



CITY OF BELLEVUE

In Partnership with the
University of Washington

APPLYING THE COMMUNITY NURSING PRACTICE MODEL TO THE BELLEVUE FIRE DEPARTMENT'S PUBLIC HEALTH OUTREACH

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Livable City Year 2018–2019
in partnership with
City of Bellevue

Winter 2019



Livable City Year 2018–2019
in partnership with
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www.washington.edu/livable-city-year/

ACKNOWLEDGMENTS

Nursing students partnered with members of the Bellevue Fire Department, Heather Wong, Community Risk Reduction Specialist, and Claire Phillips, Community Risk Reduction AmeriCorps Member, to identify pressing community issues for the Community Risk Reduction Program and for key community stakeholders. The expertise and support provided by Wong and Phillips helped students orient themselves around the goals of this project. Working with their direct guidance helped students understand community-partnership work as they conducted outreach, surveys, interviews, and community educational sessions.

We extend our gratitude to the following community organization leaders who supported the team of nursing students in completing onsite community surveys and key informant interviews. The information you shared through interviews, and your individual and collective efforts to assure we could connect directly with community members for surveys and educational activities promoted our understanding of, and connection to, a wide range of Bellevue community members.

- Christi Alfonso, Marketing Coordinator, Crossroads Shopping Center
- David Bowling, Executive Director, Congregations for the Homeless
- Sarah Bustad, Volunteer Relations Manager, Congregations for the Homeless
- Leanna Busse, English Teacher, Westminster Language Academy
- Brian Dillon, Firefighter, Bellevue Fire Department
- Maya Gutiérrez, Operations Supervisor, Lake Hills Library
- Sophia Hui, Tai Ji Quan Instructor, North Bellevue Community Center
- Tom Miles, Shelter Operations Coordinator, Congregations for the Homeless
- Jodi Pena, Activities Director, Evergreen Court
- Suzanne Sievert, Founder and Director, English Language Learners Alliance
- Kathie Stabbert, Director, Westminster Language Academy
- Josh Terlouw, Director of Programs at Congregations for the Homeless
- Darrion Spratley, Community Services Coordinator, North Bellevue Community Center

Last of all, we offer our sincere thanks to all of the community members we met, who offered their time to complete surveys, attend our educational sessions, partake in interviews, and share their lived experiences. Your perspectives expanded our understanding of community strengths, health concerns, and of the difficulties you experience that impact your health and safety. It has been through our interactions with you that we come to appreciate the essential need to seek community member perspectives in the process of promoting community health.



Student researchers for B NURS 424, Population-Based Health in Community Practice TERI THOMSON RANDALL

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911 Community Outreach to the City of Bellevue

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Increasing CPR Awareness and Education in the Community

Kimberly Abad and Hadassa Alencar

Increasing Understanding of POLST Form Throughout the Bellevue Community

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Community-Based Fall Prevention Strategies for Seniors

Julia Shenk, Kim Nea Toy, and Ann Ziegler

Homelessness Health Concerns

Daniel Dejenie and Nicole Sceeles

“Current,” the terrazzo floor in Bellevue City Hall, was created by artist Linda Beaumont. Iridescent glass, semi-precious stones, silver lines, and other objects set in the floor are metaphors for the flow of ideas and other activities in City Hall. SPIKE MAFFORD

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Recommended citation: Bruck, Annie, and Ziegler, Ann. *Applying the Community Nursing Practice Model to the Bellevue Fire Department’s Public Health Outreach*. Bothell: University of Washington, Livable City Year. 2018–2019.

ABOUT LIVABLE CITY YEAR

The University of Washington's Livable City Year (LCY) initiative is a partnership between the university and one local government for one academic year. The program engages UW faculty and students across a broad range of disciplines to work on city-defined projects that promote local sustainability and livability goals. Each year hundreds of students work on high-priority projects, creating momentum on real-world challenges while serving and learning from communities. Partner cities benefit directly from bold and applied ideas that propel fresh thinking, improve livability for residents, and invigorate city staff. Focus areas include environmental sustainability; economic viability; population health; and social equity, inclusion and access. The program's 2018–2019 partner is the City of Bellevue; this follows partnerships with the City of Tacoma (2017–2018) and the City of Auburn (2016–2017).

LCY is modeled after the University of Oregon's Sustainable City Year Program, and is a member of the Educational Partnerships for Innovation in Communities Network (EPIC-N), an international network of institutions that have successfully adopted this new model for community innovation and change. For more information, contact the program at uwlcyl@uw.edu.



ABOUT CITY OF BELLEVUE

Bellevue is the fifth largest city in Washington, with a population of more than 140,000. It's the high-tech and retail center of King County's Eastside, with more than 150,000 jobs and a skyline of gleaming high-rises. While business booms downtown, much of Bellevue retains a small-town feel, with thriving, woodsy neighborhoods and a vast network of green spaces, miles and miles of nature trails, public parks, and swim beaches. The community is known for its beautiful parks, top schools, and a vibrant economy. Bellevue is routinely ranked among the best mid-sized cities in the country.

The city spans more than 33 square miles between Lake Washington and Lake Sammamish and is a short drive from the Cascade Mountains. Bellevue prides itself on its diversity. Thirty-seven percent of its residents were born outside of the US and more than 50 percent of residents are people of color, making the city one of the most diverse in Washington state.

Bellevue is an emerging global city, home to some of the world's most innovative technology companies. It attracts top talent makers such as the University of Washington-Tsinghua University Global Innovation Exchange. Retail options abound in Bellevue and artists from around the country enter striking new works in the Bellwether arts festival. Bellevue's agrarian traditions are celebrated at popular seasonal fairs at the Kelsey Creek Farm Park.

Bellevue 2035, the City Council's 20-year vision for the city, outlines the city's commitment to its vision: "Bellevue welcomes the world. Our diversity is our strength. We embrace the future while respecting our past." Each project completed under the Livable City Year partnership ties to one of the plan's strategic areas and many directly support the three-year priorities identified by the council in 2018.



BELLEVUE 2035: THE CITY WHERE YOU WANT TO BE

Applying the Community Nursing Practice Model to Bellevue Fire Department's Public Health Outreach supports the High Performance Government Strategy target area of the Bellevue City Council Vision Priorities and was sponsored by the Fire Department.



HIGH PERFORMANCE GOVERNMENT

Bellevue is characterized by high performance government. Our residents live in a safe, clean city that promotes healthy living. The perception of safety contributes to the success of businesses and neighborhoods. Police, fire and emergency personnel are seen by citizens every day, and we ensure that these services reflect high standards and pride.

People are attracted to live here because they see that city government is well managed. Our high quality of customer service ensures that residents realize a direct link between their tax dollar investments and the services they receive. We make public investments wisely, assuring taxpayers that we are living within our means, while also ensuring that we have superb infrastructure to support growing businesses and desirable residential opportunities. We have beautiful public buildings that residents point to with pride. Government plays its role in supporting the careful balance of neighborhoods, commercial and retail growth, diverse residential living opportunities, and amenities that characterize Bellevue. City leadership fosters careful, long-term planning, responsible financial policy, and thoughtful partnerships with businesses, the nonprofit sector, and the region.

We seek input from our residents and businesses, and this input informs city decision-making. We make decisions in a transparent manner. We support public engagement and connectivity. Bellevue does its business through cutting-edge technology. City government uses technology to connect with its residents, giving them voice in their community. Our boards, commissions, and other citizen advisory groups assist the City Council in providing superior leadership by representing the diverse interests of the city and providing thoughtful and creative ideas that assure sound policy direction and decisions.

Our residents care for Bellevue. They speak up and collectively work to address our mutual needs. In Bellevue, our commitment to public service is paramount. Our residents know that their local government listens, cares about, and responds to them.

BELLEVUE 2035: THE CITY WHERE YOU WANT TO BE

*Bellevue welcomes the world. Our diversity is our strength.
We embrace the future while respecting our past.*

The seven strategic target areas identified in the Bellevue City Council Vision Priorities are:



ECONOMIC DEVELOPMENT

Bellevue business is global and local.



TRANSPORTATION AND MOBILITY

Transportation is both reliable and predictable. Mode choices are abundant and safe.



HIGH QUALITY BUILT AND NATURAL ENVIRONMENT

From a livable high-rise urban environment to large wooded lots in an equestrian setting, people can find exactly where they want to live and work.



BELLEVUE: GREAT PLACES WHERE YOU WANT TO BE

Bellevue is a place to be inspired by culture, entertainment, and nature.



REGIONAL LEADERSHIP AND INFLUENCE

Bellevue will lead, catalyze, and partner with our neighbors throughout the region.



ACHIEVING HUMAN POTENTIAL

Bellevue is caring community where all residents enjoy a high quality life.



HIGH PERFORMANCE GOVERNMENT

People are attracted to live here because they see that city government is well managed.

For more information please visit: <https://bellevuewa.gov/city-government/city-council/council-vision>

EXECUTIVE SUMMARY

The Bellevue Fire Department aims to “preserve and protect both life and property and minimize risk by educating” the community (Bellevue Fire Department 2019). Within the University of Washington-City of Bellevue Livable City Year (LCY) program during winter quarter 2019, fifteen University of Washington Bothell (UWB) community health Registered Nurse (RN) to Bachelor of Science in Nursing (BSN) nursing students partnered with the Bellevue Fire Department’s Community Risk Reduction (CRR) program. The overarching goal to promote personal and community resilience related to select health and safety issues experienced by the most vulnerable city residents guided this partnership.

Linked to advancing community well-being and resilience, community health nurses understand the myriad barriers posed by the social determinants of health, and seek to promote and protect the health of a community through interventions at three levels of practice: 1. individual/family, 2. community, and 3. systems. This is accomplished by focusing on a subset of vast variables which affect the health of a community. Through the CRR partnership, students applied their understanding of the social determinants of health and practiced collaborative nursing leadership skills in partnership-building, assessment, program development, implementation, and evaluation of interventions.

FIVE COMMUNITY HEALTH AND SAFETY TOPICS

During an orientation with CRR, staff identified a wide range of community needs. From these discussions, the aim to promote resilience among immigrant and vulnerable community members emerged, particularly related to improving communication and understanding about Bellevue Fire Department’s services and about promoting awareness of additional health and safety factors. The UWB nursing students, in teams of two to four members, self-selected five topics upon which to focus their outreach activities.

1. Improving communication between emergency services staff and non-English-speaking community members for 911 calls
2. Increasing community opportunities to learn cardio pulmonary resuscitation (CPR) skills
3. Reducing fall-assist 911 calls
4. Utilization of Physician’s Orders for Life-Sustaining Treatment (POLST) forms
5. Outreach to the homeless adult male community

Key findings emerged from the work of each student team. The 911 team’s outreach to immigrant community members revealed a number of service barriers: a lack of understanding about 911 services, concerns that contacting emergency services will result in a visit from US Immigration and Customs Enforcement (ICE), and the risk of deportation or unfavorable interactions with law enforcement. From the CPR team’s community surveys and educational activities, students found that CPR trainings need to be more accessible, and that fears related to doing CPR center on: incompetence, fear of (or risk of) hurting someone, liability, and mouth-to-mouth contact. The Falls Prevention team’s survey revealed that participants’ understanding of medication and infection risks, as well as exercise habits and personal outlook, significantly affect fall risk awareness and prevention strategies. The POLST team discovered variations in capacities for understanding and making decisions about the POLST forms, as well as the importance of having a primary care provider. Lastly, the team whose members focused on outreach to homeless male community members learned about healthcare provider bias, the pressing need for foot care, and a lack of supportive services following hospital discharge.

CORE RECOMMENDATIONS

In a set of core recommendations generated from each team’s work, students identified the ongoing need for outreach to immigrant and vulnerable community members. Such efforts should include:

- Raising awareness and understanding regarding 911 services
- Increasing accessibility of CPR classes and dispelling inaccurate perceptions about performing CPR
- Instituting a multifaceted approach to educate community members about the POLST form utilization and fall risks and prevention strategies
- Instituting professional trainings to mitigate healthcare provider bias about homelessness
- Strengthening transitional discharge practices for homeless community members

Students identified the ongoing need for outreach to immigrant and vulnerable community members.

INTRODUCTION

The health of a community is constituted by the health of its members and its environment, and is a fundamental barometer of that community’s viability and resilience.

The health of a community is constituted by the health of its members and its environment, and is a fundamental barometer of that community’s viability and resilience. Even a relatively wealthy community like Bellevue, Washington, will have cracks in its community service delivery system which vulnerable populations can slip through.

Known as a “minority-majority” community, the City of Bellevue is home to a large percentage of non-English speakers (City of Bellevue 2017a, Puget Sound Regional Council 2018). Many newer residents are recent immigrants who are unfamiliar with community-provided emergency medical services, as well as when to use them. According to the US Census Bureau (2018), approximately 42% of Bellevue’s total population speaks a language other than English at home. This creates a barrier for the fire personnel to effectively communicate with community members during emergencies and while conducting outreach and educational activities. Moreover, while finite funding supports emergency medical services (EMS) and community education provided by the fire department, fire department services likely still fill gaps in the provision of care for vulnerable residents. Bellevue Fire Department (BFD) strategizes on how to best deliver mission-specific care within their resource and staffing parameters. Resource management is a critical task that protects the reliability of Bellevue Fire Department’s most specialized services.

In line with effective resource management, and to support and uphold the BFD mission to “assist the public in the protection of life and property by minimizing the impact of fire, medical emergencies, and potential disasters or uncontrolled events” (City of Bellevue 2017b), the BFD Community Risk Reduction (CRR) program aims to empower residents through education and outreach about fire safety and life safety risks (City of Bellevue 2017c). Through the University of Washington’s (UW) Livable City Year (LCY) partnership with the City of Bellevue, a cohort of fifteen University of Washington Bothell (UWB) community health RN-to-BSN nursing students were assigned to the CRR program. The overarching goal of this nursing-CRR partnership was to promote personal and community resilience related to select health and safety issues experienced by vulnerable populations of Bellevue.

UWB’S RN-TO-BSN PROGRAM AND COMMUNITY HEALTH NURSING

The UWB RN-to-BSN program provides licensed registered nurses (RNs) with the opportunity to earn their Bachelor’s degree in nursing. The program is structured to address evidence-based practice and nursing inquiry, cultural and social issues in healthcare, legal and ethical issues in clinical practice, and relational leadership in nursing. The curriculum is based on the American Association of Colleges of Nursing Essentials of Baccalaureate Education for Professional Nursing Practice and the Commission on Collegiate Nursing Education (University of Washington Bothell n.d.). Within the RN-to-BSN program, students complete 100 “practice hours.” Students earn a majority of these hours while enrolled in the required course, BNURS 424, Population-Based Health in Community Practice. It is within the framework of the program’s “practice hours” requirement that UWB RN-to-BSN students partnered with the CRR program.

COMMUNITY/PUBLIC HEALTH PROCESSES

The classic nursing process applied to individual patients in traditional healthcare settings features the circular, sequential tasks of assessment, (nursing) diagnoses, planning, implementation, and evaluation. Where the nursing process in direct clinical care focuses on the individual, in community/public health nursing the process is more complex because the “patient” is more complex. Instead of just one individual, community/public health nursing may entail working with individuals/families, communities, and/or within and across systems. To this end, in community-based nursing, there are circular, sequential tasks that, while echoing the classic nursing process, are more complex. They are reflected in the 10 Essential Public Health Services (CDC 2018).

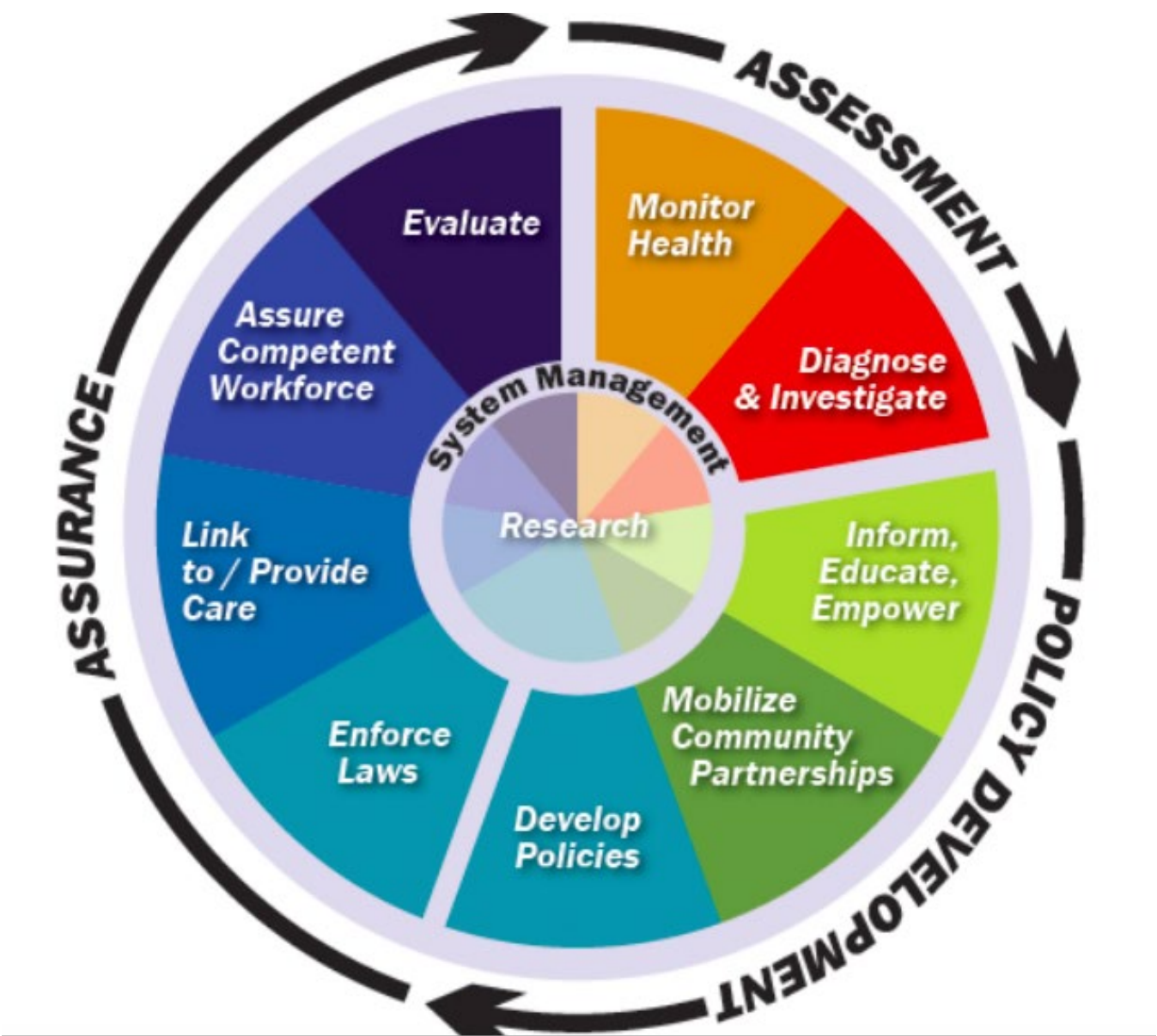
Delineating the roles of nurses who work in community/public health settings, nurses from the Minnesota Department of Health sought to describe their scope of practice through the creation of the “Intervention Wheel” (Keller LO et al. 2004). During the process of their CRR partnership activities, the UWB nursing students employed the community health nursing process. In doing so, students considered the health and well-being of Bellevue community members, as well as the services and organizations in Bellevue that promote community health. Students applied the select community nursing intervention components of outreach, screening, health teaching, collaboration, and advocacy, as depicted by the Minnesota Department of Health Intervention Wheel (Minnesota Department of Health 2001 n.d).

UPSTREAM PERSPECTIVES

McKinlay (1979) called attention to looking beyond individual behaviors that contribute to poor health, to view farther upstream to systemic issues which impact the health of individuals and communities (Martins 2015). Within the framework of “upstream thinking” is the process of considering the factors which lead to the development of poor health. This longer-range view is especially critical for communities to consider due to the complexity and size of the patient (the community). Fallout from upstream causes tend to be cascading, producing risks for injury and illness in a ripple effect which results in significant costs to the individual and to the community.

Rooted in an upstream, social justice framework, community health nurses align with public health perspectives by recognizing the deleterious impacts posed by the social determinants of health. Community health nurses seek to promote and protect the health of communities through interventions at three levels of practice: 1. individual/family 2. community and 3. systems. This is accomplished in practice by focusing on a specific subset of the vast number of variables that affect the health of a community, and therein, thinking in terms of “upstream” efforts designed to reduce and eliminate risk factors that necessitate downstream reactions.

10 ESSENTIAL PUBLIC HEALTH SERVICES



Community-based nursing entails working with individuals, families, communities, and/or within and across systems. It involves circular, sequential tasks, and is more complex than the classic nursing process applied to individuals in the traditional healthcare setting. CENTERS FOR DISEASE CONTROL AND PREVENTION

For the UWB community health RN-to-BSN nursing students, the CRR partnership offers an opportunity to apply their understanding of the social determinants of health, social justice, and upstream thinking; and practice collaborative community/public health nursing skills in terms of partnership-building, assessment, program development, implementation, and evaluation of interventions. To this end, and working in teams of two to four, the students engaged in five community-based projects, all of which centered on key issues which ultimately impact both utilization of BFD services and the well-being of community members:

1. Improving communication between emergency services staff and non-English-speaking community members for 911 calls
2. Increasing community opportunities to learn CPR skills
3. Reducing fall-assist 911 calls
4. Utilization of Physician POLST forms
5. Outreach to the homeless adult male community

The information and perspectives learned through their efforts supported the CRR program in understanding more about community needs. The purpose of this report is to provide an overview of the methods, outcomes, and recommendations that resulted from the CRR-UW Bothell RN partnership activities.

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RESOURCES

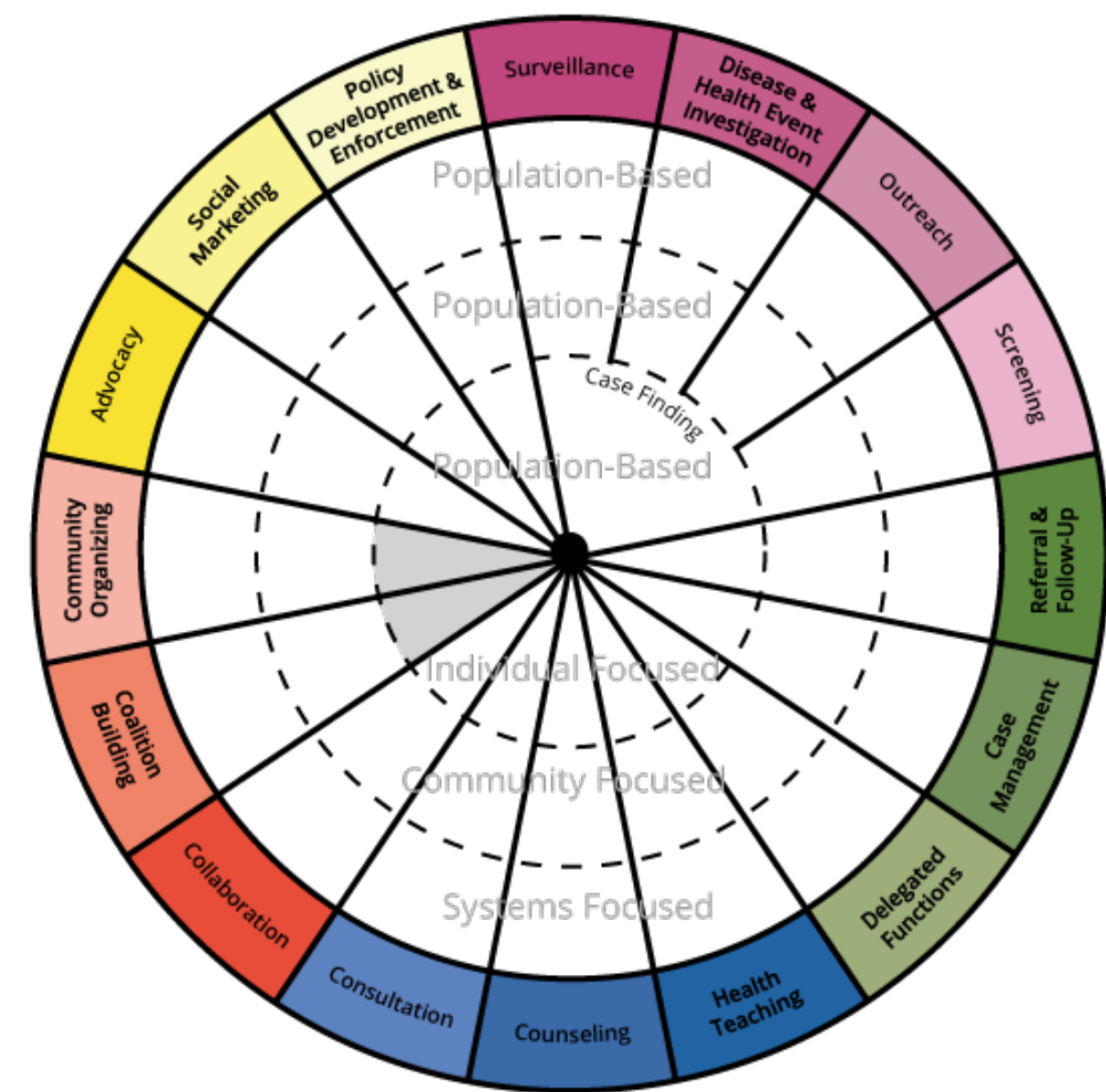
UWB NURSING AND CRR PARTNERSHIP

All students in the UWB RN-to-BSN program are, by definition, state-licensed registered nurses. Almost all enter the program with years of nursing practice under their belts. As participants in the Population-Based Health in Community Practice course, and with programs such as Livable City Year, this makes RN-to-BSN students a unique and highly valuable resource. As highly-trained, working nurses, the students were well-positioned to be able to offer professional-level knowledge and expertise in their work with CRR community partners.

As highly-trained, working nurses, the students were well-positioned to be able to offer professional-level knowledge and expertise in their work with CRR community partners.

Partnered with members of the Bellevue Fire Department, Heather Wong, Community Risk Reduction Specialist, and Claire Phillips, Community Risk Reduction AmeriCorps Member, this team of students worked to identify pressing community issues for the Community Risk Reduction program. The support of Wong and Phillips helped students orient themselves in their work and guided them in their execution of community outreach, surveys, interviews, and educational sessions.

PUBLIC HEALTH INTERVENTIONS



Rooted in an upstream, social justice framework, community health nurses align with public health perspectives by recognizing the deleterious impacts posed by the social determinants of health. Community health nurses seek to promote and protect the health of communities through interventions at three levels of practice: 1) individual/family, 2) community, and 3) systems.
MINNESOTA DEPARTMENT OF HEALTH

DATA COLLECTION

Current healthcare standards require decision-making for patient care to be evidence-based, as opposed to being based on tradition or custom. While this may sound obvious, the history of medicine reveals many instances when society prioritized custom over evidence. Modern nursing practice places great emphasis on evidence-based practice; in fact, part of the rationale for requiring nurses to be educated at the baccalaureate level is to strengthen their critical thinking skills and to familiarize them with peer-reviewed research and the research process. Conducting this LCY partnership, within the framework of the UWB Population-Based Health in Community Practice course, entailed the use of information resources by nurses to collect data, and included both peer-reviewed research and direct assessment of community through surveys, interviews, and participant observation.

UWB nursing teams focused the design of their surveys on specific areas of inquiry; and they used peer-reviewed research, community concern, and CRR stakeholder goals as guides. The nursing students compiled and assessed participant responses in order to find actionable trends for which nursing interventions could be developed. Project teams utilized surveys, informal interviews, and participant observations to gather data about the community, including their particular health concerns. Outreach locations used by the CRR-UWB nursing project teams were selected based on access to target demographics and viability.

HEALTH TEACHING AND EDUCATIONAL MATERIALS

Students developed and disseminated relevant educational materials, such as consumer-friendly handouts. Several students additionally engaged in the “teach-back” method, widely used in nursing patient education. The teach-back method seeks to fully engage with learners by asking them to “teach back” to the nurse on whatever topic the nurse has just educated them. Examples of handouts developed by the various project teams can be found in this report’s appendices.

911 COMMUNITY OUTREACH

The 911 Outreach project team set out to connect with non-English speaking residents of Bellevue to determine their understanding about, as well as barriers to, using the 911 system. This team also sought to provide information and guidance on how these residents can better utilize the 911 system. Bellevue is considered a majority-minority city (Puget Sound Regional Council 2018), with about 50% of its population identifying with a minority race and with 42% of its population speaking a language other than English (City of Bellevue 2017). It is not uncommon for immigrants with limited English language skills to lack knowledge about how emergency systems work and to have fears related to their immigration status. These factors form barriers to the utilization of emergency services by minority-racial and immigrant populations (Ong et al. 2012; Caraballo and Delorenzo 2015; Wong 2019).

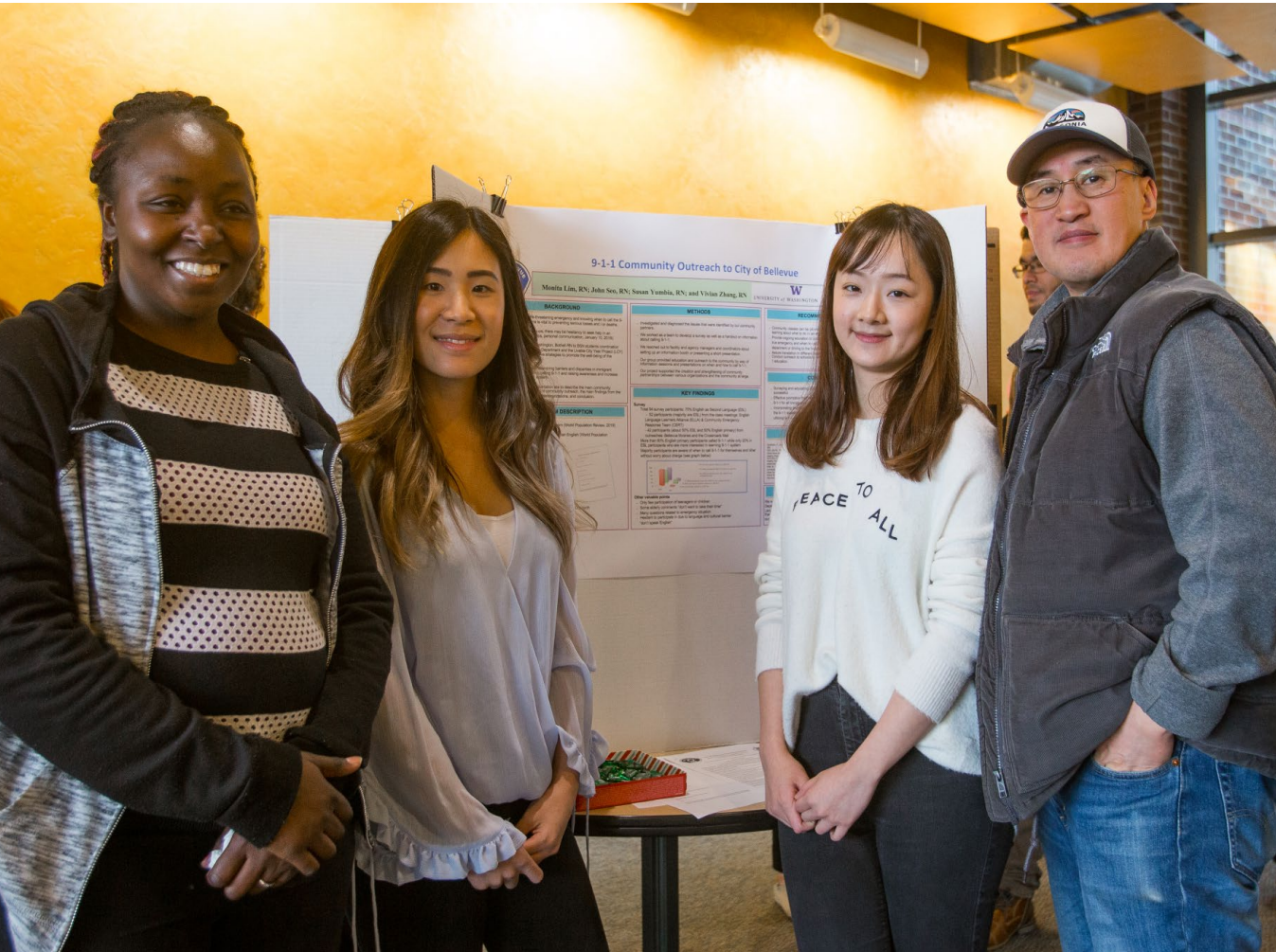
The 911 team conducted their survey (Appendix A) and related educational sessions during the CRR community-based sessions with the English Language Learners Alliance (ELLA) and with the Community Emergency Response Training (CERT) program at the Bellevue YMCA, as well as at Crossroads Shopping Center, the Bellevue Downtown Library, and Lake Hills Library. Immigrant survey participants for the 911 project team included speakers of Mandarin, Cantonese, Hindi, Russian, and Turkish.



ENGLISH LANGUAGE LEARNERS ALLIANCE

While BFD offers extensive translation services, findings from this project team's surveys revealed a need for community members to become aware of the availability of the agency's translation services and informed of the services 911 provides and how best to use those services. Project survey results confirmed that a majority of immigrant participants hesitate to call 911 in an emergency, a far greater proportion compared to their non-immigrant counterparts. Lack of familiarity with 911 services included being unsure if calling would result in police, fire, or medical response; and if payment for service would be required. In particular, a significant issue found by the 911 project team was that when deciding about calling 911, immigrants face concerns about US Immigration and Customs Enforcement (ICE). Moreover, immigrant residents often worry that contacting emergency services may lead to contact with ICE, and subsequently expose them to risk of deportation or unfavorable interactions with law enforcement. In addition, when comparing English-primary and ESL participants, we notice that English-primary participants have used 911 in the past more than 60% of the time; on the contrary, just 20% of the ESL group has called 911 in the past. The fact that ESL participants use 911 systems far less than English-primary participants may indicate that ESL community members need more education on the 911 system, which is reflected in the results for survey question #7: "are you interested in learning more?" Accordingly, more than 70% of ESL participants want more information and education.

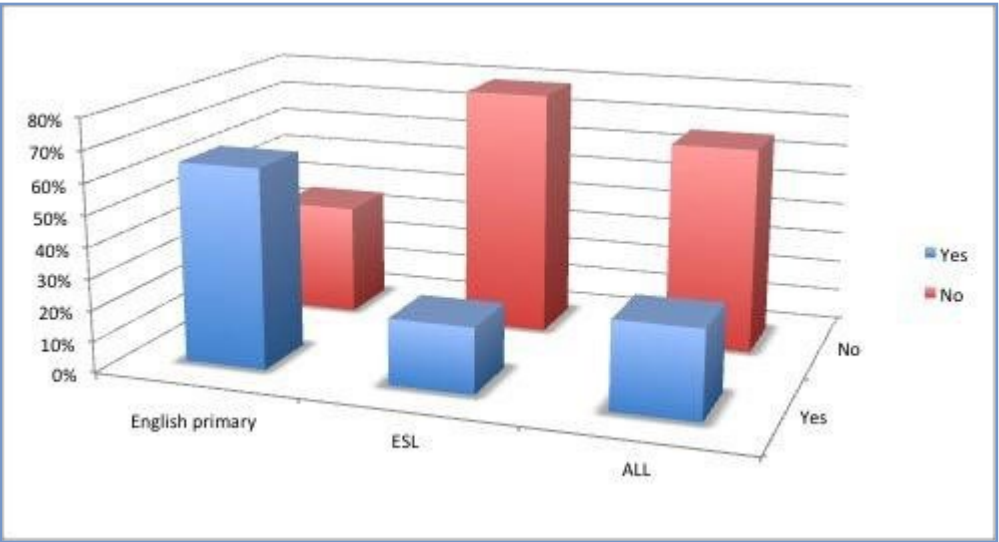
It is not uncommon for immigrants with limited English language skills to lack knowledge about how emergency systems work and to have fears related to their immigration status.



From left to right: 911 team members Susan Yumbia, Monita Lim, Vivian Zhang, and John Seo at the B NURS 424 poster presentation.
TERI THOMSON RANDALL

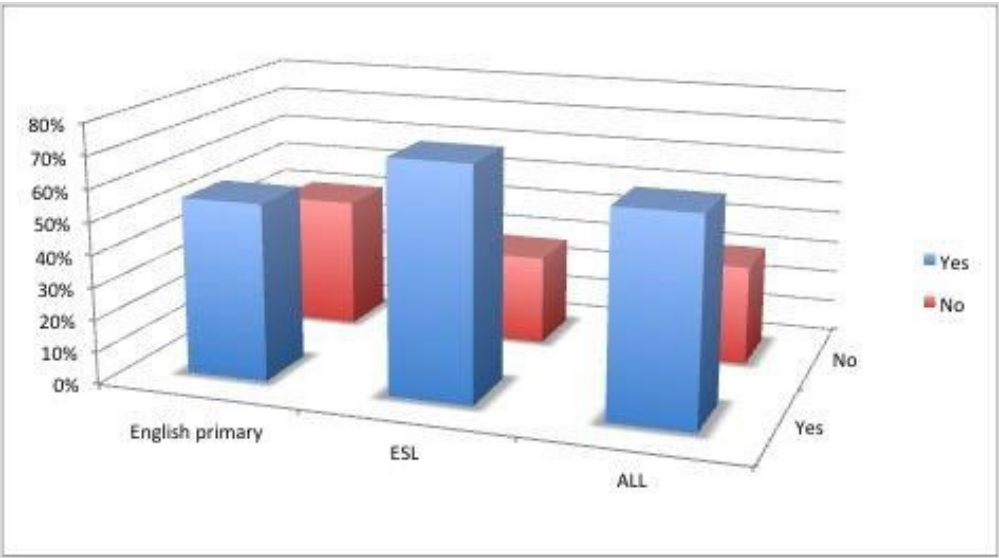
SAMPLE RESULTS FROM SURVEY QUESTIONS

HAVE YOU EVER CALLED 911?



LCY STUDENT TEAM

ARE YOU INTERESTED IN LEARNING MORE?

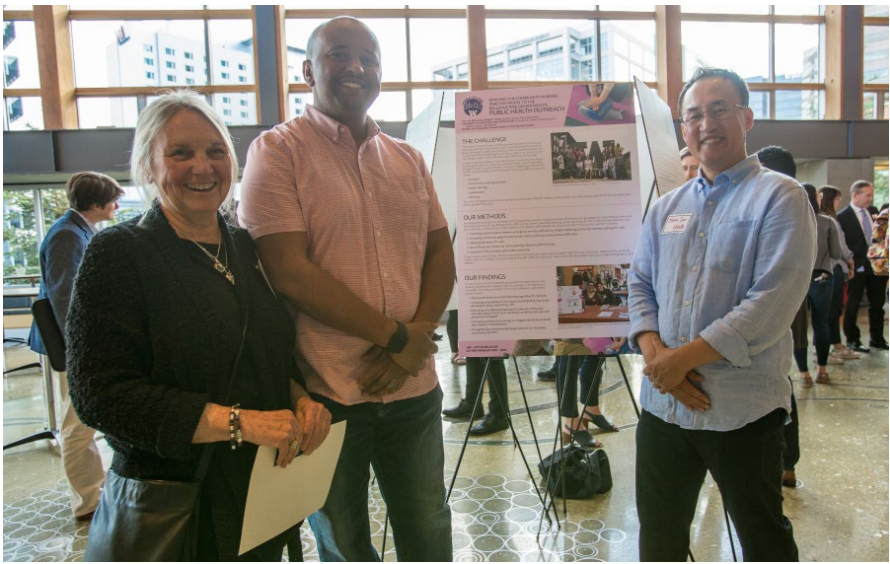


LCY STUDENT TEAM

CPR OUTREACH

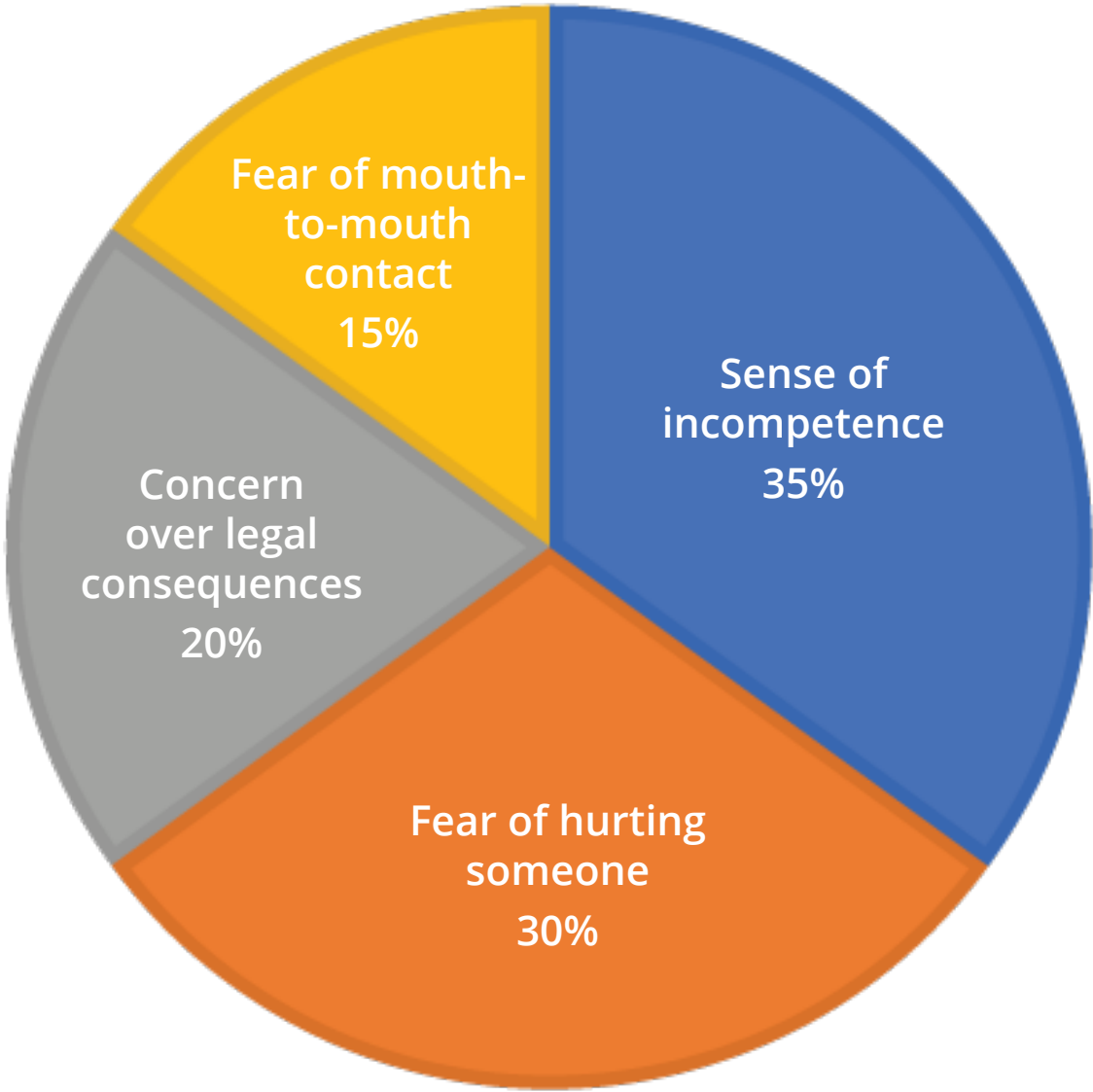
The goal of the CPR project team was to identify barriers to cardio-pulmonary resuscitation (CPR) participation and to promote an increase in the number of adults with CPR and automatic external defibrillator (AED) skills and training. In the 2013-2014 academic year, Washington State lawmakers launched a statewide high school graduation requirement of CPR and AED certification. In the event of a person experiencing cardiac arrest, immediate CPR can double or triple their chances of survival (American Heart Association 2019). Through the CRR orientation, this team learned that BFD regularly holds CPR certification classes, but would like to improve attendance numbers. To support CRR outreach efforts, the CPR project team created two surveys (Appendix B).

The CPR team conducted a demographic survey at the Bellevue Fire Station during a CPR-certification class. This survey revealed participants' age, motivation for becoming certified, and occupation. At the Crossroads Shopping Center, students surveyed 30 people of different ages and genders. Survey results offer a general idea of the population's knowledge of CPR as well as barriers that may prevent more people from becoming certified. At Lake Hills Library and at the Congregations for the Homeless, students set up a table and asked patrons about their knowledge of CPR certification and Hands-Only CPR. There, students provided Hands-Only CPR demonstrations. The group also disseminated informational handouts in Spanish, Korean, and Chinese, in addition to English.



LCY students Daniel Dejenie (center) and John Seo (right), together with instructor Annie Bruck at the LCY year-end poster presentation.
TERI THOMSON RANDALL

BARRIERS TO LEARNING CPR



LCY STUDENT TEAM

Survey findings revealed the following key barriers which cause people to hesitate to learn CPR: fear of incompetence or of hurting someone, liability, and mouth-to-mouth contact. The following key barriers cause people to hesitate to learn CPR: fear of incompetence or of hurting someone, liability, and mouth-to-mouth contact.

During CPR demonstrations using plastic CPR mannequins, participants seemed interested in watching, but often declined to participate in practicing the hands-on skills. This observation enabled the project team to focus on promoting specific facets of CPR, such as Hands-Only CPR, which involves chest compressions but no mouth-to-mouth contact (Hands-CPR Fact Sheet n.d.). Only CPR Fact Sheet n.d.). Only CPR demonstrations. The group also disseminated informational handouts in Spanish, Korean, and Chinese, in addition to English.



The CPR team and Claire Phillips, Community Risk Reduction AmeriCorps Member at the City of Bellevue (top right), demonstrate “Stayin’ Alive” Hands-Only CPR. CPR practitioners can find the correct beat with which to perform CPR by recalling this Bee Gees tune in their heads. DOUGLAS ESSER



CPR team members Kimberly Abed and Hadassa Alencar at their CPR Hands-Only demonstration table at Crossroads Shopping Center
ANNIE BRUCK

FALL PREVENTION STRATEGIES

Fall prevention is considered a key strategy for promoting senior longevity.

The Fall Prevention project team sought to investigate awareness of fall risk among Bellevue seniors, and to implement interventions that would increase awareness of fall prevention strategies. Falls are a leading cause of injury in people aged 65 years and older, with the percentage of people at risk of falling increasing as they age (King County 2019). In 50% of cases that require hospitalization, fall injuries result in death within one year (King County 2019). Overall resilience, the ability to bounce back after injury or illness, declines as people age; and seniors, in particular, struggle to make full recoveries after experiencing fall-related injuries. Because of these facts, fall prevention is considered a key strategy for promoting senior longevity.

Senior fall prevention is an issue for fire departments, as emergency medical services are often called for “fall assists” when people fall and cannot get up or otherwise need help. Bellevue Fire Department 911 fall-assist call data reveal that the largest volume of these calls come from people who live in private homes and in assisted living facilities.

The Fall Prevention project team aimed to conduct outreach and education in the community to prevent falls and to understand more about working programs in the community. Efforts entailed surveying 22 senior visitors at the North Bellevue Community Center (Appendix D). Survey results revealed that exercise habits and personal outlook significantly impact an individual's fall risk awareness and prevention strategies. In particular, participant responses centered on:

- Declining spatial awareness
- Determination to stay active and maintain community connections as long as possible
- An awareness that care and caution in movements reduces fall risks
- Lack of knowledge regarding the increased fall risk due to use of medications and infections

From these results, and in line with what is known about fall risks, the project team concluded that the most effective topics for education about fall risk prevention should be the side effects of medications and infections. In addition, the team developed educational handouts and field-tested them on three middle school-aged teenagers to view measures of their simplicity and relevancy. The course instructor, who specializes in population-based community health, provided additional content clarity for this project team as its members designed this tool.

The importance of physical, social, cognitive, and emotional gains derived from exercise programs for seniors cannot be underestimated.

Tapping into the capacities of one team member who is fluent in Russian, both handouts were translated into Russian. Ultimately, the handouts on infection- and medication-related fall risks were printed in English and Russian. The team set up informational booths at Crossroads Shopping Center and Lake Hills Library to conduct educational outreach. Twenty community members participated in the educational sessions. In a post-test activity for all participants, 60% successfully identified fall prevention strategies, demonstrating their understanding of the risks of both medication and infections. Reasons for participants' inability to respond correctly to both of the post-education session questions centered on: 1.being able to correctly identify one or the other responses but not both and 2.declining to participate in the post-test questions.

Researchers have noted the multiple benefits of exercising through the aging process. In particular, exercises that promote balance appear to prevent seniors from falling (Gschwind et al. 2013). In line with this evidence, and to understand select elements of programs in place that support seniors and mitigate fall risks, this project team conducted direct participant observation assessments of exercise classes in an assisted living community that utilizes the Tai Ji Quan approach. This approach stresses whole-body balance, initiated from the core. This style of class is specifically recommended for seniors based on its balance-focused, whole-body movements (National Council On Aging n.d.).

The Falls Prevention team observed participants engage with the directed exercises and their relational connection to their instructor and to one another. Growing concerns in senior care include reduced physical capacities, which increase risk of falling, and social isolation (Hwang et al 2018). Thus, the importance of physical, social, cognitive, and emotional gains derived from exercise programs for seniors cannot be underestimated.

POLST FORM AWARENESS

During the CRR-UWB student orientation session, students identified the need to increase understanding and utilization of the Physician's Orders for Life-Sustaining Treatment (POLST) form. In Washington State, POLST is guided by the legal framework of RCW 43.70.480. An example of the Washington POLST form is included in Appendix C.

POLST forms must be filled out by a person's physician, nurse practitioner (ARNP), or certified physician assistant (PA-C), in accordance with the individual's personal wishes regarding their end-of-life care. POLST forms must be kept in a prominent place in the person's home. This enables emergency medical service personnel to easily locate the form and ensure it accompanies the person if they are transported to a hospital. Hospital staff who lack access to a patient's POLST form are, by default, obligated to provide procedures that prevent natural death. For patients who desire a natural, unimpeded death, this procedural onslaught can create and/or extend, rather than relieve, their suffering.

As nurses who have seen first-hand the complexities that arise in the hospital when a patient arrives without a POLST form, the POLST student team embraced this project with the aim to promote community awareness and to correct use of POLST forms. Initial steps in this team's process entailed developing a questionnaire as a means for assessing community awareness in an assisted living community, as well as in the general population. Based upon survey feedback, students would provide tailored education.

From the questionnaire process, the student team found that many residents in the assisted living community lack select cognitive abilities to make decisions regarding POLST forms. Moreover, students noted that many residents neither understand the need for nor importance of this form. Residents who participated in the survey and in educational sessions also reported a lack of knowledge pertaining to whether they had a primary care provider, with one third of survey respondents reporting that they did not have one. Furthermore, discussion about planning for end-of-life care was a difficult topic for many residents.



LCY students Jessica Turner and Christina Wimmer worked on the POLST Form Awareness team. DOUGLAS ESSER

Overall, this student team found Bellevue seniors to be remarkably open to discussion around end-of-life care, with 75% – 77% of persons contacted at outreach sites expressing a willingness to dialogue on the issue. Participants at both the assisted living community and at Crossroads Shopping Center demonstrated their ability to “teach-back” proper placement of the POLST form. However, for some of the residents in the assisted living community, follow-up with family and/or physicians about the need for this form may be difficult due to alterations in their cognitive capacities.



LCY students Jennifer Morrison (left) and Annmarie Crandall with their project poster and bright green POLST forms

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY							
<h2 style="margin: 0;">Physician Orders for Life-Sustaining Treatment (POLST)</h2>							
Last Name - First Name - Middle Name or Initial <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		FIRST follow these orders, THEN contact physician, nurse practitioner or PA-C. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Completing a POLST form is always voluntary. Everyone shall be treated with dignity and respect.					
Date of Birth <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>		Last 4 #SSN (optional) <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>					
Medical Conditions/Patient Goals: <div style="border-bottom: 1px solid black; height: 40px; width: 100%;"></div>			Agency Info/Sticker <div style="border-bottom: 1px solid black; height: 40px; width: 100%;"></div>				
A	Check One	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing. <input type="checkbox"/> Attempt Resuscitation/CPR When not in cardiopulmonary arrest, go to part B. <input type="checkbox"/> Do Not Attempt Resuscitation/DNAR (Allow Natural Death) Choosing DNAR will include appropriate comfort measures.					
B	Check One	MEDICAL INTERVENTIONS: Person has pulse and/or is breathing. <input type="checkbox"/> FULL TREATMENT - primary goal of prolonging life by all medically effective means. Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care. <input type="checkbox"/> SELECTIVE TREATMENT - goal of treating medical conditions while avoiding burdensome measures. Includes care described below. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care if possible. <input type="checkbox"/> COMFORT-FOCUSED TREATMENT - primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no hospital transfer: EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort. Additional Orders: (e.g. dialysis, etc.) _____					
C	Check One	SIGNATURES: The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.					
Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Guardian with Health Care Authority <input type="checkbox"/> Spouse/Other as authorized by RCW 7.70.065 <input type="checkbox"/> Health Care Agent (DPOAHC)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"> PRINT — Physician/ARNP/PA-C Name </td> <td style="width: 30%; padding: 5px;"> Phone Number </td> </tr> <tr> <td style="padding: 5px; text-align: center;"> <div style="font-size: 2em; margin: 0;">X</div> Physician/ARNP/PA-C Signature (mandatory) </td> <td style="padding: 5px;"> Date (mandatory) </td> </tr> </table>		PRINT — Physician/ARNP/PA-C Name	Phone Number	<div style="font-size: 2em; margin: 0;">X</div> Physician/ARNP/PA-C Signature (mandatory)	Date (mandatory)
PRINT — Physician/ARNP/PA-C Name	Phone Number						
<div style="font-size: 2em; margin: 0;">X</div> Physician/ARNP/PA-C Signature (mandatory)	Date (mandatory)						
PRINT — Patient or Legal Surrogate Name		Phone Number					
<div style="font-size: 2em; margin: 0;">X</div> Patient or Legal Surrogate Signature (mandatory)		Date (mandatory)					
<table style="width: 100%;"> <tr> <td style="width: 60%;"> Person has: <input type="checkbox"/> Health Care Directive (living will) <input type="checkbox"/> Durable Power of Attorney for Health Care </td> <td style="width: 40%; text-align: right; vertical-align: bottom;"> Encourage all advance care planning documents to accompany POLST </td> </tr> </table>				Person has: <input type="checkbox"/> Health Care Directive (living will) <input type="checkbox"/> Durable Power of Attorney for Health Care	Encourage all advance care planning documents to accompany POLST		
Person has: <input type="checkbox"/> Health Care Directive (living will) <input type="checkbox"/> Durable Power of Attorney for Health Care	Encourage all advance care planning documents to accompany POLST						
SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED							
Revised 8/2017 Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records. For more information on POLST visit www.wsma.org/polst .							
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p style="margin: 0;">Washington State Medical Association <small>Physician Driven Patient Focused</small></p> </div> </div>							

Page one of the two-page Physician Orders for Life-Sustaining Treatment (POLST) form. The LCY student team printed the form on bright green paper at the recommendation of the Washington State Medical Association. WASHINGTON STATE MEDICAL ASSOCIATION

HOMELESSNESS HEALTH CONCERNS

Homeless populations in Bellevue have increased significantly between 2010 and 2018 (City of Bellevue 2019). During Seattle/King County's 2018 Count Us In survey of community members experiencing homelessness on a given night, 53% of the participants surveyed reported living with one or more disabling health conditions (Applied Survey Research 2018).

Without adequate housing, chronic conditions homeless community members experience become more pronounced (National Healthcare for the Homeless Council 2011). For example, a homeless individual with a common disease such as diabetes, which endangers extremity circulation, who also lacks opportunity for adequate foot hygiene, is at greater risk of suffering complications from the disease. Moreover, overcrowded, unhygienic living quarters, such as homeless encampments, are ideal environments for viral or bacterial diseases to flourish and spread; this makes homeless populations especially vulnerable to communicable disease outbreaks (Badiaga, Raoult and Brouqui 2008). The use of emergency medical services for day-to-day healthcare by indigent people is widely known, as is the high public cost of this care delivery arrangement (Feldman et al. 2017). While increasing funding for healthcare provisions for homeless populations tends to encounter an ambivalent public response, underfunded preventative care for indigent people predictably results in increased care costs (National Alliance to End Homelessness 2015).

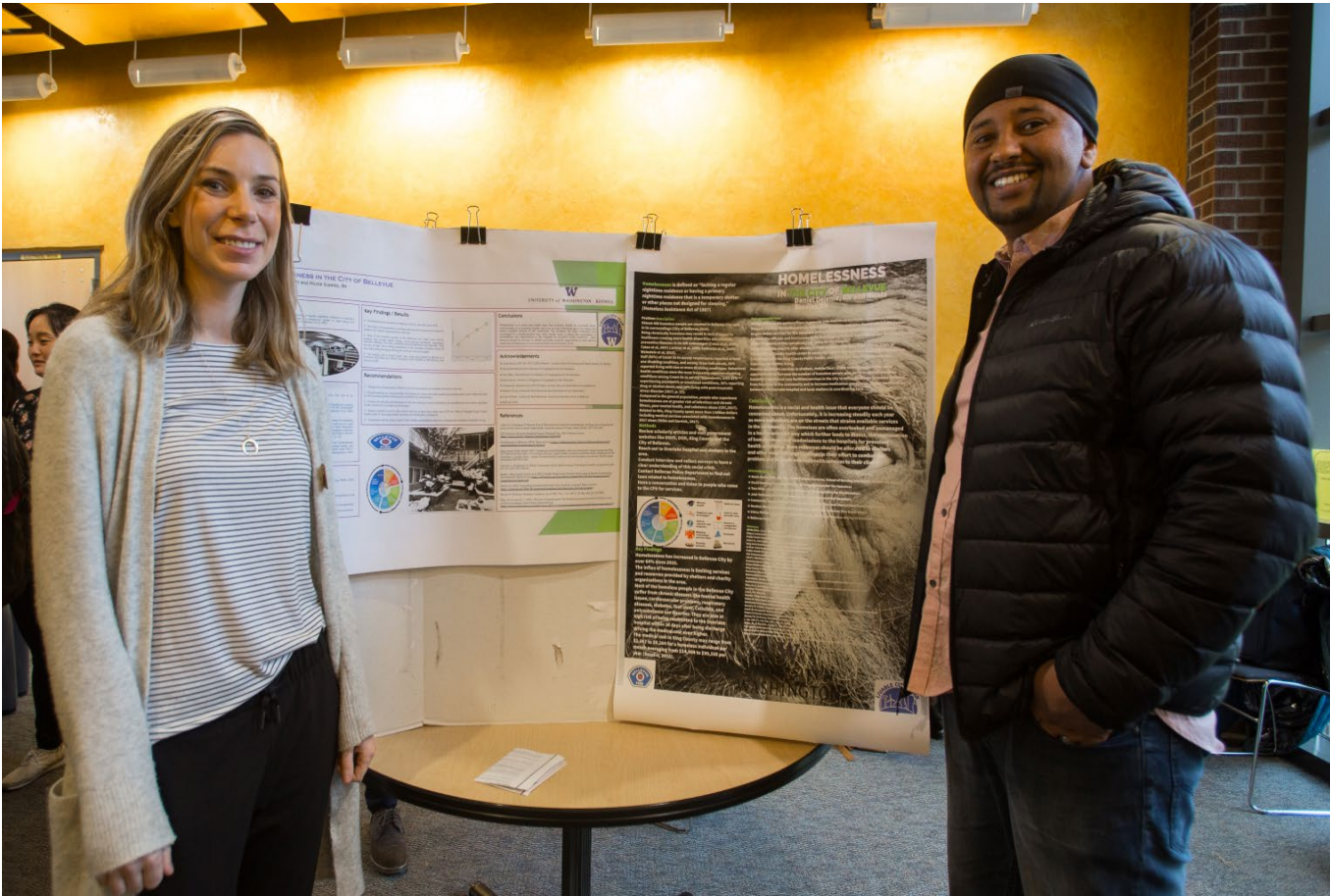
While increasing funding for healthcare provisions for homeless populations tends to encounter an ambivalent public response, underfunded preventative care for indigent people predictably results in increased care costs.



LCY student Daniel Dejenie, whose team studied the health concerns of the people experiencing homelessness, discusses his work with Bellevue City Councilmember Janice Zahn. TERI THOMSON RANDALL

Seeking to understand pressing concerns of community members experiencing homelessness in Bellevue, the Homelessness Health Concerns project team conducted interviews (Appendix E) with Bellevue's Congregations for the Homeless (CFH) Executive Director, David Bowling; CFH Director of Programs, Josh Terlouw; CFH Social Services Director, Tom Miles, and men who were housed at CFH during the time of this project. Care packages (which contained gauze wraps, Band-Aids, socks, beef jerky, granola bars, trail mix, and soap) were provided to the CFH men as incentives for their time meeting with the project team. From interviews, community interactions, and observations, the following insights emerged:

- Due to budget constraints, CFH is not able to provide transitional care services (i.e., hospital or other care environments to promote stabilization and healing) for homeless community members. However, many of these individuals do have chronic health issues, such as cardiovascular disease, diabetes, foot ulcers, wounds, and infections.
- Foot care is a pressing health concern. In addition to chronic health issue trends, homelessness often results in restricted access to sheltered spaces, increased need to walk or spend time on feet, and a lack opportunities to bathe and change into fresh, clean clothes.
- Provider bias in caring for homeless community members is revealed through negative tone and non-verbal communication. Many homeless people decline to seek appropriate medical care in order to avoid the experience of negative, biased treatment.
- The influx of homelessness increases strain placed on charity organizations, like CFH, which work to provide services with limited resources. One CFH staff member noted, “we are trying to accommodate everyone. We are unable to keep up with the magnitude of the problem with the very limited budget we have, but we are trying to help as much as we can.”



Nursing students Nicole Sceeles and Daniel Dejenie studied health concerns of the homeless population.
TERI THOMSON RANDALL



RECOMMENDATIONS

From the outcomes of each team’s project, a number of recommendations surfaced. Recommendations for future outreach efforts regarding each of the UWB student project areas follow.

911 COMMUNITY OUTREACH

- Future community nursing students can partner with Bellevue’s CRR program to perform outreach to community members around emergency or disaster preparedness. Their work could include developing community classes for both English and English as Second Language (ESL) community members.
- ESL community-focused classes can be developed to improve knowledge on the 911 system and on when to use it.
- Outreach efforts can increase awareness of language translation and accessibility services built into the King County 911 system. This outreach can be extended to local school administrators, including private or charter schools, which may also have need for such a program.

CPR OUTREACH

- The CRR program may wish to maintain contact with community partners such as Crossroads Mini City Hall in East Bellevue, Lake Hills Library, and Congregation for the Homeless. Continuing to build relationships with these establishments may benefit future projects.
- To increase the number of people signing up for CPR certification classes at the Bellevue Fire Department, we recommend that BFD update its website to make it more user-friendly, especially focusing on improving the online registration service and overall site navigation. As website improvements can be costly, partnering with student interns may yield cost-effective solutions.
- As community survey results indicated, time constraints pose a barrier to attending CPR classes. Responding to this finding, the Bellevue Fire Department may endeavor to provide a wider range of CPR class times, adding weekend or noon-hour opportunities.
- We recommend that the Bellevue Fire Department invest in building relationships with community leaders of Bellevue’s non-English speaking communities. This could help BFD conduct outreach to these communities in the future.

FALL PREVENTION

- Future community nursing students can investigate alternative methods for bringing exercise activities to seniors who are unable to access classes held at community centers.
- Resilience in aging can be promoted by building awareness and acceptance of increased fall risk while maintaining or improving people’s sense of self-determination and self-efficacy.
- Education about medical conditions which can contribute to fall risk is essential, but is often difficult to cover during time-pressed visits with doctors. Community-deployed healthcare workers, such as community health nurses, may help fill this education gap through increased community outreach.
- Discussing fall risk with seniors can bring up difficult feelings around vulnerability and mortality. Community health nurses could form partnerships with local school children and create more entertaining or artful productions related to fall risk. Such productions could be shared either in public spaces owned by the City of Bellevue and/or other public agencies, or in private spaces, such as assisted living facilities.



John Seo discusses the work of the 911 Community Outreach team at the B NURS 424 poster presentation.
TERI THOMSON RANDALL

POLST FORMS AWARENESS

- We recommend that Bellevue Fire Department's CRR staff do the following:
 - » Partner with the Citizen Advocates for Referral and Education Services (CARES) program for ongoing outreach for POLST form education.
 - » Follow up with high-risk individuals who frequently call 911 regarding POLST education and information, and guide them through filling out the form with their healthcare providers.
- We recommend future community health nursing students who partner with Bellevue's CRR program do the following:
 - » Continue to investigate barriers to community residents' knowledge about POLST forms.
 - » Deliver POLST presentations to residents (and family of residents) of assisted living centers. Some patients who could benefit most from having a POLST form may lack the cognitive capacity to understand the purpose of the form. Family members can advocate for their loved ones and assist them in completing a POLST form.
- Primary care providers can be polled to find out how many routinely ask their patients if they have this form or want more information about it. This, in turn, could encourage providers to discuss POLST with their patients. Partnering with the King County and Washington State Medical Associations to advance this initiative is recommended.

HOMELESSNESS HEALTH CONCERNS

- We recommend that UW Bothell Nursing do the following:
 - » Develop Congregations for the Homeless as a community-based clinical site for UW Bothell BSN community health nursing students.
 - » Continue and expand an assessment of homeless community members' needs and develop partnerships with community-based organizations and other parties interested in supporting those needs.
- We recommend that representatives from the Bellevue business community, human services agencies, and healthcare organizations partner with Congregations for the Homeless to:
 - » Develop a transitional care program on the Eastside of King County for men experiencing homelessness who are discharged from the hospital and may need continued care.
- Bias by healthcare providers during hospital care has been reported by some of the men we met at Congregations for the Homeless. As such, we recommend that hospital healthcare providers acquire training to mitigate bias towards patients experiencing homelessness.



From left to right: Heather Wong, Bellevue Fire Department's Risk Reduction Specialist; Claire Phillips, Community Risk Reduction AmeriCorps Member; and B NURS 424 instructor Annie Bruck. The UW Bothell School of Nursing and the Bellevue Fire Department plan to continue their collaboration that started through LCY.
DOUGLAS ESSER

CONCLUSION

The health of a community is constituted by the health of its members and its environment, and is a fundamental barometer of that community's viability and resilience. To this end, the programs and services provided by Bellevue Fire Department's Community Risk Reduction (CRR) program play an instrumental role. In partnership with CRR program staff, and under the umbrella of their community health fieldwork course, a team of fifteen UWB RN-to-BSN students employed the community health nursing processes of outreach, community screening activities, health teaching, collaboration, and advocacy. This four-fold process was accomplished through five targeted projects which ultimately impact utilization of fire department services and the well-being of community members:

1. Improving communication between emergency services staff and non-English-speaking community members for 911 calls
2. Increasing community opportunities to learn cardio pulmonary resuscitation (CPR) skills
3. Reducing fall-assist 911 calls
4. Utilization of Physician's Orders for Life-Sustaining Treatment (POLST) forms
5. Outreach to the adult male homeless community

Findings from this quarter's community-based partnership were specific to each student project group's area of focus and unique demographic. Key themes that emerged across all project areas centered on the ongoing need for outreach to vulnerable community members and on opportunities to continue elements of this work through CRR community-based partnerships with nursing students in the future.

As Bellevue continues to grow as a minority-majority city, collaborations within and partnerships across agencies will play an essential role in assessing point-in-time conditions as well as upstream solutions to community health and safety concerns.

Across the human lifespan, it is essential to address individual behaviors that contribute to poor health, and just as importantly, to look upstream to the myriad of systemic issues that impact the health of individuals and communities. This longer-range view is especially critical for cities like Bellevue to consider. As Bellevue continues to grow as a minority-majority city, collaborations within and partnerships across agencies will play an essential role in assessing point-in-time conditions as well as upstream solutions to community health and safety concerns. Bellevue Fire Department's CRR team fulfills a vital function in the ongoing efforts to conduct outreach and education to community members as a means to promote their safety, health, well-being, and sense of connection to the Fire Department and greater community. By way of the lessons learned through their individual projects, and in working with the Bellevue's CRR team, the UWB RN-to-BSN students learned first-hand about system connections that promote community health and resilience, and about the dynamic potential that exists through ongoing partnerships and collaborations.



LCY students discuss their findings with Fire Department personnel. TERI THOMSON RANDALL

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APPENDICES

APPENDIX A

911 INFORMATION SURVEY

1. What do you know about calling 911?
2. Have you ever called 911?
 - Yes
 - No
3. What reservations do you have about calling 911?
4. Do you know when to call 911?
 - Yes
 - No
5. Did you know that it is free to call 911?
 - Yes
 - No
6. Did you know that you can call 911 for someone else?
 - Yes
 - No
7. Are you interested in learning more?
 - Yes
 - No
8. Are you a part of any communities that would be interested in learning more about calling 911? Please list the name of community and contact email or phone number.

Thank you!

APPENDIX B

CPR COMMUNITY SURVEY

CPR Class Survey

1. Age:
2. Sex
3. Occupation
4. How did you hear about this class?
5. Why are you taking this class?
6. Would you recommend getting certified to your family/friends?

Survey for Cross Roads/ General Public

1. Do you know about CPR?
 - If yes > Are you currently certified? Why?
 - If no > Are you interested in learning more about CPR and how it can save lives?
 - » The cardiac survival rate in King County has dramatically risen over the past decade or so, from an above-average 27 percent in 2002 to 62 percent in 2013.
 - » Are they interested in learning different methods other than certification (i.e hands only) that would be free to them?
2. Do you know that there are recourses/classes available to get certified/educated.
3. What barriers keep you from getting certified?

APPENDIX C

POLST SURVEY

- 1. Do you have a physician order for life-sustaining treatment (POLST) form?
- 2. Do you know what a POLST form is?
- 3. Are you interested in learning and receiving information regarding POLST form education?
- 4. Do you have a primary care physician (PCP) or doctor?
- 5. What questions do you have about POLST forms or planning your care in advance?
- 6. And finally, how young are you?

Examples of the POLST Form for survey participants to review were obtained from <https://www.everplans.com/articles/state-by-state-polst-forms>

APPENDIX D

FALLS PREVENTION SURVEY

Falls Survey: Nurses working with Livable City Community Partner Bellevue Fire Department - UWB BSN 424, Winter 2019

This project aims to prevent falls from occurring in senior people at risk for falls. Questions attempt to address both biological and cognitive factors.

DEMOGRAPHICS (remember to be sensitive to respondents who may wish to not answer certain questions)

Question	Answer	Notes
1. Are you 65 yo or older?		
2. How do you see your gender?		
3. Do you use assisting devices? Cane, walker?		
4. Do you have any chronic conditions and if "yes", can you list them?		
5. Do you take medications to manage your health conditions?		
6. Do you wear glasses and/or hearing devices?		
7. How physically active are you? How many days per week and many minutes per day?		

FALLS INFORMATION

Question	Answer	Notes
1. Have you fallen in the last 6 months?		
2. If “Yes”, what was the cause of the fall?		
3. Did you have an injury requiring professional medical care, or did you have more minor scrapes or bruises that you took care of yourself?		
4. Were you able to get up by yourself, or needed help?		
5. Did you talk about your fall with your family or health care provider?		

FALLS PREVENTION

Question	Answer	Notes
1. Do you feel vulnerable to falls, or injury from falls?		
2. Are there strategies you have employed successfully to keep from falling?		
3. Do you feel falling is affected more by a person’s good/bad luck, or sufficient/insufficient preparation (risk mitigation)?		
4. Did you know that medications can have side effects?		
5. Did you know that infections can affect a person’s sense of balance?		
6. How do you feel about using a walker or cane?		
7. Are there any changes in your environment that you think might be helpful to you for fall prevention?		

Additional Notes

APPENDIX E

HOMELESSNESS IN BELLEVUE INTERVIEW QUESTIONS FOR CFH STAFF

1.

How would you describe homelessness in the Bellevue area?
2.

What services are you providing to the homeless population? How many individuals are getting help from your organization?
3.

The homeless situation is getting worse in King County in recent years; have you noticed an increase in homelessness in your area?
4.

If there are any, what kind of assistance are you getting from the city of Bellevue? Is there any other assistance are you looking for?
5.

Describe the common health problems in the homeless people you have noticed?
6.

Are there homelessness prevention services you offer? Do have any strategic plan to end homelessness in your community?
7.

How Do you help the people you have served to get into permanent housing?
8.

How will you be able to handle the clients who don't want help/ don't want to change, and just want to continue to remain homeless?
9.

Do you have affiliates (other organizations) in the community that is helping your mission?
10.

How you evaluate your work in the city providing services to the homeless? How you track your success throughout the years?
11.

What are some of the obstacles you are facing that may impact your services?
12.

As healthcare workers, how we able to support your services in Bellevue?