



Section of Public Health Nursing

Winning submissions of the
Public Health Nursing 2016
Photo & Story Contest

Website Workgroup 2016

“So Many Levels of Public Health Nursing”
By Gina Carpenter, RN, Public Health Nurse

2016 Winner
Section of Public Health Nursing
Photo and Story Contest

A typical Alaska public health nurse center manages a voluminous range of health services for Prevention, Promotion and Protection. This means Public Health Nurses (PHNs) are not typical. Rural and urban PHNs are the eyes and ears for public health programs that would be costly to provide locally. PHNs work at the System level to change organizations, policies, and power structures. We work at the Community level to change community norms, attitudes, community practices, and behaviors. PHNs work to provide Individual services for those who lack access or need assistance to find a medical home. We work to make sure individuals have health education, screenings, emotional support and local resources. Let me illuminate here, some of the last 3 months at my Public Health Center.

System: We listened to a wonderful teleconference by an Anchorage pediatrician about Adverse Childhood Events. His presentation spoke to us about concerns our community has had for many community children, becoming teens who can't participate in a regular school setting, who are at risk for drugs (heroin is a new, big concern), criminality and dependence on the system. PHNs are moved to be change agents, so we contact community partners. Over these 3 months, we participated in dozens of e-mails, telephone calls, and face to face meetings to organize 4 related events for the community. Meanwhile;

Individual: Clients show up requesting sexually transmitted infection screening. Quiet, fearful young adult women, who will allude to their sexual assault, not wanting to talk about it, but wanting testing. They worry we will judge them, they worry it is their fault, that they are not worthy. They are homeless, kicked out, on their own. We provide service, education and a hug. We offer resources; behavioral health, provide empathy, positive messages and empowerment. Meanwhile;

Community: The Section of Epidemiology sends an e-mail -botulism in the community. The PHN goes to the hospital to interview the patient, seeking information about contaminated food and arranging for food testing, and offering guidance for providers who do not see Botulism much. System: We make a new botulism education tool, an animated video using a software program. We decide to use it as a quality improvement project to support knowledge for local care providers. It is a big hit! Meanwhile;

Individual: Office of Children's Service calls. PHNs are requested to visit two families with high risk newborns. Concerns at birth generated a call to child protection; we become part of that team. We visit families; assess, offer education, support, instruction. Moms are grateful. Meanwhile;

Infant immunization rates are dropping in our community. We work on ways to share importance of this public health improvement method. We call families to discuss their concerns. Maybe we will make another animated video. But first, a client on TB medication calls. There are bothersome side effects and PHN's know what to do. Meanwhile; I am out of room, and you must surely be out of time. Just know PHNs work for you.

April 2016

“Life Stories”

By Patricia Little, MPH, BSN, RN, Public Health Nurse

2016 Winner

Section of Public Health Nursing Photo & Story Contest

A provider referred a client needing an “emergency PPD placement” for TB screening for residential treatment. There was only one bed left in the facility and he needed a PPD placed and read ASAP to keep this bed. A few hours later I saw the client. He was an older man, using his walker to come into the clinic room, obviously in pain from several old injuries and a newer injury from a broken collar bone. His face was chiseled, scarred from weather and wear, broken and missing teeth, some of his fingers bent and broken. In spite of his pain he was pleasant, smiling often with a smile that emerged from his eyes and his broad, broken grin.

As he settled into the clinic room he began to recite his life story to me, reciting it not once, but several times, like a story that needed to be told and heard, each time with a different layer. He began at age ten, learning to cook from his dad for the family in rural Alaska, no mention of a mom. A break from his dad’s home happened as a young teen. His eyes darkened at this point. Pausing, he waved his broken hands as if to throw the memory away.

Life was transient for a time until he found his adopted Tlingit family in Southeast. Life was good then. “They were good people,” he told me. But, then life took another transient turn; camping in the woods, hitchhiking, taking work wherever he could find it, odd jobs, cannery work from Southeast to Kodiak, Anchorage, and the Kenai. He told of camping in the woods, keeping from site of nearby neighbors, the “cops,” or fish and game. Living on the streets in Anchorage he would pay \$3.00 to use a gym facility where he could bathe and take a nap in a warm, safe place, then out onto the cold streets again. To this he said, “The cold woke me up. I should have just stayed out in the cold.”

His goal was to be a “professional fisherman, like on the Deadliest Catch,” he laughed. But, then he could cook! Pancakes, eggs over-easy, scrambled, and sunny side up. Grilled steaks; he gave intricate detail on how to tell a steak’s doneness by touch. And he shared his camp fire recipe for halibut stew, boiled with onions, seasoned, cans of corn and peas added and simmered till warm. He had a look of satisfaction on his face as he spoke.

By listening to him I was able to fit together his history of the obvious and not so obvious risk factors and exposure to TB. Public health nursing is here to serve the most vulnerable of people in our community at that very critical moment. For me, it’s all about being open to those moments, to listen with empathy and understanding. These stories are important to them and to the critical thinking that goes into PHN work.

April 2016

**“Preparing and Drilling” by Erin Michael, RN, MSN, Public Health Nurse
Winner 2016 Section of Public Health Nursing Photo Contest**

Open POD (Point of Dispensing) exercise
Checkout and First Aid Station, April 2016



Client with son holding hands during an immunization, April 2016



T-dap immunization client with service dog



**“What Public Health Nursing Looks Like To Me” by Erin Michael, RN, MSN, Public Health Nurse
Winner 2016 Section of Public Health Nursing Photo Contest**



View from float plane on the way to Point Baker



Sun spot with reflection of the plane in it



Mail drop-off at one of only two floating post offices in the US



My ride leaving Point Baker



Point Baker Store



Dock at Point Baker

**2016 Section of Public Health Nursing
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