



Working to protect the health of our communities.

# Massachusetts Association of Public Health Nurses

## Fall 2015 MAPHN Newsletter

Letter From MAPHN President Amanda Stone

Volume 1, Issue 2

Welcome All to the Fall Edition of our Newsletter! I am delighted for this opportunity to write my first piece for the Newsletter as President of MAPHN! Firstly, and most importantly, I want to thank you for supporting MAPHN through your ongoing membership in our organization. With so many changes taking place, it is now, more than ever, that we must build on our presence as vital members of the public health workforce. We know we make a difference in the individual communities we serve and collectively, as members of MAPHN, our light shines brightly!

Speaking of lights shining (as mine is in the photo!), I joined MAPHN colleagues, partners and volunteers at Stand Down, Boston in August. Over 250 at-risk and homeless veterans were cared for in the MAPHN foot care tents that day! Wow! Thanks to all who helped out and kudos to Kitty Mahoney for her leadership! It is a huge undertaking and if you have any interest in participating next year, please, don't hold back! Many other notable happenings have taken place over the course of the last few months. If you have not already, I encourage you to read the Chapter, Committee, and Officer reports that are posted on the website. This is a good way to get abreast of all that MAPHN is doing, statewide, to support the professional development and leadership of our members, protect and promote population health and well-being, and ensure we have a seat at the table!

Keep up the great work everyone and please share your accomplishments and updates by sending info to [Newsletter@maphn.org](mailto:Newsletter@maphn.org). For feedback on ideas or questions try posting on our member to member discussion forum in the Members Only section of our website. Hope to hear from you soon!

Lastly, but no less importantly, in the busyness of the season, remember to take care of you. My very best wishes to all for a healthy winter. Amanda Stone, RN



Glynnis LaRosa and Amanda Stone providing foot care to At Risk and Homeless Veterans, August 2015



Endless Summer Poster. The Hull Board of Health participated and provided Flu Shots! Public Health Nurses at work!

**Save the Dates**

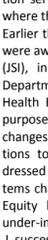
November 19, December 3, & December 10, 2015

**TUBERCULOSIS CASE MANAGEMENT FOR NURSES**

**THREE-PART ONLINE COURSE**

Presented By: Global TB Institute

This interactive online course consists of three live web-based sessions. It will address specific aspects of TB case management from a nursing perspective using a case-based approach. The format will include videos, brief lectures, discussion boards, etc.



For more information, please contact Patty Woods at [patty.woods@globaltbi.org](mailto:patty.woods@globaltbi.org) or [1-800-445-7777](tel:18004457777)

### Caring for Older Adults During Disasters

Submitted by Mary Beechinor through MAPHN Facebook

The National Center for Disaster Medicine and Public Health (NCDMPH) has released its newest resource for health educators and trainers. Developed through the support of the U.S. Department of Veterans Affairs, the Caring for Older Adults in Disasters (COAD) curriculum is comprised of 24 lessons in 7 modules covering topics ranging from special considerations for older adults in specific types of disasters to ethical and legal issues related to the care of the senior population during a disaster.

**"Caring for Older Adults in Disasters: A Curriculum for Health Professionals."**

### Technical Assistance to Reduce Immunization Disparities among Hard-to-Reach Populations in MA

Submitted by Leila Mercer, Metrowest/Central Chapter

As PHN for the town of Natick, I have acknowledged the existence of a low-visibility yet vulnerable population in our community. Homebound elders and other isolated adults who do not receive defined health services such as VNA or home care assistance are not readily identified by those who provide immunizations. Because of their difficulty in going to typical immunization access sites such as flu clinics and pharmacies, many of these adults go for the vital protection from vaccine-preventable diseases.

Protection from several vaccine-preventable diseases beyond the traditional influenza and pneumococcal disease is an important health goal for all adults. Homebound elders and other isolated adults who do not receive health services such as VNA or home care assistance do not enjoy the same access to immunizations such as Tdap and shingles. Furthermore those who offer vaccination services have difficulty identifying who and where these adults are.

Earlier in 2014, Technical Assistance (TA) Grants were awarded by JSI Research & Training Institute (JSI), in collaboration with the Massachusetts Department of Public Health (MDPH)'s Office of Health Equity and Immunization Program. The purpose for these TA Grants was to make practice changes allowing grantees to promote immunizations to hard-to-reach populations. Goals addressed would build capacity and facilitate systems change to ensure sustainable rates among under-immunized populations.

I successfully applied and was awarded one of the nine grants given to local health departments (LHDs) and community-based organizations (CBOs). Besides the Natick Health Department, those awarded grants were: Springfield, Amherst, and Athol Health Departments; the Berkshire Public Health Alliance; Edward M Kennedy Community Health Center; Whittier St, Fenway, and Codman Square Health Centers.

Grantees learned to make incremental steps resulting in changes in practice. These changes included:

- Identifying hard-to-reach populations including but not limited to undocumented immigrants, substance users, homeless and homeless elderly, many of whom are from diverse racial, ethnic and linguistic minority populations and/or uninsured
- Developing strategies and activities for outreach and education related to vaccination
- Developing community-based partnerships
- Collection of immunization data using MIIS.

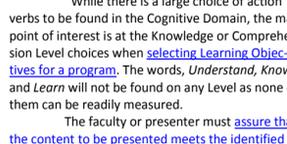
My goals were to develop strategies to improve partnerships with CBOs in order to identify and offer access to immunizations for low-visibility, homebound adults in Natick, specifically targeting homebound seniors in need of receiving the Shingles vaccine. In addition, I wanted to seek out the needed tools for developing this program into one that is sustainable.

As a result I developed the Homebound Shingles Vaccination Program. With the assistance of my BSN student from UMASS Boston, fellow MAPHN member Johanna Mancuso, we identified and met with community groups such as the Natick Service Council and the Natick Clergy Association in order to find ways to seek out homebound seniors. We also worked on ways to get the word out to the community about the program.

There were monthly TA calls where grantees and JSI/MDPH participants were able to share and offer insights into the progress of projects. At the end of the grant cycle, all grantees reported on their projects at an all-day Learning Lab held at the Worcester Health Department.

Technical Assistance Grants have been offered annually to LHDs and CBOs. I hope that they will continue to be offered, and strongly encourage all PHNs to take advantage of this opportunity.

### Engage with other MAPHN Members through our Facebook page (Public) or through our Members Only Discussion Forum (Private).



### Learning Objectives: 101

Submitted by Charlotte Stepanian, MSN, RN-BC Chair, MAPHN Education & Practice

With the influx of many new faces within the MAPHN membership and its many partners, it seemed like a good time to do a brief refresher course about "creating learning objectives" for our educational offerings. The task of writing learning objectives for an upcoming educational program worthy of receiving nursing credit hours is not rocket science but does follow prescribed conditions and language.

These conditions and language are second nature for me since they were part of my learning and practice after earning my Nursing Education Master's degree. The basic criteria for writing objectives is that the objectives meet a **criticism** (attending a specific program), display a specific **performance** (one of the cognitive action verbs) and have a **criterion** (the quality of accuracy for performing the task shown by the Likert Scale numerical responses). Now doesn't that sound familiar and explain why the evaluation tools are structured the way they are?

There is a second triad of terms to give thought to here also that evolve from the **performance** component of learning: the **Cognitive Domain** (the thinking or learning domain), the **Affective Domain** (the feeling domain) and the **Psychomotor Domain** (the skills or doing domain). Since the purpose here is to create a learning situation, it is the Cognitive Domain and its list of action verbs that demands our attention for the task at hand.

Backing in the mid twentieth century, the need for classifying behavioral learning objectives led to the development of a tool known as **Bloom's Taxonomy of Educational Objectives** which is comprised of the three domains. Each domain is further classified into specific levels of behavior. This tool is still actively in use today and can be located by searching for the term bolded above.

While there is a large choice of action verbs to be found in the Cognitive Domain, the main point of interest is in the Knowledge or Comprehension Level choices when **selecting Learning Objectives for a program**. The words, *Understand*, *Know* and *Learn* will not be found on any level as none of them can be readily measured.

The faculty or presenter must **ensure that the content to be presented meets the identified Learning Objectives** for their program. Your responses when completing the post program evaluation confirm just how well they accomplished that task. Perhaps in the future you may want to give your post program evaluations more careful consideration. Did the presenter and/or the program really meet the Learning Objectives?

Trust I haven't further frightened you about developing a program for your community or chapter! I'm more than willing to guide you through the **application process**. I can be readily reached at [cestep25@comcast.net](mailto:cestep25@comcast.net) for assistance and guidance.

[Guelincaes@comcast.net](mailto:Guelincaes@comcast.net) for Contact Hour Applications are located on our website!

### The Environmental Public Health Training A Useful Tool for Nurses and other Health Care Professionals

Submitted by Frances Medaglia PhD, MSN, APRN, BC

Members of the Metrowest Central Chapter conducted their July meeting during their annual Beach Retreat. Each summer Charlotte Trubiani generously offers to host us at her Marshfield Oceanic Beach House. We were pleased to welcome our new MAPHN President Amanda Stone, who gave a message on her vision for MAPHN. After adjournment of the meeting, we enjoyed dinner and conversation at the Jetty, followed by a stay over. Walking on the beach, shelling, and having fun provided a great bonding experience for all our members who attended.

(L-R Charlotte Trubiani, Deb Chalk, Karen D'Angelo, Leila Mercer, Amanda Stone, Glynnis LaRosa and Leslie Chamberlin)

Boards of Health to find placements for students, I am sure these thoughts enter everyone's mind: "I am busy, I don't have anything special to offer and it will slow me down!" Yes all of those things may be true (except having nothing to offer!) but the advantages personally and professionally often far outweigh the perceived barriers. I submit that the provision of "handing down the knowledge" via mentoring is a professional responsibility, we gain as much as we give, and it is a way to assure the next generation of public/community health nurses.

### Why Should I Mentor A Student Nurse in Public Health?

Submitted by Merrily Evdokimoff

Every semester as schools contact local Boards of Health to find placements for students, I am sure these thoughts enter everyone's mind: "I am busy, I don't have anything special to offer and it will slow me down!" Yes all of those things may be true (except having nothing to offer!) but the advantages personally and professionally often far outweigh the perceived barriers. I submit that the provision of "handing down the knowledge" via mentoring is a professional responsibility, we gain as much as we give, and it is a way to assure the next generation of public/community health nurses.

Students need to be exposed to "real world" experiences to make the knowledge translation from theory to evidence based practice. In a Community Health Nursing course for RN-BSN students constructs include: Collaboration, Community Involvement/Assessment, Project Planning and Evaluation and Self Reflection. While these concepts may be defined in the class room, observing nurses carrying out these activities increases the level of understanding and an opportunity to model it. We look at the Minnesota Wheel (MDH) in class, but to actually see the varied role of the Public Health Nurse they need to see you in action. This cannot be done in the class room (or on-line) setting.

Abdullah et al (2014, p. 284) describes the role of the mentor as being: (a) more experienced than mentees; (b) provider of individualized support based on mentees' learning needs; and (c) involved in an interpersonal relationship as generally indicated by mutual benefit, engagement, and commitment. The focus on the individualized approach again is action not easily performed in the classroom. As a professional, our nursing license is bestowed on us by the society we serve and providing service learning is part of that responsibility. In addition, Abdullah (2014, p. 294) found nurses who had mentors significantly improved skills in implementation of EBP.

In addition to the professional responsibility, the rewards of having a student to mentor include: needing to explain the rationale for our actions and the process of planning how to carry them out often leads to a new way of thinking at things for the mentor as well as mentee. Students are often very appreciative and may later contact you to let you know about the influence you had on them early in their career. Plus, the focus on service learning in many of the nursing programs gives you an opportunity to have assistance in pursuing a project you are also interested in but have not had time to do.

Assuring the next generation of public health nurses is of great concern to all of us in the field. Less than 8% of the Public Health Nurses in a national survey had less than 5 years of experience. Yet 20% had 20+ years of experience. (RWJ, 2013). In order to assure the next generation of PHNs, we need to bring these percentages closer together to have new nurses learning the role at a higher rate than those leaving the field. MAPHN has been instrumental in collection of this data, but we can do more. As each individual PHN agrees to mentor a student, we increase the possibility of recruiting a nurse into the public health arena. We really only have one chance during their education, when they are taking community health nursing, and then they are off to the world of acute care, often never to consider community based nursing again.

So, the next time you get the call to mentor a student, please push aside the initial "why not" and focus on the "why I should!"

References

Abdullah, G., Rossy, D., Ploeg, J., Davies, B., Higuchi, K., Skior, L. & Stacey, D. (2014) Measuring the effectiveness of mentoring as a knowledge translation intervention for implementing empirical evidence: A systematic review. *Worldviews on Evidence-Based Nursing*, 11(5), 284-300. Minnesota Department of Health (MDH), (n.d.) Public Health Interventions: Applications for Public Health Nursing Practice. Accessed at [http://www.health.state.mn.us/divs/opi/cd/pnh/docs/0301wheel\\_manual.pdf](http://www.health.state.mn.us/divs/opi/cd/pnh/docs/0301wheel_manual.pdf)

Robert Wood Johnson Foundation (RWJ) (2013). Enumeration and Characterization of the Public Health Nurse Workforce. Accessed on-line at <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf406659>



Our partners, Massachusetts Association of Occupational Health Nurses advocated on our behalf at their National Convention, American Association of Occupational Health Nurses held Boston Massachusetts in 2015 to support the Operation Stand Down with MAPHN Tent! Special thanks to the MAPHN Tent! Local Public Health for their funding support for durable medical equipment!



Mary and John Beechinor at Operation Stand Down with MAPHN Tent in 2015. Mary accepted this role in 2014 and has organized shoe, boot and sock distributions for our foot care tent. Outstanding job in 2015!



Set Up for Operation Stand Down with MAPHN Tent providing foot care to at risk and homeless veterans. Please consider joining us in 2016 for our 9th year as participants!

### From Pat Iyer through MAPHN Facebook

Finding there to be quite a few new PHNs out there. We were able to gather a group in the South Coast and do a PHN Orientation to TB Case Investigation and Case Management, specifically for nurses in New Bedford, Brockton, and Fall River. Planning to do another on Dec 3 in Tewksbury on December 3rd at the Hospital from 11-12:30. I am surprised as to how many newer nurses there are north of Boston. If you are a new PHN or know of someone who would benefit from this orientation feel free to either message me or email me at [Patricia.Iyer@state.ma.us](mailto:Patricia.Iyer@state.ma.us)

### President: Amanda Stone, president@maphn.org

Vice President: [terri.khoury@town.canton.ma.us](mailto:terri.khoury@town.canton.ma.us)

Treasurer: Ruth Mori, [treasurer@maphn.org](mailto:treasurer@maphn.org)

Secretary: Leila Mercer, [secretary@maphn.org](mailto:secretary@maphn.org)

Directors At-Large: Kathy Whittaker, [kwittaker@winchester.us](mailto:kwittaker@winchester.us)

Maria Tamagna: [mtamagna@cityofmalden.org](mailto:mtamagna@cityofmalden.org)

Presidential Aide: Caroline Kinsella: [presidentialaide@maphn.org](mailto:presidentialaide@maphn.org)

Newsletter Submissions: [Newsletter@maphn.org](mailto:Newsletter@maphn.org)

Communications & Website: [kittymahoney@maphn.org](mailto:kittymahoney@maphn.org)

### Chapter Contact Information:

Cape & Islands Chapter [darvidson@barnstablecounty.org](mailto:darvidson@barnstablecounty.org)

Metrowest Central Chapter [lmrcer@natickma.org](mailto:lmrcer@natickma.org)

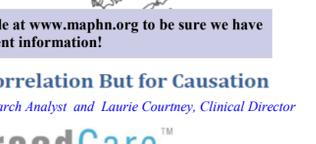
Northeast Chapter [kwittaker@winchester.us](mailto:kwittaker@winchester.us)

Southeast Chapter [mbechinor@townhall.westwood.ma.us](mailto:mbechinor@townhall.westwood.ma.us)

Western Chapter [spetrucci@agawam.ma.us](mailto:spetrucci@agawam.ma.us)

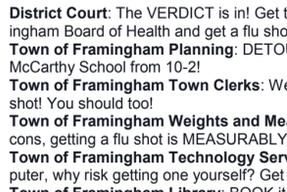
Be sure to check your membership profile at [www.maphn.org](http://www.maphn.org) to be sure we have your most current information!

### MAPHN EMAIL CONTACTS



### Analyzing Not Just for Correlation But for Causation

Prepared by Roland B. Stark, M.Ed., Senior Research Analyst and Laurie Courtney, Clinical Director Reinforced Care, Inc



Objective: This article is aimed at readers who would like to improve their ability to interpret and evaluate research findings, especially findings that, relying on statistics, are presented as evidence of cause-and-effect relationships. Readers should come away better able to recognize the choices, often subjective choices, that such research entails. Readers will learn how findings about causation are obtained and will hopefully be better equipped to critique them.

[Click here for the full text of this article.](#)

### Saturday November 14th, 2015 Public Health Museum Annual Meeting

Museum Open 2-4 Program and Business Meeting 4-6 pm Refreshments will be served. Located on the grounds of Tewksbury Hospital 365 East Street Tewksbury, MA.



President of MAPHN Amanda Stone providing Foot Care Webinar

Summer Webinar Series with MAPHN: You can still view these webinars on our website!

### The Opioid Epidemic: A Public Health Crisis

with Colleen T. LaBelle, BSN, RN-BC, CARN Program Director STATE OBOT B Boston University School of Medicine on July 28th, 2015

### A Nurse Led Model of Foot Care for At-Risk or Homeless Veteran Populations

with Amanda Stone R, Mattapoisett Public Health Nurse and Kitty Mahoney RN, Framingham Public Health Nurse



### WELCOME NEW MAPHN MEMBERS!

- Kathleen Carrier, Cape Chapter
- Lori Desmarais in Freetown
- Linda Walsh in Newton
- Jessica Gardner in Dedham
- Judith Griffin in Barnstable
- Nicole Isabelle in Marlborough
- Pamela Jobst in Athol & Orange
- Kara Katz in Arlington
- Judith Ryan in Danvers
- Kathleen Smith, Student

Congressman Stephen Lynch got his flu shot at Endless Summer Health Fair in Hull from Lorraine Mahoney, RN (below)



Senator Karen Spilka got her flu shot at the Annual Senior Health Fair in Framingham from Sharron Arroyo, RN(left) Photo by Framingham MRC

### Social Media Campaign for Flu Fighters in Framingham

Submitted by Kitty Mahoney

This year The Town of Framingham approved a Social Media Campaign for #FluFighters. What better way to launch the campaign but to snap pictures of various departments (there were 44 pictures and slogans in all!) getting their flu shot to jump start our outreach to the public. Pictures with slogans were posted twice daily in the weeks prior to the Town Wide Flu Clinic on October 3rd and was shared widely. Coming up with Flu Fighter slogans was not only fun, but really helped drive the social media message! Here is a short sample of some of the Flu Fighter slogans used for town departments. Special thanks to PSM for helping with the slogans! Samples below...



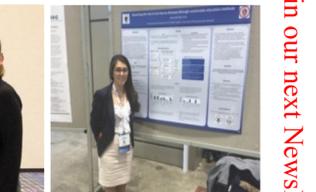
### Flu Shot & Fly! Picture

right taken by Leila Mercer at O'Hare Airport at APHA.



### APHA 143rd Annual Meeting

November 19-20, 2015



Jenna Kindly, 2015 MADPH Intern

Leila Mercer, Shannon Casey, Carrie MacDonald and Glynnis LaRosa in Chicago at the APHA Annual Meeting. More about the conference in our next newsletter! Photographs courtesy of Leila Mercer

More on APHA in our next Newsletter!