

RURAL NURSE CONNECTION

Official Newsletter of the RNO



RURAL NURSING IS MY SPECIALTY

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Journal of Rural Nursing and Health Care:

<http://rnojournals.binghamton.edu/index.php/RNO>

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President's Update

By Elizabeth Merwin, PhD, RN, FAAN

During the last two years as President of the RNO I have learned so much about the importance of the roles the RNO fulfills in advancing rural nursing. The RNO links rural nurses through networking opportunities. This reduces the isolation of nurses who focus their professional lives on rural nursing. In practice, rural nurses are too often isolated and challenged to connect with peers. In rural research there are few individuals who devote their research towards advancing rural nursing and health. Too often there is limited information regarding the specialty of rural nursing in our nursing educational programs. Also, professional development opportunities can be limited for those focusing on rural nursing. The RNO provides the means for connections through participation in leadership opportunities, board membership and by facilitating introductions and connections to other nurses with similar interests. It provides a forum for working together to advance rural nursing practice, education and research.

The RNO web site, newsletter and journal provide formal ways to foster connections and to share information on our activities and scholarship in rural nursing. Enhancing opportunities for engagement strengthens our ability to get to know each other and for partnerships for rural professional collaborations. Perhaps the strongest opportunity for networking and for getting to know each other is through attendance at the International Rural Nursing Conference held every other year and coming up in July.

President's Update (continued)

I thank all of the RNO members who have submitted abstracts, all who served in reviewing abstracts and all who have helped plan this conference. I look forward to attending and learning more about rural nursing throughout the world. Together we can identify ways that we can advance ongoing networking through connections that will be made at the conference. I hope you can attend!

Update on New Pilot Chapter

Dr. Judith Pare' met with a group of rural nurses in Northern New England and presented the preliminary results of her nursing research from Montana. The group held a planning meeting to discuss if they wanted to become an RNO Chapter. The RNO board is in the process of creating a chapter handbook and has started a Pilot Chapter with this group of pioneering nurses. This is an exciting time for the RNO, if you are interested in helping us develop this process, have any questions or are interested in developing a chapter of your own please email Dr. Judith Pare' at judithmpare@gmail.com or Dr. Sheila Montgomery at sheilamontgomery41@gmail.com

Website

Our website is in need of another update and some software integration. The RNO is looking for someone who might be interested in helping us develop the website further. If you have a suggestion or would like to make an inquiry or offer please contact sheilamontgomery41@gmail.com

For just a short period of time the inquiries for membership will be mailed in on a PDF form while we grow into our new membership needs!



Conference Coming Up!

International Rural Nursing Conference Rapid City, South Dakota July 19-21, 2016

Please join us in the scenic Black Hills of western South Dakota! The bi-annual International Rural Nursing Conference will be held July 19-21, 2016 in Rapid City, South Dakota. This conference will be led by the Matson Halverson Christiansen Hamilton Foundation (MHCH), South Dakota State University, and the University of South Dakota, in conjunction with the Rural Nursing Organization.

Find out more at:

<http://blogs.und.edu/research-news/2015/11/international-rural-nursing-conference-rapid-city-south-dakota-july-19-21-2016/>

Internet Resources

The pre-nursing advising MOOC, massive open online course, has started the first five week course session. The purpose of this course is to assist aspiring nursing students to find their pathway into nursing careers. With very little advertising, over 300 students found the course and signed up for it. The participants are literally from all over the world.

A second session of the course is planned to run this summer. If you would like information about the course, please watch this site for class information: <https://www.canvas.net/> or contact Sandie Nadelson at sandie.nadelson@usu.edu

The Online Journal of Rural Nursing And Health Care is Growing!

Dr. Barbara Ann Graves, University of Alabama, Capstone College of Nursing, United States is now the Assistant Editor.

The board has also created a new paid position to assist journal management. The position will be filled by the Editor.

Please consider submitting article for publication consideration to the *Online Journal of Rural Nursing and Health Care*- submit through the journal at <http://rnojournals.binghamton.edu/index.php/RNO>

For shorter submission consider submitting your work to be used as a blog on the website or as one of our short educational articles- submit to sheilamontgomery41@gmail.com

One States Journey to Advance Nursing Education

Alabama is a rural state with all 67 counties containing federally designated medically underserved areas or medically underserved populations (MUA/MUP). There is a shortage of all levels of healthcare providers, and this shortage is magnified in rural areas. In Alabama, as in many rural states, entry into nursing practice for the majority of nurses is at the LPN and/or Associate Degree (ADN) level. The state has a strong community college system that is affordable and conveniently located in rural communities. In 2011, in response to the 2010 *Institute of Medicine: Future of Nursing Report* recommendation to increase the proportion of BSN prepared RNs to 80% by 2020 the state of Alabama, expanding on previous partnerships, formed a taskforce to address seamless academic progression. The *Advancing Education Taskforce* includes nurse educators from 2 and 4 year institutions, and representatives from all types of healthcare agencies, including the Alabama Department of Public Health. Some states have chosen to meet the 2020 goal by promoting BSN degrees as the entry to practice. Instead the Alabama *Advancing Education Taskforce* is focusing on improving the nursing education system by creating seamless academic articulation from LPN through graduate education. The vast majority of RN to BSN/MSN and graduate programs in the state are offered online. Because of this nurses living and practicing in rural areas of our state are able to continue practicing in their communities while obtaining advanced nursing education online.

In 2012 the *Advancing Education Taskforce* joined forces with the *Alabama Health Action Coalition (AL-HAC)*. In 2013 AL-HAC was awarded a State Implementation Program (SIP) Grant from the Robert Wood Johnson Foundation. The focus of the project was to improve Alabama's RN workforce by increasing RN to BSN progression. The project also focused on increasing the number of RNs from underrepresented and disadvantaged backgrounds which has a specific impact on rural areas. Paramount to accomplishing the goals set by the taskforce was fostering strong respectful relationships across educational programs. Working together, nurse educators from both 2 and 4 year programs, developed a recommended RN to BSN pre-nursing curriculum. This list of recommended pre-requisites was adopted by most RN to BSN/MSN programs in the state and served to eliminate the varied requirements. This allowed RNs seeking to continue their education to have a more seamless progression regardless of which 2 year program they had attended in the state, or what 4 year program they were planning to attend. Since the pre-nursing curriculum was implemented one 4 year program has experienced a 300% growth in enrollment. Another accomplishment of the Alabama Health Action Coalition Advancing Education Taskforce is a "one stop shopping" comparison profile of all the nursing programs in the state. This website was created and is maintained by AL-HAC and uses GIS technology to link to all LPN, RN, BSN and graduate nursing programs in the state. No longer do nurses in Alabama have to "search" different websites... they can simply access the AL-HAC site which then gives them access to all programs and their respective requirements. Coordinators and

recruiters, who are members of the *Advancing Education Taskforce*, have joined forces to advocate for continuing academic progression for all nurses in the state from LPN to doctorate education. No longer are individual schools working in silos, but instead advocating for all nurses to become lifelong learners.

The data indicates that the efforts in the state are working. Alabama saw a 13.8 % increase in enrollment in nursing mobility programs from 2012 to 2014. Board of Nursing data also indicates an increase in the proportion of RNs with a BSN degree or higher from 35% to 50%, from 2010 to 2014. The state was recently awarded a second round of SIP funding from the RWJF which will be used to continue to increase the educational level of the nursing workforce in the state in an effort to improve health care access for all Alabamians.

Michelle Cheshire EdD, MSN, RN
Alabama Health Action Coalition
Advancing Education Taskforce - Chair

References:

- Alabama Department of Public Health (2015). *State of Alabama Community Health Assessment*.
- US Department of Health and Human Services (USDHHS) (2015). Health Resources & Services
- Institute of Medicine. (2010). The future of nursing: Leading change, advancing health.



Online Journal of Rural Nursing and Health Care, 15(1) Abstracts

A Program of Nursing Research in a Rural Setting

Clarann Weinert, SC, Elizabeth Nichols, & Jean Shreffler-Grant

Abstract

Recounted in this article is the saga of a team's rural research journey over nearly 20 years. From the outset the overall goal of our research was the promotion of informed health care choices by older rural dwellers. The purpose of sharing our journey story is to illustrate how a program of nursing research can thrive despite being conducted in a low nursing research resource environment, across geographic distances, and with a limited patchwork of funding. This journey began with several collaborative studies on the use of complementary and alternative therapies (CAM) by older rural dwellers. A detour in the research journey trajectory occurred with the advent of national recognition of the key role of general health literacy and more specifically the lack of research in the area of health literacy regarding CAM. The research team's journey moved to the conceptualization and

development of a model of CAM health literacy. This model then served as the basis for creating and the initial testing a measure of CAM health literacy. The intention of this article is to be instructive to other research teams as they travel along their own research journeys.

Keywords: nursing research, rural, CAM health literacy

DOI: <http://dx.doi.org/10.14574/ojrnhc.v15i1.343>

Online Journal of Rural Nursing and Health Care, 15(1), 100 - 116.

Dementia Care Evidence: Contextual Dimensions that Influence Use in Northern Home Care Centres

Dorothy Forbes, Laurel Strain, Catherine Blake, Shelley Peacock, Wendy Harrison, Terri Woytkiw, Pamela Hawranik, Emily Thiessen, Amy Woolf, Debra Morgan, Anthea Innes, & Maggie Gibson

Abstract

Living and working in isolated northern communities pose challenges in using evidence to inform dementia care. **Purpose :** To better understand the contextual dimensions of two home care centres in two Canadian northern, rural communities that influence the use of evidence from the perspectives of home care providers (HCPs).

Sample: All clinical leaders, managers, and home care providers (n=48 FTE) in the two home care centres were sent an information letter outlining the study's purpose, expectations, and benefits and invited to participate in focus groups conducted in two home care centres. Fourteen staff participated in the two focus groups.

Method: A qualitative interpretive descriptive approach was used. Semi-structured questions were used to guide the audiotape recorded focus groups. Transcripts were coded using Lubrosky's thematic analysis.

Findings: Our findings are described in broad contextual themes (e.g., challenges in using the RAI-HC, availability of resources, relationships in a rural community, leadership, and evaluation) that included both positive and negative contextual dimensions that influenced the use of evidence.

Conclusions: Most importantly, reallocated resources are needed in northern home care settings. Challenges in exchanging evidence related to difficult relationships with physicians, clients, and their family caregivers. Leadership and collaboration dimensions were fundamental to establishing a vibrant workplace in which HCPs provided and exchanged evidence-based dementia care.

Keywords: evidence-based dementia care, northern home care, home care contextual dimensions, knowledge exchange.

DOI: <http://dx.doi.org/10.14574/ojrnhc.v15i1.344>

Online Journal of Rural Nursing and Health Care, 15(1), 117 - 149.

Rural Older Adult Readiness to Adopt Mobile Health Technology: A Descriptive Study

Anita Depatie & Jeri L. Bigbee

Abstract

Purpose: The purpose of this study was to gain insight into the readiness of rural older adults to accept mobile health technology. Results will be useful in the design and

delivery of mobile health technology to assist with health management, wellness interventions, and aging in place.

Sample: Convenience sampling was used to recruit 30 participants from two rural Northern California multipurpose senior centers.

Methods: Participants attended a demonstration and participated in a blood pressure screening using a mobile health device followed by a survey. Mixed methods of data collection were used to capture categorical data as well as contextual, socio-cultural, and experiential factors for understanding the potential for future use of mobile health technology by older adults in rural communities.

Results: Participants indicated they wanted control over their health data by choosing when and where to share the information, with the exception of alerts sent in a crisis situation. Results were evenly split on the importance of using technology to connect with patient education and support groups on-line. Important facilitators that would promote adoption of mobile health technology include ease of use, convenience, and affordability. Barriers to adoption include moderate concern with risk to the privacy and security of their health information, and high cost.

Conclusion: Mobile health technologies that are easy and convenient to use, affordable, and a good fit for each individual have the potential to facilitate patient engagement, patient empowerment, and individual responsibility for health and wellness. Additional nursing research on innovative models of care is needed to validate and promote mobile health technology for the health and aging in place needs of rural older adults. Rural nurse leaders can take the lead

to innovatively leverage mHealth technology solutions that impact rural health and wellness.

Keywords: mHealth, rural, older adults, age in place

DOI: <http://dx.doi.org/10.14574/ojrnhc.v15i1.346>

Online Journal of Rural Nursing and Health Care, 15(1), 150 - 184.

Health Disparities in Cardiovascular Disease and High Blood Pressure among Adults in Rural Underserved Communities

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Abstract

Purpose: This study examined the factors contributing to health disparities in cardiovascular disease (CVD) and high blood pressure (HBP) among adults in three rural underserved communities in southeast Georgia. Socioeconomic status as well as geographic location plays a significant role in one's quality of health outcomes.

Methods: Individuals in three counties in southern Georgia participated in the study. The study was motivated by review of retrospective data from the 2008 Georgia Cardiovascular Health Initiative (CVHI) database to explain the factors contributing to the incidence of health disparities. A survey questionnaire was administered by telephone to adult members of households to determine the incidence of health disparities in CVD and HBP among rural African American and White adult populations. Six hundred respondents participated in the survey but four hundred completed surveys were used in the study, yielding a 67%

response rate. Data were analyzed using applied multivariate logistic analysis.

Findings: Findings indicated that older men and male residents in Counties A and B regardless of racial background were significantly more likely to be diagnosed with both HBP and CVD. College educated women were significantly less likely to have HBP. Findings also revealed that married men were significantly less likely to have CVD. Uncontrolled elevated cholesterol levels contributed to the incidence of chronic HBP and CVD.

Conclusions: The findings add to the current knowledge of research and to the understanding of the critical elements in reducing health disparities among populations in rural underserved communities.

Keywords: health disparities, cardiovascular disease, high blood pressure, rural underserved communities, African Americans, whites

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Online Journal of Rural Nursing and Health Care, 15(1), 185 – 208.



*Greetings
from*

RAPID CITY

South Dakota

