Nurses are considered by the public to be trusted and valued sources of health information. Some healthcare providers, however, regard a nurse’s purview to be solely the implementation of others’ instructions. There is a tendency, at times, to fail to recognize and cultivate the untapped potential of nursing professionals guided by principles of evidence-based practice, education and experience in the process of effecting advancement in implementation of science, policy or practice. Are we prepared to weigh in on such matters as quality of patient care and safety issues? Should nurses seek greater influence in the health policy decision making arena? Yes!

This is an important time for nurses across the spectrum to assume leadership roles in accordance with the recommendations promulgated in the 2010 Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health, [http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx]. A few of these recommendations to transform leadership are mentioned here.

Nursing Educators: Provide students with the most relevant knowledge and practice opportunities available.

Students: Don’t wait until graduation to exert influence and discover your potential for leadership. Participate in college or university leadership opportunities, particularly those which include cooperative relationships with other disciplines and community organizations. Discuss activities with faculty members, and invite their expertise, feedback and support.

Front Line Nurses: Assist in the design of care models aimed at improving quality and efficiency of care, as well as patient safety in your workplace. Serve as a mentor so that entry-level nurses develop important clinical competencies earlier and more efficaciously. Promote and instill commitment to patient advocacy in colleagues. Hold members of the healthcare team accountable for their performance.

Community and Public Health Nurses: Understand and initiate processes whereby necessary or desirable material changes may be made in local, state, and federal agencies charged with ensuring the health and safety of the public. Lead efforts that provide critical services to underserved populations. Serve on boards of health related institutions.

Chief Nursing Officers: Actively prepare for, and seek advancement in the reporting structure of your organizations, thus becoming a valued contributor to, and consultant in key decisions. Serve on institutional and hospital boards as a voting member.

Nurse Researchers: Develop new models of quality care that are evidence-based, patient-centered, affordable and accessible to diverse populations. Hone your analytical skills with training in such areas as statistics, data analysis, econometrics, biometrics and other research methodologies. Apply for funding to an increased degree from NINR and NIH.

Nursing Organizations: Collaborate to develop common purposes. Activate membership and constituents to take action in the support of shared goals.

Now is the time for nurses to adjust their perception of what our profession can grow to become and accomplish. Each of us should establish goals to personally lead out in the future, in whatsoever area of nursing we participate. Educational settings and practice environments should promote these aspirations to the fullest extent possible.

Donna Richards
Associate Dean Recognized with Nursing Fellowship
Page 5

Jarvis Named Fellow of American Academy of Nurse Practitioners
Page 6

Join Utah Nurses Association today!
Application on page 15

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The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional salute to the nurse. To read and print the basic tribute, please go to: http://www.ksnurses.com/the-nightingale-tribute.html or go to the Kansas State Nurses Association and look under the publication tab.

IN MEMORIUM

Melva had many gifts and talents, one being her genuine love for children. Acknowledging this gift she served as a nurse at Primary Children's Hospital for many years.
For many of us, physical activity gradually declines as we get older. For some of us, physical activity has never been very important, taking a back seat to our “more important” responsibilities. Reflection should tell us that a weak body provides less energy to devote to those “more important” duties, whatever they may be. Failure to develop strong bones and muscles and a capable cardiovascular system in youth is known to put us at increased risk for heart disease, hypertension, type 2 diabetes, stroke, bone and colon cancer and osteoporosis later in life. As nurses, we are all aware of this risk and the decreased quality of life that comes with chronic health conditions. We must counteract these insidious risks in our families, with our patients, and in our communities.

Some readily available tools to help us fend off these chronic health problems are found in the federal Department of Health and Human Services’ (DHHS) published Physical Activity Guidelines for Americans. This 2008 publication is the first of its kind and was based on the “first major review of the science of the benefits of physical activity … The main idea behind the guidelines is that regular activity over months and years may prevent and control many of these chronic health problems found in the federal guidelines although much more crucial for our children.

Strengthening activities differ from aerobic activities in that strengthening is pushing our muscles or our bone to do more work than usual during our day. Working with weights or resistance bands (or climbing trees or jungle gyms) increases muscle strength while impact on the ground strengthens bones. This “impact” could be running, jumping rope, or playing basketball, tennis or hopscotch. While the guidelines for adults tend to emphasize aerobic exercises, the muscle and bone strengthening activities are still important for adults although much more crucial for our children.

Activity throughout the day is probably achievable for most of us—and small increments add up nicely to that 2 ½ hours each week. The Department of Health and Human Services has published a useful tracking device that allows us to easily note our activities for the week. This tracking table is located at http://www.health.gov/paguidelines/adultguide/keepingtrack.pdf Additional information is available at www.healthfinder.gov/Athetics

The DHHS website has extensive material that can be used for education as well as inspiration. A section you may want to review or print out for your patients or workplaces is the “At-A-Glance: A Fact Sheet for Professionals.” The DHHS website on the guidelines is definitely worthwhile for all nurses to review as we promote better health in our communities.

Organizations and groups are encouraged to sign up as supporters of the 2008 guidelines so as to promote healthy activity in communities. Utah is well-represented on the list with at least 27 entities signed up as supporters. These groups are diverse and essentially state wide, ranging from the Utah Department of Health to fitness programs in Santa Clara to the various county and local health departments (Bear River, Wasatch, and Davis) to local school districts (Cache county and North Summit), to the University of Utah Orthopedic and Family Practice departments, Intermountain Health Care and Salt Lake Community College. Check out the list of supporters in the DHHS website and see if there is one in your community with whom you might work or seek information for local activities.

The next issue of the Utah Nurse will address the 2008 guidelines for exercise for children and adolescents. You might want to work on increasing your own exercise now so you can keep up with your children when you try out their guidelines! With the New Year well under way, remember: Some activity is better than none! Let’s get out and get going!

References:

Kathleen Kaufman, MS, RN

HEAL Utah!
Some Exercise is Better than None!
(Guidelines for Physical Activity Part I---Adults)
Dear Vendor Representative:

The Utah Nurses Association (UNA) is pleased to invite you to become an exhibitor, sponsor and/or advertiser at its 2012 Annual Conference. The UNA is the professional association for registered nurses in Utah. It is a 501(c)3 non-profit organization and is a Constituent Member Association of the American Nurses Association.

This year’s conference will be held on Friday, September 28, 2012 in the Karen G. Miller Conference Center on the Larry Miller campus of Salt Lake Community College in Sandy, Utah. This is a unique opportunity to display your product(s) or services and interact one to one with registered nurses and mid-level nursing professionals who are dedicated to the improvement of patient care. Your visibility at the conference will be further highlighted by exposure and recognition throughout conference materials, and in the UNA newsletter, “The Utah Nurse,” following the conference.

Therefore, we would like to extend an invitation to your company to exhibit at this event. The exhibit fee will be $350 for a 6 foot draped table, as well as two chairs, food and beverage breaks and two box lunches. If your company is unable to send a representative but would be interested in sponsoring a break, lunch, brochure, syllabus, or mailing, we would be grateful for that assistance as well. UNA would also appreciate donation of two items significant of your company for use as door prizes at the conference.

Projected expenses are:

- Keynote Speaker: $5,000
- Lunch: $2,500
- Continental Breakfast: $1,250
- Afternoon Break: $750
- Brochure/Mailing: $500

You will find the exhibitors’ response form to the right. We appreciate your support and look forward to seeing you in September. In the meantime, if you have any questions or are in need of additional information, please do not hesitate to contact me.

Sincerely,

Patricia Rushton PhD, RN
Vendor Coordinator
Patricia_Rushton@byu.edu
Cell: 801-712-4070

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### UNA CONFERENCE 2012 SPONSORSHIP OPPORTUNITIES RESPONSE FORM

**Friday, September 28, 2012**

Karen G. Miller Conference Center on Larry Miller Campus of Salt Lake Community College

9750 South 360 West - Sandy, Utah

- A confirmation letter including the UNA’s 501(c)3 tax identification number will be mailed to the name and address provided on this form after the sponsor contract and payment have been received.
- Exhibitor Contracts must be received no later than July 31, 2012.

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**Product(s)/Services to be exhibited**

We ___ will ___ will not sell products, merchandise, or services directly to attendees.

The Company hereby contracts with the Utah Nurses Association. (hereinafter referred to as “UNA”) for exhibit space at the Karen G. Miller Conference Center, Sandy, Utah as indicated below:

- The Company acknowledges that exhibitor facilities will be assigned on a “first come” basis according to date of receipt of signed contracts AND payment in full at the UNA address. No refunds will be issued.
- Company further agrees that it will abide by the requirements and regulations of the Karen G. Miller Conference Center regarding use of the exhibit space provided. ([http://centrolep.com/upload/482/Conference/12107_Contract-SRF21-10-13-2010.pdf](http://centrolep.com/upload/482/Conference/12107_Contract-SRF21-10-13-2010.pdf))
- Company further warrants that it carries liability insurance covering any and all acts of the Company and its agents during the conference.
- UNA is not responsible for loss of items and materials left in the exhibit area.
- UNA agrees that the space reserved by this Contract shall be provided for the Company subject to the continuing nursing education accreditation standards of the American Nurses Credentialing Center.

**Exhibit Fees:**

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**Total**

Company/Exhibitor representative’s signature ________________________________

**Payment Information**

Exhibitor Contracts must be received no later than July 31, 2012.

Return to: Utah Nurses Association
Address: 4505 Wasatch Blvd. Suite 330B, Salt Lake City, Utah 84124
Telephone: 801-272-4510
Fax: Call the number above to arrange for attended fax receipt.
Email: UNA@xmission.com

Payment may be by check or credit card.
Check: Made payable to Utah Nurses Association
Credit Card Type: ___ Visa ______ Mastercard
Credit Card Number: ___________________________ Expiration Date: _____________
Name as it appears on Credit Card: ___________________________ CVC2 Code: ________
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Signature: ________________________________

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Registration Information

Name: ____________________________
Address: _________________________
City: ___________________________ State: ________ Zip: ______
E-mail: __________________________
Phone: (______) __________________

Register me today!

EARLY REGISTRATION FEE
(postmarked after 8/30/12)

- UNA Members & Affiliates: $100
- Non-Members: $125
- Students USNA Member: $45
- Students: $40

REGULAR REGISTRATION FEE
(postmarked after 8/30/12 or on-site)

- UNA Members & Affiliates: $125
- Non-Members: $140
- Students USNA Member: $50
- Students: $60

TOTAL PAYMENT

- I am a UNA member and will attend the House of Delegates meeting.
- Your help is needed for important consideration of Association business.
- The topics for the 2012 conference will include legislation, education, clinical updates, community resources, and caregiver self-care.
- All attendees will be welcome at the House of Delegates. Only members of the UNA will have a vote in the House of Delegates.

Payment Method

Check: Made payable to Utah Nurses Association
Credit Card Type: [ ] Visa [ ] Master Card
Credit Card Number: ____________________________ Expiration Date: __________/____ CVC2 Code: __________
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REWARDING NURSING OPPORTUNITIES IN UTAH

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www.maximstaffing.com

2012 Annual UNA Convention

September 28, 2012
Karen Guil Miller
Conference Center – KGMC Building
Salt Lake Community College
9750 South 300 West
Sandy, UT 84070

Cancellations:
Cancellations must be in writing. Cancellations received on or before September 15, 2012 will be assessed a $35 processing fee. No refunds will be given after September 16, 2012.

Tax Deductible Expense:
Expenses of training, tuition, travel, lodging and meals incurred to improve or maintain skills in your profession may be tax deductible. Consult your tax advisor. Tax ID# 87-0189030

Register Now and Save!
Take Advantage of Our Special Rate for Early Registration.

BYU College of Nursing
Associate Dean Patricia Ravert was recognized for her outstanding contributions to the nursing profession October 15, 2011 in Washington, D.C., where she was inducted as a Fellow of the American Academy of Nursing at the organization’s 38th annual meeting and conference.

Instrumental in advancing simulation as an educational method, Ravert has helped author a number of courses for nurse educators at the online Simulation Innovation Resource Center and currently sits as research advisor on the board of the International Nursing Association of Clinical Simulation and Learning. Ravert’s eminence in the field has led her to consult at more than 30 different schools throughout the United States and Canada.

Standing out in a field with millions of practitioners, the grandmother of 10 now ranks among an elect 1,500 Nursing Academy Fellows that are considered leaders in nursing education, administration, research and practice.

“It’s a great honor,” Ravert said. “Professionally, the fellowship exposes you, and I am glad for the opportunity to interface with forerunners of the nursing profession.”

Ravert’s path has been marked with excellence. She completed her undergraduate degree in nursing at BYU in 1975 then began a professional career with Intermountain Health Care. Ravert collected accolades throughout a career that spanned three decades, and raised five children while she was at it. She returned to BYU in the mid 90’s to obtain her masters degree in nursing administration and went on to acquire her doctorate from the University of Utah in 2004.

Ravert began as an instructor at BYU in 1999 and now enjoys continuing faculty status as associate professor, associate dean, and coordinator of the Nursing and Learning Center and Clinical Simulation Laboratory. “Patricia is a dedicated, marvelous nurse educator,” said nominating colleague, BYU College of Nursing Dean Beth Cole. “In her career she has demonstrated that she aims well beyond the mark and she is changing the face of nursing education because of it.”

Associate Dean
Recognized with Nursing Fellowship
by Brooke Ward

Patricia Ravert
The Nightingale Tribute for Nurses

As each of us ages, it seems that we begin to lose friends who are nurses to death. This is only natural. Eventually we attend the funerals of these nurses and wish that we could tell the world, or at least those present, what a great nurse our friend was. There is a readily available tribute that could be used in any memorial or funeral service. The recognition is intended to be a reward to a registered or practical nurse. This tribute was developed in 2003 by the Kansas State Nurses Association as a suitable recognition for a life dedicated to service as a nurse. The tribute is available to print at the Kansas State Nurses Association website under the publication tab.

The Kansas State Nurses Association has made this tribute available for use by all nurses’ families and friends and encourages modification in any way needed. In an effort to make this lovely tribute more available to Utah nurses we plan to have a small reference article permanently located on page two of the newsletter.

The basic Nightingale Tribute will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by each nurse in attendance is an optional salute to the nurse. To read and print the basic tribute, please go to www.ksnurses.org/the-nightingale-tribute.html.

As readers may realize, the Utah Nurse does have a Memorium section that commemorates deceased nurses. We print basic education and work information in this section. We welcome input from readers for this section; please email Lisæ Trim at una@mission.com

Jarvis Named Fellow of American Academy of Nurse Practitioners

by Rose Ann Jarrett

BYU Nursing faculty, Sabrina D. Jarvis, DNP, FNP-BC, ACNP-BC, FAANP, was inducted as a Fellow of the American Academy of Nurse Practitioners (FAANP) June 24, 2014, at the AANP National Conference in Las Vegas, Nevada. The FAANP program was established in 2000 to recognize nurse practitioner leaders who have made outstanding contributions to health care through nurse practitioner clinical practice, research, education or policy. Priority initiates of FAANP are the development of leadership and mentorship programs for nurse practitioners and nurse practitioner students. Fellows of the AANP are visionary committed to the global advancement of nursing through the development of imaginative and creative future nurse practitioner leaders, and as such, hold an annual think tank to strategize about the future of nurse practitioners and health care outside the confines of traditional thinking. A limited number of nurse practitioners are selected for this highly coveted distinction each year.

Dr. Jarvis is dual certified as both a family and an acute care nurse practitioner. She is a national consultant and course coordinator for the Society of Critical Care Medicine’s (SCCM) Fellowship in Critical Care Education (FCCS). She was the co-coordinator for the first national FCCS course offered to nurse practitioners. Dr. Jarvis helped to pioneer the acute care nurse practitioner role in the adult intensive care setting over 21 years ago. She is an American Heart Association Advanced Cardiac Life Support faculty and provider, and routinely teaches critical care topics at the national and regional level. She has developed national webinar presentations and podium lectures on chest radiology for acute and primary care providers.

Sabrina Jarvis

Utah Nurses Teach Thai About Neonatal Care

BANGKOK, THAILAND—Debra Whipple looks out for the tiniest patients at LDS Hospital. As the nurse manager of the special care nursery, her days are busy but she never forgets the reason she loves her job.

“For me, (babies) are hope for the future,” she says. The World Health Organization reports that up to 10 percent of babies will struggle to breathe at birth and nearly one million will die worldwide due to various birthing complications. The LDS Church estimates they’ve trained more than 100,000 birth attendants in their program in uncounted number of lives in more than 30 countries. Whipple has volunteered everywhere from Asia to Central and South America, to Africa. Thailand holds a special place in her heart.

“In every 100 babies that are born, there will be two babies that will die in the first minute of life,” he says. “Everyday baby is precious and we don’t want accidents to happen.”

Whipple, her husband, and three other Utah nurses traveled to Thailand this week to run Thai doctors and nurses through simulations using infant mannequins. The mannequins and other training tools stay in the nurses through simulations using infant mannequins.

“The mannequins and other training tools stay in the nurses through simulations using infant mannequins.”

Whipple has volunteered everywhere from Asia to Central and South America, to Africa. Thailand holds a special place in her heart.

“Everyday baby is precious and we don’t want accidents to happen.”
Health Literacy: Challenges and Strategies

Nichole Egbert, PhD
Kevin M. Nanna, MSN, RN, BC-NE

Abstract
Although health literacy is a concept new to many members of the healthcare community, it has quickly caught the attention of researchers, policy makers, and clinicians due to its widespread impact on health and well-being. Despite the enormous implications of low health literacy, there remains a significant challenge in the conceptualization of health literacy. This article will provide a working framework for discussing both the challenges of low health literacy and strategies to address low health literacy. The major definitions of health literacy have been developed, each providing a slightly different perspective. In an effort to bridge the gap of understanding, many persons low in health literacy often do not have regular access to the Internet. To conduct training on the topic of health literacy is available online from the American Library Association (2008). Other helpful materials include the video “Low Health Literacy: In Content Can't Tell by Looking” (AMA, 2001) and the AMA Health Literacy Manual (Weiss, 2007) for healthcare providers. These resources offer providers ways to introduce the health literacy concept to their institutions and colleagues through ready-to-use educational materials, such as videos, worksheets, and case studies for discussion.

With regard to producing Internet content, there are several strategies for increasing the accessibility of health information to populations with low health literacy. Although lack of computer availability can be an obstacle, portable computers such as PDAs or laptops can be used to bridge the gap of connectivity in public facilities, such as libraries, hospitals, schools, and senior centers. For those individuals with low health literacy who choose the Internet for health information, decision-making, health education, and patient empowerment, provider-patient relationship

Although health literacy is a concept new to many members of the healthcare community, it has quickly caught the attention of researchers, policy makers, and clinicians due to its widespread impact on health and well-being. Health literacy is believed to be a stronger determinant of health outcomes than economic status, education, and age (American Medical Association, 1999). Only 12 percent of Americans have an adequate level of health literacy, resulting in an additional $107 billion in expenditures in 2003 (Nicolson & Fulmer, 1999). Those with inadequate health literacy are more likely to have inadequate health information from healthcare providers. Speaking with a patient having low health literacy who chooses the Internet for health information will be presented. Without accessible information, it may be difficult for the patient to feel comfortable asking questions or disclosing personal health information. In fact, many patients work hard to hide the fact that they have trouble understanding something they are told or given to read because they are embarrassed and/or do not want to appear to challenge the healthcare provider. In an article published in 2006 (Piette, 2004), the authors make matters worse, many persons low in health literacy often do not see the same provider each time they seek care, making it even more challenging for providers to develop and maintain good relationships. Additionally, time is often in short supply during medical interviews and examinations, as pressures continue to mount for healthcare providers to see the number of patients they see each day. When time is limited, and patients are often not given the time to ask questions or communicate, it can be very difficult for a healthcare provider to determine when a patient does not understand and to address this knowledge gap appropriately.

In an effort to bridge the gap of understanding, many healthcare providers...
Health Literacy continued from page 7

Processing and Understanding Information

Once a health message has been delivered successfully to its intended recipient, either through a human channel, a written document, video, or even a computer program, it is not being processed or understood as intended. This situation may be especially prevalent in clinical settings where patients may feel pressure to “agree” that they understand the information. It can be especially important for healthcare providers to identify patients who are at high risk of not being able to process and understand the health information provided. The following section reviews some of the major challenges and strategies related to processing information once it has been obtained, and strategies for overcoming these challenges.

Challenges Related to Processing and Understanding Information

In order to process and understand information is related to a person’s level of basic literacy. The National Literacy Act of 1991 defined literacy as “an individual’s ability to read, write, and speak in English and compute and solve problems at a level of academic competency necessary to function on the job and in society, to achieve one’s goals, and to develop a more complete and practical measure of health level. Critics of these measures have identified the need to add foundational skills needed to interact and use the healthcare system. This system was designed to be used by patients who need the healthcare system the most are the least likely to be successful in using it to gain needed information and use the information in a productive manner. To assess the situation more comprehensively, in 2002 the NAAL added questions to their survey specific to health literacy. These questions reinforced the concern that many Americans do not have the skills necessary to meet the expectations of the healthcare system (National Assessment of Adult Literacy, n.d.). Specifically, NAAL developed to identify patients most at risk for having inadequate health literacy skills. The Newest Vital Sign (NVS) is a recent measure of health literacy in Adults (TOFHLA and Rapid Estimate of Adult Literacy in Medicine (REALM) are widely used measures of health literacy. The NVS has been translated into multiple languages (DeWalt, et al., 2004). The TOFHLA is a word recognition test used to determine the reading level of a text, but also to compute and solve problems at a level of academic competency necessary to function on the job and in society, to achieve one’s goals, and to develop a more complete and practical measure of health level. The NVS consists of a nutrition label accompanied by six questions; it requires nine minutes for administration. Patients with more than four correct responses are unlikely to have low literacy, whereas fewer than four correct answers indicate the possibility of limited literacy.

Instead of looking for new ways to “test” patients’ health literacy, a more practical and effective approach may be to produce more accessible and easier-to-understand materials, particularly through the use of media. The TJC has gone on to describe a second level of health literacy, termed functional health literacy. One's ability to use the information in making healthcare decisions based on the information accessed is also an important part of health literacy.

Using Information

The vast majority of attention in health literacy research has been focused on information accessibility, namely the delivery and readability of health-related content. Accessible information that one understands is a necessity but not sufficient condition for addressing health literacy. One's ability to use the information accessed is also an important part of health literacy. Functional health literacy is a vital first step to realizing improvements in many health-related outcomes. Failing to transcend the basic communication issues discussed above can be likened to a healthcare system that is only concerned with emergency medicine, rather than addressing problems at their source. Nurse (2000) has articulated the need to do more than simply deliver an easy to understand message using a technological tool compatible with the patient’s computer. Instead, the teach-back method should be used to create constructive dialogue between the patient and the healthcare provider to ensure that the intended message was properly received.

In addition, the following plain language thesaurus is available:

- www.nphc.org/fileeditor/file/thesaurus_007.pdf

February, March, April, 2012

Health Literacy continued on page 9
relationship between patients with low health literacy and decreased levels of satisfaction with their primary care (Shea et al., 2007). Thus, those patients most at risk for not understanding and acting on advice from key groups are also more likely to be dissatisfied with their care, resulting in a further breakdown of trust and continuity in the patient-provider relationship.

Strategies to Increase Information Use

Addressing the interactive and critical health literacy needs of a population presents an increasingly complex set of issues for health providers and researchers. Similar to health promotion efforts, the scope of the problem becomes exponentially large when one considers the need to equip and empower people to be their own educators, capable health advocates. Some researchers have begun to consider how such large-scale efforts could be conceptualized. For example, Ratzan (2001) suggested a four-pronged approach, including integrated marketing communication (drawing upon public relations and social marketing experts), health education (using the Internet and other multi-media channels), shared decision making (building partnerships with key groups), and efforts to increase the social capital of disenfranchised groups (providing social and relationship resources that are more scarce for underprivileged people). Kickbusch (2001) has suggested that by considering health literacy broadly (as opposed to isolating diseases or specific health risks), and working to increase a population’s social capital, health education (using the Internet and other multi-media channels) can provide a more integrated and sustained program of health and social change. Simply put, increasing a population’s health literacy across multiple health contexts will result in that population being empowered to take more control when addressing future health-related challenges.

Implications for Training, Research, and Practice

There are many fruitful areas of research in health literacy. One good starting point includes the development of a definition that encompasses all aspects of health literacy. A clear definition will lead to conceptual clarity of this ambiguous concept. Subsequently, new measures need to be developed that provide conceptual-empirical consistency. Third, there are many areas of health literacy that remain unexplored. Much of the research has focused on patient characteristics; future research is needed to investigate the relationship between patient/provider characteristics and health literacy. Insights from this research can guide providers, healthcare organizations, and the community in achieving a health-literate society. Research is also needed to identify the cultural and age-related issues that intersect with health literacy. These areas of research will give healthcare providers the tools necessary to tailor health care for each individual’s needs.

Future Directions

Today’s researchers and healthcare providers can benefit from the current proliferation of health literacy research. Although much has been done to clarify the challenges, the various populations that are coping with a multitude of health issues, a disconnect remains between these research findings and best practice in most health delivery organizations. This means that organizations need to embrace a health literacy agenda, such as the one articulated by the Agency for Health Research and Quality (2004). Once these values and practices are prioritized, policies and procedures can be implemented. Clinicians are encouraged to develop interdisciplinary teams that include communication experts, marketing professionals, visual designers, health information technology experts, and librarians to deliver oral, visual, print, and Internet-based information. Developing these materials will require teams to consider the specific needs of the population they serve. This practice will result in tailored health information that will best serve each population. Drawing upon the initial health literacy research and involving the community in programs and projects may be the best formula for success in improving health literacy.

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References

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WASHINGTON—The Obama administration is seeking to extend minimum wage and overtime protections to cover home health care workers, a move that would boost living standards for nearly 2 million domestic employees but could mean higher costs for the elderly and disabled.

Labor Secretary Hilda Solis was expected to announce the proposal at a White House ceremony.

Home care aids have been exempt from federal wage laws since 1974, when they were considered companions to the elderly and compared to neighborhood baby sitters. But the number of full-time home care workers has surged along with the growing number of retirees who need help with a range of daily tasks, from taking the right medication to getting cleaned and dressed.

“These are real jobs as part of a huge and growing industry,” said Steve Edelstein, National Policy Director for the Paraprofessional Healthcare Institute in New York. “They deserve same basic labor protections that other workers enjoy.”

Unions and advocacy groups say nearly half of all home care workers live at or below the poverty level and receive public benefits such as food stamps and Medicaid. Poor working conditions, low wages and high turnover make it challenging to meet the growing demand to provide care for the elderly in their homes instead of in institutions.

With the size of the U.S. population over 65 expected to nearly double in the next 20 years, millions more will rely on long-term health care from domestic workers.

Health services companies that employ home care workers have opposed efforts to expand hour and wage laws, arguing that it would drive up costs for elderly clients who can ill afford it.

“The government has not and never will provide health care to the elderly on a universal basis, which is what the courts have said these workers are entitled to,” said Jeff Thomas, general counsel for the American Health Care Association.

(Email to indicate interest or inquire about attending)

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CALL FOR ABSTRACTS

**Deadline for Abstracts — on or before August 10, 2012**

The 2012 UNA Conference Committee invites you to submit an abstract to be considered for poster presentation at this year’s annual conference.

This conference will focus on the ways in which nurses are dynamic links to care that patients need as they transition through the healthcare system. Abstract submissions should describe original programs, projects or documents created, developed, or implemented with at least one objective related to the conference focus, such as: clinical improvements or innovations, community programs, evidence-based practice, research, ethics, delegation, collaboration, patient or community education, or life and health management skills.

Research may include quantitative or qualitative research as well as works of scholarly inquiry such as literature reviews or analysis of pertinent topics. Three general categories of posters will be accepted including original research in nursing; academic service learning experiences and outcomes; and creative works. (Creative works may include a wide variety of work from new teaching projects to poetry to visual arts.) The poster must be self-supporting and two posters will share a 6 foot table. Presenters are required to register for the conference, pay appropriate admission, and be present to discuss their posters with attendees. Scholarships may be available for students.

All submissions will undergo peer review. Please carefully review the following instructions as incomplete submissions will not be reviewed for consideration.

Instructions for Abstract Submission:

All submissions should be emailed to una@xmission.com by midnight August 10, 2012. Include in the body of the email: name of person submitting abstract, phone number, and email contact information. The subject line should read: Call for Abstracts. The abstract submission should be an attachment to the email, not in the body of the email. The abstract should be limited to 300 words, excluding the title and author(s).

The abstract will consist of the following section headings:

- Title
- Author(s) full name and credentials
- Affiliation
- Background
- Objectives
- Methods
- Results
- Conclusions
- Implications
- References
- Number of words

The abstract should be typed in 12-point font and single-spaced with a vertical margin of 1/2 inch. The abstract should not exceed 300 words. Abstracts should describe original programs, projects or documents created, developed, or implemented with at least one objective related to the conference focus, such as: clinical improvements or innovations, community programs, evidence-based practice, research, ethics, delegation, collaboration, patient or community education, or life and health management skills.

Abstract submissions will receive a receipt confirmation via email. Notification: Authors will be notified regarding acceptance of their submission by September 1, 2012.

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Flagstaff Medical Center to Use Smart Phones to Extend Care for Heart Patients

FLAGSTAFF, Ariz., Dec. 12, 2011/PRNewswire/ —Flagstaff Medical Center (FMC) has enrolled its first patient into a ground breaking new program, Care Beyond Walls and Wires to expand the reach of care for patients beyond the walls of the hospital or physician’s office. In collaboration with Qualcomm Incorporated, through its Wireless Reach(TM) initiative, Zephyr Technology, Verizon Wireless, and the National Institutes of Health (NIH), Care Beyond Walls and Wires uses advanced 3G wireless technology and health-monitoring devices to enhance the care of patients with congestive heart failure (CHF) or other related conditions.

“Since this program is focused on care that transcends traditional medicine, using state-of-the-art technology to care for patients beyond the walls of the hospital,” said William Bradel, Flagstaff Medical Center president and CEO. “Working with these technology companies and national health agencies will extend FMC’s reach into outlying areas where healthcare is most needed.”

Qualcomm is lending its expertise and donating wireless devices to FMC in support of the project. Zephyr is providing advanced health-monitoring systems to patients and Verizon Wireless is providing 3G-enabled Motorola Droid X2 smartphones. The NIH is assisting FMC with project planning and evaluation.

Care Beyond Walls and Wires uses wireless broadband tools, such as smart phones and 3G technology, to allow in-home daily monitoring of patients with CHF. These tools will collect and transfer critical data, such as weight, blood pressure, activity and other health indicators, to nurses at FMC who are following patients enrolled in the program. In addition, patients will be able to communicate with their nurse using a Droid X2 smartphone, provided by Verizon Wireless, an advanced Zephyr health-monitoring system to measure blood pressure cuff; mobile phones and training. Some patients also will receive home visits from outreach staff.

Project participants will be provided in-home monitoring tools, such as smart phones and 3G technology, to allow in-home daily monitoring of patients with CHF. These tools will collect and transfer critical data, such as weight, blood pressure, activity and other health indicators, to nurses at FMC who are following patients enrolled in the program. In addition, patients will be able to communicate with their nurse using a Droid X2 smartphone, provided by Verizon Wireless, an advanced Zephyr health-monitoring system to measure blood pressure cuff; mobile phones and training. Some patients also will receive home visits from outreach staff.

The far-reaching wireless capabilities of this program are especially important to the Native American population living in outlying areas where landline phones may not be available. Some have limited access to electricity and running water and finding transportation to see a physician on a regular basis can be challenging.

“Our mission is to transform the health of the communities we serve,” Bradel said. “This program will dramatically extend the delivery of healthcare by giving our CHF patients the tools to stay connected to a nurse at FMC, regardless of how close they are to the hospital.”

As Northern Arizona’s only regional referral center, caring for more than 85,000 patients each year. Since 1936, FMC, a non-profit subsidiary of Northern Arizona Healthcare, has provided high-quality healthcare services to the residents and visitors of Northern Arizona.

To learn more about programs and services offered at Flagstaff Medical Center, visit FlagstaffMedicalCenter.com or call 928-779-3366.

Qualcomm is a registered trademark of Qualcomm Incorporated. Wireless Reach is a trademark of Qualcomm Incorporated. All other trademarks are the property of their respective owners.

Additional information:
Each monitoring kit includes: 3G-enabled Motorola Droid X2 smartphone, provided by Verizon Wireless, with a mobile application that allows patients to rapidly record and send information to FMC via a secure Internet portal; an oxygen and pulse monitor; blood pressure cuff; and weight scale. Additional items in the kit may include an advanced Zephyr health-monitoring system to measure other vital signs such as breathing rate, skin temperature, activity and posture.

Contact: Sturla Collins, Media Relations Office: 928-773-2202, Media Pager: 928-773-5094, Sturla.Collins@nhealth.com

FDA: Novartis Recall May Also Affect Painkillers

by Matthew Perrone

WASHINGTON—The Food and Drug Administration is warning patients about a potential mix-up between powerful prescription pain drugs and common over-the-counter medications made at a Novartis manufacturing plant.

The issue stems from manufacturing problems at a Lincoln, Neb., facility, which triggered a recall of 1,665 lots of Novartis’ over-the-counter drugs, including Excedrin, Bufferin, NoDoz and Gas-X. The company has received hundreds of complaints of broken and chipped pills and inconsistent bottle packaging that could cause pills to be mixed up. Consumers are advised to stop using the products and contact the company for a refund.

FDA officials warned Monday that some of Novartis’ over-the-counter pills may have accidentally been packaged with powerful prescription painkillers made at the same facility. The opioid drugs are sold by Endo Pharmaceuticals as Percocet, Endocet, Opana and Zydone.

Endo Pharmaceuticals Holdings Inc., of Chadds Ford, Pa., said it is aware of no confirmed product mix-ups that reached patients or caused any injuries. A spokeswoman for Novartis said late Monday that only Gas-X is produced on the same manufacturing line as the opioid drugs.

FDA officials say they are not recalling the painkillers because they are essential medications for many patients and the risks of stray pills are low.

The likelihood of finding a wrong tablet in an opiate pain medication dispensed to patients is low and patients should not be unduly alarmed,” FDA’s Dr. Edward Cox told reporters.

Cox said FDA inspectors are currently inspecting the plant and uncovered a manufacturing problem that could allow pills to become stuck in the machinery and carry over to the packaging of other products. FDA officials said the investigation is ongoing and would not comment on potential penalties against Endo or Novartis.

The FDA and Endo Pharmaceuticals recommend patients examine their prescriptions to make sure all the tablets are similar in shape, color, size and marking. If one or more of the tablets look different, patients should return the medicine to their pharmacist.

Patients can call Endo Pharmaceuticals’ call center at 1-800-462-3636.

Cox said regulators are also concerned about a shortage of Endo’s painkillers in coming weeks due to the shutdown of the Nebraska facility. Novartis voluntarily halted production at the plant Dec. 19.

“FDA is working with Endo and Novartis to minimize the degree of impact. The degree of shortage will depend upon how quickly safeguards can be put in place to prevent this manufacturing issue from happening in the future,” the FDA said in a statement on its website.

FDA inspectors cited Novartis’ plant for a dozen quality control problems last summer, in a report posted to the agency’s website. Company officials failed to properly investigate 166 complaints of mixed-up pills found in Novartis bottles since 2009, according to inspectors. The inspectors also concluded that none of the 223 customer complaints received by the plant last year were adequately reviewed, according to the report.

Novartis AG said in a statement that it issued the recall “as a precautionary measure in the best interest of consumers.” The Basel, Switzerland-based company said it is working to upgrade and improve manufacturing and training at the Nebraska plant.

The company announced Sunday it would recall certain bottles of headphone medicine Excedrin and caffeine caplets NoDoz with expiration dates of Dec. 20, 2014. The company is also recalling some packages of pain medicine Bufferin and stomach medicine Gas-X with expiration dates of Dec. 20, 2013, or earlier.

Customers can also call the company at 1-888-477-2403, Monday through Friday, 9 a.m. to 8 p.m. EST.
Nurses Take Steps to Battle Compassion Fatigue

by Cynthia Billhartz Gregorian, St. Louis Post-Dispatch

Jan. 12—Nancy Tecu, an advanced nurse practitioner at Siteman Cancer Center, remembers a day when a doctor told her patient a thing he hadn’t do anything else for her; that she had only weeks to live.

Tecu had grown close to the woman and vividly recalls seeing the blood drain from her face and fear wash over it. It was one of many such moments, but it tattered Tecu so much that she wondered if she needed help to cope.

About 10 years ago, Mary Stewart, a nurse manager at Siteman Cancer Center, took a two-year sabbatical from nursing to recover from the emotional stress of the job. She was physically exhausted, emotionally overwhelmed and felt like she wasn’t making an impact on her patients’ lives.

It’s no secret that caring for terminally ill patients can take an emotional toll. The term compassion fatigue was coined more than 20 years ago to describe the effect. But only in recent years have experts begun to create ways to treat and prevent it.

A program that began with 14 oncology nurses at Siteman Cancer Center in 2010 is doing just that. It has since expanded to the entire oncology unit with a staff of five. They meet for 90 minutes, once a week for five months. They met for 90 minutes, once a week for five weeks.

They need to know when to walk away and do something else for their own benefit, Potter said.

Fourteen oncology nurses were enrolled in the pilot program. They met for 90 minutes, once a week for five weeks. They were taught to notice their own anxiety, anger, stress when they were dealing with stressful situations. Potter said.

Symptoms of compassion fatigue include nervousness, anxiety, irritability, disrupted sleep, secondary traumatic stress, which comes from caring for people who are experiencing trauma.

When nurses are repeated exposed to others’ pain, suffering and losses, they begin experiencing similar feelings, Potter said.

“Are you relaxing your pelvic floor muscles?” has become a mantra among the nurses though Potter notes that male nurses have a problem with the exercise, so she gives them valuable tools for coping. It also helped them re-frame how they saw those roles and remember why they were called to their profession.

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5% of Patients Account for Half of Health Care Spending

by Kelly Kennedy,
USA TODAY

Just 1% of Americans accounted for 22% of health care costs in 2009, according to a federal report released Wednesday. That’s about $90,000 a person, the Agency for Healthcare Research and Quality says. U.S. residents spent $1.26 trillion on care in 2009. Five percent accounted for 50% of health care costs, about $36,000 each, the report said.

The report’s findings can be used to predict which consumers are most likely to drive up health care costs and determine the best ways to save money, said Steven Cohen, the report’s lead author. While it showed how a tiny segment of the population can drive health care spending, the report included good news. In 1996, the top 1% of the population accounted for 28% of health care spending. “The actual concentration has dropped,” Cohen said. “That’s a big change.”

About one in five health consumers stayed in the top 1% of spenders at least two straight years, the report showed. They tended to be white, non-Hispanic women in poor health; the elderly; and users of publicly funded health care.

The report also showed these characteristics of patients in the top 10% of health care spenders in 2008 and 2009:

- 60% were women.
- 40% were 65 or older. Only 3% were ages 18 to 29.
- 80% were white.
- 4% were Hispanic.
- 25% of Hispanics were in the bottom half of health care spenders, while only 7% of Hispanics were in the top 10% of spenders.

Next, Cohen plans to look at whether cost-cutting measures make a difference. For example, the government has told hospitals with Medicare patients that, starting in October, it will no longer pay for patients who are readmitted to hospitals for the same condition soon after being released. Cohen said he will look at whether that will change the spending averages for people in the top health care cost brackets.
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Packet _____________

Please return this completed application with your payment to UNA, 4505 Wasatch Blvd. #330B, Salt Lake City, UT 84124

Becomeing a “Friend of Utah Nurses Foundation”:
❑ I would like to receive further information about the Utah Nurses Foundation; an organization dedicated to awarding scholarships and research awards to nurses in Utah since 1979.
❑ I have enclosed a donation in the amount of ____________ for the Utah Nurses Foundation with my membership application.

Utah Only Member Application

Date ___________________________ Employer ___________________________
Name ___________________________ Address ___________________________
Credentials _________________________ City _______ State _______ Zip _______
Home Phone _________________________ Work Phone _________________________
RN License # _________________________ Birthday(mm/dd/yyyy) ___________
Email _____________________________ State _______ Specialty ___________________

PAYMENT OPTIONS:
❑ Annual Payment $120.00 Annual Payment Method
❑ Check Enclosed                      • VISA/Mastercard (circle choice)
❑ Special $63.25 / year

Card Number _________________________ Exp. Date _________________________

Signature ___________________________

If you desire membership in the local state association without affiliation in the national organization you may now join the Utah Nurses Association directly through our Utah Nurses Association Member Organization.
Advisory for nurses:
3 reasons you should never start your day at work without a malpractice plan of your own

In today’s demanding healthcare environment, you need your own backup plan to protect your career and your financial future.

Here are three reasons why:

1. **Layoffs or a new job.**
   If you’re no longer working for a healthcare facility, their malpractice coverage may not cover you if claims filed later.

2. **You provide care outside of work.**
   If something happened when you were helping an injured neighbor or acting as a Good Samaritan, your employer coverage may not cover your defense.

3. **You won’t be forced to compromise your professional reputation to minimize claim costs.**
   While you may feel pressure from an employer liability plan to “settle” a case, you control the option to settle, not your employer, when it’s your coverage.

**Special Discounts Negotiated For ANA Members**

Setting up your own malpractice plan doesn’t have to be expensive.

As an ANA member, you have four ways to save 10%:

1. Attend an approved risk management seminar
2. Hold an approved certification
3. Work at a Magnet Hospital
4. Work in a unit that is a current recipient of the AACN Beacon Award for Critical Care Excellence

Set up your own malpractice safety net with the ANA-endorsed probability Program: visit www.probability.com/25701 today.

Kootenai Health is a Joint Commission-accredited, Magnet designated, 246-bed hospital offering complete clinical services.

**Employee Benefits**

- Tuition Reimbursement
- On-site Day Care
- Fully paid medical, dental and vision insurance.
- Generous compensation and benefit package.
- Extensive on-site professional development opportunities.

To review full job descriptions visit: www.kootenaihealth.org/careers

Human Resources
2003 Kootenai Health Way, Coeur d’Alene, ID 83814
208.666.2050

REGISTRATION DEADLINE:
MARCH 20, 2012
BYU COLLEGE OF NURSING
60TH ANNIVERSARY CELEBRATION

To register, please visit ce.byu.edu/cw/nursing
call 877-221-6716, or complete and mail this form (along with payment) to:

BYU College of Nursing 60th Anniversary
120 HCEB, Provo, UT 84602

Name: ___________________________________
Address: _________________________________
City: ____________________________________
State: ___________________ Zip:_____________
Phone: __________________________________
Email: ___________________________________
Graduation Year: ___________________________

*BYU Nursing Alumni Only

Please circle your choice:

[$75] I wish to attend all events (morning and afternoon sessions, lunch, alumni dinner).

[$40] I wish to attend only the morning session and/or the luncheon.

[$40] I wish to attend only the afternoon session and/or the alumni banquet.

[$25] I wish to attend the alumni banquet only.

[$50] I am interested in purchasing the 60-year history book of the College of Nursing.

Please make checks payable to Brigham Young University.

For more information call or email:
(801) 422-4143
nursing_graduate@byu.edu
www.byu.edu