

## ANNOTATED TABLE OF CONTENTS, *Creative Nursing* 22 #1

### Social Determinants of Health

**FROM THE EDITOR: Forces Shaping the Conditions of our Lives**, by *Marty Lewis-Hunstiger, BSN, RN, MA, retired pediatric nurse and preceptor, editor of Creative Nursing, copy editor of the Interdisciplinary Journal of Partnership Studies, and an affiliate faculty member at the University of Minnesota School of Nursing in Minneapolis, Minnesota.*

*Creative Nursing* 2015 explored the experience of health care and the processes that empower patients, their families and friends, and all health care professionals to optimize health outcomes. But any discussion of health outcomes leads us to uncover the myriad factors that determine the health of individuals and communities. In *Creative Nursing* 2016 we first address social (individual and community) determinants, and then Structural Determinants, particularly issues of access to care. Our third issue, Caregiver Determinants, addresses such variables as caregiver bias and toxic environments of care. Our fourth issue is Global Determinants, reminding everyone who reads our journal that we are all connected.

Social determinants of health are the conditions in which people are born, grow, work, live and age, as well as their religion, cultural practices, and other elements of the wider set of forces shaping the conditions of their lives. This editorial then mentions each article in the issue and connects it to the theme of Well-Being.

**FROM THE GUEST EDITOR: Social Determinants of Health: Cultural Competence Is Not Enough**, by *Dorothy Powell, EdD, RN, FAAN, ANEF, Professor Emeritus, founder and former Associate Dean, Office of Global and Community Health Initiatives in the Duke University School of Nursing in Durham, North Carolina.*

Health disparities in the U.S. present complex multi-generational, multi-dimensional and multi-sector challenges that could tarnish our national image and our standing in health care leadership if these challenges are not addressed holistically and intentionally across all facets of our nation. People in poorer communities are far more likely to experience health problems such as obesity, diabetes, heart disease and stroke, and other conditions related to poor diet, than people not living in poor communities. And the correlation between stressful life events and psychiatric illnesses is even stronger than the correlation with physical illness.

Learning to be culturally and linguistically competent is critical to understanding each other and facilitating the amalgamation of a nation in transition. But cultural competence is not enough. The stronger evidence points to how social determinants of health collectively affect the physical, psychological, social, and economic well-being of individuals, families, and communities. Health is everybody's business, with an open invitation for all of us to contribute to transforming our nation into an inclusive and equitable society in which everyone can prosper and flourish.

### ARTICLES AND ESSAYS

**Strategies to Address Individual Level Social Determinants of Health Designed to Cultivate the Next Generation of Minority Nurse Leaders Committed to Health Equity**, by *Brigit Maria Carter, PhD, RN, CCRN, Assistant Professor and Director of the Health Equity Academy Project, and Anne L. Derouin, DNP, RN, CPNP, Assistant Professor, both at Duke University School of Nursing in Durham, North Carolina.*

There is strong evidence of the importance of ensuring that all health professional students, including nursing students world-wide, have a thorough knowledge base about social determinants of health and health inequities, understanding of the evidence, and the cultural sensitivity and competencies to effectively address these issues. The Academy for Academic and Social Enrichment for Leadership Development in Health Equity at the Duke University School of Nursing was created to improve the diversity of the nursing workforce by expanding nursing education opportunities for economically disadvantaged underrepresented minority (URM) students to prepare for, enroll in, and graduate from the university's BSN program. Barriers to minority nursing student success include inadequate financial support, lack of emotional and moral support, a sense of isolation and loneliness, discrimination, need for advising and academic support, lack of minority faculty to serve as mentors and role models, little sense of professional socialization, limited computer access and

technology competence, and deficiency of cultural competence among non-minority peers. The goal of the Academy is to cultivate URM nursing graduates with advanced knowledge and leadership skills who can address health disparities and positively influence health care issues currently plaguing underrepresented populations. Elements of the program include scholarships, stipends and other financial assistance; leadership and etiquette training; a summer academic bridge program which includes a local community health equity assessment and windshield survey; social and academic support including study groups and mentoring; personal advisement, counseling and tutoring; Duke University community support and engagement; and a family-like atmosphere. By assessing and addressing individual social determinants, the HEA program incorporates realistic and effective strategies to ensure that Scholars excel in a rigorous undergraduate ABSN program and have professional development plans in place to help them achieve future goals of higher education within the nursing profession.

**Potential Therapeutic Benefits of Babywearing**, by *Robyn L Reynolds-Miller, BSN, RN, CCRN, Clinical Education Consultant for INTEGRIS Health in Oklahoma City, Oklahoma.*

Babywearing is defined as the act or practice of keeping an infant close to an adult's torso by using a supporting device that straps to the front of the adult's body. Research on skin-to-skin care and kangaroo care suggests that babywearing may provide therapeutic benefits for infants and children, and specifically for the patient populations of infants and children with disabilities. Raising awareness of the benefits of babywearing is significant because health care professionals and institutions, specifically nurses, physicians, social workers, physical therapists and occupational therapists, are those most likely to promote babywearing to caregivers. For children with Autism Spectrum Disorders, the deep pressure aspect of babywearing could calm children and reduce self-stimulating behaviors. Babies worn by their caregivers are constantly physically responding to the wearer's muscle movements. This process, repeated multiple times while being worn, develops core muscles in the baby and in the caregiver. Other potential impacts include language acquisition, bonding, and social development. Children with tracheostomies, gastric tubes, and other medical equipment can be worn while parents shop, take walks, or attend social events. Awareness of babywearing as an adjunctive therapy is beneficial to all children, caregivers, and health care as a whole.

**Improving Physical Assessment Observational Skills in the Community Setting: An Experiential Exercise**, by *Mary Dugan, DNP, FNP-BC, lead instructor for advanced physical assessment at Graceland University from 2003 to 2014.*

Assessment skills and formulating differential diagnoses are steps in clinical diagnostic reasoning and are required skills that nurses in advanced practice must master. Novice nurse practitioner students may have difficulty broadening their assessment skills from the disease-specific hospital orientation. The outpatient clinic setting allows only a snapshot of the patient's environment to gather accurate data for generating differential diagnoses.

Martha Rogers' Science of Unitary Beings Theory describes nursing in terms of an irreducible energy field consisting of humans and their environment; the two entities must be assessed as one phenomenon. An Experiential Assessment Exercise invites the student to consider the surrounding environment as an extension of the patient. This exercise incorporates role-play, visual imagery, and journaling to sharpen observational skills and improve the ability to develop differential diagnoses in varying environments. The nurse practitioner students take on the role of sleuths, channeling James Bond, the *Mission: Impossible* team, and Agents 86 and 99 from *Get Smart!* Students receive scripted assignments every week, conducting assessments in community settings such as grocery stores, restaurants, airports, or gas stations. Students observe people in these environments as potential patients, assess risk factors, and develop differential diagnoses for these observations. The article contains examples of two of the exercises. The author comments, "There is always a chance that a student will fabricate the experience rather than actually performing the exercise. This can be beneficial, because the student's mind will have to create the vision and then report it. The process will still

change the student's ways of observing; it just may not be as much fun as donning imagined spy gear and taking a road trip."

**INTERVIEW: Seeking Divine Solutions for Our Youth: A Conversation with Imam Hassan Mohamud, JD,** *Imam of the Minnesota Da'wah Institute in St. Paul, Minnesota, interviewed by Eunice Areba, PhD, RN, PHN, Clinical Assistant Professor in the School of Nursing at the University of Minnesota in Minneapolis, Minnesota.*

Religion and spirituality, measured in a variety of ways, including attendance, affiliation, and prayer, can be significant predictors of both physical and mental health outcomes. Increasingly, empirical reports document the influence, most of it positive, of religion on both physical and emotional well-being. The life period of youth and young adulthood is a time of forming identities and making allegiances; in the absence of adequate, consistent support, negative influences abound. Religious and spiritual leaders are potential sources of support for young people. An interview with a Somali religious leader illustrates the importance of understanding and addressing the unique needs and challenges of young Somalis in Minnesota and beyond.

## **OUTCOMES**

**Carbohydrate Counting in the Acute Care Setting: Development of an Educational Program Based on Cognitive Load Theory,** *by Maria M. Ojeda, ARNP, MSN, MPH, DNP, PhD(c), NP-C, Nurse Scientist at Baptist Health South Florida, Inc. in Miami, Florida and a doctoral student at the Goldfarb School of Nursing at Barnes-Jewish College in St. Louis, Missouri.*

The care of non-critically ill hospitalized patients with diabetes mellitus requiring insulin administration is multidisciplinary and complex. Non-modifiable patient characteristics, inconsistencies in clinical practice routines among individual care providers, and variability in the quality of care received across inpatient units may all contribute to the dysregulation of blood glucose levels during hospitalization. Staff nurses may benefit from additional training in the nutritional management these patients; unlicensed assistive personnel (UAPs) may be involved in feeding and point-of-care testing, and play an important role in nursing care of such patients. Carbohydrate Counting offers simplicity of method, flexibility of food choices, and improvements in the precision of nutritional insulin dosing.

Clinical educators working in today's acute care settings face challenges such as shrinking budgets, lack of time to train employees during work hours, increasing educational requirements imposed by regulatory agencies, high rates of turnover, and inexperienced direct care staff whose competency must be assured. This author explains Cognitive Load Theory and describes its application in designing and implementing a curriculum for teaching Carbohydrate Counting to RNS and UAPs.

**Neonatal Abstinence Syndrome: The Experience of Infant Massage,** *by Jeri Hahn, ADN, RN, CIMI, staff nurse in the NICU; Alexander Lengerich, MS, research consultant; Rhonda Byrd, BSN, RN; Regina Stoltz, MSN, APRN, Director of the NICU; Jeanine Hench, BSN, RN, staff nurse in the NICU; Stephanie Byrd, BSN, RN, staff nurse in the Mother/Baby Department; and Christie Ford, BSN, RN staff nurse in the Mother/Baby Department, all at Baptist Health Lexington in Lexington, Kentucky.*

Treatment of neonates with Neonatal Abstinence Syndrome presents a unique set of challenges to nurses and often results in extended stays in the hospital due to the need to manage withdrawal symptoms. In newborn infants with Neonatal Abstinence Syndrome, skin-to-skin contact has been shown to decrease infant pain scores and improve continuous quiet sleep. These authors designed a qualitative study to better understand how infant massage might impact these babies' behavior and the mothers' relationship with their babies. Themes derived from the data included empowerment, enjoyment and bonding, and calm and comfort. The themes suggest that infant massage helps alleviate withdrawal symptoms in infants while fostering a connection between mother and child. In most cases, mothers were grateful for the educational session and felt that learning to give their babies a massage gave them a tool they could use to help their babies. For mothers who are struggling to bond with their infants or who feel helpless in a health care setting, infant massage can provide a way for them to feel involved in their infant's care.

**Parental Consent for Adolescent Research on Non-Medical Prescription Drug Use: Lesson Learned**, by Mary Beth Kuehn, EdD, RN, Assistant Professor of Nursing at St. Olaf College in Northfield, Minnesota; Devyn Hotho, BSN, RN, staff nurse at Carson Valley Medical Center in Gardnerville, Nevada; and Maggie Prunty, staff nurse at Veterans Affairs Medical Center in Minneapolis, Minnesota.

Adolescents' misuse of prescription drugs is an increasing problem needing study and research. Prescription drug misuse among adolescents may act as a gateway for using more harmful drugs such as heroin or cocaine, and is associated with their belief that prescription drugs are safer than street drugs. In the U.S., research involving adolescents meets some resistance, as individuals under 18 years of age are considered a vulnerable population, necessitating parental consent. The laws involving research provide for opportunities to waive parental consent for adolescent research that involves minimal risk to subjects and/or that cannot be carried out practicably without the waiver. These authors describe their research project on adolescents' use of prescription drugs, and how prior knowledge about the possibility of a waiver would have made their study more efficient and robust.

**THE VOICE OF PATIENTS AND FAMILIES: Home Care Moments**, by Katie Wahl, BSN, RN, pediatric staff nurse at Hennepin County Medical Center in Minneapolis, Minnesota.

A new graduate offers reflections on the unique nature of home care, written as a way to process the experience of being a brand new nurse in the home care setting. "I am amazed by how normal, in the midst of chaos and complexity, a family of a child with many medical needs can be." Her stream-of-consciousness reflections, in narrative form and in Home Care Haiku, show her developing identity as a nurse, meeting her patients with compassion, where they are.

**REFLECTING ON OUR HISTORY: Reaching Millennials with Nursing History**, by Paul Orkiszewski, MLIS, MMusic, BMusic, Associate Professor/Lead Librarian for Scholarly Communication and Intellectual Property; Phoebe Pollitt, PhD, RN, Associate Professor; Andrea Leonard, MLIS, Assistant Professor/Electronic Access Librarian; and Susan Hayes Lane, PhD, MSN, RN, Assistant Professor, all at Appalachian State University in Boone, North Carolina.

Knowing and appreciating nursing history allows nursing students and practicing nurses to be inspired to work for the betterment of our profession, to shape a professional identity, and to explore sensitive topics, including race and gender roles, that impact the nature of the nursing workforce. History provides an explanation for current situations and visions for possible futures. The North Carolina Nursing History website, developed by nursing and library faculty and staff at Appalachian State University, contains an abundance and diversity of historical content in a format preferred by users of the millennial generation, digital natives who have grown up in a technological/online/digital living and learning environment.

**BOOK REVIEW: Yellow Dirt: A Poisoned Land and the Betrayal of the Navajos**, by Judy Pasternak. Reviewed by Lucy Graham, RN, MPH, PhD(c), PhD Student in the College of Nursing at the University of Colorado Anschutz Medical Campus in Aurora, Colorado.

*Yellow Dirt: A Poisoned Land and the Betrayal of the Navajos* is a powerful example of deceit toward and exploitation of a minority group in the U.S. This heart-wrenching report by an award-winning investigative reporter details how the Navajo people suffered cultural, economic, and health injustices when mining corporations and the federal government extracted uranium from sacred lands during World War II and well into the Cold War era. Federal and corporate promises to safeguard Navajo land and health went unfulfilled, resulting in decades of death and destruction of health, environment, and ways of life. Pasternak claims that race-based belief that genetic differences existed between Navajos and the rest of the U.S. population delayed for decades the consideration of environmental causation of the explosion of birth defects, diseases, cancers, and deaths. Prior to uranium mining, scientists believed that the Navajo people had a natural immunity to cancers. Rates of all types of cancers were significantly lower than for the general

population. However, between 1970 and 1990, cancer rates doubled and a multiplicity of new cancers emerged. After decades of blaming the victims, epidemiologic mapping of cancer victims led scientists to conclude that environmental toxins, particularly radiation from uranium exposure, were the cause. The Public Health Service monitored the health of miners in multiple long-term studies, documenting the emergence of lung cancers, but never shared their information with or provided treatment for those affected. During and after the uranium mining boom, children were being born with congenital defects; their average age at death was 10 years. Physicians and scientists named this syndrome "Navajo Neuropathy," assuming it to be a genetic condition specific to the Navajo and dismissing environmental explanations. Not until after the atomic bomb was dropped on Japan and a similar condition emerged in Japanese children did scientists explore uranium as an explanation.

To move forward, it is critical to address diverse health disparities such as cancer, alcoholism, adverse obstetrical outcomes, and diabetes, and past and present social and environmental conditions that endanger Navajo community health. All Navajo people must be ensured access to safe homes, buildings, water, food, and grazing lands. Through *individual, community, national, and international* engagement, nurses can help restore the four daily cycles of life that support Navajo community health.