The MNA members who represented their colleagues at MNA’s 107th House of Delegates (HOD) demonstrated vision and concern for the health and safety of Mississippians. Delegates to the HOD are to be commended for their attention to detail and enthusiasm for addressing some of our most pressing healthcare concerns.

Four resolutions were adopted: Resolution 1: Support Increasing Awareness of the Role of Nurses in Identifying, Reporting, and Combating Child Abuse and Neglect; Resolution 2: Support Nurses’ Role in Increasing Awareness of the Importance of Influenza Vaccination; Resolution 3: Support Nurses’ Role in Increasing Awareness of the Importance of Social Determinants of Health on Patient Outcomes; and Resolution 4: Support Nurses’ Role in Increasing Awareness of the Health Risks of E-Cigarette Use by Youth and Young Adults.

Child abuse and neglect is a significant public health problem in Mississippi and across the country. It includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role that results in harm, potential harm, or threat of harm to a child. It is estimated that at least one in seven children have experienced child abuse and/or neglect in the past year. Children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones, as well as emotional and psychological problems, such as impaired socio-emotional skills or anxiety. In addition, child abuse and neglect and other adverse childhood experiences can have a tremendous impact on broader lifelong health and wellbeing outcomes if left untreated (for example, exposure to violence in childhood increases the risks of injury, future violence victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, non-communicable diseases, lower educational attainment, and limited employment opportunities).

Chronic abuse may also result in toxic stress and make victims more vulnerable to problems such as post-traumatic stress disorder, conduct disorder, and learning, attention, and memory difficulties. The total lifetime economic cost of child abuse and neglect is estimated at $124 billion each year. Registered nurses and advanced practice registered nurses can prevent by law the harm caused by child abuse and neglect to the Mississippi Department of Human Services. By adopting Resolution 1, the HOD seeks to increase awareness of the role of nurses in identifying, reporting and combating child abuse and neglect among our most vulnerable patients by encouraging expanded opportunities for education on the use of screening tools for recognition and referral, and reporting and other appropriate resources.

An annual seasonal flu vaccine is the best way to help protect against the flu, and vaccination has been shown to have many benefits including reducing the risk of flu illnesses, hospitalizations, and even the risk of flu-related deaths in children. Everyone six months of age and older should get a flu vaccine every season (recognizing there are few health conditions in which certain vaccines are contraindicated), and vaccination is particularly important for those at high risk of serious complications from influenza. In addition, vaccination has been associated with lower rates of some cardiac events among people with heart disease, especially among those who had had a cardiac event in the past year, and flu vaccination also has been shown in separate studies to be associated with reduced rates of hospitalization and mortality due to pneumonia and chronic lung disease. As nurses, we also know the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. healthcare workers get vaccinated annually to protect themselves and the patients they serve. A flu vaccine can impact the flu can have on our patients and we seek to educate our patients on the importance of flu vaccination.

Understanding the social determinants of health is a topic of discussion throughout the healthcare sector. Healthy People 2020 defines social determinants of health as conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance quality of life can have a significant influence on population health outcomes. By adopting new vital signs to screen for the social determinants of health, committing to helping low-income and non-English-speaking patients get the care they need; guarding against the potential for bias to influence medical care; and understanding the effects of adverse childhood experiences and using trauma-informed care, registered nurses can assist in identifying social determinants of health. The HOD embraced increasing awareness of the role of nurses in identifying social determinants of health to recognize patients’ needs, identify available resources, and potentially improve patient outcomes.

Many of us have witnessed the increased use of e-cigarettes by our youth and young adult patients. E-cigarettes, devices that typically deliver nicotine, flavors, and other additives to users through an inhaled aerosol, are a rapidly emerging trend, and are especially popular among youth and young adults.

E-cigarettes are not safe for youth, young adults, pregnant women, or adults who do not currently use tobacco products. Of great concern is the fact that e-cigarettes are now the most commonly used form of tobacco by youth in the U.S., and dual use, or use both cigarette and e-cigarettes, is common among youth and young adults 18-25 years of age. In 2016, more than two million U.S. middle and high school students used e-cigarettes in the past 30 days, including 4.3% of middle school students and 11.3% of high school students. Nicotine exposure during periods of significant brain development, the adoption of this practice demonstrates our commitment to the promotion of health and safety issues of the public and our patients by increasing awareness of the role of nurses in educating patients, parents, and caregivers on the health risks of e-cigarette use by youth and young adults.

Delegates also elected two Board officers and five Council Directors. Tonya Moore, PhD, RN will continue to serve as Vice President and Shonda Phelon, DNP, RN, FNP-BC, PMHNP-BC, GNP-BC will assume new duties as the Director, Council on Advanced Practice Nursing. We welcome new members Johnnie Sue Wijewardane, PhD, APRN, FNP-BC, FAANP, Secretary; Jane Butts, PhD, RN, President; Dr. Cooper’s replacement, Acta Lester, DNP, APRN, FNP-C, ONC-P, Director, Council on Health Affairs; and Debra Rhinewalt, BSN, CHPN, Director, Council on Nursing Research. As I look forward to working with these newly elected leaders in nursing, I also want to thank outgoing Board members, Saudi Arnold, MSN, RN, Rebecca Cagle, PhD, FNP-BC, PMHNP-BC, Lorena Green, DNP, RN, FNP-BC, and Alice Messer, DNP, RN, FNP-BC who were influential and committed to MNA throughout their tenure on the Board!

Serving as a Delegate to the HOD is an honor and with it comes the responsibility to carefully consider issues that will determine MNA’s strategic direction in the coming year. To each of you who served as a Delegate, thank you for your dedication and willingness to represent your District and share your ideas and thoughts on issues before the HOD! If you have not served as a Delegate, I encourage you to consider serving as one in 2019.

You, the members of MNA, drive the focus of our association and through your guidance and feedback, MNA has a legacy of success. Our momentum is growing and will continue to grow as we advocate, support, and lobby for registered nurses and advanced practice registered nurses across all nursing roles. MNA has stood side-by-side with nurses for 107 years! If you are not a member of MNA, now is the opportunity to become one and join with us!

References:

A Message from the President

Debra Allen, MSN, RN

Vol. 80, No. 4 Winter 2018
Quarterly publication direct mailed to approximately 62,000 RNs and LPNs in Mississippi.

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Executive Director’s Column

There is no doubt that the nursing profession is proficient at Racing to Meet the Nursing Challenges of Today and Tomorrow! This was evident at the MNA Convention as registered nurses and advanced practice nurses from across Mississippi and surrounding states united to participate in presentations by leading experts, interact with vendors, and network with colleagues. In keeping with the Convention theme, nautical tokens and symbols were interwoven throughout the Biloxi Convention Center creating the convivial atmosphere attendees have come to expect from MNA, and offering unique photo opportunities replete with Captain's hats, faux barnacle encrusted anchors, and ship portals. North Mississippi Medical Center generously sponsored T-shirts for each attendee and Forrest General Hospital sponsored the much needed tote bags for all attendees. Enhancing the nautical vibe, each luncheon table was adorned with a mirrored life preserver, water blue vase showcasing the colors of the sea, and accompanied by a collection of beacon-red decanters. Of course, the Making Waves Expo featuring over 80 exhibitors was an opportunity for attendees to discuss the latest in services and products while enjoying the theme decorated booths. Thank you to our many friends of nursing for participating in the expo and adding your own fun spin to our theme!

The pre-convention workshop, Knowing Me, Knowing You: Provider Self-Awareness to Improve Patient Outcomes, presented by Roderick Green, MSN, PMHNP-BC, concentrated on one of the most critical aspects of nursing, self-awareness. The session was structured to provide in-depth information on the importance of understanding how one's experiences, beliefs, values, assumptions, and bias influence interactions with patients, and ultimately, patient outcomes. We appreciate the Mississippi Nurses Foundation sponsorship of this highly-anticipated session. Wednesday's luncheon presenter was international, award-winning professional speaker, Panelists expanded time at Convention. On Friday, nurses from across Mississippi and surrounding recruiting and retaining staff, and the importance of innovative technological advances will shape healthcare, current and anticipated issues

President’s Message Continued from page 1

Teresa Malone, MNA Executive Director

Assistant Attorney General and Riley Herrin, Forensic Interviewer provided information on the devastating issue of child abuse and neglect. Nurses are required by law to report suspected child abuse and neglect, but nurses can make a difference by the manner in which they interact with patients. Ms. Herrin bravely shared her story of abuse and survival with its impact being obvious on all in attendance. Ms. Gordon and Ms. Herrin are both commended for their dedication to combating child abuse and neglect. Asking patients to improve their health literacy is one of the many challenges facing nurses and was the topic of Dr. Joy Deupree’s discussion on Friday. Dr. Deupree is renowned for her distinguished work in the area of health literacy. As a gubernatorial appointee to the Alabama Health Care Improvement Task Force, Dr. Deupree garnered support for the establishment of the Alabama Health Literacy Initiative and serves as the Chair. She also established the Alliance of International Nurses for Improved Health Literacy; the mission of the organization is to advance the health literacy research agenda by nursing to create successful nursing interventions; improve quality of patient care for low literate populations; and to promote educational standards for nurses who care for low literate populations.

Relaxing and catching up with friends is one of the most enjoyable aspects of the Convention. The University of Mississippi Medical Center Nursing Alumni Chapter’s Nursing Alumni and Friends Reception was hosted at the Biloxi Visitors Center, the perfect coastal backdrop for an evening of relaxing with old friends, getting to know new colleagues, and savoring great food! Guests were saddened to say goodbye to Dr. Kim Hoover in her current position, but wished her much success in her future endeavors!

We are always excited to be joined by MASN, our future nurses. This year, a panel of MNA members shared their wisdom, humor, and advice with their soon-to-be colleagues. Thank you to panelists Christy Davis, FNP-BC, CNB; Tangela Hales, PhD, RN; Michael Jones, PhD(Sc), MSN, RN, MBA; and Vicki Rhymes, MSN, RN, CNOR.

Thank you to the attendees, sponsors, exhibitors, presenters, and volunteers for making the 2018 MNA Convention an event to remember!

We have many more events scheduled and encourage you to read our event emails and visit our website (www.mnurses.org) for more information! Don’t forget – make your calendars for Lobby Day on January 23, 2019 and our 25th Annual Nursing Summit on February 19, 2019. As we prepare for the coming year, we need your support! If you are not a member of MNA, take this opportunity to join with your colleagues! Contact our office should you have any questions or need assistance in securing your membership.

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District Spotlight...

Last year, the District Presidents embraced a friendly competition to see which district would have the most significant increase in membership by the 2018 convention. A goal of 3% was established. District 11 increased its membership by 11%, the most of any district. Congratulations to District President, Teresa Windham and the District 11 Board for this accomplishment.

We also commend District 12 with an increase of 9.5%, District 16 with an increase of 8.8%, and District 25 with an increase of 4%. Thank you to District 12 President, Debbie Hoover; District 16 President, Linda Todd; and District 25 President, Robbie Jones for their hard work.

District 6 recently presented a $500 Book Scholarship to an undergraduate nursing student for the 2018-19 academic year. Members voted to award the scholarship exhibiting the district’s continuing commitment to foster leadership in the nursing profession. To be considered for the Book Scholarship, the student had to be pursuing an Associate Degree, Baccalaureate Degree, or in the RN-to-BSN program and residing or attending school in the region served by District 6 which includes Jackson, George and Greene Counties.

Shanna Harris of Moss Point, a student in the Associate Degree Nursing Program at Mississippi Gulf Coast Community College, was chosen as the 2018-19 scholarship recipient.

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Renee Burnsed, PhD, RN, President of MNA District 6, presents the 2018-19 $500 District 6 Book Scholarship to Shanna Harris of Moss Point, an Associate Degree nursing student at MS Gulf Coast Community College.

Shanna Harris of Moss Point, a student in the Associate Degree Nursing Program at Mississippi Gulf Coast Community College, was chosen as the 2018-19 scholarship recipient.

District 6 serves nurses who live or work in Jackson, George, and Greene counties and offers members opportunities to network on a local and state level with Registered Nurses and Advanced Practice Registered Nurses from a wide-range of career settings. District 6 provides Continuing Education presentations, an annual December Legislative Update with area state legislators and MNA representatives, community service opportunities, and participates in the MNA annual convention.

District 18 held a Jacket Drive in November to support Sally Kate Winters Family Services, West Point, MS.

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For more information contact Dana Walker
Mississippi Nurses’ Association
(601) 898-0670
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Nurses throughout the state recently attended the 107th Annual Convention of the Mississippi Nurses' Association. As we wrap up the 2018 calendar year, let's reflect on where we are and where we have been. MNA was the first and has been the primary state nursing association lobbying for nurses and advanced practice nurses in Mississippi for years. This fact has not and will not change. MNA continues to be the primary voice for all nurses in Mississippi, no matter what your role or where you are in your career.

Many of the patients we serve in Mississippi are in primary care shortage areas. In the US there are 84 million people with limited access to primary care providers, and we know that in Mississippi we have many patients in this situation. Many physicians continue to choose specialty areas rather than primary care. However, the advanced practice registered nurse workforce continues to grow throughout the country and in Mississippi. Many APRNs, especially nurse practitioners, choose to provide healthcare for underserved patients in primary care. In addition, many nurse practitioners are specializing in areas that benefit patients. Over 50 years of research validates the fact that advanced practice registered nurses provide safe, high-quality care. States where NPs do not have full practice authority consistently rank among the poorest on health outcomes, access to primary care, and disparities in care. Mississippi is no exception, as we all know.

Full practice authority for nurse practitioners would benefit Mississippians. We know that patients benefit, but nurses providing bedside and home health care benefit from increased access to primary care providers. Simply put, full practice authority allows nurses to practice to the full extent of their education, training and licensure. The Mississippi Nurses’ Association supports full practice authority and needs YOU as a member! If you are a member of MNA, please contact the MNA office and join our APRN Council. We need YOU to help meet our goals! If you are not a member, please join today and become involved. We need you!
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Addressing the Social Determinants of Health is Essential to Ensuring Positive Patient Outcomes!

Michael L. Jones, PhD(c), RN, MSN, MBA

In the Summer 2018 edition of the “Mississippi RN,” I wrote an article titled, “The Importance of Addressing Health Literacy & the Social Determinants of Health.” This article highlighted concepts and their linkage to the various adverse health issues faced by the citizens of Mississippi. Health Literacy is “the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services needed to make appropriate health decisions.” In laymen’s terms, how well our patients are able to put into practice what we as health care providers teach them (Centers for Disease Control and Prevention, 2017). There are many factors that contribute to a lack of the necessary health literacy needed to make good health decisions, thus ensuring positive health outcomes. As I stated previously, we often label individuals as “non-compliant,” but are they really? In many instances, the answer is a resounding, NO! In the Summer of 2018, we defined the Social Determinants of Health as “economic and social conditions that influence the health of people and communities. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices” (Centers for Disease Control and Prevention, 2014). I also outlined the 10 components of the Social Determinants as defined by the World Health Organization (2010). They include the social gradient, early life, work, social support, food, stress, social exclusion, unemployment, addiction, and transport. We defined each and provided a brief discussion on actions nurses can take to address each. Please visit the following link for the full article: https://www.nursingald.com/articles/21057-the-importance-of-addressing-health-literacy-the-social-determinants-of-health-wsjn@nursingald.com.

The purpose of this article is to further expound upon the Social Determinants of Health and to discuss the importance of addressing it through the lens of everyday, routine patient outcomes. Given these health issues we face in our nation, especially in a rural state such as Mississippi, we must begin to address healthcare through also addressing the Social Determinants of Health. As I’ve stated before, as healthcare providers what appears to us many times as we provide health care to patients, is a small symptom of a larger problem. To ensure positive patient outcomes, we must begin to pull back the layers to truly understand the underlying cause of why patients have negative health outcomes. For example, we must begin to ask ourselves why is it that our patient that has Hypertension? Why does this kid have asthma that is out of control? Diabetes? What is causing that? We must begin to ask these questions and begin to address the Social Determinants of Health and link it to healthcare for the individual. I also outlined the 10 components of the Social Determinants as defined by the World Health Organization (2010). These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices” (Centers for Disease Control and Prevention, 2014). I also outlined the 10 components of the Social Determinants as defined by the World Health Organization (2010). They include the social gradient, early life, work, social support, food, stress, social exclusion, unemployment, addiction, and transport. We defined each and provided a brief discussion on actions nurses can take to address each. Please visit the following link for the full article: https://www.nursingald.com/articles/21057-the-importance-of-addressing-health-literacy-the-social-determinants-of-health-wsjn@nursingald.com.

In my article (Summer 2018), I focused in on the 10 components (social gradient, early life, work, social support, food, stress, social exclusion, unemployment, addiction, and transport) of the Social Determinants of Health as defined by the World Health Organization. For this article, I want to focus on the Healthy People 2020 view of the Social Determinants and what nurses can do to ensure the best possible patient outcomes.

Importance of Attention to Health Outcomes

When we think about the term “health outcomes,” we are simply referring to the impact or results of the services we provide as nurses (or other healthcare provider) on the patients we care for. Specifically, this refers to the impact on any symptoms the individual may be presenting with, their quality of life, and most importantly whether or not the individual lives or dies. In many instances, we think about health outcomes through the context of disease management and whether the process of the disease gets better or whether it gets worse (www.myhealthoutcomes.com/faqs/3000). There are various health outcomes we measure, disease states and patient satisfaction being the most common ones. Given the many adverse health issues we face in our society, ensuring positive patient outcomes is essential. Not only do we want to ensure patients themselves have positive health outcomes, but there is a larger variable to be considered. According to the Centers for Disease Control and Prevention (2017), health care costs in the United States have continued on an upward trend. Many of these costs are related to preventable health conditions. As stated in my previous article, 70% of avoidable deaths are related to the Social Determinants of Health. Many adverse health outcomes are related to the Social Determinants of Health. It is important to note that many third-party payers are giving close attention to health outcomes. Health care providers are tasked with ensuring mechanisms are in place to ensure such. This includes disease management and healthcare services utilization (i.e. hospital readmissions and emergency room visits). Penalties may be the result if health outcomes are not improved (Centers for Disease Control and Prevention, 2017).

Healthy People 2020

So, what is Healthy People 2020? The vision of Healthy People is “a society in which all people live long, healthy lives” (www.healthypeople.gov). This is achieved through four (4) specific overarching goals. They are as follows:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages (www.healthypeople.gov).

Healthy People 2020 is an initiative of and is governed by the U.S. Department of Health and Human Services (HHS) in conjunction with other federal agencies and various state and local agencies.

One of the major initiatives of Healthy People 2020 is indeed the Social Determinants of Health. Healthy People 2020 takes a slightly different approach from the Centers for Disease Control and Prevention and the World Health Organization when defining the concept. According to Healthy People 2020, “social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, quality-of-life outcomes and risks.” The ultimate goal of Healthy People 2020 as it relates to the Social Determinants of Health is the creation of physical and social environments that promote good health for everyone (Healthy People 2020). Healthy People 2020 has developed a framework for the Social Determinants of Health, which consists of five key areas. These areas are Neighborhood and Built Environment, Health and Health Care, Social and Community Context, Education, and Economic Stability (see figure 1). Each of

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these domains consist of issues that are related to the underlying factors that may impact health outcomes. I want to take some time to discuss each one and offer up activities nurses can engage in to address each.

**Key Domains & Factors**

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**What Nurses Can do to Impact Outcomes**

According to Healthy People 2020, understanding the relationship between how individuals experience 'place' (environments and settings such as school, workplace, neighborhood, and church) and the impact of 'place' is essential to addressing the Social Determinants of Health, thus impacting health outcomes. According to Wetta (2017), nurses may be the best equipped to address health disparities, which are differences between health statuses between groups of people. Nurses are trained to not only address individual care, but also population health. Addressing the Social Determinants of Health requires nurses to partner with the interdisciplinary team to ensure the whole patient needs are addressed.

Below, I’ve listed each of the 5 domains of the Social Determinants of Health and discussion on what nurses can do specifically to address each taking the premise of place into consideration. This discussion applies to all levels of nursing practice (i.e. Advanced Practice Nurses, Registered Nurses, Licensed Practical Nurses, etc.).

**Economic Stability**

Economics can impact every aspect of the patient’s life. This impacts whether he or she can have access to health care services. Take this into consideration when providing care to patients.

- Ensure that the medications prescribed are affordable to the patient. Work with the interdisciplinary team (i.e. Social Work) to identify mechanisms for paying for medications. This also includes working closely with the prescribing professional in identifying the least costly option.
- Build relationships with the patient’s community to identify opportunities to address financial shortcomings. Many Managed Care Organizations and other community-based organizations employ Community Health Advocates or Community Health Workers who are embedded within the patient’s community to assist with addressing the Social Determinants of Health. This could also assist with addressing adequate housing and food options (i.e. food banks & SNAP benefit applications) for the patient. The interdisciplinary health care team is also important to assist with building community linkages to resources.

**Education**

Education increases one’s ability to obtain meaningful employment, thus addressing the issue of poverty to some extent. Education also assists in addressing the issue of Health Literacy. Interventions to address education should begin when patients are young and should extend throughout childhood. Below are a few things to consider:

- Ensure barriers to learning are identified and addressed for children. For example, a child may have undiagnosed vision issues which may contribute to low grades in school. There may also be undiagnosed behavioral issues such as ADHD that have to be addressed. Another example is hunger. If a child is living in extreme poverty, there may be the presence of hunger that may impact learning. Working with the interdisciplinary team as well as the child’s family and community is essential in addressing such barriers.
- Ensure adults are linked with opportunities to address learning. For example, many community-based organizations hold GED classes, which can be utilized by the patients in which we serve.
- Addressing health literacy (see the Health & Health Care section for more information) is essential.

**Social and Community Context**

Perhaps one of the most important areas in which Nurses can get involved with this domain is through the participation in and encouragement of civic participation. According to Healthy People 2020, “one way civic participation improves health is by building social capital, which is defined as ‘features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit’. Examples of civic participation include voting, volunteerism, and participating in group activities. The following are areas in which Nurses can participate:

- Identify and encourage support groups for patients dealing with certain health conditions such as alcoholism, chronic disease, depression, etc.
- Advocate through organizations such as the Mississippi Nurses’ Association to ensure resources are in communities that lead to good health, such as community gardens, community health centers, and peer support professionals. This involves the nurse serving as a voice (advocate) for the needs of the patient at the community level when interacting with law makers.
- Nurses can host community-based events to promote a sense of belonging for those individuals living in communities. This includes health fairs, walk/runs, etc.

**Health and Health Care**

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Addressing Social Determinants of Health continued from page 11

educational sessions, etc. It is essential to include patients in the planning and development of such. Studies have shown that when patients are civically involved, health outcomes tend to be better.

- Nurses can promote the involvement of patients in the electoral process. Nurses themselves can also become involved through running for public office to be a voice on city councils, state and federal legislatures, committees, etc. for the improvement of communities to address the Social Determinants of Health.

**Health and Health Care**

The following are things to consider when addressing health and health care:

- Ensure patients have an identified primary care provider and are engaged with him or her. For individuals who have limited income, consider options such as Federally Qualified Health Centers, who provide care based upon a sliding fee scale.
- Consider if patients have transportation to and from provider visits to enhance access to health care. Work across the interdisciplinary team to ensure adequate transportation.
- Ensure patients are equipped with payment options (i.e. Medicaid, Social Security, Medicare). This includes working with the interdisciplinary team, especially Social Workers to assist with walking patients through the process of identifying and applying for such options.
- Ensure patients have access to health information that can be easily processed. This addresses health literacy. The Centers for Disease Control and Prevention (https://www.cdc.gov/healthliteracy/developmaterials/guidancestandards.html) has a wealth of resources to assist health care providers in addressing health literacy.
- Ensure patients have access to specialty care services, which also includes behavioral/mental health. In many instances an underlying mental health condition impacts one’s physical health. The key here is ensuring the patient is engaged with a primary care provider, who can facilitate the process of linking the patient with a specialty provider.

**Neighborhood and Built Environment**

Addressing this domain is similar to the Social and Community Context domain in that it involves interacting with the communities in which the patient lives. There is also overlapping with the Economic Stability domain related to food insecurity and quality housing. The following are things nurses can do to address this domain:

- According to Healthy People 2020, environmental conditions such as air pollution, contaminated water, and extreme hot or cold negatively impacts the health of populations. Again, Nurses should address these factors and keep them in consideration when directing the care of patients. It is important to identify barriers to good health in communities and remove those barriers. This is done through partnering with the interdisciplinary team and the community. This is yet another opportunity where Nurses, through organizations such as the Mississippi Nurses’ Association can advocate community-minded policies that lead to positive health outcomes. An example could include forming joint use agreements between schools and neighborhoods to open gymnasiums for exercising and other community events that promote health.

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- Prior to educating patients on and suggesting healthy eating, assess whether patients have access to healthy food choices. It is important to meet patients where they are. For example, if the patient can only afford ramen noodles, teach patients how to rely on portion control and preparation to decrease sodium content. Likewise, if a patient lives in an area where no grocery stores are within a certain mile radius, work to address this barrier prior to placing the patient back into the environment to deal with their own food safety issues. This includes working with the interdisciplinary team to assist in identifying community resources that promote and aid in healthy eating.

- Nurses can work through the interdisciplinary team to work with patients on addressing education and awareness related to crime and violence within communities. According to Healthy People 2020, crime and violence is a major public health issue in communities. Not only does it lead to premature death, but it also impacts one’s health through traumatic physical injury and stress. Nurses can also use their influence to assist in shaping policy within communities related to crime prevention. In this instance Nurses can advocate for policies that address crime and violence.

- According to Healthy People 2020, environmental conditions such as air pollution, contaminated water, and extreme hot or cold negatively impacts the health of populations. Again, Nurses should address these factors and keep them in consideration when directing the care of patients. It is important to identify barriers to good health in communities and remove those barriers. This is done through partnering with the interdisciplinary team and the community. This is yet another opportunity where Nurses, through organizations such as the Mississippi Nurses’ Association can advocate community-minded policies that lead to positive health outcomes. An example could include forming joint use agreements between schools and neighborhoods to open gymnasiums for exercising and other community events that promote health.

**Summary**

With health care costs continuing to rise and health statuses continuing to decline, it is important for us to try something different in healthcare. It has been well established that the Social Determinants is a major factor in both healthcare costs and health statuses. As nurses, we often treat the symptom of a larger issue. We then send the patient back into the environment that caused them to be ill in the first place. This article has provided a more detailed discussion on the importance of and approach to ensuring the Social Determinants of Health are addressed to improve health outcomes. The importance of doing so is even more relevant given the fact that many third-party payers are judging reimbursements and so forth on how well providers can impact health outcomes. Nurses are key to driving positive health outcomes due to our training and status in healthcare as the most trusted. We must work internally within our organizations through our interdisciplinary teams as well as build relationships externally with the communities where patients live. This gives us an opportunity to address every aspect of the patient’s lives, which is key to ensuring the most possible health outcomes possible.
Mississippi Nurses Foundation

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MNF 2018 Raffle Winner

Congratulations to Lori Peden of Bruce, MS! She is the winner of the Mississippi Nurses Foundation’s 2018 $10,000 Money Raffle. Lori is a school nurse at Bruce Upper Elementary School. Lori is pictured with Rosalyn Howard, Executive Director of the Mississippi Nurses Foundation.

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Thank you for your support and dedication to the MS Nurses Foundation!
Congratulations to Crystal Middleton, winner of the MNF diamond earrings raffle!

The earrings were donated by Dr. Janet Harris for the MNF Nurse in Need Program. Dr. Harris created the Nurse in Need program to support nurses during catastrophic situations.

Congratulations to all participants of the 2018 MNF Leadership Institute:

Michael Jones, Bea Allen, Dana Armstrong, Laura Wood, Christy McGregor and Magan Evans

Not Pictured: Kourtland Adams and Dana Walker

Congratulations to the nurses who received a stipend through MNF to attend MNA’s 2018 Convention.

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Mississippi Nurses Foundation

The Mississippi Nurses Foundation will host its fourth MNF Nurses Leadership Institute (NLI) for MNA Members! Leadership is an integral part of nurse development and professionalism. The NLI targets staff nurses, nurse managers, and nurse educators who desire to expand their knowledge of leadership and enhance their role as a leader.

Participation in the NLI requires participants to attend five (5) leadership development sessions commencing in January 2019 and concluding in September 2019. Each participant will be required to engage in a group project for self-development and networking and one group will be selected to present their work at MNAs annual convention in October 2019. All sessions will be held at the Mississippi Center for Nursing (MNA Building) in Madison, MS.

The dates for the sessions are as follows:
1. Session 1: Leading From Where You Are
   Date: Tuesday, January 22, 2019
2. Session 2: Tricks to Balancing
   Date: Tuesday, March 26, 2019
3. Session 3: Hiring and Managing Performance
   Date: Tuesday, May 14, 2019
4. Session 4: Tools on How to Supervise the Right Way
   Date: Tuesday, August 13, 2019
5. Session 5: Leadership Roundup and Engagement
   Date: Tuesday, September 24, 2019

The Mississippi Nurses Foundation will accept up to twenty (20) nurses to be a part of the Leadership Institute. If you are interested in enhancing your leadership knowledge, networking and growing more as a leader, please contact Kasey Dorr at kdorr@msnurses.org. Applications are due by January 4, 2019.
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| Select Annual or Monthly Payment Preference |
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**Payroll Deduction Plan**

This plan is available only where there is an agreement between the employer and MNA. Contact your employer (or MNA) to see if this plan is available. I understand that $24.01 for RN, $16.51 for reduced RN, $32.35 for Advanced Practice or $20.68 for reduced Advanced Practice will be deducted from my paycheck every month. Please provide a copy of this signed application to your employer and to MNA. This is an annual commitment and automatically renews in your anniversary month. Cancellation must be made through your employer.

| Payroll Deduction Authorization Signature: |

**Mississippi Nurses Association dues are not deductible as charitable contributions for tax purposes but may be deductible as a business expense. However, that percentage of dues paid for lobbying (12%) is not deductible as a business expense. $49.00 of MNA member dues is for a subscription to American Nurse Today. Cancellation of membership must be made in writing a minimum of twenty (20) days prior to next scheduled dues payment. Membership is an annual commitment. Early termination of monthly payment plan will result in balance of yearly dues payable upon cancellation.**
Signs and Symptoms
The signs and symptoms of influenza can vary by age, immune status, and presence of underlying medication conditions. Uncomplicated influenza can include any or all of these signs and symptoms: fever, muscle aches, headache, lack of energy, dry cough, sore throat, nasal congestion, and possibly runny nose. Fever is not always present in influenza patients, especially in elderly persons. The fever and body aches can last 3-5 days and the cough and lack of energy may last for 2 or more weeks, especially in the elderly. Influenza can be difficult to diagnose based on clinical signs and symptoms alone because the signs and symptoms of influenza can be similar to those caused by other infections including, but not limited to, Mycoplasma pneumoniae, adenoviruses, respiratory syncytial viruses, rhinoviruses, parainfluenza viruses, and Legionella spp.

Complications associated with influenza can vary by age, immune status, and underlying medical conditions. Some examples include worsening of underlying chronic medical conditions (e.g. worsening of congestive cardiac failure; asthma exacerbation; exacerbation of chronic obstructive pulmonary disease); lower respiratory tract disease (pneumonia, bronchitis, croup, respiratory failure); invasive bacterial co-infection; cardiac (e.g. myocarditis); musculoskeletal (e.g. myositis, rhombomylitis); neurologic (e.g. encephalopathy, encephalitis); multi-organ failure (septic shock, renal failure, respiratory failure). Appropriate treatment of patients with respiratory illness depends on accurate and timely diagnosis. Early diagnosis of influenza can reduce the inappropriate use of antibiotics and can provide the option of using antiviral therapy. However, because certain bacterial infections can produce signs and symptoms similar to influenza, bacterial infections should be considered and appropriately treated, if suspected. In addition, bacterial co-infection can occur as a complication of influenza.

Influenza surveillance information about the prevalence of circulating influenza viruses and diagnostic testing can aid clinical judgment and help guide treatment decisions. The accuracy of clinical diagnosis of influenza on the basis of signs and symptoms alone is limited because symptoms from illness caused by other pathogens can overlap considerably with influenza. Influenza surveillance by state and local health departments and CDC can provide information regarding the presence of influenza A and B viruses in the community. Surveillance can also identify the predominant circulating types, influenza A virus subtypes, and strains of influenza viruses.

Laboratory Diagnostic Procedures
A number of tests can help in the diagnosis of influenza, but tests do not need to be done on all patients with suspected influenza. For individual patients, tests are most useful when they are likely to yield clinically useful results that will help with diagnosis and treatment decisions. During a respiratory illness outbreak in a closed setting (e.g., hospitales, long-term care facility, cruise ship, boarding school), some tests may be helpful in determining if influenza is the cause of the outbreak.

Diagnostic tests available for influenza include viral culture, serology, rapid antigen testing, reverse transcription polymerase chain reaction (RT-PCR), immunofluorescence assays, and rapid molecular assays. Sensitivity and specificity of any test for influenza might vary by the laboratory that performs the test, the type of test used, the time from illness onset to specimen collection, and the type of specimen selected. Viral RNA isolation and rapid detection of human influenza viruses, nasopharyngeal specimens typically have higher yield than nasal or throat swab specimens. As with other diagnostic tests, results should be evaluated in the context of other clinical and epidemiologic information available to health care providers.

Preferred respiratory samples for influenza testing include nasopharyngeal or nasal swab, and nasal wash or aspirate, depending on which kind of test is used. Samples should be collected within the first 3-4 days of illness. Rapid influenza diagnostic tests (RIDTs) provide results within approximately 15 minutes; viral culture provides results in 3-10 days. Most of the rapid influenza diagnostic tests that can be done in a physician’s office are approximately 50-70% sensitive for detecting influenza and approximately greater than 90% specific. False negative results are more common than false positive results, especially during peak influenza activity in the community. Rapid molecular assays can produce results in approximately 20 minutes with high sensitivity and specificity. Other molecular assays are increasingly becoming available and can produce results in approximately 60-80 minutes with very high sensitivity and specificity.

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Viral Culture
During outbreaks of respiratory illness when influenza is suspected, some respiratory samples should be tested by molecular assays and both rapid influenza diagnostic tests and by viral culture. The collection of some respiratory samples for viral culture is essential for determining the influenza A virus subtypes and influenza B virus antigenic type causing illness, and for surveillance of new virus strains that may need to be included in the next year’s influenza vaccine. During outbreaks of influenza-like illness, viral culture also can help identify other causes of illness.

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**RIDTs**

Commercial rapid influenza diagnostic tests (RIDTs) are antigen detection assays that can detect influenza viruses within 15 minutes with low to moderate sensitivity and high specificity. Some tests are CLIA-waived and approved for use in an outpatient setting, whereas others must be used in a moderately complex clinical laboratory. These rapid influenza diagnostic tests differ in the types of influenza viruses they can detect and whether they can distinguish between influenza virus types. Different tests can detect 1) only influenza A viruses; 2) both influenza A and B viruses, but not distinguish between the two types; or 3) both influenza A and B viruses and distinguish between the two. Some RIDTs utilize an analyzer reader device to standardize results to improve sensitivity. None of the rapid influenza diagnostic tests provide any information about influenza A virus subtypes. The types of specimens acceptable for use (i.e., throat, nasopharyngeal, or nasal aspirates, swabs, or washes) also vary by test. The specificity and, in particular, the sensitivity of rapid influenza diagnostic tests are lower than for viral culture and RT-PCR and vary by test. Because of the lower sensitivity of the rapid influenza diagnostic tests, physicians should consider confirming negative test results with RT-PCR, viral culture or other means, especially in hospitalized patients or during suspected institutional influenza outbreaks because of the possibility of false-negative RIDT results, especially during periods of peak community influenza activity. In contrast, false-positive RIDT results are less likely, but can occur during periods of low influenza activity. Therefore, when interpreting results of a rapid influenza diagnostic test, physicians should consider the positive and negative predictive values of the test in the context of the level of influenza activity in their community. Package inserts and the laboratory performing the test should be consulted for more details regarding use of rapid influenza diagnostic tests.

**Immunofluorescence**

Immunofluorescence assays are antigen detection assays that generally require use of a fluorescent microscope to produce results in approximately 2-4 hours with moderate sensitivity and high specificity. Both direct (DFA) and indirect fluorescent antibody (IFA) staining assays are available to detect influenza A and B viral antigens in respiratory tract specimens. Subtyping or further identification of influenza A viruses is not possible by immunofluorescent assays. One rapid immunofluorescence assay is an RIDT and utilizes an analyzer device to produce results in approximately 15 minutes.

**Rapid Molecular Assays**

Rapid molecular assays are a new kind of molecular influenza diagnostic test for upper respiratory tract specimens with high sensitivity and specificity. One platform uses isothermal nucleic acid amplification and has high sensitivity and yields results in 15 minutes or less. Another platform uses RT-PCR and has high sensitivity and produces results in approximately 20 minutes.

**Other Molecular Assays**

Reverse Transcription-Polymerase Chain Reaction (RT-PCR) and other molecular assays can identify the presence of influenza viral RNA in respiratory specimens with very high sensitivity and high specificity. Some molecular assays are able to detect and discriminate between infections with influenza A and B viruses; other tests can identify specific seasonal influenza A virus subtypes [A(H1N1)pdm09, or A(H3N2)]. These assays can yield results in approximately 1-8 hours depending upon the assay. Notably, the detection of influenza viral RNA by these assays does not necessarily indicate detection of viable infectious virus or on-going influenza viral replication. It is important to note that not all assays have been cleared by the FDA for diagnostic use.

**Serologic Testing**

Routine serological testing for influenza requires paired acute and convalescent sera, does not provide results to help with clinical decision-making, is only available at a limited number of public health or research laboratories and is not generally recommended, except for research and public health investigations. Serological testing results for antibodies to human influenza viruses on a single serum specimen is not interpretable and is not recommended.

Reference:


Two FDA-cleared rapid molecular assays are available in the United States. Rapid molecular assays can provide results in approximately 20 minutes. Alere i Influenza A&B was FDA cleared for use with both nasal swabs (direct) and NP or nasal swabs in VTM. It was CLIA-waived for use with nasal swabs (direct) only. Roche Cobas Influenza A/B was cleared and CLIA-waived by FDA for use with nasopharyngeal swabs only.
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