

THE NURSE'S CAP

NEWSLETTER

 OF THE INDIAN HEALTH SERVICE HEROES



HEALTHY COMMUNITIES LEAD TO HEALTHY NATIONS

BY ARDITH ASPAAS, EMERGENCY MEDICAL SERVICES FOR CHILDREN NURSE CONSULTANT, INDIAN HEALTH SERVICE, HEADQUARTERS

In an article published by [The Organizing Committee for Assessing Meaningful Community Engagement in Health & Health Care Programs & Policies](#), they write, "True, meaningful community engagement requires working collaboratively with and through those who share similar situations, concerns, or challenges. Their engagement serves as a powerful vehicle for bringing about environmental

and behavioral changes that will improve the health of the community and its members." Nurses are on the forefront of many of these efforts and Indian Health Service and Tribal nurses are a vital link to community engagement and health education.

In this issue the Division of Nursing Services has assembled contributions from public health nursing, news from the field,

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information on Social Determinants of Health, and a new section on Patient Safety. Collectively, these topics inform and elevate discussion on issues impacting the health of tribal communities and how outreach, education, partnership and motivation help lead to healthy tribal nations.

PUBLIC HEALTH NURSING GRANT AND PROGRAM AWARDS

PUBLIC HEALTH NURSE CASE MANAGEMENT: REDUCING SEXUALLY TRANSMITTED INFECTIONS

by Tina A. Tah, RN/BSN, MBA, Nurse Consultant, Public Health Nursing and Jolene Tom, PHN Grant Coordinator, Division of Nursing Services, Indian Health Service, Headquarters



The Indian Health Service Division of Nursing (DNS) is excited to announce the awarding of cooperative agreements for tribal and urban Indian health clinics and systems to raise awareness of sexually transmitted infections as a high-priority health issue among American Indian/Alaska Native (AI/AN) communities and to support prevention and control activities of comorbid conditions. The goal of the funding opportunity is to mitigate the prevalence of sexually transmitted infections (STIs) within Indian Country through a case management model that utilizes the Public Health Nurse (PHN) as a case manager.

Currently, AI/AN men and women are disproportionately affected by STIs compared to other populations within the United States. The infection rates for chlamydia and gonorrhea are four to five times higher in AI/AN populations than non-Hispanic whites. Similarly, AI/AN people have a disproportionate impact from syphilis and Human Immunodeficiency Virus (HIV). In 2019, AI/AN women had the highest syphilis rate at seven times the rate among non-Hispanic white females. Effective diagnosis, management, and prevention of STIs require a combination of clinical and public health activities. The grant award period is five years, beginning September 30, 2022, and each of the seven grant awardees will receive \$150,000 annually. The three program awardees started in August 2022 with a similar award period of performance and annual funding amounts. The total funding dedicated to these awards is \$1,500,000 per year.

The IHS DNS is committed to the overall success of these projects, and the Headquarters PHN Program will provide technical assistance and guidance to the ten programs. The three PHN program awardees are the Chinle Indian Health Service Unit PHN Program, Rosebud Indian Health Service PHN Program, and the Yakama Indian Health Service Unit PHN Program. The seven grant awardees are Central Oklahoma American Indian Health Council, Inc., Great Plains Tribal Leaders Health Board, Tuba City Regional Health Care Corporation, American Indian Health Service of Chicago, Inc., United American Indian Involvement, Inc., Sokaogon Chippewa Community, and Rosebud Sioux Tribe.

NEWS FROM THE FIELD

by Eirin Ward, BSN, RN, Assistant Supervisory Nurse, and Robbie Besel RN,CEN, Trauma Program Coordinator, Northern Navajo Medical Center, Shiprock, New Mexico

The Northern Navajo Medical Center Emergency Department (ED) has an ED Nursing Residency Program

to train new ED nurses within six months to one year. The nursing residency program has three graduates, with three new ED nurses expected to start soon. Each nurse resident receives didactic education along with hands-on training with a preceptor. The program curriculum is self-paced, and each nurse resident must complete the following: Trauma Nursing Core Course (TNCC), Advanced Cardiovascular Life Support (ACLS), Emergency Nursing Pediatric Course (ENPC), Neonatal Resuscitation Program (NRP), and Pediatric Advanced Life Support (PALS). Upon completion of the program,



the nurse resident presents an evidenced-based practice project to their cohorts.

On June 23, 2022, the NNMC ED became level III Geriatric ED Accredited. The quality improvement initiative is monitoring trauma activation status post falls by initiating a CT within 30 minutes for traumatic brain injury (TBI) or suspected TBI and completing the delirium triage screen (DTS) for any alterations in mental status. We have updated protocols and procedures to meet the ED Model of Care for the Level II GEDA activation for elderly

falls and placed geriatric considerations into the trauma policy with the help of the Trauma Coordinator, Robbie Besel, RN. Other efforts include integrating an evidence-based DTS protocol into the electronic health record (EHR) and training the ED team to use the newly established screening tool. The NNMC ED team also performs over 500 chart reviews per month for older adults over 65 years. After the fiscal year, NNMC will be working to acquire Geriatric Emergency Nurse Education (GENE) I and II training for all ED nurses.



Social Determinants of Health (SDOH): How the Contexts in Which We Live Shape Health

by Captain Jana Towne, RN, BSN, MHA, Nurse Consultant, Division of Diabetes Treatment and Prevention, Indian Health Service, Headquarters

Social Determinants of Health (SDOH) are “the conditions in which people are born, grow up, live, work and age and the wider set of forces and systems that shape the conditions such as economic policies and systems, development agendas, social norms, social policies and political systems.” (WHO, 2022). These conditions include multiple social factors, such as access to nutritious food; neighborhood safety; transportation availability; access to education; economic and employment opportunities; safe housing; recreation and physical activity opportunities; social cohesion; and connection to community.

The social factors are often categorized into domains, such as education access, economic stability, health care system access, community and social context, food access, and the physical or built environment. The SDOH are the non-medical factors that influence risk of illness, life expectancy, and opportunity for health. Figures 1 and 2 provide examples of SDOH categories and factors.

These modifiable social factors shape the contexts and conditions in which people live, grow, and age, and are the strongest predictors of health outcomes in the United States. Differences in social factors account for 50% of the variation observed in health outcomes across US counties.

Figure 1: Heathy People 2030 SDOH



Source: <https://health.gov/healthypeople/priority-areas/social-determinants->

Figure 2: Kaiser Family Foundation SDOH

Figure 1
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

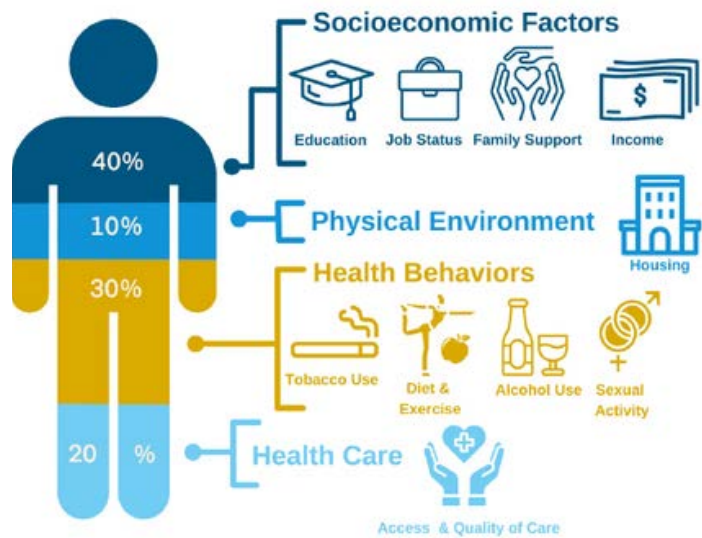
Social Determinants of Health (SDOH): How the Contexts in Which We Live Shape Health

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Moreover, as social conditions and context also influence health behaviors, that impact may extend even farther. (County Health Rankings & Roadmaps, 2022).

The concept that health is directly impacted by the environments into which we are born, grow, live, learn, work, and age is not new for the field of Nursing. Holistic nursing theory teaches us that that it is by addressing the whole of the person: mind, body, spirit, emotion, relationships, environment, social dimensions, and culture that we facilitate healing and foster wellness. Connecting people to resources and affecting positive change to address gaps in our communities are should be integral nursing interventions employed to support individual and public health.

Figure 3: Estimated contributions to health outcomes



Sources

1. World Health Organization (WHO). (n.d.). Health Topics. Social Determinants of Health. Retrieved September 16 2021. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
2. Healthy People 2030. (n.d.). Social Determinants of Health [Infographic]. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Retrieved September 16 2021. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
3. County Health Rankings and Roadmaps. (n.d.). County Health Rankings Model. Retrieved April 7, 2022. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model?componentType=factor-area&componentId=4>
4. University of California Los Angeles (n.d.). Social Determinants of Health. Retrieved April 7, 2022 from <https://www.uclahealth.org/sustainability/social-determinants-of-health>

Monkeypox Virus: Frequently Asked Questions on IHS.gov

Information on infectious diseases are rapidly changing as fast as the virus spreads. The monkeypox virus is the newest public health concern for many in Indian Country. Visit the IHS.gov Monkeypox Virus webpage to stay current with the latest news at <https://www.ihs.gov/monkeypox/>



PATIENT SAFETY CORNER

by Lieutenant Commander Michelle Livingston, MSN, RN, CNL, CIC, CCM, CPPS, Nurse Consultant, Division of Quality Assurance and Patient Safety, Indian Health Service, Headquarters

Did you know the Headquarters Office of Quality houses the Division of Quality Assurance, Patient Safety, and Clinical Risk Management? The patient safety and quality assurance team consists of the Associate Director, Dr. Lisa Majewski (RN), the Patient Safety Consultant, LCDR Michelle Livingston (RN), the Infection Control Coordinator, Ms. Jimi Risse (RN), the Adverse Events Coordinator, and I-STAR Administrator, CAPT Michael Lee (PharmD.), the Credentialing Coordinator, CAPT Dione Harjo, and the Quality Assurance Coordinator Ms. Nicole Flom. Our team stands ready to provide consultation, resources, and tools to help you improve patient safety at your location.

During the last quarter, our team worked on a Total System Safety Strategy to create the framework for agency-wide patient safety. Total System Safety (TSS) may be a new term for most staff in the healthcare field. TSS is a term coined by the National Steering Committee to Advance Patient Safety. It requires a shift from reactive, piecemeal patient safety interventions to a proactive strategy, in which risks are anticipated, and system-wide safety processes are established and applied across the entire health care continuum (IHI). It also includes a unified approach to patient and workforce safety; since the two are inextricably connected.

References:

1. Frankel A, Haraden C, Federico F, Lenoci-Edwards J. A Framework for Safe, Reliable, and Effective Care. White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017. ([Available at A Framework for Safe, Reliable, and Effective Care | IHI - Institute for Healthcare Improvement](#))
2. National Steering Committee for Patient Safety. Safer Together: A National Action Plan to Advance Patient Safety. Boston, Massachusetts: Institute for Healthcare Improvement; 2020. (Available at www.ihl.org/SafetyActionPlan)

Division of Quality Assurance and Patient Safety



Dr. Lisa Majewski



LCDR Michelle Livingston



Ms. Jimi Risse



CAPT Michael Lee



CAPT Dione Harjo



Ms. Nicole Flom

The team utilized the Institute for Healthcare Improvement (IHI) Framework for Safe, Reliable, and Effective Care and the National Steering Committee recommendations when developing the TSS Strategy. We hope to share more details about this strategy soon.

In August, our team partnered with the National Quality Council to recruit an ad hoc, multi-disciplinary work group with membership from across the agency. That workgroup conducted an I-STAR sprint. The sprint methodology is one in which there is a rapid cycle design effort. The workgroup met weekly, one hour per week, for four weeks. The sprint aims to create standardized reporting for a patient safety dashboard for all I-STAR users to track and trend patient safety data, provide data-driven reports to leadership and governance, and drive patient safety quality improvement activities. We thank all workgroup members. The quality product they helped create will be a driving force in reducing preventable harm across the agency.

THE STAR COLLECTION

by Centers for Disease Control and Prevention, Injury Prevention and Control

The Centers for Disease Control and Prevention released two new children's books; ***The Friendship Makers*** and ***The Stars that Connect Us*** as ***The Star Collection***. The Star Collection was developed by the National Center for Injury Prevention and Control in collaboration with the Indian Health Service. These books were written with and illustrated by Marisa Erven of the Coquille Tribe of Oregon. They are for kindergarten through third grade American Indian and Alaska Native (AI/AN) readers.

The Friendship Makers is about upstander behavior or

how to be a good friend. The book aims to respectfully reflect, honor, and celebrate some of the shared values across many AI/AN communities and allow opportunities for conversation about a child's specific tribal traditions. ***The Stars that Connect Us*** illustrates how AIAN children are connected to one another and protected by tribal communities. This book encourages children to identify people in their life and community they can turn to for support.

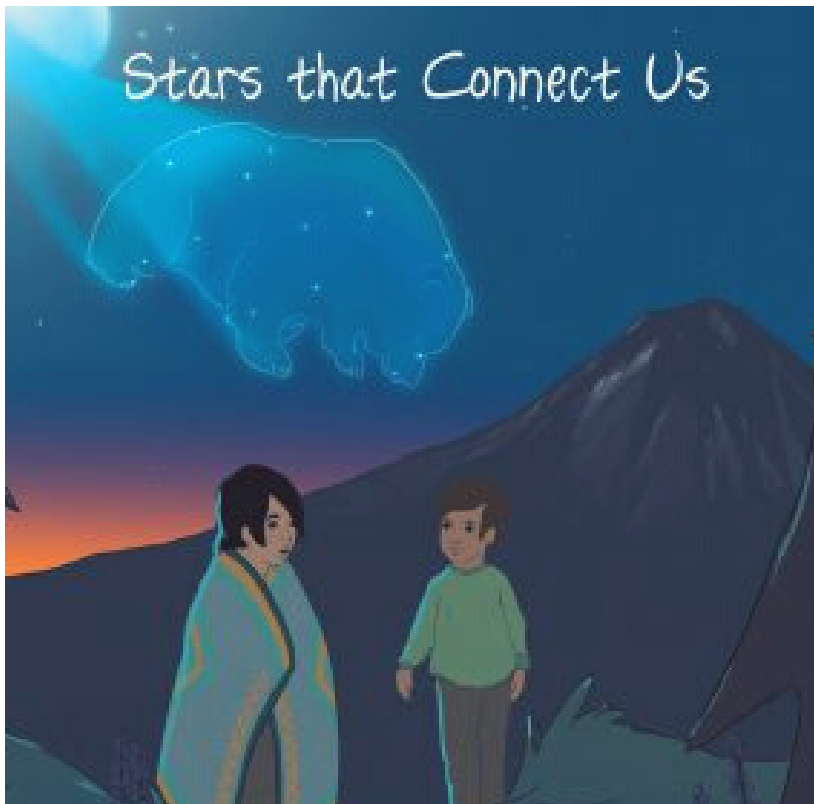
Each book has an activity that a child can complete, and the online versions have

selected words translated into Cherokee, Lakota, Navajo, Ojibwe, and Yupik. They both also have an educator guide to help with classroom, community center, or family discussions. We recognize that there is tremendous diversity among AI/AN cultures and traditions. We hope the educator guides will encourage parents, educators, and other caregivers who use ***The Star Collection*** books to modify or expand on the ideas based on the children's specific culture(s), lived experiences, and age group.

Visit The Star Collection website today!

You can find many free resources on the Star Collection website including:

- the books are available to read online, on an e-book reader, and order a hard copy
- a promotional video narrated by an American Indian child who is a member of the Osage Nation in Oklahoma.
- bookmarks
- a poster
- social media you can use to share with your community



Nurse of the Month

April

Melissa Wyaco, RN, Area Nurse Consultant, Navajo Area Indian Health Service



May

Dean Cremat, RN, PHN, BSN and Behavioral Health Case Manager, San Diego American Indian Health Center, California Area Indian Health Service



June

Lieutenant Charlene Caddo, Senior Public Health Nurse, Whiteriver Indian Hospital, Phoenix Area Indian Health Service



July

Lieutenant Hollis Reed, Clinical Nurse Supervisor, Catawba Service Unit, Nashville Area Indian Health Service



August

Venita Yawakie-Lucero, RN, Case Manager, Albuquerque Indian Health Center, Albuquerque Area Indian Health Service



To read more about the Nurse of the Month Recipients follow the link below:
<https://www.ihs.gov/nursing/nurseoftthemonth/recipients/>

GET TO KNOW DNS STAFF

By: Stacey Dawson, PhD, MSN, CNM, Captain, Retired, U.S. Public Health Service Women's Health/Advance Practice Consultant, IHS Headquarters

What was your first paid job and how did that work shape you into the worker you are today?

My first job was as a movie usher in a local theater chain. I spent the summer selling tickets and concessions, escorting movie-goers, and cleaning. It sounds simple, but this experience helped me develop customer service, communication, and problem-solving. At 16 years old, I learned the importance of teamwork, discipline, and working under pressure. These foundational skills and qualities are some of the many talents I bring to IHS nursing today.

- **Ardith Aspaas**



My first job was as an activities assistant in a nursing home. It was fascinating to hear each resident talk about their long, storied lives. Listening to each of them share stories from their youth, the war, their love, and just general lived experience and wisdom was both entertaining and educational. This job helped teach me the value of being a therapeutic listener, and to honor and value life each day, because the days may seem long, but the years are short! - **Stacey Dawson**

My first paid job was in a summer work program as a secretary assistant to a Director of Nursing at an Extended Care Program, also known as a "nursing home for elders." This experience shaped my sense of responsibility and commitment to report to work and complete work assignments. Also, seeing so many lonely elders impacted the empathetic approach I take in caring for elders as a nurse. - **Tina Tah**



My first job was as a laboratory assistant. This experience enhanced my understanding of pathophysiology, chemistry theory, medical terminology, and laboratory instruments and tests. I became proficient in phlebotomy principles which was an advantage during nursing school. The routine practice of basic phlebotomy as a laboratory assistant gave me the confidence to pass my nursing practicums and apply theory to clinical practice. - **Jolene Tom**

GET TO KNOW DNS STAFF

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My first job in nursing started 30 years ago! I had just finished my junior year in Nursing School at the University of New Mexico and the Albuquerque Indian Hospital was next to campus. I approached the Director of Nursing and asked if she would hire me as part of the US Public Health Service Commissioned Officer Student Training Extern Program (COSTEP) for the Summer of 1992, and she said yes. I can't express how impactful that experience was for me and the trajectory of my career. I worked in the inpatient unit for three months which confirmed my passion for serving AI/AN populations and wanting to work in the Indian Health Service as a PHS Officer. I can't believe that thirty years later I am still going strong in IHS as the Chief Nurse for the Agency. I have had the best experiences throughout my career and have met so many wonderful people. I will forever be indebted to the IHS for giving me the chance to make a career out of serving and giving back to my people.

- *Captain Carol S. Lincoln*

