSU

Community-based care coordination for socially isolated, vulnerable populations

Patient-centered and focused on social determinants of health, along with disease management

Nurse-led, collaborative, interprofessional service-learning in a real-world context

Chosen in 2019 by RWJ/AARP “Nursing Education & the Path to Population Health Improvement” as a national exemplar

3

*Robert Wood Johnson Foundation. (2019). Nursing Education and the Path To Population Health Improvement Campaign for Action improvement. *Future of Nursing*, 48.



3

What is a PHP?

Zoom Out...



Students develop projects that aim to:

- Be sustainable and evidence-based
- Reduce health disparities
- Address priorities important to the community
- Promote diversity, inclusion and equity

4



4

PHP Deliverables

Start of term:



Community Assessment: “Windshield” survey, key informant interviews, census and CDC data, identify gaps

End of term:



Poster: Professional Audience

Media tool:
Lay Audience

Disseminate:
School of Nursing, community agencies, state and local conferences

SBAR Hand-off:
For future students

5



5

A learning tool to meet Domain 3 in AACN’s Essential Core Competencies

“Domain 3: Population Health spans the healthcare delivery continuum from prevention to disease management of populations and describes collaborative activities with affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.”



6



6

PHP Examples

Safe Medication for All Requires Translation (SMART) Bill

Food insecurity and access to culturally appropriate foods

COVID-19 Vaccine hesitancy in refugee populations

Hospice for the Houseless

Connecting services for transgender Iranian refugees

Climate extremes and health in low income neighborhoods

Stigma around safe consumption spaces

Barriers to transportation and impact on health

Demystifying Medicaid for nurses



7

7

3.1 Manage population health

Students gather information about the population their I-CAN clients are members of:

Listen to community members

Seek to understand community priorities

Interview stakeholders

Analyze the mission & services of agencies serving I-CAN clients

Gather population health data

Identify systemic gaps impacting I-CAN clients and communities

Develop an action plan

3.1a Define a target population

3.1b Assess population health data.

3.1c Assess the priorities of the community and/or the affected clinical population.

3.1f Develop an action plan to meet an identified need(s), including evaluation methods.



8

8

3.2 Engage in effective partnerships

Formal and informal partnerships within neighborhoods

Community Leaders	Federally Qualified Health Centers	County Health Departments	Oregon Health Authority
Refugee Resettlement Agencies	Non-Profit Housing Organizations	County Housing Authority	Food Pantries
African Youth Groups	City Fire Departments	Faith Based Organizations	Social Service Organizations

3.2a Engage with other health professionals to address population health issues.

3.2b Demonstrate effective collaboration and mutual accountability with relevant stakeholders.

3.2c Use culturally and linguistically responsive communication strategies.



9

9

www.ohsu.edu/i-can
ican@ohsu.edu

The impact of climate extremes on the health of low-income Rockwood residents.

Michelle Guerrero and Ari Rapkin

Do weather extremes have negative health implications?

- Unusually hot or cold days make it harder to regulate body temperature & can increase illness & death (UK Global Change Research Program, 2015).
- Climate change can aggravate food-, vector- and waterborne disease, malnutrition, respiratory and mental health (Liu & Fu, 2015).

Prevalence in our Community

- "Over the over the last few summers, we've seen an increase in asthma, COPD & breathing problems."
- RN, Wallace Medical Concern
- In May and June 2021, the northwest had 3,504 heat-related illness ED visits, 79% of those occurred during 6 days when most of Oregon was under an excessive heat warning. (Edwards, 2021)
- The daily average of heat related ED visits was 69 times higher this year from June 25-30 than same time period in 2019. (Gama, 2021)

Who is most impacted?

- Climate change exacerbates inequalities between whites and communities of color (Hsieh et al., 2020)
- Lower income populations have fewer options and more exposure to climate change. 62.7% of the population of the Rockwood neighborhood is extremely low-income. (Hsieh et al., 2020; US Census, 2019)
- Populations most vulnerable to climate change impacts are same that experience health inequities. (Wagner et al., 2021)

SURFACE TEMP.

Minimum: 37.046
Maximum: 86.096
(NOAA/NCEP, 2019)

INCOME

Minimum: 16,716
Maximum: 127,745
(Census, 2019)

Voices from our Community

- "The anxiety of having to go through that heat again is still impacting me since I do not have AC and I am scared to open up the doors and windows in this area because there is always something happening outside here."
- Rockwood Resident
- "My daughter and I had to resort to wrapping ourselves in wet towels and laying on the floor downstairs, it was degrading."
- Rockwood Resident

What can be done?

Cost of Emergency Room visits compared to rental home air conditioning

- Projected costs 2050, \$38- \$58 million for HRI EDV. (Hsieh, 2019)
- SAHA installed 2400 AC units with \$1.5 million (Clean and Healthy Homes Initiative, 2020)

Install A/C

Lower EDV

+

Decrease Health Costs
Increase Health Outcomes

Policy solutions:

- In June 2020 in response to increasing temperatures, Montgomery County, MD enacted legal changes to require cooling in rental housing (Montgomery County Code, ch. 28-224-05, 20-5)
- Also in June 2020, Chicago city council began considering an ordinance to require cooling in all housing in response to climate change, acknowledging the disparate impact increasing temperatures have on seniors, people with disabilities and low-income populations. (Chicago City Ordinance 2020-0306)

Next steps

- Engage stakeholder groups locally and regionally to explore viable policy and practice solutions.
- Survey community members more broadly about their experiences with extreme weather and health, and their views on best solutions.
- Create funding ideas between government & local agencies for Air Conditioning costs.
- Petition for Oregon Home Weatherization Assistance Services to include cooling system

Thank you to our clinical supervisor Erin Lemon, MN, RN, CCM, community partners at Wallace Medical Concern, Rockwood residents and support from Unite Oregon, HomePlate Youth Services and the Community Housing Fund.

10

3.3 Consider the socioeconomic impact of the delivery of health care.

Observe and research the cost containment for primary prevention over tertiary treatment

Prioritize the community-defined need while seeking evidenced based solutions for improving health equity

Consider previously successful models to promote funding and efficacy of needed interventions

Partner with existing agencies to promote extensions of services to meet previously unconsidered community needs.

3.3a Describe access and equity implications of proposed intervention(s).

3.3b Prioritize patient-focused and/or community action plans that are safe, effective, and efficient in the context of available resources.



11

11

I-CAN
INTERPROFESSIONAL
CARE ACCESS NETWORK

Hospice for the Unhoused

Cooper, C., Miller, J., Morrill, A. & Thompson, T.

Background and Population
Homeless persons...have a mortality rate **four to nine times higher** than those who are not homeless* (CDC, 2017). From diagnosis to memorial, the needs of people with terminal diagnoses in the downtown Old Town area are not being adequately met. This specific population suffers from the "double invisibility" of being both, homeless and terminally ill (Davis-Berman, 2016).

Objective
There are three underdeveloped facets that need to be addressed: space, services and synergy. The objective of this project is to identify local stakeholders, explore existing models, name and address the barriers and create tangible steps to bettering the situation in Portland.

SPACE

SYNERGY

SERVICES

=

IDEAL SCENARIO

- Safe, stable housing
- Easily accessible
- Integrate Community
- Legacy work
- Harm Reduction
- Holistic
- Interdisciplinary
- Timely application process
- Staff trained specifically for terminally ill homeless people

Asset Map

Care Coordination Team

Steps Moving Forward

- Hospice for Unhoused in PDX
- Coordinate with Existing Efforts
- Needs Assessment
- Maybelle Center staff recommendations
- House Call Providers
- Existing models
- Scope and characteristics
- Models: Joshua's House, Sisters of the Road resources (Davis et al., 2016)

Barriers

Communication: "Not in my backyard", "Interruptions in care"

Hierarchy of needs: Collaboration, Complexity

"Time bomb": Stigma, Substance abuse

Funding

12

3.4 Advance equitable population health policy

Observed refugee I-CAN clients unable to read labels on their medication bottles

Researched the absence of legal requirements for pharmacies to label meds in a client's primary language.

Partnered with legislators, state board of nursing, pharmacies, immigrant rights groups, and others to draft a bill for the Oregon Legislature. **SB698 is now Oregon law** requiring pharmacies to offer medication labels in patient's language

PHPs continue to advance policy efforts – partner with Board of Pharmacy, BIPOC coalition legislators, Oregon Health Authority, prescriber groups, & health equity advocates.

3.4a Describe policy development processes.

3.4b Describe the impact of policies on population outcomes, including social justice and health equity.

3.4c Identify best evidence to support policy development.

3.4d Propose modifications to or development of policy based on population findings.

3.4e Develop an awareness of interconnectedness of population health across borders

13



13

I-CAN
INTERPRETING CULTURAL ACCESS NEEDS

Community Nursing Considerations for the Implementation of SB 698

www.ohsu.edu/i-can | ican@ohsu.edu

Sophie Krensky and Anna Christina Macari

Background:
In 2019, Oregon passed SB 698, a law that requires all retail and hospital pharmacies to provide prescription container labels in both English and one of 14 identified high-need languages for patients with limited English proficiency (LEP). The legislative process did not stop with the law's passage; there have been many considerations as government moves to implement and enforce this policy, with decisions that nurses can and should be involved in.

Percent of County Population with LEP, 2015¹

Our goal was to assess the barriers and challenges of public health policy implementation and present recommendations and best practices for nurses to leverage their expertise in outreach and implementation.

Interventions & Outcomes:

Assessed barriers to implementation with stakeholders.	Researched avenues for pharmacy compliance.	Conducted policy analysis on similar legislation in other jurisdictions ² .
Much like lawmaking, policy implementation benefits from coalitions of diverse interests contributing to implementation ³ .	An understanding of the language services landscape and its nuances of what constitutes "certification."	Stronger strategic direction for future policy.
Analyzed government agency documents to identify gaps in rulemaking.	Created resources for pharmacies to comply with regard to language services and signage and requirements.	Drafted rulemaking testimony from both nursing and organizational perspectives.
Gaps in rulemaking indicate the need for continued assessment from stakeholders, even after a bill is passed ⁴ .	Without dedicated funding, outreach to both pharmacies and LEP communities will be a challenge, particularly without language in the bill for specific OHA action.	Compelling statements from varied stakeholders in support of robust, meaningful implementation and enforcement.

"Accountability works in the pharmacy world."
-Marius Ibuye Balola PharmD

Next Steps:

- Involve OHA in outreach activities to pharmacies and LEP communities
- Develop appropriate signage
- Work with OHA to develop a list of quality 3rd party translation vendors
- Monitor OBoP rulemaking processes
- Work with OHSU to share translation intellectual property with other pharmacies
- Strategize on passing similar policies in other jurisdictions

Acknowledgements:
Kristen Beiers-Jones,
Kate Ballard
Kate Newhall
Beverly Ankrum
Ruby Graven
Marius Ibuye Balola

References:
¹Bailey, S.C., Hasnain-Wynia, R., Chen, A.H., Sarkar, U., Selhoua-Oluisberg, A., Lindquist, L.A., Schilling, D., & Wolf, M.S. (2019). Developing multilingual prescription instructions for patients with limited English proficiency. *Journal of Health Care for the Poor and Underserved*, 30(1), 31-47.
²Efkenbecker, C.H., & Edward, J. (2018). Conducting nursing research to advance and inform health policy. *Policy, Politics, & Nursing Practice*, 17(4), 208-217.
³Minority Nurses. (2015). From the bedside to the halls of Congress: Our national nurses. <https://minoritynurses.com/from-the-bedside-to-the-halls-of-congress-our-national-nurses/>
⁴US Census Bureau. (2015). B16001 – Language spoken at home by ability to speak English for the population 5 years and over for the 5-year data estimates | Data File. Retrieved from <https://factfinder.census.gov>
⁵Wolus, L., Schorer, M., Chantarat, T., Oshiro, T., Pagan, P., Rosenfeld, P., & Yin HS. (2009). Assessing the impact of language access regulations on the provision of pharmacy services. *Journal of Urban Health*, 86(4), 644-651.

14

3.5 Demonstrate advocacy strategies

Home visiting I-CAN clients presents authentic view of the barriers faced obtaining the most basic health services

Interview key informants health care and service providers, stakeholders, care recipients, legislators, and advocacy groups

Research how similar problems are addressed in other populations/locations

Final theory paper assigns students to write persuasive letter articulating the need for the change their PHP is focused on.

3.5a Articulate a need for change

3.5b Describe the intent of the proposed change.

3.5c Define stakeholders, including members of the community and/or clinical populations, and their level of influence.

3.5d Implement messaging strategies appropriate to audience and stakeholders.

3.5e Evaluate the effectiveness of advocacy actions

15



15

Student Feedback

"The population health project was **what opened my eyes** to the depth and range of nursing and its impact on groups and communities. **It set the course for the rest of my career.**"

Sana Goldberg PMHNP (OHSU BSN 2016)

"The experience I had working on my PHP with SB 698 was one of the **most impactful opportunities** of my educational career. It has prompted and prepared me to advocate for systemic change at OHSU and the Oregon Capitol. Because of this PHP project, I have gone on to influence behavioral health changes at OHSU, lobby for firearm storage laws in the legislature, lead legislative changes in Nevada, and share the learning with other nurses through a workshop."

Kate Ballard RN, PNP graduate student (OHSU BSN 2019)

16



16

Conclusions

The PHP is an innovative learning experience, engaging student nurses in authentic work that **matters to the communities** they serve, and helps them to achieve the **Population Health competencies** within the AACN Essentials.

Future nurses who are well versed in the Social Determinants of Health, through participating in immersive experiences like the I-CAN program and the PHP, are poised to be **leaders** in creating change to improve the lives of vulnerable populations, ultimately advancing **health equity**.

Through this work, students absorb health concepts in ways that are tangible and sustainable; **they learn the true power of their influence**.

17



17

Thank You!!

Beth Doyle doyleb@ohsu.edu
Kristen Beiers-Jones beiersjo@ohsu.edu
Kristy Lanciotti ivicek@ohsu.edu
Erin Lemon lemon@ohsu.edu

18



18