

NATIONAL BLACK NURSES ASSOCIATION

# 45<sup>th</sup> Anniversary

1971-2016

*collaborate*  
*innovation*  
*leadership*  
*engagement*  
*transformation*  
*mentorship*  
*celebrate*

CELEBRATING  
OUR PAST AND  
OUR FUTURE

# THE CHANGING FACE OF NURSING

**NBNA 44TH ANNUAL INSTITUTE & CONFERENCE**

**AUGUST 2-7, 2016 | SHERATON MEMPHIS DOWNTOWN | MEMPHIS, TN**

# CDC recommends HIV screening for all patients ages 13 to 64



**HIV crosses the boundaries of sexual orientation, gender, age, and ethnicity.**

- More than 1.2 million people in the United States now have HIV, and approximately 1 in 8 are unaware of their infection.
- Blacks represent approximately 12% of the U.S. population, but account for 44% of HIV diagnoses.
- If current diagnosis rates continue, an estimated 1 in 20 black men and 1 in 48 black women will be diagnosed with HIV infection in their lifetime.

**For free materials to incorporate HIV screening into your practice, visit: [www.cdc.gov/actagainstaids/tlc](http://www.cdc.gov/actagainstaids/tlc)**

Source: CDC. HIV Surveillance Report. 2014; vol. 26.



**HIV Screening.  
Standard Care.™**

**Testing and Linking African American  
and Hispanic/Latino Patients to Care**

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# Conference At-A-Glance

## SUNDAY • JULY 31

1:00 pm – 5:00 pm  
South West Hall Offices,  
Ballroom Level

**Bag Stuffing and Storage**

## MONDAY • AUGUST 1

Room 201, Ballroom Level  
**NBNA Registration Office**  
Room 202, Ballroom Level  
**NBNA National Office**

## TUESDAY • AUGUST 2

8:00 am – 12:00 pm  
1:30 pm – 5:00 pm  
Room 202, Ballroom Level  
**NBNA National Office**

9:00 am – 1:00 pm  
**Local Chapter Health Fair**  
**Church Health Center Wellness**  
1115 Union Avenue, Memphis, TN  
Transportation to be provided  
8:30 am Meet in hotel lobby for  
first shuttle  
11:30 am Meet in hotel lobby for  
second shuttle  
1:00 pm Last shuttle departs the  
health fair

12:00 pm – 3:00 pm  
Executive Conference Center,  
Mezzanine Level  
**NBNA Board Meeting**  
3:00 pm – 7:00 pm  
Southwest Hall Foyer, Ballroom Level  
**NBNA Registration**  
5:00 pm – 7:00 pm  
Executive Conference Center,  
Mezzanine Level  
**Speaker Ready Room**  
4:00 pm – 5:00 pm  
Room 203, Ballroom Level  
**Monitors and Moderators**  
**Orientation**

## WEDNESDAY • AUGUST 3

7:00 am – 5:00 pm  
Southwest Hall Foyer, Ballroom Level  
**NBNA Registration**  
7:00 am – 3:00 pm  
Ballroom C, Ballroom Level  
**Presidents' Leadership Institute**  
(Chapter Presidents, Vice Presidents)  
7:30 am – 6:30 pm  
Steamboat, Mezzanine Level  
**ELNEC- APRN Training**  
Sponsored by: **VITAS Healthcare**  
Pre-registration required.  
8:00 am – 12:30 pm  
1:30 pm – 5:00 pm  
Room 202, Ballroom Level  
**NBNA National Office**

8:00 am – 5:00 pm  
Executive Conference Center,  
Mezzanine Level  
**Speaker Ready Room**

8:00 am – 12:00 pm  
Room L5, Lobby Level  
**Advances in Wound**  
**Therapy Workshop**  
Pre-registration required.

8:00 pm – 12:00 pm  
Sultana, Mezzanine Level  
**American Red Cross Workshop**

8:00 am – 12:00 pm  
Room L10, Lobby Level  
**Professional Writing Workshop**

8:00 am – 6:00 pm  
Room L6, Lobby Level  
**First Aid Mental Health USA**  
**for Older Adults**  
Pre-registration required.

1:00 pm – 5:00 pm  
Sultana, Mezzanine Level  
Room L5, Lobby Level  
**Caribbean Exploratory**  
**Research Center**  
Pre-registration required.

1:00 pm – 5:00 pm  
**Caribbean Exploratory**  
**Research Center**  
Pre-registration required.

1:00 pm – 5:00 pm  
**Difficult Ostomies and**  
**Fistulas Workshop**  
Pre-registration required.

3:30 pm – 4:30 pm  
River Bluff, Mezzanine Level  
**Credentialing**

4:30 pm – 5:30 pm  
Room 203, Ballroom Level  
**Monitor/Moderators Orientation**

5:00 pm – 6:00 pm  
Room 204, Ballroom Level  
**Chapter Development**

5:00 pm – 6:00 pm  
Ballroom C, Ballroom Level  
**New Members Workshop**  
**and Networking**

5:00 pm – 6:30 pm  
**St. Jude Exclusive Campus Tour**  
Attendees must be NBNA Pediatric,  
Oncology or Research Nurses  
Limited Space  
Pre-registration required.  
Transportation will be provided

## THURSDAY • AUGUST 4

6:00 am – 7:00 am  
Heritage Salon III & IV,  
Mezzanine Level  
Sheraton Hotel

**Modified Boot Camp**  
**Darius Jones**  
Church Health Center  
Memphis, TN

7:00 am – 4:00 pm  
Southwest Hall Foyer, Ballroom Level  
**NBNA Registration**  
Last Day to Purchase Event Tickets  
No tickets will be sold after 2:00 pm

8:00 am – 12:30 pm  
1:30 pm – 4:00 pm  
Room 202, Ballroom Level  
**NBNA National Office**

8:00 am – 5:00 pm  
Executive Conference Center,  
Mezzanine Level  
**Speaker Ready Room**

8:00 am – 10:00 am  
Ballroom A-B, Ballroom Level  
**NBNA Business Meeting**

**Chartering of New Chapters**  
**Chapter Awards**  
Sponsored by: **VITAS Healthcare**  
Community Service Awards  
Scholarship Presentations

10:00 am – 4:00 pm  
Steamboat, Mezzanine Level  
**ELNEC- APRN Training**  
Sponsored by: **VITAS Healthcare**  
Pre-registration required.

10:30 am – 12:30 pm  
Ballroom A-B, Ballroom Level  
**Plenary Session I**

**Building a Culture of Health**  
10:30 am – 3:30 pm  
Sultana, Mezzanine Level

**GROUP 1**  
**Mindfulness Workshop**  
**The Mindful Nurse Leader:**  
**Strategies for Bringing Mindfulness**  
**into Nursing Practice**  
Pre-registration required.

10:30 am – 3:30 pm  
River Bluff, Mezzanine Level

**GROUP 2**  
**Mindfulness Workshop**  
**The Mindful Nurse Leader:**  
**Strategies for Bringing Mindfulness**  
**into Nursing Practice**  
Pre-registration required.

12:30 pm – 1:30 pm  
Lunch on Own

1:30 pm – 4:30 pm  
Southwest Hall, Ballroom,  
Ballroom Level  
**Exhibit Hall Open**

2:00 pm – 3:00 pm  
Southwest Hall, Ballroom Level

**Exhibit Hall Open**  
**NBNA Nursing Innovation Theater**  
Beale Street Theater

**Sickle Cell Disease: Historical**  
**Perspective and Emerging Science**  
**Non-CE Program**  
Sponsored by: **Pfizer, Inc.**

2:00 pm – 4:00 pm  
Room L6, Lobby Level  
**Genetics ProGENE Institute**

4:00 pm – 5:00 pm  
Room L3, Lobby Level  
**NBNA Choir Rehearsal**

5:30 pm – 6:00 pm  
Southwest Hall Foyer, Ballroom Level  
**Chapter Line-Up**

6:00 pm – 8:00 pm  
Ballroom A – B, Ballroom Level  
**Opening Ceremony**  
**Presentation of all Nurse of the**  
**Year Awards**  
Sponsored by: **VITAS Healthcare**

**Keynote Address**  
**Sandra J. Evers – Manly**  
Vice President, Global Corporate  
Responsibility, Northrop Grumman  
President, Northrop Grumman  
Foundation  
Enjoy your Evening!

## FRIDAY • AUGUST 5

### RED DRESS DAY!

6:00 am – 7:00 am  
Sheraton Skywalk  
**NBNA Inaugural Presidential**  
**Obesity Walk**  
Brought to you by: the **NBNA**  
**Obesity Committee**  
A Seasoned Walker Route and a  
Beginning Walker Route will be  
available

7:00 am – 4:00 pm  
Southwest Hall Foyer, Ballroom Level  
**NBNA Registration**

8:00 am – 12:30 pm  
1:30 pm – 4:00 pm  
Room 202, Ballroom Level  
**NBNA National Office**

8:00 am – 5:00 pm  
Executive Conference Center,  
Mezzanine Level  
**Speaker Ready Room**

6:30 am – 7:45 am  
Ballroom C, Ballroom Level  
**CEU Breakfast Session**  
**Hepatitis Access to Treatment**  
**Among the Hard to Reach**  
Sponsored by: **Hepatitis**  
**Foundation International**

6:30 am – 7:45 am  
Ballroom D, Ballroom Level  
**Non – CE Breakfast Session**  
**Movement is Life**  
A project brought to you by  
**ZimmerBiomet Group**  
From the Kitchen Table to the Power  
of the Pulpit: The needed discussion  
and call to action to address the  
growing impact of immobility, joint  
disease and obesity on our nation.

7:30 am – 4:00 pm  
Mississippi, Mezzanine Level  
**NBNA Summer Youth**  
**Enrichment Institute**  
Sponsored by: **Paladin**  
**Healthcare Capital**  
Hosted by: **Baptist College of**  
**Health Sciences**  
Memphis, TN

8:00 am – 8:30 am **Registration**

8:30 am – 9:00 am  
**Breakfast – Depart Hotel**  
**Pink Palace Museum and Children’s Museum of Memphis**

8:00 am – 11:00 am  
River Bluff, Mezzanine Level  
**NBNA Emerging Leaders Forum**  
*Attendees must be Unlicensed Students*

### NBNA INSTITUTES

8:00 am – 12:00 pm  
Room L2, Lobby Level  
**Brain Health Institute**

8:00 am – 12:00 pm  
Chickasaw, Mezzanine Level  
**Cancer Institute**

8:00 am – 12:00 pm  
Room 203, Ballroom Level  
**Cardiovascular Health Institute**

8:00 am – 12:00 pm  
Room L10, Lobby Level  
**Children’s Health Institute**

8:00 am – 12:00 pm  
Room L12, Lobby Level  
**Founders Leadership Institute**

8:00 am – 12:00 pm  
Room L5, Lobby Level  
**Health Policy Institute**

8:00 am – 12:00 pm  
Room L4, Lobby Level  
**Founders Leadership Institute**

8:00 am – 12:00 pm  
Room L3, Lobby Level  
**Patient Safety and Medication Compliance Institute**

8:00 am – 12:00 pm  
Room L11, Lobby Level  
**Violence Prevention Institute**

8:00 am – 12:00 pm  
Room L6, Lobby Level  
**Women’s Health Institute**

10:00 am – 3:00 pm  
Exhibit Hall, Southwest Hall, Ballroom Level  
**NBNA Fifth Annual Career Fair**  
*Open to all local nurses and all attendees*

11:00 am – 12:00 pm  
NBNA Nursing Innovation Theater  
**Lupus Education**  
*Sponsored by: Directors of Health Promotion and Education*  
CE Offered  
*All are welcome*

12:30 pm – 2:00 pm  
Ballrooms C-D, Ballroom Level  
**NBNA 45<sup>th</sup> Anniversary Awards Luncheon**  
*Sponsored by: Gilead Sciences*  
**Truvada for Pre-Exposure Prophylaxis (PrEP)**  
**Presentation of 45<sup>th</sup> Anniversary Awards to Sponsors and Exhibitors**  
*All are invited*

2:30 pm – 3:30 pm  
Southwest Hall, Ballroom Level  
**NBNA Nursing Innovation Theater**  
Beale Street Theatre  
**Dimensions of Diversity: Are You Ready for the New Norm?**  
*Sponsored by: Froedtert and Medical College of Wisconsin*

2:30 pm – 4:00 pm  
Room 204, Lobby Level  
**LPN Forum**

4:00 pm – 5:00 pm  
Ballroom A – B, Ballroom Level  
**PLENARY II**  
**Human Trafficking and Domestic Violence**

5:00 pm – 7:00 pm  
Room L3, Lobby Level  
**NBNA Choir Rehearsal**

5:30 pm – 7:00 pm  
Room 204 and 205, Lobby Level  
**NBNA Under Forty Forum**  
*Sponsored by: VITAS Healthcare*

5:30 pm – 8:30 pm  
Sheraton Memphis Downtown Heritage Ballrooms  
**Sapphire Musical Review**  
*Featuring: Stax Music Alumni Academy Band*  
To benefit the NBNA Violence Prevention Initiative  
*Tickets are required. \$45.00*

### SATURDAY • AUGUST 6

6:00 am – 7:00 am  
Sheraton Memphis Downtown Magnolia Room, Lobby Level  
**Exercise**

8:00 am – 12:30 pm  
1:30 pm – 4:00 pm  
Room 202, Ballroom Level  
**NBNA National Office**

8:00 am – 5:00 pm  
Executive Conference Center, Mezzanine Level  
**Speaker Ready Room**

6:30 am – 7:45 am  
Ball Room C, Ballroom Level  
**Sarcoidosis: Raising Community Awareness Around a Rare Autoimmune Disease**  
Non-CE Breakfast Session  
*Supported by: Mallinckrodt Pharmaceuticals*

6:30 am – 7:45 am  
Ball Room D, Ballroom Level  
**Exploring Differences in Disease and Care for African Americans Living with Multiple Myeloma**  
Non-CE Breakfast Session  
*Supported by: Celgene Corporation*

8:00 am – 10:00 am  
Ballroom A-B, Ballroom Level  
**Business Meeting**  
*Members Only*

9:00 am – 1:00 pm  
River Bluff, Mezzanine Level  
**Mindfulness Workshop**  
**The Mindful Nurse Leader: Strategies for Bringing Mindfulness into Nursing Practice**

10:00 am – 10:30 am  
Ballroom A-B, Ballroom Level  
**Members Speaks**

10:30 am – 11:00 am  
Ballroom A-B, Ballroom Level  
**Candidates Speak**

11:00 am – 1:00 pm  
Exhibit Hall, Southwest Hall, Ballroom Level

11:00 am – 12:00 pm  
Exhibit Hall, Southwest Hall, Beale Street Theater

**NBNA Nursing Innovation Theater Reducing Lung Cancer Mortality in Disparate Populations through cancer-Community Awareness Access Research and Education (c-CARE)**  
*Sponsored by: Augusta University*  
*Pre-registration required.*

12:00 pm – 1:00 pm  
Exhibit Hall, Southwest Hall, Ballroom Level

12:00 pm – 12:30 pm  
**Passport Raffle**

12:30 pm – 1:00 pm  
**Grand Raffle**

### WORKSHOPS

**2 CEUs will be awarded for each workshop unless otherwise indicated.**

1:00 pm – 3:00 pm  
Room L11, Lobby Level

**A Collaborative Approach to Advancing Healthcare Practices**

1:00 pm – 3:00 pm  
Room L2, Lobby Level

**Cultural Competency Workshop**

1:00 pm – 3:00 pm  
Room L4, Lobby Level

**HIV/AIDS Workshop**

1:00 pm – 3:00 pm  
Room L6 Lobby Level

**Innovative Nursing Models Workshop**

1:00 pm – 3:00 pm  
Room 204, Ballroom Level

**Men’s Health Workshop**

1:00 pm – 3:00 pm  
Chickasaw, Mezzanine Level

**Mentorship Workshop**

1:00 pm – 3:00 pm  
Room L10, Lobby Level

**Prevention and Outreach Workshop**

1:00 pm – 3:00 pm  
Room L5, Lobby Level

**Public Health Workshop**

1:00 pm – 3:00 pm  
Room L3, Lobby Level  
**Transitions to Care Workshop**

1:00 pm – 4:00 pm  
Sultana, Mezzanine Level  
**Breast Cancer Screening Practicum**  
*Pre-registration required.*

3:00 pm – 7:00 pm  
**Free Time**

3:00 pm – 4:00 pm  
Room 203, Ballroom Level  
**NBNA Choir Rehearsal**

6:00 pm – 7:00 pm  
**Lifetime Member Photos**

7:00 pm – 11:00 pm  
Grand Ballroom, Ballroom Level

**Sapphire Blue Soiree**  
*(Wear a touch of sapphire blue!)*

**President’s Gala 45<sup>th</sup> Anniversary Celebration**  
**Lifetime Achievement and Trailblazer Awards**

### SUNDAY • AUGUST 7

7:30 am – 9:30 am  
Cotton Row/Steamboat, Mezzanine Level

**Ecumenical Service**

**Reverend Dr. Cynthia Dianne Davis**

– Guest Minister  
District Superintendent of the McKendree

District of the Memphis Conference of the United Methodist Church  
Memphis, TN

**NBNA Gospel Choir**

**Dr. Kevin McBride** – Minister of Music

**Lola Denise Jefferson** – Praise Leader

10:00 am – 12:00 pm  
Ballroom A-B, Ballroom Level

**Brunch and Closing Session**  
**Nursing: Advancing Healthcare Practices through Diversity and Collaboration**

**Ena M. Williams, MBA, MSM, BSN, RN, CENP**

Vice President and Associate Chief  
Nursing Officer

Yale New Haven Hospital  
New Haven, CT

*A ticket is required for the closing session.*

Installation of NBNA Officers,  
Board Members and  
Nominations Committee

12:00 pm – 1:00 pm  
Executive Conference Center,  
Mezzanine Level

**Post-Conference Board Meeting**

# 2016 Corporate Roundtable Members

NBNA thanks the following organizations for their partnership



# THE WORLD'S MOST DEDICATED **NEVER** GIVE UP. **WELCOME TO NEVER GIVING UP.**

St. Jude Children's Research Hospital has propelled childhood cancer survival rates to over 80% today. And we did it together.

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St. Jude is the career home to a diverse team of nursing professionals who push the boundaries of science and patient care, each and every day. From clinical care to research to information systems, our nurses play a critical role on our multidisciplinary teams. As a testament to our dedication, St. Jude has become the first hospital in western Tennessee to achieve Magnet status by the American Nurses Credentialing Center (ANCC).

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**[StJude.org/NursingCareers](http://StJude.org/NursingCareers)**



# 2016 Corporate Sponsors



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**Celgene** 



**AUGUSTA UNIVERSITY**  
**COLLEGE OF NURSING**



**CGFNS**   
**INTERNATIONAL**  
*Global Credibility*

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 **of Tennessee**



**Froedtert & MEDICAL COLLEGE of WISCONSIN**





# 2016 Conference Sponsors

Aetna Foundation

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Augusta University College of Nursing

Barbara Julian

Baptist Healthy Communities, a Program  
of Baptist College of Health Sciences

Blue Cross Blue Shield of Tennessee

Brain Health Center for  
African Americans, a Program of  
The Balm in Gilead, Inc.

Cedars Sinai Health System

Celgene

Children's Mercy Kansas City

Coloplast

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of Foreign Nursing Schools

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CVS Health

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and Education

Eli Lilly and Company

Edwina Divins

Froedtert and the Medical College  
of Wisconsin

Gilead Sciences

Hepatitis Foundation International

Hologic

Joan Pierre

Dr. Linda Burnes Bolton

Main Line Health

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Maria Dudley

Dr. Millicent Gorham

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and Manufacturers of America

Robert Wood Johnson Foundation

Sandra Evers-Manly

St. Jude's Children Research Hospital

The Mervyn M. Dymally School of  
Nursing, Charles R. Drew University

VITAS Healthcare

Yale-New Haven Hospital

Zimmer Biomet



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# NBNA Chapter List

Acadiana Black Nurses Association  
Akron Black Nurses Association  
Atlanta Black Nurses Association  
Baton Rouge Black Nurses Association  
Bay Area Black Nurses Association  
Bayou Region Black Nurses Association  
Big Bend Black Nurses Association (Tallahassee)  
Birmingham Black Nurses Association  
Black Nurses Association, Miami  
Black Nurses Association, Tampa Bay  
Black Nurses Association, Greater Phoenix Area  
Black Nurses Association of Austin (*new chapter*)  
Black Nurses Association of Baltimore  
Black Nurses Association of Central Illinois  
Black Nurses Association of Charlottesville  
Black Nurses Association of Greater Cincinnati  
Black Nurses Association of Greater Houston  
Black Nurses Association of Greater St. Louis  
Black Nurses Association of Greater Washington DC Area  
Black Nurses Association of Indianapolis  
Black Nurses Association of Northern Delaware  
Black Nurses Association of the First State  
Black Nurses of Southern Maryland  
Central Carolina Black Nurses Council  
Central Florida Black Nurses Association  
Central Mississippi Black Nurses Association  
Central Valley Black Nurses Association (Fresno) (*new chapter*)  
Central Virginia Black Nurses Association  
Chicago Chapter National Black Nurses Association  
Clearwater/Largo Black Nurses Association  
Cleveland Council Black Nurses  
Columbus Black Nurses Association  
Columbus Metro Black Nurses Association  
Concerned Black Nurses of Central New Jersey  
Concerned Black Nurses of Newark  
Concerned National Black Nurses of Central Savannah River Area  
Council Of Black Nurses, Los Angeles  
Detroit Black Nurses Association  
Direct Members  
Eastern Colorado Council of Black Nurses (Denver)  
Eastern Oklahoma Black Nurses Association  
First Coast Black Nurses Association (Jacksonville)  
Fort Bend County Black Nurses Association  
Galveston County Gulf Coast Black Nurses Association  
Grand Rapids Black Nurses Association  
Greater East Texas Black Nurses Association  
Greater Fort Lauderdale Broward Chapter of the National Black Nurses Association  
Greater Flint Black Nurses Association  
Greater Gainesville Black Nurses Association  
Greater Illinois Black Nurses Association  
Greater Kansas City Black Nurses Association  
Honolulu Black Nurses Association  
Inland Empire Black Nurses Association  
Kalamazoo-Muskegon Black Nurses Association  
KYANNA Black Nurses Association (Louisville)  
Lansing Area Black Nurses Association (*new chapter*)  
Lexington Chapter of the National Black Nurses Association  
Little Rock Black Nurses Association of Arkansas  
Memphis-Riverbluff Black Nurses Association  
Metroplex Black Nurses Association (Dallas)  
Middlesex Regional Black Nurses Association  
Mid-State Black Nurses Association of New Jersey  
Milwaukee Chapter National Black Nurses Association  
Minnesota Black Nurses Association  
Mobile Bay Black Nurses Association  
Montgomery Black Nurses Association  
Nashville Black Nurses Association  
NBNA: Northern Virginia Chapter  
New Brunswick Black Nurses Association  
New England Regional Black Nurses Association  
New Orleans Black Nurses Association  
New York Black Nurses Association  
Northeast Louisiana Black Nurses Association (*new chapter*)  
Northern Connecticut Black Nurses Association  
Northern New Jersey Black Nurses Association  
Northwest Indiana Black Nurses Association  
Okefenokee Black Nurses Association (*new chapter*)  
Omaha Black Nurses Association  
Palm Beach County Black Nurses Association  
Pittsburgh Black Nurses in Action  
Queens County Black Nurses Association  
Racine-Kenosha Black Nurses Association  
Saginaw Black Nurses Association  
San Diego Black Nurses Association  
Sandhills North Carolina Black Nurses Association  
Savannah Black Nurses Association  
Shreveport Black Nurses Association  
South Bay Black Nurses Association (San Jose)  
South Jersey Chapter of the National Black Nurses Association  
Southeast Texas Black Nurses Association  
Southeastern Pennsylvania Area Black Nurses Association  
Southern Connecticut Black Nurses Association  
Southern Nevada Black Nurses Association  
St. Petersburg Black Nurses Association  
Tri-County Black Nurses Association of Charleston  
Westchester Black Nurses Association  
Western Massachusetts Black Nurses Association  
Wichita Black Nurses Association  
Youngstown-Warren (Ohio) Black Nurses Association



**Help people on  
their path to  
better health.  
Health is everything.**

At CVS Health, our nurses are changing what it means to care for the communities we serve. From performing and interpreting diagnostic tests to offering one-on-one education, they are shaping the future of health care and improving the lives of our patients.

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[jobs.cvshealth.com/NBNA](https://jobs.cvshealth.com/NBNA)

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diversity in the workplace.

 **CVSHealth**

# *Message from the President*

*Welcome to our 44<sup>th</sup> Annual Conference and Institute in Memphis, Tennessee*



**I** extend heartfelt greetings on behalf of the officers, board of directors, and office staff of the National Black Nurses Association, Inc. Forty-five years ago, we were born in Cleveland, Ohio to a group of courageous Black nurses. Today, we are in 34 states and 100 chapters strong as we celebrate our excellent history representing thousands of nurses and millions of our Nation's citizens. We are proud to reach this milestone in our history. It is a privilege to serve as the first male president during our 45<sup>th</sup> anniversary. I want to thank the Board, committee members, and staff for their support in moving NBNA to the next level of excellence and maintaining our premier status as a professional organization.

This year's conference theme: "Nursing: Advancing Healthcare through Diversity and Collaboration" is timely and relevant as we continue to surmount the multifaceted opportunities in nursing and health care today. As nurses, we advocate for a diverse and inclusive workforce that will improve the health of citizens in our communities. Recognizing the need for diversity and collaboration, we have joined forces with nursing organizations, corporations, non-profit associations and advocacy groups to bring about change to our profession, communities and membership.

We are here to celebrate 45 years of achievements with our nursing colleagues and Friends of NBNA. We are here to congratulate our Presidential Awardees, Nurses of the Year Awardees, scholarship winners and Chapters who have provided outstanding community service. We are here to express our deep gratitude to our Friends of NBNA, our sponsors and exhibitors, who have been with us for more than 15 years. We are here to shower accolades on our rising stars who will help usher NBNA to the next millennium of leadership.

I am most grateful to the NBNA National Conference Committee and Dr. Debra A. Toney, Conference Committee Chair for putting together a conference that is fit for a "king". I commend the Memphis-River Bluff Black Nurses Association for their diligent energy and service to make this conference a stellar and memorable event. Our conference is filled with exciting workshops, plenary sessions, and more. Now relax, enjoy the conference, and Memphis! Again, Welcome to our 44<sup>th</sup> Annual Conference and Institute. NBNA is building on our foundation to prepare for a better tomorrow.

Eric J. Williams, DNP, RN, CNE  
*42<sup>th</sup> NBNA President*

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JOHNS HOPKINS



# *Greetings from the Executive Director*



Dear NBNA Members, Friends and Guests:

**O**n behalf of the National Office of the National Black Nurses Association, I want to CELEBRATE YOU!! I want to celebrate the 45<sup>th</sup> Anniversary and 44<sup>th</sup> Annual Institute and Conference. I want to thank all NBNA members, guests, NBNA Corporate Roundtable Members, sponsors, exhibitors and friends, for helping to make the 2016 NBNA Institute and Conference a success. The National and Local Conference Committees, under the superb leadership of Dr. Debra A. Toney, Conference Committee Chair and Dr. Janice Phillips, Conference Program Chair, have worked together to offer a stellar conference of continuing education, professional services, networking and social activities.

To Linda Green, President and all of the members of the Memphis-Riverbluff Black Nurses Association thank you for your superlative efforts in helping make this Conference a success.

I would like to thank the NBNA staff for their extraordinary efforts in helping to make this Conference a success. Many thanks to Dianne Mance, NBNA Conference Services Manager; Estella Lazenby, NBNA Membership Services Manager; Frederic George Thomas, NBNA Administrative Assistant; and, Gessie Belizaire, NBNA Administrative Assistant. NBNA's staff of five persons provides herculean efforts to help make NBNA a world class nursing association that brings to you world class continuing education.

I truly appreciate the exemplary service of Pamela Moore and Selina Davis of Cedars Sinai Health System who provide the CEUs for the NBNA Conference. For more than 20 years, Cedars Sinai has been overwhelmingly gracious in its support of the National Black Nurses Association. Thank you to a nursing icon, Dr. Linda Burnes Bolton, NBNA past president and the 2016 Life Time Achievement Awardee, for all that you have done for NBNA and for the profession of nursing.

NBNA has continued to expand its offerings of state-of-the-art sessions: creating a culture of health, mindfulness, end of life care for advanced practice registered nurses, violence prevention, mentorship, global health, wellness promotion strategies, women's, children's, men health initiatives, and medication adherence. There are special offerings for the youngest nurse to the most seasoned nurse. You will find plenty of time to network and to have fun. Let us make new connections that will ignite innovation in your practice and your life!

To our conference attendees, the city of Memphis ROCKS AND ROLLS. Enjoy your stay.

And, finally, I salute and celebrate NBNA's first male president, Dr. Eric J. Williams. You have made History!!!

Sincerely,  
Millicent Gorham, PhD (Hon), MBA, FAAN  
*Executive Director*

# Welcome from the Conference Chair



Dear NBNA Members, Friends and Guests,

It gives me great pleasure to extend to you all a very warm welcome on our 44<sup>th</sup> Annual Institute and Conference in Memphis, Tennessee, an exceptional location for our conference. Memphis is known as the Home of the Blues and Birthplace of Rock and Roll. Congratulations National Black Nurses Association on your 45<sup>th</sup> anniversary!

The theme of this year's conference is "Nursing: Advancing Healthcare through Diversity and Collaboration" will underpin the need for collaboration and cooperation of individuals from a wide range of professional backgrounds. Practitioners, researchers, educators and students are sure to gain new knowledge to improve health outcomes.

It's an exciting time for NBNA as we continue to grow and adapt to health care changes and remain motivated and responsive to the communities we serve. This is an opportune time to renew contacts and come together to share cutting edge ideas that can make a difference in the care you provide to patients. As always, this year's conference has something for everyone. We will offer a variety of workshops, institutes, and plenary sessions led by a diverse group of speakers who are experts in clinical care and professional issues. This is the perfect time to refresh your knowledge base and explore new innovations in nursing. I encourage you to take advantage of all the educational offerings the conference has to offer.

Ms. Sandra Evers Manly, President of the Northrop Grumman Foundation will set the tone of the conference with her keynote address. Our endnote speaker, Ms. Ena M. Williams, Vice President and Associate Chief Nursing Officer, Yale New Haven Hospital, New Haven, Connecticut, will end our fabulous conference with her presentation based on the conference theme. At the opening ceremony, we will honor all military nurses, current, past and reserves for their heroic efforts.

Wear something red on Friday, August 5, as NBNA hosts "Red Dress" day in recognition of its partnership with the National Heart, Lung and Blood Institute, NIH, "Heart Truth" campaign, raising awareness about heart disease prevention in women.

Dr. Eric J. Williams, the NBNA President, will conduct the business of our Association. This is a great opportunity to hear about the work of your association is doing on behalf of the nursing profession. NBNA will recognize some phenomenal nurses this year for their outstanding accomplishments. You don't want to miss congratulating them for a job well done! We will also award some very deserving students with scholarships.

A personal thank you goes to the conference committee, Memphis BNA, national board of directors, staff and volunteers who have spent countless hours preparing for this conference and your arrival.

Before I close, I'd like to thank each of you for attending the 44<sup>th</sup> Annual Institute and conference. A BIG, BIG, thank you goes to the Memphis-Riverbluff Black Nurses Association for its exemplary service in co-hosting the NBNA Conference.

Enjoy the conference. We look forward to seeing you in Las Vegas, Nevada in 2017!

Sincerely,  
Debra A Toney, PhD, RN, FAAN  
National Conference Chairperson  
Past National President



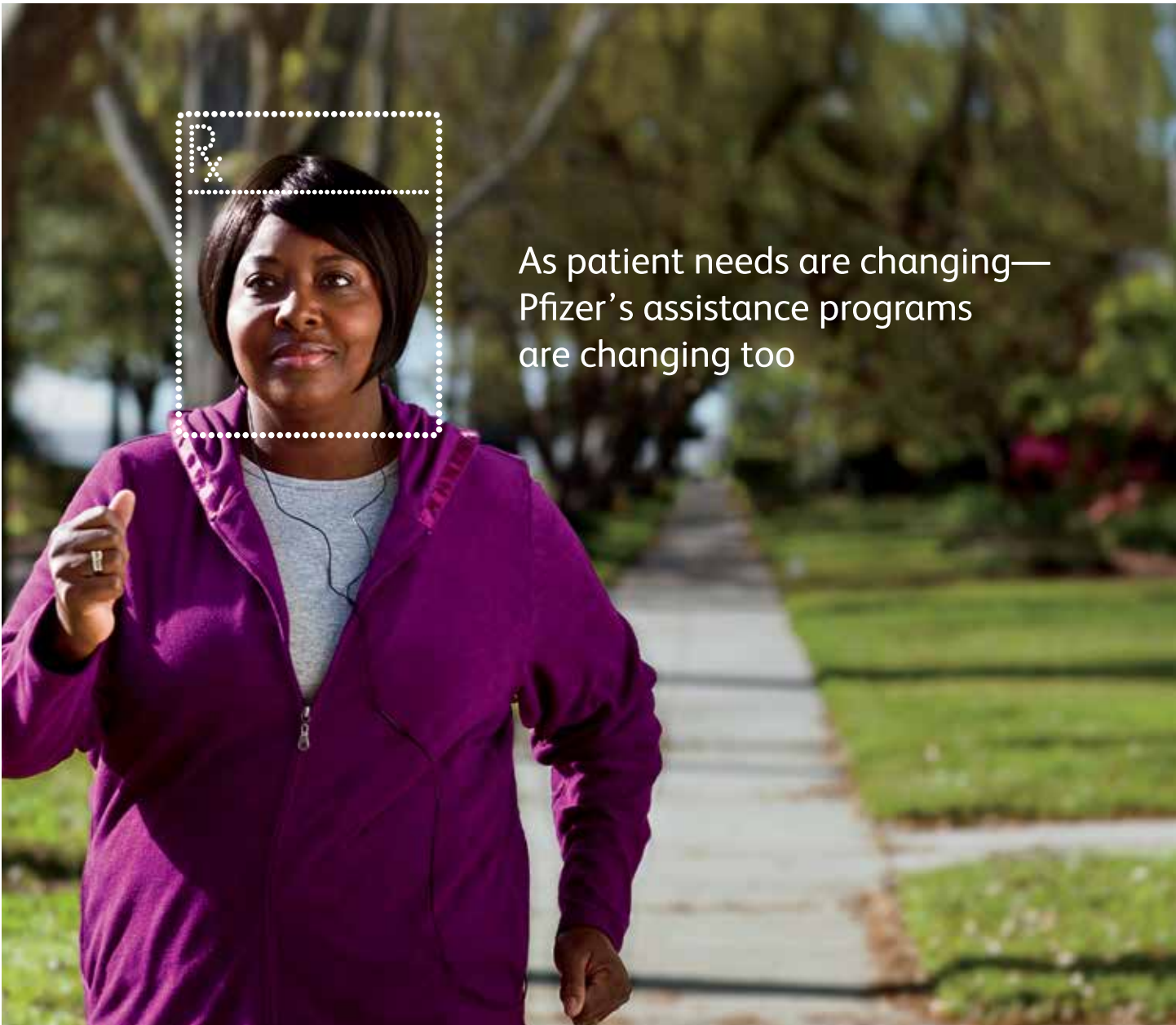
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# *Welcome from Memphis-Riverbluff Black Nurses Chapter President*



**O**n behalf of the Memphis-Riverbluff Black Nurses Association, I welcome you to the National Black Nurses Association 44<sup>th</sup> Institute and Conference.

The theme of this year's conference is "Nursing: Advancing Healthcare Practices Through Diversity and Collaboration". We are excited to host and "Celebrate 45 years of Nursing Excellence". There will be educational and networking opportunities to help you with your professional careers and leadership.

We welcome you to Memphis, Tennessee, known for its music and food. Blues, jazz, rock and roll comes out of the clubs on Beale Street. The restaurants serve barbecue and soul food. Some things to do in Memphis are to visit the newly expanded National Civil Rights Museum, the Underground Slave Haven, Stax Museum and the world famous Beale Street.

The Lorraine Motel is a historical site where Dr. Martin Luther King, Jr. was assassinated. Elvis Presley's "Graceland Mansion" is a popular attraction along with Bass Pro.

I would like to thank our national conference chair and committee members for their support for a great conference. Many thanks to our local conference committees, members and volunteers. Without you this conference would not have been possible. The conference committees have made sure that there's something for everyone on the agenda. A special thanks to our conference manager, Mrs. Dianne Mance for her hard work and dedication.

Best wishes for an enjoyable conference. Welcome to Memphis.

Sincerely,

A handwritten signature in black ink that reads "Linda Green". The signature is written in a cursive, flowing style.

Linda Green, BSN

*President,*

Memphis Riverbluff Black Nurses Association

Lifetime Member

# *Message from the Local Conference Chair*



Hi NBNA Conference Attendees!

**T**he Memphis River Bluff Chapter of the NBNA is excited to welcome you to our great city - Memphis, TN! Our city is the home of the Blues, famous musicians such as WC Handy, BB King, Ma Rainey, Elvis Presley, Al Green, Isaac Hayes, The BarKays, Rufus Thomas and of course Stax Recording Studio – which was the start for so many recording artists worldwide.

We also embrace our history with Ida B. Wells and Robert R. Church, a black millionaire who bailed our city out of bankruptcy in the early 1800's. Bishop Charles Mason, born in Mississippi, began what is now known as the Church of God in Christ, located at the corner of Georgia and Mississippi Blvd. in the Southern sector of town.

Memphis has so many noteworthy selling points, including health care, which is one of my passions and greatest joy. Regional One (once known as John Gaston Hospital), was the second hospital built in the United States. Our Newborn Center, under the leadership of Dr. Korones, was the first NICU in North America. Sickle cell research first began at this hospital as well, led by Dr. Charles Diggs, and later moved to St. Jude Children's Research Hospital when the facility opened in 1962.

I am proud to be a nurse and a Memphis native because of the professionalism and warm hospitality this city and the NBNA organization is known for. The Memphis River Bluff Chapter holds a special place in my heart and I invite you to join us in our quest to Advance Health Care Practices Through Diversity and Collaboration at this year's gathering.

Thank you for your participation at our 44<sup>th</sup> Annual Conference, as we celebrate our first NBNA male president, Dr. Eric J. Williams. I am confident you will leave this experience more knowledgeable and enlightened. We are thrilled to have you as part of this momentous occasion, honoring 45 years of nursing excellence!

Sincerely,  
Brenda Partee Taylor  
*Local Conference Chair*



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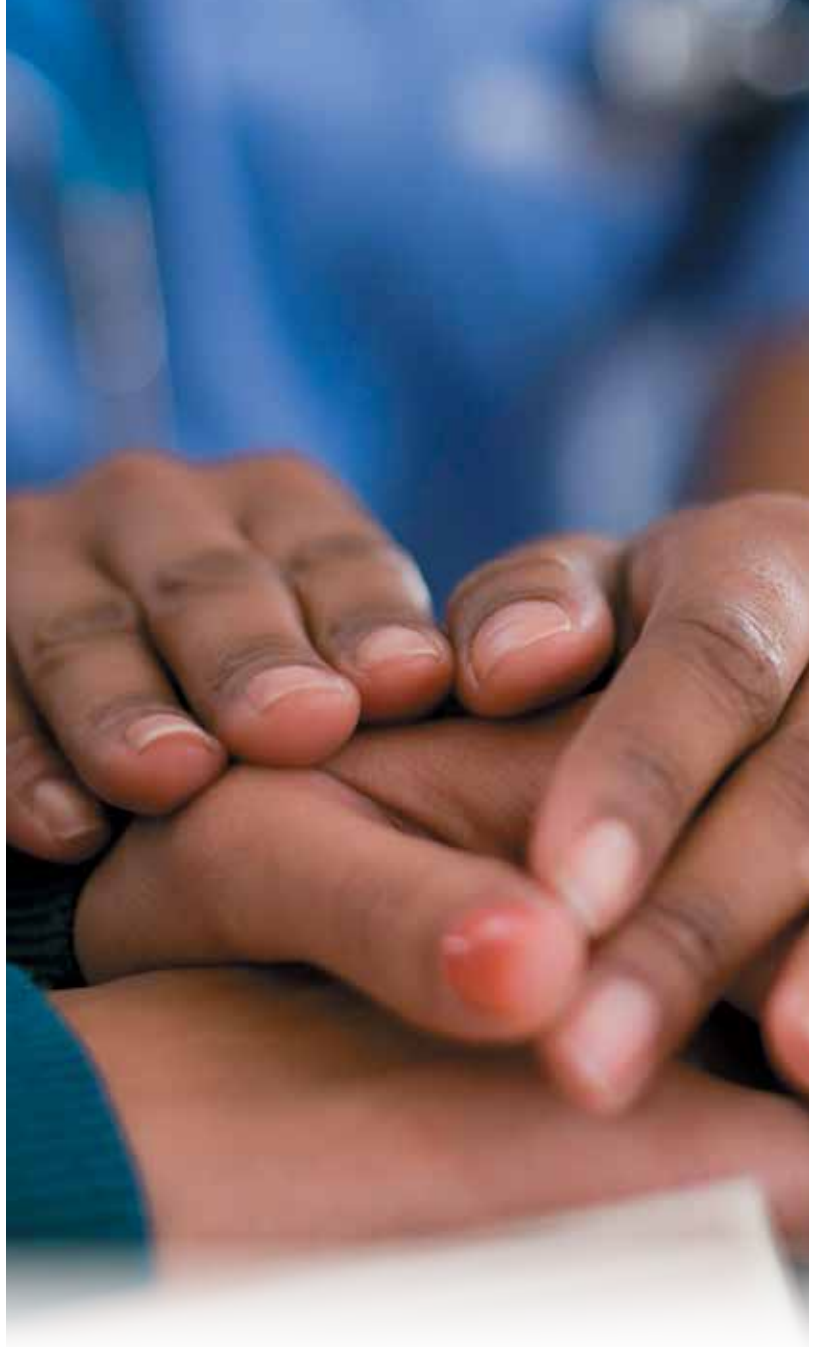
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*Welcome from the Memphis Mayor*



**JIM STRICKLAND**  
MAYOR

August 2, 2016

Dear Dr. Williams,

On behalf of the great City of Memphis, and all its residents, I want to extend a warm welcome to the National Black Nurses Association's Annual Conference.

I am delighted that this year's 44th Annual Institute and Conference, as well as the 45<sup>th</sup> anniversary celebration of the NBNA, will take place at the Sheraton Memphis Downtown. The venue will provide a top notch facility for the conference, and will also provide exceptional views of the Mississippi River and Memphis skyline for the attendees.

I hope you will take time to enjoy the many charms of our city, from our great musical history to our world famous barbeque. Memphis is full of treasures such as the National Civil Rights Museum, Graceland, and the award winning Memphis Zoo, Botanic Garden, and the Brooks Museum. You will find Memphians proud of their city and delighted to share it with our visitors.

Thank you for bringing the National Black Nurses Association to our city. Please accept my best wishes for a successful conference.

Yours Very Truly,

Jim Strickland  
Mayor

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*Greetings from the Shelby County Mayor*



## Shelby County Government

MARK H. LUTTRELL, JR.  
MAYOR

July 28th, 2016

Dear Dr. Williams:

It is a great privilege for Shelby County to host such a gathering of talented medical professionals in our community for your National Black Nurses Association Convention. I am glad to see such commitment to professional fellowship and the improvement of the profession. I am confident that you will enjoy your time together building friendships and developing your advocacy and impact for improving healthcare services and outcomes.

As you gather in our community for your convention, I hope that you take the time to share in the enjoyment of our community's abundant places of interest including the new and immense Bass Pro Pyramid, the National Civil Rights Museum at the Lorraine Motel, Soulsville's Stax Museum, the riverside trails by the mighty Mississippi River, Elvis Presley's beautiful Graceland, and Beale Street where the late and great B.B. King rocked the world with his soulful blues music.

On behalf of the citizens of Memphis and Shelby County, I hope you enjoy your stay and have an exciting week together.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark H. Luttrell, Jr.', is written over a white background.

Mark H. Luttrell, Jr.  
Mayor

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*National Office*  
 Silver Spring, Maryland

# NBNA *Salutes Past Presidents*

*The Board of Directors and Members of the National Black Nurses Association, Inc. Salute our Past Presidents for their Dedication to the NBNA Mission.*



**Dr. Lauranne Sams\***  
1973-1977



**Dr. C. Alicia Georges**  
1987-1991



**Dr. Bettye Davis-Lewis**  
2003-2007



**Dr. Carrie Frazier Brown**  
1977-1979



**Dr. Linda Burnes Bolton**  
1991-1995



**Dr. Debra Toney**  
2007-2011



**E. Lorraine Baugh**  
1979-1983



**Dr. Betty Smith Williams**  
1995-1999



**Dr. Deidre Walton**  
2011-2015



**Ophelia Long**  
1983-1987



**Dr. Hilda Richards**  
1999-2003

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INFUSION <sup>1-4</sup>	DROP, STIR, DRINK <sup>5,6</sup>	TAKE A TABLET <sup>7</sup>
<p><b>DEFEROXAMINE MESYLATE</b></p> <ul style="list-style-type: none"> <li>• First available iron-chelating therapy<sup>2</sup></li> <li>• Subcutaneous or intravenous infusions over 8-24 hours, 5-7 days each week<sup>3</sup></li> <li>• Variations in injection site may be needed<sup>4</sup></li> <li>• Requires potentially time-consuming patient education on administration<sup>2</sup></li> </ul>	<p><b>EXJADE</b></p> <ul style="list-style-type: none"> <li>• First once-daily, oral, iron-chelation therapy approved in the United States<sup>5,6</sup></li> <li>• Lengthy mixing process<sup>6</sup></li> <li>• Must drink suspension on an empty stomach<sup>6</sup></li> <li>• Requires patient understanding of how to mix and properly take EXJADE<sup>6</sup></li> <li>• Potential risk of patient failing to consume full dose</li> </ul>	<p><b>JADENU</b></p> <ul style="list-style-type: none"> <li>• A once-daily, oral, iron-chelation therapy that simplifies administration for patients<sup>7</sup></li> <li>• No preparation or mixing required<sup>7</sup></li> <li>• Taken with or without a light meal<sup>7*</sup></li> <li>• No lactose or sodium lauryl sulfate<sup>7</sup></li> <li>• Same active ingredient as EXJADE<sup>7</sup></li> </ul>

\*Contains <7% fat content and <250 calories.<sup>7</sup>

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JADENU® (deferasirox) tablets is indicated for the treatment of chronic iron overload due to blood transfusions (transfusional hemosiderosis) in patients 2 years of age and older.

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- Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials

### Limitations of Use

- Controlled clinical trials of JADENU in patients with myelodysplastic syndromes (MDS) and chronic iron overload due to blood transfusions have not been performed
- The safety and efficacy of JADENU when administered with other iron chelation therapy have not been established

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### WARNING: RENAL FAILURE, HEPATIC FAILURE, AND GASTROINTESTINAL HEMORRHAGE

#### Renal Failure

- JADENU can cause acute renal failure and death, particularly in patients with comorbidities and those who are in the advanced stages of their hematologic disorders
- Measure serum creatinine and determine creatinine clearance in duplicate prior to initiation of therapy, and monitor renal function at least monthly thereafter. For patients with baseline renal impairment or increased risk of acute renal failure, monitor creatinine weekly for the first month, then at least monthly. Consider dose reduction, interruption, or discontinuation based on increases in serum creatinine

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- JADENU can cause hepatic injury, including hepatic failure and death
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- JADENU can cause gastrointestinal (GI) hemorrhages, which may be fatal, especially in elderly patients who have advanced hematologic malignancies and/or low platelet counts
- Monitor patients, and discontinue JADENU for suspected GI ulceration or hemorrhage

Please see additional Important Safety Information for JADENU (deferasirox) on adjacent pages.

**JADENU**<sup>®</sup>  
(deferasirox) TABLETS  
90 mg, 180 mg, 360 mg

## INDICATION

### Treatment of Chronic Iron Overload Due to Blood Transfusions (Transfusional Iron Overload)

JADENU® (deferferasirox) tablets is indicated for the treatment of chronic iron overload due to blood transfusions (transfusional hemosiderosis) in patients 2 years of age and older.

- This indication is approved under accelerated approval based on a reduction of liver iron concentrations (LICs) and serum ferritin (SF) levels
- Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials

### Limitations of Use

- Controlled clinical trials of JADENU in patients with myelodysplastic syndromes (MDS) and chronic iron overload due to blood transfusions have not been performed
- The safety and efficacy of JADENU when administered with other iron chelation therapy have not been established

## IMPORTANT SAFETY INFORMATION for JADENU Tablets (cont)

### CONTRAINDICATIONS

JADENU is contraindicated in patients with:

- Serum creatinine >2 times the age-appropriate upper limit of normal or creatinine clearance <40 mL/min;
- Poor performance status;
- High-risk MDS;
- Advanced malignancies;
- Platelet counts less than  $50 \times 10^9/L$ ;
- Known hypersensitivity to deferferasirox or any component of JADENU

### WARNINGS AND PRECAUTIONS

#### Renal Toxicity, Renal Failure, and Proteinuria

- JADENU can cause acute renal failure, fatal in some patients and requiring dialysis in others. Postmarketing experience showed that most fatalities occurred in patients with multiple comorbidities and who were in advanced stages of their hematologic disorders. In the clinical trials, deferferasirox-treated patients experienced dose-dependent increases in serum creatinine. In patients with transfusional iron overload, these increases occurred at a greater frequency compared to deferoxamine-treated patients (38% vs 14%, respectively, in Study 1 [patients with  $\beta$ -thalassemia] and 36% vs 22%, respectively, in Study 3 [patients with sickle cell disease])
- Measure serum creatinine in duplicate (due to variations in measurements) and determine the creatinine clearance (estimated by the Cockcroft-Gault method) before initiating therapy in all patients in order to establish a reliable pretreatment baseline. Monitor serum creatinine weekly during the first month after initiation or modification of therapy, and at least monthly thereafter. Monitor serum creatinine and/or creatinine clearance more frequently if creatinine levels are increasing. Dose reduction, interruption, or discontinuation based on increases in serum creatinine may be necessary

- JADENU is contraindicated in patients with creatinine clearance <40 mL/min or serum creatinine >2 times the age-appropriate upper limit of normal
- Renal tubular damage, including Fanconi Syndrome, has been reported in patients treated with deferferasirox, most commonly in children and adolescents with  $\beta$ -thalassemia and SF levels <1500  $\mu\text{g/L}$
- Intermittent proteinuria (urine protein/creatinine ratio >0.6 mg/mg) occurred in 18.6% of deferferasirox-treated patients compared to 7.2% of deferoxamine-treated patients in Study 1 (patients with  $\beta$ -thalassemia). In clinical trials in patients with transfusional iron overload, deferferasirox was temporarily withheld until the urine protein/creatinine ratio fell below 0.6 mg/mg. Monthly monitoring for proteinuria is recommended. The mechanism and clinical significance of the proteinuria are uncertain

#### Hepatic Toxicity and Failure

- Deferferasirox can cause hepatic injury, fatal in some patients. In Study 1 (patients with  $\beta$ -thalassemia), 4 patients (1.3%) discontinued deferferasirox because of hepatic toxicity (drug-induced hepatitis in 2 patients and increased serum transaminases in 2 additional patients). Hepatic toxicity appears to be more common in patients >55 years of age. Hepatic failure was more common in patients with significant comorbidities, including liver cirrhosis and multiorgan failure
- Measure transaminases (AST and ALT) and bilirubin in all patients before the initiation of treatment and every 2 weeks during the first month, and at least monthly thereafter. Consider dose modifications or interruption of treatment for severe or persistent elevations
- Avoid the use of JADENU in patients with severe (Child-Pugh C) hepatic impairment. Reduce the starting dose in patients with moderate (Child-Pugh B) hepatic impairment. Patients with mild (Child-Pugh A) or moderate (Child-Pugh B) hepatic impairment may be at higher risk for hepatic toxicity

#### Gastrointestinal (GI) Ulceration, Hemorrhage, and Perforation

- GI hemorrhages, including deaths, have been reported, especially in elderly patients who had advanced hematologic malignancies and/or low platelet counts. Nonfatal upper GI irritation, ulceration, and hemorrhage have been reported in patients, including children and adolescents, receiving deferferasirox
- Monitor for signs and symptoms of GI ulceration and hemorrhage during JADENU therapy, and promptly initiate additional evaluation and treatment if a serious GI adverse event is suspected
- The risk of GI hemorrhage may be increased when administering JADENU in combination with drugs that have ulcerogenic or hemorrhagic potential, such as nonsteroidal antiinflammatory drugs (NSAIDs), corticosteroids, oral bisphosphonates, or anticoagulants. There have been reports of ulcers complicated with gastrointestinal perforation (including fatal outcome)

### Bone Marrow Suppression

- Neutropenia, agranulocytosis, worsening anemia, and thrombocytopenia, including fatal events, have been reported in patients treated with deferasirox. Preexisting hematologic disorders may increase this risk
- Monitor blood counts in all patients. Interrupt treatment with JADENU in patients who develop cytopenias until the cause of the cytopenia has been determined
- JADENU is contraindicated in patients with platelet counts below  $50 \times 10^9/L$

### Increased Risk of Toxicity in the Elderly

- Deferasirox has been associated with serious and fatal adverse reactions in the postmarketing setting, predominantly in elderly patients. Monitor elderly patients treated with JADENU more frequently for toxicity

### Hypersensitivity

- JADENU may cause serious hypersensitivity reactions (such as anaphylaxis and angioedema) with the onset of the reaction usually occurring within the first month of treatment. If reactions are severe, discontinue JADENU and institute appropriate medical intervention
- JADENU is contraindicated in patients with known hypersensitivity to JADENU

### Severe Skin Reactions

- Severe skin reactions, including Stevens-Johnson syndrome (SJS) and erythema multiforme, have been reported during deferasirox therapy. If SJS or erythema multiforme is suspected, discontinue JADENU immediately and do not reintroduce JADENU therapy

### Skin Rash

- Rashes may occur during JADENU treatment. For rashes of mild to moderate severity, JADENU may be continued without dose adjustment, since the rash often resolves spontaneously. In severe cases, interrupt treatment with JADENU. Reintroduction at a lower dose with escalation may be considered after resolution of the rash

### Auditory and Ocular Abnormalities

- Auditory disturbances (high-frequency hearing loss, decreased hearing), and ocular disturbances (lens opacities, cataracts, elevations in intraocular pressure, and retinal disorders) were reported at a frequency of <1% with deferasirox therapy in the clinical studies
- Perform auditory and ophthalmic testing (including slit lamp examinations and dilated fundoscopy) before starting JADENU treatment and thereafter at regular intervals (every 12 months). If disturbances are noted, monitor more frequently. Consider dose reduction or interruption

### Overchelation

- For patients with transfusional iron overload, measure SF monthly to assess for possible overchelation of iron. If the SF falls below 500  $\mu\text{g/L}$ , consider temporarily interrupting therapy with JADENU since this result may increase JADENU toxicity

### ADVERSE REACTIONS

- JADENU was evaluated in healthy subjects, and there are no clinical data in patients treated with JADENU tablets. JADENU contains the same active ingredient, deferasirox, as EXJADE® tablets for oral suspension
- For patients with transfusional iron overload, the most common adverse reactions occurring in >5% of deferasirox-treated patients with  $\beta$ -thalassemia, patients with sickle cell disease, and patients with MDS were abdominal pain, nausea, vomiting, diarrhea, skin rashes, and increases in serum creatinine. Gastrointestinal symptoms, increases in serum creatinine, and skin rash were dose related

**Please see additional Important Safety Information for JADENU (deferasirox) on adjacent pages.**

**References:** **1.** Evens AM, Mehta J, Gordon LI. Rust and corrosion in hematopoietic stem cell transplantation: the problem of iron and oxidative stress. *Bone Marrow Transplant.* 2004;34(7):561-571. **2.** Ault P, Jones K. Understanding iron overload: screening, monitoring, and caring for patients with transfusion-dependent anemias. *Clin J Oncol Nurs.* 2009;13(5):511-517. **3.** DESFERAL [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2011. **4.** Porter J, Evangelini M, El-Beshlawy A. The challenges of adherence and persistence with iron chelation therapy. *Int J Hematol.* 2011;94(5):453-460. **5.** Shah J, Kurtin SE, Arnold L, Lindroos-Kolqvist P, Tinsley S. Management of transfusion-related iron overload in patients with myelodysplastic syndromes. *Clin J Oncol Nurs.* 2012;16(3)(suppl):37-46. **6.** EXJADE [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2015. **7.** JADENU [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2015.

JADENU® (deferasirox) tablets, for oral use

Initial U.S. Approval: 2005

**BRIEF SUMMARY:** Please see package insert for full prescribing information.

**WARNING: RENAL FAILURE, HEPATIC FAILURE, AND GASTROINTESTINAL HEMORRHAGE**

**Renal Failure**

- JADENU can cause acute renal failure and death, particularly in patients with comorbidities and those who are in the advanced stages of their hematologic disorders.
- Measure serum creatinine and determine creatinine clearance (CICr) in duplicate prior to initiation of therapy and monitor renal function at least monthly thereafter. For patients with baseline renal impairment or increased risk of acute renal failure, monitor creatinine weekly for the first month, then at least monthly. Consider dose reduction, interruption, or discontinuation based on increases in serum creatinine [see *Dosage and Administration (2.4, 2.5) in the full prescribing information, Warnings and Precautions (5.1)*].

**Hepatic Failure**

- JADENU can cause hepatic injury including hepatic failure and death.
- Measure serum transaminases and bilirubin in all patients prior to initiating treatment, every 2 weeks during the first month, and at least monthly thereafter.
- Avoid use of JADENU in patients with severe (Child-Pugh C) hepatic impairment and reduce the dose in patients with moderate (Child Pugh B) hepatic impairment [see *Dosage and Administration (2.4) in the full prescribing information, Warnings and Precautions (5.2)*].

**Gastrointestinal Hemorrhage**

- JADENU can cause gastrointestinal (GI) hemorrhages, which may be fatal, especially in elderly patients who have advanced hematologic malignancies and/or low platelet counts.
- Monitor patients and discontinue JADENU for suspected GI ulceration or hemorrhage [see *Warnings and Precautions (5.3)*].

**1 INDICATIONS AND USAGE**

**1.1 Treatment of Chronic Iron Overload Due to Blood Transfusions (Transfusional Iron Overload)**

JADENU is indicated for the treatment of chronic iron overload due to blood transfusions (transfusional hemosiderosis) in patients 2 years of age and older. This indication is approved under accelerated approval based on a reduction of liver iron concentrations and serum ferritin levels [see *Clinical Studies (14) in the full prescribing information*]. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

**1.2 Treatment of Chronic Iron Overload in Non-Transfusion-Dependent Thalassemia Syndromes**

JADENU is indicated for the treatment of chronic iron overload in patients 10 years of age and older with non-transfusion-dependent thalassemia (NTDT) syndromes and with a liver iron concentration (LIC) of at least 5 milligrams of iron per gram of liver dry weight (mg Fe/g dw) and a serum ferritin greater than 300 mcg/L. This indication is approved under accelerated approval based on a reduction of liver iron concentrations (to less than 5 mg Fe/g dw) and serum ferritin levels [see *Clinical Studies (14) in the full prescribing information*]. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

**1.3 Limitation of Use**

Controlled clinical trials of JADENU with myelodysplastic syndromes (MDS) and chronic iron overload due to blood transfusions have not been performed [see *Clinical Studies (14) in the full prescribing information*].

The safety and efficacy of JADENU when administered with other iron chelation therapy have not been established.

**4 CONTRAINDICATIONS**

JADENU is contraindicated in patients with:

- Serum creatinine greater than 2 times the age-appropriate ULN or CICr less than 40 mL/min [see *Warnings and Precautions (5.1)*];
- Poor performance status;
- High-risk myelodysplastic syndromes;
- Advanced malignancies;
- Platelet counts <50 x 10<sup>9</sup>/L;
- Known hypersensitivity to deferasirox or any component of JADENU [see *Warnings and Precautions (5.6), Adverse Reactions (6.2)*].

**5 WARNINGS AND PRECAUTIONS**

**5.1 Renal Toxicity, Renal Failure, and Proteinuria**

JADENU can cause acute renal failure, fatal in some patients and requiring dialysis in others. Postmarketing experience showed that most fatalities

occurred in patients with multiple comorbidities and who were in advanced stages of their hematological disorders. In the clinical trials, deferasirox-treated patients experienced dose-dependent increases in serum creatinine. In patients with transfusional iron overload, these increases in creatinine occurred at a greater frequency compared to deferoxamine-treated patients (38% versus 14%, respectively, in Study 1 and 36% versus 22%, respectively, in Study 3) [see *Adverse Reactions (6.1, 6.2)*].

Measure serum creatinine in duplicate (due to variations in measurements) and determine the CICr (estimated by the Cockcroft-Gault method) before initiating therapy in all patients in order to establish a reliable pretreatment baseline. Monitor serum creatinine weekly during the first month after initiation or modification of therapy and at least monthly thereafter. Monitor serum creatinine and/or CICr more frequently if creatinine levels are increasing. Dose reduction, interruption, or discontinuation based on increases in serum creatinine may be necessary [see *Dosage and Administration (2.5) in the full prescribing information*].

JADENU is contraindicated in patients with CICr less than 40 mL/minute or serum creatinine greater than 2 times the age appropriate ULN.

Renal tubular damage, including Fanconi's Syndrome, has been reported in patients treated with deferasirox, most commonly in children and adolescents with beta-thalassemia and serum ferritin levels <1500 mcg/L.

Intermittent proteinuria (urine protein/creatinine ratio >0.6 mg/mg) occurred in 18.6% of deferasirox-treated patients compared to 7.2% of deferoxamine-treated patients in Study 1. In clinical trials in patients with transfusional iron overload, deferasirox was temporarily withheld until the urine protein/creatinine ratio fell below 0.6 mg/mg. Monthly monitoring for proteinuria is recommended. The mechanism and clinical significance of the proteinuria are uncertain [see *Adverse Reactions (6.1)*].

**5.2 Hepatic Toxicity and Failure**

Deferasirox can cause hepatic injury, fatal in some patients. In Study 1, 4 patients (1.3%) discontinued deferasirox because of hepatic toxicity (drug-induced hepatitis in 2 patients and increased serum transaminases in 2 additional patients). Hepatic toxicity appears to be more common in patients greater than 55 years of age. Hepatic failure was more common in patients with significant comorbidities, including liver cirrhosis and multi-organ failure [see *Adverse Reactions (6.1)*].

Measure transaminases (AST and ALT) and bilirubin in all patients before the initiation of treatment and every 2 weeks during the first month and at least monthly thereafter. Consider dose modifications or interruption of treatment for severe or persistent elevations.

Avoid the use of JADENU in patients with severe (Child-Pugh C) hepatic impairment. Reduce the starting dose in patients with moderate (Child-Pugh B) hepatic impairment [see *Dosage and Administration (2.4) in the full prescribing information, Use in Specific Populations (8.7)*]. Patients with mild (Child-Pugh A) or moderate (Child-Pugh B) hepatic impairment may be at higher risk for hepatic toxicity.

**5.3 Gastrointestinal (GI) Ulceration, Hemorrhage, and Perforation**

GI hemorrhage, including deaths, has been reported, especially in elderly patients who had advanced hematologic malignancies and/or low platelet counts. Nonfatal upper GI irritation, ulceration and hemorrhage have been reported in patients, including children and adolescents, receiving deferasirox [see *Adverse Reactions (6.1)*]. Monitor for signs and symptoms of GI ulceration and hemorrhage during JADENU therapy and promptly initiate additional evaluation and treatment if a serious GI adverse event is suspected. The risk of gastrointestinal hemorrhage may be increased when administering JADENU in combination with drugs that have ulcerogenic or hemorrhagic potential, such as nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, oral bisphosphonates, or anticoagulants. There have been reports of ulcers complicated with gastrointestinal perforation (including fatal outcome) [see *Adverse Reactions (6.2)*].

**5.4 Bone Marrow Suppression**

Neutropenia, agranulocytosis, worsening anemia, and thrombocytopenia, including fatal events, have been reported in patients treated with deferasirox. Preexisting hematologic disorders may increase this risk. Monitor blood counts in all patients. Interrupt treatment with JADENU in patients who develop cytopenias until the cause of the cytopenia has been determined. JADENU is contraindicated in patients with platelet counts below 50 x 10<sup>9</sup>/L.

**5.5 Increased Risk of Toxicity in the Elderly**

Deferasirox has been associated with serious and fatal adverse reactions in the postmarketing setting, predominantly in elderly patients. Monitor elderly patients treated with JADENU more frequently for toxicity [see *Use in Specific Populations (8.5)*].

**5.6 Hypersensitivity**

JADENU may cause serious hypersensitivity reactions (such as anaphylaxis and angioedema), with the onset of the reaction usually occurring within

the first month of treatment [see *Adverse Reactions* (6.2)]. If reactions are severe, discontinue JADENU and institute appropriate medical intervention. JADENU is contraindicated in patients with known hypersensitivity to JADENU.

### 5.7 Severe Skin Reactions

Severe skin reactions, including Stevens-Johnson syndrome (SJS) and erythema multiforme, have been reported during deferasirox therapy [see *Adverse Reactions* (6.2)]. If SJS or erythema multiforme is suspected, discontinue JADENU immediately and do not reintroduce JADENU therapy.

### 5.8 Skin Rash

Rashes may occur during JADENU treatment [see *Adverse Reactions* (6.1)]. For rashes of mild to moderate severity, JADENU may be continued without dose adjustment, since the rash often resolves spontaneously. In severe cases, interrupt treatment with JADENU. Reintroduction at a lower dose with escalation may be considered after resolution of the rash.

### 5.9 Auditory and Ocular Abnormalities

Auditory disturbances (high frequency hearing loss, decreased hearing), and ocular disturbances (lens opacities, cataracts, elevations in intraocular pressure, and retinal disorders) were reported at a frequency of <1% with deferasirox therapy in the clinical studies. Perform auditory and ophthalmic testing (including slit lamp examinations and dilated funduscopy) before starting JADENU treatment and thereafter at regular intervals (every 12 months). If disturbances are noted, monitor more frequently. Consider dose reduction or interruption.

### 5.10 Overchelation

For patients with transfusional iron overload, measure serum ferritin monthly to assess for possible overchelation of iron. If the serum ferritin falls below 500 mcg/L, consider interrupting therapy with JADENU, since overchelation may increase JADENU toxicity [see *Dosage and Administration* (2.1) in the full prescribing information].

For patients with NTD, measure LIC by liver biopsy or by using an FDA-cleared or approved method for monitoring patients receiving deferasirox therapy every 6 months on treatment. Interrupt JADENU administration when the LIC is less than 3 mg Fe/g dw. Measure serum ferritin monthly, and if the serum ferritin falls below 300 mcg/L, interrupt JADENU and obtain a confirmatory LIC [see *Clinical Studies* (14) in the full prescribing information].

## 6 ADVERSE REACTIONS

### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. JADENU was evaluated in healthy volunteer trials. Currently, there are no clinical data in patients with JADENU tablets. JADENU contains the same active ingredient as Exjade (deferasirox) tablets for oral suspension. The following adverse reactions have been reported with Exjade tablets for oral suspension.

The following adverse reactions are also discussed in other sections of the labeling:

- Renal Toxicity, Renal Failure, and Proteinuria [see *Warnings and Precautions* (5.1)]
- Hepatic Toxicity and Failure [see *Warnings and Precautions* (5.2)]
- Gastrointestinal (GI) Hemorrhage [see *Warnings and Precautions* (5.3)]
- Bone Marrow Suppression [see *Warnings and Precautions* (5.4)]
- Hypersensitivity [see *Warnings and Precautions* (5.6)]
- Severe Skin Reactions [see *Warnings and Precautions* (5.7)]
- Skin Rash [see *Warnings and Precautions* (5.8)]
- Auditory and Ocular Abnormalities [see *Warnings and Precautions* (5.9)]

### Transfusional Iron Overload

A total of 700 adult and pediatric patients were treated with deferasirox for 48 weeks in premarketing studies. These included 469 patients with beta-thalassemia, 99 with rare anemias, and 132 with sickle cell disease. Of these patients, 45% were male, 70% were Caucasian and 292 patients were <16 years of age. In the sickle cell disease population, 89% of patients were black. Median treatment duration among the sickle cell patients was 51 weeks. Of the 700 patients treated, 469 (403 beta-thalassemia and 66 rare anemias) were entered into extensions of the original clinical protocols. In ongoing extension studies, median durations of treatment were 88 to 205 weeks.

Six hundred twenty-seven patients with MDS were enrolled across 5 uncontrolled trials. These studies varied in duration from 1 to 5 years. The discontinuation rate across studies in the first year was 46% (AEs 20%, withdrawal of consent 10%, death 8%, other 4%, lab abnormalities 3%, and lack of efficacy 1%). Among 47 patients enrolled in the study of 5-year duration, 10 remained on deferasirox at the completion of the study.

Table 1 displays adverse reactions occurring in >5% of deferasirox-treated beta-thalassemia patients (Study 1), sickle cell disease patients (Study 3), and patients with MDS (MDS pool). Abdominal pain, nausea, vomiting,

diarrhea, skin rashes, and increases in serum creatinine were the most frequent adverse reactions reported with a suspected relationship to deferasirox. Gastrointestinal symptoms, increases in serum creatinine, and skin rash were dose related.

**Table 1. Adverse Reactions\* Occurring in >5% of Deferasirox-treated Patients in Study 1, Study 3, and MDS Pool**

Preferred Term	Study 1 (Beta-thalassemia)		Study 3 (Sickle Cell Disease)		MDS Pool
	Deferasirox N=296 n (%)	Deferoxamine N=290 n (%)	Deferasirox N=132 n (%)	Deferoxamine N=63 n (%)	
Abdominal Pain**	63 (21)	41 (14)	37 (28)	9 (14)	145 (23)
Diarrhea	35 (12)	21 (7)	26 (20)	3 (5)	297 (47)
Creatinine Increased***	33 (11)	0 (0)	9 (7)	0	89 (14)
Nausea	31 (11)	14 (5)	30 (23)	7 (11)	161 (26)
Vomiting	30 (10)	28 (10)	28 (21)	10 (16)	83 (13)
Rash	25 (8)	9 (3)	14 (11)	3 (5)	83 (13)

\*Adverse reaction frequencies are based on adverse events reported regardless of relationship to study drug.  
 \*\*Includes 'abdominal pain', 'abdominal pain lower', and 'abdominal pain upper' which were reported as adverse events.  
 \*\*\*Includes 'blood creatinine increased' and 'blood creatinine abnormal' which were reported as adverse events. Also see Table 2.

In Study 1, a total of 113 (38%) patients treated with deferasirox had increases in serum creatinine >33% above baseline on 2 separate occasions (Table 2) and 25 (8%) patients required dose reductions. Increases in serum creatinine appeared to be dose related [see *Warnings and Precautions* (5.1)]. In this study, 17 (6%) patients treated with deferasirox developed elevations in SGPT/ALT levels >5 times the ULN at 2 consecutive visits. Of these, 2 patients had liver biopsy proven drug-induced hepatitis and both discontinued deferasirox therapy [see *Warnings and Precautions* (5.2)]. An additional 2 patients, who did not have elevations in SGPT/ALT >5 times the ULN, discontinued deferasirox because of increased SGPT/ALT. Increases in transaminases did not appear to be dose related. Adverse reactions that led to discontinuations included abnormal liver function tests (2 patients) and drug-induced hepatitis (2 patients), skin rash, glycosuria/proteinuria, Henoch Schönlein purpura, hyperactivity/insomnia, drug fever, and cataract (1 patient each).

In Study 3, a total of 48 (36%) patients treated with deferasirox had increases in serum creatinine >33% above baseline on 2 separate occasions (Table 2) [see *Warnings and Precautions* (5.1)]. Of the patients who experienced creatinine increases in Study 3, 8 deferasirox-treated patients required dose reductions. In this study, 5 patients in the deferasirox group developed elevations in SGPT/ALT levels >5 times the ULN at 2 consecutive visits and 1 patient subsequently had deferasirox permanently discontinued. Four additional patients discontinued due to adverse reactions with a suspected relationship to study drug, including diarrhea, pancreatitis associated with gallstones, atypical tuberculosis, and skin rash.

In the MDS pool, in the first year, a total of 229 (37%) patients treated with deferasirox had increases in serum creatinine >33% above baseline on 2 consecutive occasions (Table 2) and 8 (3.5%) patients permanently discontinued [see *Warnings and Precautions* (5.1)]. A total of 5 (0.8%) patients developed SGPT/ALT levels >5 times the ULN at 2 consecutive visits. The most frequent adverse reactions that led to discontinuation included increases in serum creatinine, diarrhea, nausea, rash, and vomiting. Death was reported in the first year in 52 (8%) of patients [see *Clinical Studies* (14) in the full prescribing information].

**Table 2. Number (%) of Patients with Increases in Serum Creatinine or SGPT/ALT in Study 1, Study 3, and MDS Pool**

Laboratory Parameter	Study 1 (Beta-thalassemia)		Study 3 (Sickle Cell Disease)		MDS Pool
	Deferasirox N=296 n (%)	Deferoxamine N=290 n (%)	Deferasirox N=132 n (%)	Deferoxamine N=63 n (%)	
<b>Serum Creatinine</b>					
Creatinine increase >33% at 2 consecutive postbaseline visits	113 (38)	41 (14)	48 (36)	14 (22)	229 (37)

(continued)

**Table 2. Number (%) of Patients with Increases in Serum Creatinine or SGPT/ALT in Study 1, Study 3, and MDS Pool**

Laboratory Parameter	Study 1 (Beta-thalassemia)		Study 3 (Sickle Cell Disease)		MDS Pool
	Deferasirox N=296 n (%)	Deferoxamine N=290 n (%)	Deferasirox N=132 n (%)	Deferoxamine N=63 n (%)	
<b>Serum Creatinine</b>					
Creatinine increase >33% and >ULN at 2 consecutive postbaseline visits	7 (2)	1 (0)	3 (2)	2 (3)	126 (20)
<b>SGPT/ALT</b>					
SGPT/ALT >5 x ULN at 2 post-baseline visits	25 (8)	7 (2)	2 (2)	0	9 (1)
SGPT/ALT >5 x ULN at 2 consecutive postbaseline visits	17 (6)	5 (2)	5 (4)	0	5 (1)

**Non-Transfusion-Dependent Thalassemia Syndromes**

In Study 4, 110 patients with NTD received 1 year of treatment with deferasirox 5 or 10 mg/kg/day and 56 patients received placebo in a double-blind, randomized trial. In Study 5, 130 of the patients who completed Study 4 were treated with open-label deferasirox at 5, 10, or 20 mg/kg/day (depending on the baseline LIC) for 1 year [see *Clinical Studies (14) in the full prescribing information*]. Table 3 displays adverse reactions occurring in >5% in any group. The most frequent adverse reactions with a suspected relationship to study drug were nausea, rash, and diarrhea.

**Table 3. Adverse Reactions Occurring in >5% in NTD Patients**

	Study 4		Study 5
	Deferasirox N=110 n (%)	Placebo N=56 n (%)	Deferasirox N=130 n (%)
<b>Any adverse reaction</b>	<b>31 (28)</b>	<b>9 (16)</b>	<b>27 (21)</b>
Nausea	7 (6)	4 (7)	2 (2)
Rash	7 (6)	1 (2)	2 (2)
Diarrhea	5 (5)	1 (2)	7 (5)

In Study 4, 1 patient in the placebo 10 mg/kg/day group experienced an ALT increase to >5 times ULN and >2 times baseline (Table 4). Three deferasirox-treated patients (all in the 10 mg/kg/day group) had 2 consecutive serum creatinine level increases >33% from baseline and >ULN. Serum creatinine returned to normal in all 3 patients (in 1 spontaneously and in the other 2 after drug interruption). Two additional cases of ALT increase and 2 additional cases of serum creatinine increase were observed in the 1-year extension of Study 4.

**Table 4. Number (%) of NTD Patients with Increases in Serum Creatinine or SGPT/ALT**

Laboratory Parameter	Study 4		Study 5
	Deferasirox N=110 n (%)	Placebo N=56 n (%)	Deferasirox N=130 n (%)
Serum creatinine (>33% increase from baseline and >ULN at ≥2 consecutive postbaseline values)	3 (3)	0	2 (2)
SGPT/ALT (>5 x ULN and >2 x baseline)	1 (1)	1 (2)	2 (2)

**Proteinuria**

In clinical studies, urine protein was measured monthly. Intermittent proteinuria (urine protein/creatinine ratio >0.6 mg/mg) occurred in 18.6% of deferasirox-treated patients compared to 7.2% of deferoxamine-treated patients in Study 1 [see *Warnings and Precautions (5.1)*].

**Other Adverse Reactions**

In the population of more than 5,000 patients with transfusional iron overload who have been treated with deferasirox during clinical trials, adverse reactions occurring in 0.1% to 1% of patients included gastritis, edema, sleep disorder, pigmentation disorder, dizziness, anxiety, maculopathy, cholelithiasis, pyrexia, fatigue, pharyngolaryngeal pain, early cataract, hearing loss, gastrointestinal hemorrhage, gastric ulcer (including multiple ulcers), duodenal ulcer, and renal tubulopathy (Fanconi's syndrome). Adverse reactions occurring in 0.01% to 0.1% of patients included optic neuritis, esophagitis, and erythema multiforme. Adverse reactions which most frequently led to dose interruption or dose adjustment during clinical trials were rash, gastrointestinal disorders, infections, increased serum creatinine, and increased serum transaminases.

**6.2 Postmarketing Experience**

The following adverse reactions have been spontaneously reported during post-approval use of deferasirox in the transfusional iron overload setting. Because these reactions are reported voluntarily from a population of uncertain size, in which patients may have received concomitant medication, it is not always possible to reliably estimate frequency or establish a causal relationship to drug exposure.

Skin and subcutaneous tissue disorders: Stevens-Johnson syndrome (SJS), leukocytoclastic vasculitis, urticaria, alopecia

Immune system disorders: hypersensitivity reactions (including anaphylaxis and angioedema)

Renal and urinary disorders: renal tubular necrosis, acute renal failure, tubulointerstitial nephritis

Hepatobiliary disorders: hepatic failure

Gastrointestinal disorders: gastrointestinal hemorrhage, gastrointestinal perforation

Blood and lymphatic system disorders: worsening anemia

**7 DRUG INTERACTIONS**

**7.1 Aluminum Containing Antacid Preparations**

The concomitant administration of JADENU and aluminum-containing antacid preparations has not been formally studied. Although deferasirox has a lower affinity for aluminum than for iron, avoid use of JADENU with aluminum-containing antacid preparations due to the mechanism of action of JADENU.

**7.2 Agents Metabolized by CYP3A4**

Deferasirox may induce CYP3A4 resulting in a decrease in CYP3A4 substrate concentration when these drugs are coadministered. Closely monitor patients for signs of reduced effectiveness when deferasirox is administered with drugs metabolized by CYP3A4 (e.g., alfentanil, aprepitant, budesonide, buspirone, conivaptan, cyclosporine, darifenacin, darunavir, dasatinib, dihydroergotamine, dronedarone, eletriptan, eplerenone, ergotamine, everolimus, felodipine, fentanyl, hormonal contraceptive agents, indinavir, fluticasone, lopinavir, lovastatin, lurasidone, maraviroc, midazolam, nisoldipine, pimozone, quetiapine, quinidine, saquinavir, sildenafil, simvastatin, sirolimus, tacrolimus, tolvaptan, tipranavir, triazolam, ticagrelor, and vardenafil) [see *Clinical Pharmacology (12.3) in the full prescribing information*].

**7.3 Agents Metabolized by CYP2C8**

Deferasirox inhibits CYP2C8 resulting in an increase in CYP2C8 substrate (e.g., repaglinide and paclitaxel) concentration when these drugs are coadministered. If JADENU and repaglinide are used concomitantly, consider decreasing the dose of repaglinide and perform careful monitoring of blood glucose levels. Closely monitor patients for signs of exposure related toxicity when JADENU is coadministered with other CYP2C8 substrates [see *Clinical Pharmacology (12.3) in the full prescribing information*].

**7.4 Agents Metabolized by CYP1A2**

Deferasirox inhibits CYP1A2 resulting in an increase in CYP1A2 substrate (e.g., alosetron, caffeine, duloxetine, melatonin, ramelteon, tacrine, theophylline, tizanidine) concentration when these drugs are coadministered. An increase in theophylline plasma concentrations could lead to clinically significant theophylline induced CNS or other adverse reactions. Avoid the concomitant use of theophylline or other CYP1A2 substrates with a narrow therapeutic index (e.g., tizanidine) with JADENU. Monitor theophylline concentrations and consider theophylline dose modification if you must coadminister theophylline with JADENU. Closely monitor patients for signs of exposure related toxicity when JADENU is coadministered with other drugs metabolized by CYP1A2 [see *Clinical Pharmacology (12.3) in the full prescribing information*].

**7.5 Agents Inducing UDP-glucuronosyltransferase (UGT) Metabolism**

Deferasirox is a substrate of UGT1A1 and to a lesser extent UGT1A3. The concomitant use of JADENU with potent UGT inducers (e.g., rifampicin, phenytoin, phenobarbital, ritonavir) may result in a decrease in JADENU efficacy due to a possible decrease in deferasirox concentration. Avoid the concomitant use of potent UGT inducers with JADENU. Consider increasing the initial dose of JADENU if you must coadminister these agents together

[see Dosage and Administration (2.5), Clinical Pharmacology (12.3) in the full prescribing information].

### 7.6 Bile Acid Sequestrants

Avoid the concomitant use of bile acid sequestrants (e.g., cholestyramine, colestipol) with JADENU due to a possible decrease in deferasirox concentration. If you must coadminister these agents together, consider increasing the initial dose of JADENU [see Dosage and Administration (2.5), Clinical Pharmacology (12.3) in the full prescribing information].

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

#### Risk Summary

There are no adequate and well-controlled studies with JADENU in pregnant women. Administration of deferasirox to animals during pregnancy and lactation resulted in decreased offspring viability and an increase in renal anomalies in male offspring at exposures that were less than the recommended human exposure. JADENU should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2 to 4% and of miscarriage is 15 to 20% of clinically recognized pregnancies.

#### Data

##### Animal Data

In embryo-fetal developmental studies, pregnant rats and rabbits received oral deferasirox during the period of organogenesis at doses up to 100 mg/kg/day in rats and 50 mg/kg/day in rabbits (1.2 times the maximum recommended human dose (MRHD) on a mg/m<sup>2</sup> basis). These doses resulted in maternal toxicity but no fetal harm was observed.

In a prenatal and postnatal developmental study, pregnant rats received oral deferasirox daily from organogenesis through lactation day 20 at doses of 10, 30, and 90 mg/kg/day (0.1, 0.3, and 1.0 times the MRHD on a mg/m<sup>2</sup> basis). Maternal toxicity, loss of litters, and decreased offspring viability occurred at 90 mg/kg/day (1.0 times the MRHD on a mg/m<sup>2</sup> basis), and increases in renal anomalies in male offspring occurred at 30 mg/kg/day (0.3 times the MRHD on a mg/m<sup>2</sup> basis).

### 8.2 Lactation

#### Risk Summary

It is not known whether JADENU is excreted in human milk. Deferasirox and its metabolites were excreted in rat milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from deferasirox and its metabolites, a decision should be made whether to discontinue breastfeeding or to discontinue the drug, taking into account the importance of the drug to the mother.

### 8.4 Pediatric Use

Of the 700 patients with transfusional iron overload who received deferasirox during clinical studies, 292 were pediatric patients 2 to <16 years of age with various congenital and acquired anemias, including 52 patients age 2 to <6 years, 121 patients age 6 to <12 years and 119 patients age 12 to <16 years. Seventy percent of these patients had beta-thalassemia. Children between the ages of 2 to <6 years have a systemic exposure to deferasirox approximately 50% of that of adults [see Clinical Pharmacology (12.3) in the full prescribing information]. However, the safety and efficacy of deferasirox in pediatric patients was similar to that of adult patients, and younger pediatric patients responded similarly to older pediatric patients. The recommended starting dose and dosing modification are the same for children and adults [see Clinical Studies (14), Indications and Usage (1), Dosage and Administration (2.1) in the full prescribing information].

Growth and development in patients with chronic iron overload due to blood transfusions were within normal limits in children followed for up to 5 years in clinical trials.

Sixteen pediatric patients (10 to <16 years of age) with chronic iron overload and NTDT were treated with deferasirox in clinical studies. The safety and efficacy of deferasirox in these children was similar to that seen in the adults. The recommended starting dose and dosing modification are the same for children and adults with chronic iron overload in NTDT [see Clinical Studies (14), Indications and Usage (1.2), Dosage and Administration (2.2) in the full prescribing information].

Safety and effectiveness have not been established in pediatric patients with chronic iron overload due to blood transfusions who are less than 2 years of age or pediatric patients with chronic iron overload and NTDT who are less than 10 years of age.

### 8.5 Geriatric Use

Four hundred thirty-one patients ≥65 years of age were studied in clinical trials of deferasirox in the transfusional iron overload setting. Two hundred twenty-five of these patients were between 65 and 75 years of age while 206 were ≥75 years of age. The majority of these patients had myelodysplastic syndrome (MDS) (n=393). In these trials, elderly patients experienced a higher frequency of adverse reactions than younger patients.

Monitor elderly patients for early signs or symptoms of adverse reactions that may require a dose adjustment. Elderly patients are at increased risk for toxicity due to the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy. Dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range.

### 8.6 Renal Impairment

For patients with renal impairment (ClCr 40 to 60 mL/min), reduce the starting dose by 50% [see Dosage and Administration (2.4), Clinical Pharmacology (12.3) in the full prescribing information]. JADENU is contraindicated in patients with a ClCr <40 mL/min or serum creatinine >2 times the age-appropriate ULN [see Contraindications (4)].

JADENU can cause renal failure. Monitor serum creatinine and calculate ClCr (using Cockcroft-Gault method) during treatment in all patients.

Reduce, interrupt or discontinue JADENU dosing based on increases in serum creatinine [see Dosage and Administration (2.4, 2.5) in the full prescribing information, Warnings and Precautions (5.1)].

### 8.7 Hepatic Impairment

In a single dose (20 mg/kg) study in patients with varying degrees of hepatic impairment, deferasirox exposure was increased compared to patients with normal hepatic function. The average total (free and bound) AUC of deferasirox increased 16% in 6 patients with mild (Child-Pugh A) hepatic impairment, and 76% in 6 patients with moderate (Child-Pugh B) hepatic impairment compared to 6 patients with normal hepatic function. The impact of severe (Child-Pugh C) hepatic impairment was assessed in only 1 patient.

Avoid the use of JADENU in patients with severe (Child-Pugh C) hepatic impairment. For patients with moderate (Child-Pugh B) hepatic impairment, the starting dose should be reduced by 50%. Closely monitor patients with mild (Child-Pugh A) or moderate (Child-Pugh B) hepatic impairment for efficacy and adverse reactions that may require dose titration [see Dosage and Administration (2.4) in the full prescribing information, Warnings and Precautions (5.2)].

## 10 OVERDOSAGE

Cases of overdose (2 to 3 times the prescribed dose for several weeks) have been reported. In 1 case, this resulted in hepatitis which resolved without long-term consequences after a dose interruption. Single doses of deferasirox up to 80 mg per kg per day with the tablet for oral suspension formulation in iron overloaded beta-thalassemic patients have been tolerated with nausea and diarrhea noted. In healthy subjects, single doses of up to 40 mg per kg per day with the tablet for oral suspension formulation were tolerated. There is no specific antidote for JADENU. In case of overdose, induce vomiting and employ gastric lavage.

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October 2015

# Lifetime Members

## 1971-1999

Ruth E. Anderson  
Birthale Archie  
Carol L. Barkstall  
Dr. Hattie Bessent  
Juanita Blake  
Dr. Linda Burnes Bolton  
Tiny Coleman\*  
Azella Collins  
Margaret A. Davis  
Dr. Bettye Davis-Lewis  
Mary L. Gary-Stephens  
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Josephine Hall  
Na'Dean Heygood\*  
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Mary McCune Harris  
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Dorothy Striggers  
Linda Harris Striggles\*  
Emma Taylor  
Patricia A. Tompkins  
Geraldine Twine  
Dendra Washington  
Dr. Sandra M.  
Webb-Booker  
Dr. Lucy Yates  
Gwendolyn Young

## 2000

Dr. Rhetaugh G. Dumas\*

## 2001

Brenda M. Bates  
Velma Henderson  
Gloria McWhirter  
Mirian Moses  
Margaret Nelson  
Sharon Oliver-Henderson  
Dr. Jacqueline Walcott-  
McQuigg

## 2002

Dr. Daisy Alford-Smith  
Dr. Nellie C. Bailey  
Gertrude Baker  
Elizabeth Ballard  
E. Lorraine Baugh  
Akanke Celestin-Ramsey  
Betty Jo Davidson  
Barbara Garner  
Dr. Catherine Gilliss  
Jonnie Hamilton  
Dr. Mary Harper  
Lorraine T. James  
Florrie Jefferson  
Sylvia Jones  
Margaret H. Jordan  
Judy Jourdain-Earle  
Mattie Kelly Johnson  
Beulah L. Nash-Teachey  
Nettie Riddick  
Gloria Rookard  
Dr. Janice Ruffin\*

Dr. Darlene  
Ruffin-Alexander  
Dr. Ethelrine  
Shaw Nickerson  
Anita Small  
Dr. Gloria Smith\*  
Doris A. Williams

## FOUNDERS

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Betty Jo Davidson  
Dr. Mary Harper  
Mattie Kelly Johnson  
Gloria Rookard  
Dr. Betty Smith Williams  
Dr. Ethelrine  
Shaw Nickerson  
Doris A. Williams

## CO-FOUNDERS

Gertrude Baker  
E. Lorraine Baugh  
Barbara Garner  
Florrie Jefferson  
Sylvia Jones  
Margaret H. Jordan  
Judy Jourdain-Earle  
Dr. Janice Ruffin\*  
Anita Small  
Dr. Gloria Smith

## 2003

Saundra Austin-Benn  
Joan Bundley  
Dr. Elizabeth Carnegie\*  
Evelyn Collier-Dixon  
Marvel Davis  
Modestine Fain\*  
Delois Hamilton  
Grace Idowu  
Dr. Patricia McManus  
Donnetta Miller-Kyle  
Gabrielle Rose  
Dr. Rita Strickland  
Dorothy E. Thompson  
Dr. Debra A. Toney  
Dr. Deidre Walton

## 2004

Dr. Betty Adams  
Elmira Asongwed  
Trilby Barnes-Green  
Dr. Irene Daniels Lewis  
Dr. Bettye Davis Lewis  
Dr. Martha Dawson  
Ellen L. Durant  
Adolphus Farlow  
Coreen J. Fields\*  
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Venita A. Jones  
Barbara W. Julian  
Georgia Lindo  
Dr. Joyce Newman Giger  
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Dr. Carolyn Peoples Veiga  
Regina Powell  
Dr. Carolyne Richardson  
Cleo Richardson  
Dr. Stella P. Robinson  
Helen L. Robinson  
Marcia V. Skeete  
Carla Stanley  
Dr. Janette Y. Taylor  
Eric J. Williams

## 2005

Catherine M. Bailey  
Dorothy Banks  
Rosie Bernard  
Arlene Branch  
Vashti Brown-Edwards  
Dr. Rosie Lee Calvin  
Dr. Denise Canton  
Genice Carde-James  
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Ernestine Leverette  
Twania Lillard  
Barbara Nichols  
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Alice P. Rinehart  
Marion Summage  
Sherry Taylor  
Deborah Walker  
Margaret Wheatley\*  
Audrey T. Winfrey

#### 2006

Cynthia Archer-Gift  
Milissa Bess  
Acquenetta Bluing  
Linda Brazell  
Demetria Bridgett  
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Selma Brown-Edwards  
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Lois Campbell  
Jean Clark  
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Patricia Garrett  
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Lola Denise Jefferson  
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Dianne Marshburn  
Sandra McKinney  
Carletta Mitchell  
Agnes R. Morton  
Adrienne Mubarak  
Dr. Bobbie J. Perdue  
Leonie Robinson

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Janice Turner  
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LaZelle Westbrook  
Mr. AC Whitaker

#### 2007

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Addie Carrington  
Othello Childress  
Dina Clark  
Tonja Cook  
Pamela Cormier  
Gwenith Dickerson  
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Ethel Walton  
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Jacquetta Carolyn Whaley  
Rita Wray  
Glenn Young

#### 2008

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A. Ann Fields  
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Dr. Faye Gary  
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Ida Griffin-Massie  
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Angela Johnson  
Dessie Levy  
Eartha Levy  
Gail D. Marshall  
Donna McDonald  
Evelyn N. Merriett  
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Theresa F. Rodgers  
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Regina Shears-McCloud  
Dorothy Stewart  
Rita Tharpe  
Joyce Townser  
Ronnie Ursin  
Annie Rose Walker  
Angela Weathersby  
Etta White  
Stephanie Wilborne

#### 2009

Faye Collins  
Millicent Eastwood  
Mattie Eley  
Margaret A. Green  
Bobbie Holt-Ragler  
Helen McCorkell  
Gwendolyn Randall

#### 2010

Jacqueline Baker  
Carol Barnes  
Dr. Keneshia Bryant  
Trista Campbell  
Dr. Stephanie Ferguson  
Mercedes Foster  
Fannie Gaston-Johansson  
Shirley Holt-Hill  
Marcia Lowe  
Theresa Lundy  
Lacy Newberry  
Jennifer Pearce  
Rhonda Robinson

#### 2011

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Vanessa Auguillard  
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Rachel Drayton  
Rennae Ellis  
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Thelma Harris  
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Jacqueline Wooters  
Dr. Kynna Wright  
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### **2013**

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Margaret Ann Worthy  
Christy Wright

### **2014**

Maulah Adanri  
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Jacqueline Blake

Mary Boschulte  
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Brenda Bowers  
Gina Bowling  
Thelma Brandon-Williams  
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Geneane Marshall  
Marilyn McFarland  
Angela Moss  
Dr. Rose Ellington Murray  
Alean Nash  
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Pinkie Nichols  
Debora Nixon  
Gwendolyn Parker  
Mack Parker  
Sheila Penn  
Elizabeth Phashe  
Dr. Janice Phillips  
Joan Pierre  
Roberta Reed  
Kim Renea Rutley-Campbell  
Kristine Sanders-Ayinde  
Yolanda Scipio-Jackson  
Debbie Skeete-Bernard  
Tina Smith  
Tracy Smith-Tinson

Connie Tate  
Bertha Williams  
Adriene Young

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Winifred Dill  
Fredericka Duggan-Archer  
Carolyn Fambro  
Linda Fleming-Heath  
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Dr. Jill Hamilton

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Clem Hopkins  
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Gina Jeannis-Homere  
Charlsie Johnson-Wilson  
Deborah Jones  
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Althea Michel  
Elvira Moon  
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Barbara Odom  
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Nelline Shaw  
Jewel Shelton  
Kellie Smith  
Paulette Stanly  
Ivy Steverson  
Karen Strickland  
Cathy Tucker  
Faith Ukanwa-Okagbue  
Dr. Sandra Underwood  
Dr. Judy Vansiea  
Barbara Walker  
LeShonda Wallace  
Vickie Wheaton-Young

Jason Williams  
Sandra D. Williams  
Enda Willis

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LaToshia Baruti  
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Evivian Bell  
Irene Bembry  
Theresa Brisker  
Margaret Brown  
Tina Carmichael  
Jeanette Portis Carter  
Julisa Conley  
Deborah Coplin-Hall  
Lisa Cosby  
Sasha DuBois  
Francina Edwards  
Felicia Y. Ellerbe  
Evette Estwick  
Dr. Sheldon Fields  
Rose Furcron-Harris  
Rossalyn Gooch  
Linda Grandison  
Dr. Rebecca Harris-Smith  
Debra L. Hawkins  
Banita Herndon  
Bridgette Hudson  
Linda Isabell  
Alice L. Jackson

Dr. Doris Jackson  
Patricia James  
Ouida Jones  
Melissa Joseph  
Dr. Colleen Kilgore  
Rev. Claudia E. Lawton  
Darlene Leaven  
Dr. Gayenell Magwood  
Glenda McCloud  
Melony Miner  
Deborah Mizell  
Wanda Morris  
Shelia Moss  
Annie Neasman  
Margaret Nwajiaku  
Barbar Pettis  
Jacqueline Scott  
Shirley Shavers  
Yvonne Sims  
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**Presented by:**

**Bethsheba Johnson, MSN, CNS, GNP, AACRN, AAHIVS**

Associate Director

Community Medical Scientist

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1:00 PM – 2:00 PM      Presentation

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# Acknowledgments

The National and the Local Conference Committees would like to thank all of the volunteers, sponsors and supporters for their efforts in making this 44<sup>th</sup> Annual and Institute Conference in Memphis, TN a huge success!!

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# *In Memoriam*

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# Opening Keynote Speaker



## **SANDRA J. EVERS-MANLY**

*Vice President, Corporate Responsibility  
President, Northrop Grumman Foundation*

Sandra J. Evers-Manly is vice president, Global Corporate Responsibility for Northrop Grumman and president of the Northrop Grumman Foundation.

Evers-Manly has responsibilities for corporate-wide EEO, diversity and inclusion, ethics, charitable giving, corporate citizenship, employee assistance programs, ethics and business conduct, work-life programs, and employee recognition programs. Evers-Manly founded the thriving Northrop Grumman Foundation, which is committed to diverse, global STEM programs. She was also instrumental in establishing the Northrop Grumman's Women's Conference.

Because of her efforts, the company received such prestigious recognition as the Ron Brown Award for Corporate Leadership; and the last seven years the company has been named on the *DiversityInc* Top 50 Companies for Diversity.

Ms. Evers-Manly is also the founding President of the Black Hollywood Education and Resource Center (BHERC) which for the past 22 years has sponsored the African American Film Marketplace and S.E. Manly Short Film Showcase, Sisters are Doin' It For Themselves, and Real Black Men film festivals as well as the Los Angeles Youth Diversity Film Festival. She is the Executive Producer of the highly-acclaimed documentary, "Agents of Change", as well as the Academy-nominated short film, "Last Breeze of Summer". In addition, she is the Executive Producer of five short films on the impact of gang violence, and recently developed the animated series, "Imani, the Super Little Engineer", which introduces girls and students of color to engineering and STEM fields.

She is currently working on five film projects that deal with the health disparities of African Americans including the on-going violence and its impact on children around the country and the importance of Black nurses and their healing hands.

A former president of the Beverly Hills Hollywood NAACP, she oversaw the NAACP Image Awards as well as the NAACP Theater Awards.

Evers-Manly has been recognized by the Los Angeles Brotherhood Crusade, the Anti-Defamation League, Our Authors Study Club, the 100 Black Men, Delta Sigma Theta Sorority, Inc., Alpha Kappa Alpha Sorority, Inc., Omega Psi Phi Fraternity, Inc., and Justice Unity Generosity Service, Inc. for her community service and commitment to education, to name a few. She has also received recognition from a number of other organizations for her tireless commitment to increase diversity in STEM professions. She is a noted speaker and a graduate of the University of Southern California with a bachelor's degree in public administration.



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**Dr. Shirley Evers-Manly, Principal Investigator, AIM 2 CARE Project**  
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(323) 568-3328 • shirleyeversmanly@cdrewu.edu  
HRSA Advanced Nursing Education Training (Grant Number: 1 D09HP26939-01-00)

## Closing Keynote Speaker



### **ENA WILLIAMS, MBA, MSM, BSN, RN, CENP**

*Vice President/Associate Chief Nursing Officer-Yale New Haven Hospital*

Ena has been a Registered Nurse for more than thirty years and currently serves in the position of Vice President/Associate Chief Nursing Officer for Patient Services at Yale New Haven Hospital (YNHH), reporting to the Chief Nursing Officer. Ena joined the hospital in 1992 as a staff nurse in Perioperative Services and has since worked in several leadership capacities during her tenure. She currently has direct and indirect oversight for all nursing practice in surgical, musculoskeletal, neuroscience services and the nursing resource staffing centers.

Ena began her career in Jamaica after graduating from the University Hospital of the West Indies. She migrated to the United States and in 1991 was employed as a staff nurse at Bronx Lebanon Hospital, in 1992 she joined the staff at Yale New Haven Hospital as a staff nurse in the operating room. She was promoted in 1993 to her first leadership role and since then has served as Nursing Educator (1995), Patient Services Manager (2001), Nursing Director (2004) and her current role in 2012.

She has received numerous awards; The Cornel Scott Health Leadership Award from the NAACP of greater New Haven (2015), Pioneer Award – New Haven Black Heritage Ball (2015). In 2010 Ena was recognized by the West Indian Social Club of Hartford as an outstanding Jamaican in the field of Healthcare and in 2012 Outstanding Jamaicans in America in recognition of the 50<sup>th</sup> anniversary of the Independence, the Mary E Mahoney Award from the Southern Connecticut Black Nurses Association (2004) and the national Award for Woman of Color in Health Sciences and Technology for Excellence in Career Achievement (2003).

Ena serves and participates in numerous volunteer activities such as parent advisor to the ELM City Youth Club of the National Association of Negro Business and Professional Women's Club, a former guest lecturer and mentor in the Yale Howard Scholars Program at the Yale School of Nursing and a past member of the State of CT, Women to Women Advisory Council. Ena served as president of the Southern Chapter of the National Black Nurses Association, during which time the chapter collaborated with several other nursing organizations to form the *Connecticut Nursing Collaborative*, now a member of the National Regional Coalition to advance the Future of Nursing Initiative of the Institute of Medicine in Connecticut. She is very active in her church and considers her faith an important part of her life journey.

Ena graduated from the University Hospital of the West Indies with a Diploma in Nursing, Western Governors University (BSN) and Albertus Magnus College (MSM/MBA). She is currently enrolled and pursuing a PhD program. Ena is a recent graduate from the GE Health Management Academy Nurse Executive Fellowship and is Board certified in Executive Nursing Practice from the Association of Nurse Executives. She has published several book chapters: Pellico, L., Focus on Adult Health Medical Surgical Nursing Textbook; *Perioperative Nursing* (Chap. 5). Lippincott, Williams and Wilkins, 2010. She is a frequent speaker at local/national nursing, women and youth conferences. Ena resides in Hamden with her husband and is the proud parent of three children.

*"If I can help somebody as I pass along, then my living will not be in vain"*



Kent County, Kalamazoo-Muskegon Michigan Black Nurses Association  
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*Chapter Mission is to “Serve the Unserved and the Underserved.”*



***L-R-*** Sibalwa Hankondo-Nursing Student Scholarship Recipient and Social Media Chair, Shiva A. Aboagye- Elected Secretary and Nominated for the “Next Generation of Nurse Leaders Under 40,” Shahidah El-Amin- Current Chapter President, Dr. Birthale Archie,- Founder, Past Chapter President, Current NBNA Second Vice President, Kayleen Landaal- Nursing Student Scholarship Recipient, and “Sergeant Major Michael Robinson” -Vice President.

***With God’s Grace and Mercy, we have been able to award over \$61,000 in scholarships to nursing students who are pursuing degrees as LPNs, RNs, APRNs., and Doctorates. Praise God!***

The chapter would like to **thank Dr. Birthale Archie, our NBNA Second Vice President** for her outstanding leadership and work in our local chapter and with NBNA! We also **thank our chapter President, Shahidah El-Amin, the officers, and members for working diligently** to implement the initiatives of the chapter, especially the **excellent 2016 Scholarship Gala** and more. **We were Blessed to have President Dr. Eric J. Williams as our outstanding keynote Guest Speaker** who spoke on “The Role of Nursing in Violence Reduction: Call to Action.”

**In addition, we thank our corporate partners, sponsors, supporters, volunteers, and all for assisting KMMBNA to achieve the mission! May God continue to Bless KMMBNA and NBNA in all of our endeavors!**

# *Lifetime Achievement Award Recipient*



## **LINDA BURNES BOLTON, DrPH, RN, FAAN**

*Vice President, Nursing & Chief Nursing Officer*

**Linda Burnes Bolton** is System Chief Nurse Executive, Vice President, Nursing, Chief Nursing Officer and Director of Nursing Research at Cedars-Sinai Medical Center in Los Angeles, California. She is one of the principal investigators at the Cedars-Sinai Burns & Allen Research Institute.

She holds board appointments with the Robert Wood Johnson Foundation, HealthImpact of California and is a trustee of the Case Western Reserve University. She earned her undergraduate degree from Arizona State University School of Nursing in 1970. She holds masters in nursing, masters in public health and a doctorate in public health from University of California Los Angeles. She was awarded the Doctor of Science from the State University of New York in 2015.

Dr. Burnes Bolton is a past president of the American Academy of Nursing, National Black Nurses Association and the American Organization of Nurse Executives. She was appointed to the National Academy of Medicine in 2015.

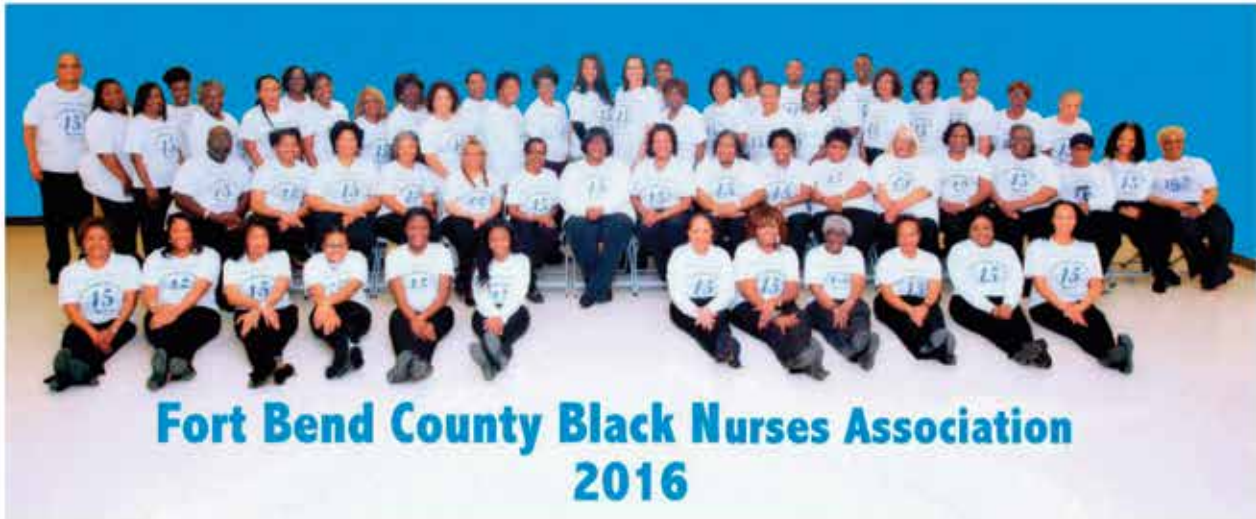


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# Trailblazer Award Recipients



## **DR. MARY HOLT-ASHLEY, PHD, RN, CNAA, BC**

**Dr. Mary Holt Ashley**, a native of La Marque, Texas, was the former chief nurse executive of the Harris County Hospital District a multi-health care system. She retired after 37 years with 30 of these years in administration having served in multiple leadership positions. She was a part time Associate Professor in the graduate nursing program at Prairie View A&M University. She was past president of the board for The Community Artists Collective and is currently a board member. Dr. Ashley is vice president of Armstrong Acres Civic Club and a member of Chi Eta Phi and Fort Bend County Black Nurses Association.

She earned a Doctorate in Nursing Administration from Texas Woman's University, being the first person to graduate from the Houston Program. She is actively involved in professional, community and church organizations. Serving in leadership roles such as President, Vice President or Officer in many major organizations such as Texas Nurses Association, American Nurses Association and Eta Delta Chapter of Sigma Theta Tau at the local, state, and national levels has been a continuous process. She has served as the vice president of the North Forest Independent School District Board of Trustees.

Dr. Ashley has received many rewards for leadership and exemplary performance throughout her career such as Health Care Executive of the year, Nurse of the Year, Excellence in Writing Award, one of the ten Women on the Move, recognized for professional achievements by Women of Achievement and other health care organizations. She was honored as an outstanding alumnus of Alvin Junior College in 1999 and Texas Woman's University in 2000.

In 2006 she received Best Nurse Leader of the Year sponsored by Advance Nursing and the Super Achiever Minority award given by the YMCAs of America. In 2007, she received the president's award from Texas Nurses Association and the "Woman of the Year Award on May 5, 2007 from the Alpha Kappa Alpha Sorority, Inc. On Saturday April 5, 2008 she received the Pioneer in the Community Award from the Knights of Peter Claver and Ladies Auxiliary. In November 2016 she was honored by the Texas Nurses Association for having created the premier Nursing Celebration which is a yearly event that honors outstanding nurses throughout Houston for the last 25 years. She received the Living Legend Award from the Fort Bend County Black Nurses Association April 23, 2016. Dr. Ashley has published articles in several professional journals and is the author of the book "*Leaders Get UP Off the Canvas*".

She has spoken at seminars locally regional and national on leadership topics and has been the keynote speaker at many schools of nursing capping ceremonies, and community banquets. Dr. Ashley has been the keynote speaker for the Fort Bend County BNA Local NBNA Day for 10 years. Dr. Ashley has also lectured at the NBNA Closing Session, NBNA Founders Leadership Institute, Galveston Black Nurses Association, Metroplex (Dallas) Black Nurses Association and Southeast Texas Black Nurses Association.

She serves as a Deacon, Chair of the board of trustees and past president of the church council at Pilgrim Congregational United Church of Christ. Dr. Ashley is an avid Scrabble player, plays bridge and is married to Ellis Charles Ashley, Sr. They have one son, a daughter-in-law and a grandson.





# **CONGRATULATIONS**

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Black Nurses Association**  
to



**Trailblazer Award Recipient**  
**Mary Holt Ashley, PhD, RN**

Retired Chief Nursing Executive, Harris County Hospital District  
Former Chief Nursing Officer, Ben Taub General Hospital  
Founding Board Member of the Fort Bend County Black Nurses Association  
Author, *Leaders Get Up Off the Canvas*  
Houston, Texas

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## *Trailblazer Award Recipients (continued)*



### **DR. ANGELO D. MOORE, PHD, MSN, BSN, FNP-BC, RN**

**Dr. Angelo D. Moore** is the Chief Nurse, Education at the Fayetteville VA Medical Center in Fayetteville, NC. He is responsible for planning, organizing, directing, and controlling a comprehensive Nursing Education Program for all Fayetteville VAMC enterprise locations. He is also the President and CEO at Moore & Moore Healthcare Consulting, LLC. Dr. Moore is a retired Lieutenant Colonel (LTC) with 25 years of active duty service in the US Army.

He received his BSN in 1995 from Winston-Salem State University, MSN in 2002 from Uniformed Services University of the Health Sciences, and PhD in 2010 from the University of North Carolina at Chapel Hill. Dr. Moore mentor and teach nurses conducting research and Evidence-Based Practice projects for staff nurses and students from the bachelor to doctoral level. Dr. Moore has numerous publications in peer-reviewed journals and presented podium presentations at local, regional, national, and international conferences. He is a member of several professional nursing organizations and takes special interest in encouraging higher education and increasing and retaining the number of minority nurses and nursing students. His wife is nursing faculty in a local nursing program.

He was awarded the 2002 Distinguished Clinical Performance Award at the Uniformed Services University of the Health Sciences, 2004 Outstanding Military RN at Landstuhl Regional Medical Center, 2012 NBNA Nurse Researcher of the Year, the 2012 University of North Carolina at Chapel Hill School of Nursing Graduate of the Last Decade Alumni Award, a 2013 Winston-Salem State University Alumni Achiever Award, and inducted into the Order of Military Medical Merit (O2M3).



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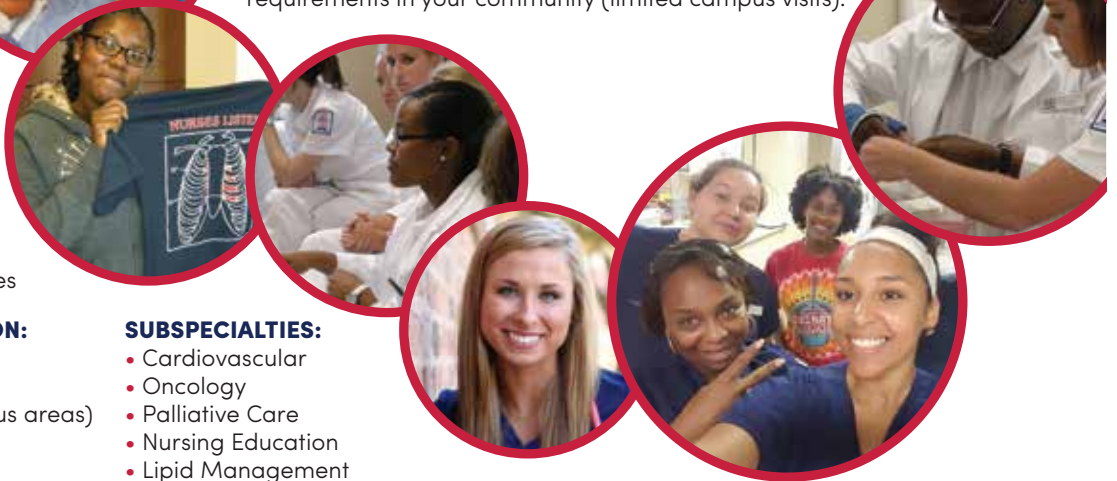
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- 4. Publishing a newsletter and peer reviewed journal*
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## *Trailblazer Award Recipients (continued)*



### **YOLANDA M. POWELL-YOUNG, PhD, RN, PCNS-BC, CPN**

**Dr. Yolanda Powell-Young** is a Professor, Epigeneticist and Pediatric Clinical Nurse Specialist. Her Baccalaureate and Master's education in nursing were completed at Grambling State University and Northwestern State University, respectively. She has a Ph.D. in research from Southern University and A&M College and has completed postdoctoral work in clinical and molecular genetics at the University of Iowa, Georgetown University and The National Institutes of Health.

Dr. Powell-Young's area of clinical expertise is pediatrics. She holds specialty certifications in this area through the American Nurses Credentialing Center and Pediatric Nursing Certification Board. Dr. Powell-Young has held administrative and faculty appointments at Alcorn State University, Chamberlain College, Dillard University, Louisiana State University Health Sciences Center-New Orleans, and the University of Iowa. Dr. Powell-Young has taught undergraduate and graduate courses including pediatrics, research, theory, and introduction to human genetics.

Her research focus is obesity genetics among minority populations; most specifically among African American youth. Her published works can be found in the *Journal of Nursing Scholarship*, *International Journal of Obesity*, *Applied Nursing Research*, *Research in Nursing and Health*, *Journal of the National Black Nurses Association*, *Online Journal of Health Ethics*, and the *Journal of Theory Construction and Testing*. Dr. Powell-Young has been an investigative member of funded research totaling over \$7 million. Most recent studies included an NIH funded project investigating the determinants of inflammation and effect of intervention among African American adolescent females with asthma and a University of Iowa clinical and translational science award studying body composition and metabolic risk factors for diabetes and heart disease in Sudanese families.

She is a member in service to multiple social and professional organizations including Sigma Theta Tau International, North American Obesity Society, Southern Nurses Research Association, American Nurses Association, National Black Nurses Association, Southern Research Education Board, and Alpha Kappa Alpha Sorority, Inc. She currently serves as the Editor-in-Chief of the *NBNA News*, serves on the editorial board of the *Journal of the National Black Nurses Association*, and reviews for the journal *Research in Nursing and Health*.



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## Trailblazer Award Recipients (continued)



### **VERONICA A. CLARKE-TASKER (BATTLE), PHD, RN, MS, MBA, MPH, M.DIV.**

**Veronica A. Clarke-Tasker (Battle), PhD, RN, MS, MBA, MPH, M.Div.**, is a tenured full professor at Howard University College of Nursing and Allied Health Sciences – Division of Nursing. Dr. Clarke-Tasker serves as the Vice Chair of the Faculty Senate which promotes teaching and scholarly excellence, enhanced productivity and responds to the needs of the University.

From the time she completed her Bachelor of Science degree from Rutgers University College of Nursing in 1978, Dr. Veronica Clarke-Tasker accomplished many firsts:

- She was the first nurse who successfully petitioned Rutgers the State University to allow her to matriculate and graduate from both the College of Nursing and College of Education with a degree in nursing and elementary education.
- First Outstanding Educational Opportunity Fund Alumni, Rutgers University College of Nursing, (1982).
- First nurse to receive the Pride-In-Heritage Award For Community Service and Achievement from the University of Medicine & Dentistry, University Hospital, Newark, New Jersey (1983).
- First nurse to receive the Presidential Performance Award from the University of Medicine & Dentistry, University Hospital, Newark, New Jersey (1985).
- First Black Clinical Nurse Specialist. University of Medicine & Dentistry of New Jersey (UMDNJ) and received the award for "Outstanding Leadership In Nursing Practice" (1993).
- First College of Nursing Educational Opportunity Fund (EOF) Alumna to attain a Doctor of Philosophy in Nursing, Rutgers College of Nursing, (1996).
- Dr. Clarke-Tasker was the first African American to chair the Nominating Committee of the Oncology Nursing Society.

Dr. Clarke-Tasker was featured in the Howard University Alumni Magazine, Spring 2003 in an article entitled "A Faculty of Distinction, Howard Professors Continue to Shape the Next Generation of Leadership".

In May, 2013 Rutgers University College of Nursing, Newark, New Jersey renamed their Educational Opportunity Fund Alumni Award the "Dr. Veronica A. Clarke-Tasker Alumni Award" in her honor.

Dr. Clarke-Tasker was the recipient of the National Institute of Nursing Research Scientist Development Award for her research project entitled "Prostate Cancer Screening Program for African American Men".

She is a member of the Community Advisory Board for the Georgetown-Howard Universities Center for Clinical and Translational Science, which is a multi-institutional consortium of medical research institutions that promote clinical research and translational science.

She served as the President of the Black Nurses Association of Greater Washington, DC area and as the National Secretary of the National Black Nurses Association. She is a member of the Sigma Theta Tau, the International Honor Society of Nursing, Association of Black Nursing Faculty and the Oncology Nursing Society.

She received the NBNA Nurse of the Year Award for Community Service in 2003; and, the Nurse of the Year Award from the Black Nurses Association of Greater Washington, DC Area in 2005.

Dr. Clarke-Tasker is an ordained reverend at Greater Mount Nebo African Methodist Episcopal Church in Bowie, Maryland.

Memphis Riverbluff Black Nurses Association

*Congratulates*

The National Black Nurses Association on the  
44<sup>th</sup> Institute and Conference



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Patryce Steele

Addie Talyor

Carol Warren

Thelma Williams

## *Trailblazer Award Recipients (continued)*



### **REAR ADMIRAL (RADM) SYLVIA TRENT-ADAMS, PHD, RN, FAAN**

As Deputy Surgeon General, **Rear Admiral (RADM) Sylvia Trent-Adams** advises and supports the Surgeon General regarding operations of the U.S. Public Health Service (USPHS) Commissioned Corps and in communicating the best available scientific information to advance the health of the nation. She has served as the Chief Nurse Officer of the USPHS since November 2013. In this role, she advises the Office of the Surgeon General and the U.S. Department of Health and Human Services (HHS) on the recruitment, assignment, deployment, retention, and career development of Corps nurse professionals.

RADM Trent-Adams has held various positions in HHS, working to improve access to care for poor and underserved communities. As a clinician and administrator, she has had a direct impact on building systems of care to improve public health for marginalized populations domestically and internationally.

Prior to joining the Office of the Surgeon General, RADM Sylvia Trent-Adams was the Deputy Associate Administrator for the HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA). She assisted in managing the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program). The \$2.3 billion program funds medical care, treatment, referrals and support services for uninsured and underserved people living with HIV disease as well as training for health care professionals.

RADM Trent-Adams began her career in the Commissioned Corps of the USPHS in 1992. She has published numerous articles, participated in research studies, and presented to a variety of domestic and international organizations and professional groups. Prior to joining the USPHS, RADM Trent-Adams was a nurse officer in the U.S. Army. She also served as a research nurse at the University of Maryland. RADM Trent-Adams also completed two internships in the U.S. Senate where she focused on the prospective payment system for skilled nursing facilities and scope of practice for nurses and psychologists. She has served as guest lecturer at the University of Maryland and Hampton University. Her clinical practice was in trauma, oncology, community health, and infectious disease. She currently serves as the Chair of the Federal Public Health Nurse Leadership Council and the Federal Nursing Service Council.

RADM Trent-Adams received her Bachelor of Science in Nursing from Hampton University, a Master of Science in Nursing and Health Policy from the University of Maryland, Baltimore, and a Doctor of Philosophy from the University of Maryland, Baltimore County. She became a Fellow in the American Academy of Nursing in 2014.



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# NBNA's *First Annual Under 40 Awards*

## 2016 TOP 19 AWARDEES



**Shaakira Abdul-Razzaq, DNP(c), BSN, RN**

*Staff/Charge Float Nurse*  
Trinitas Regional Medical Center  
Elizabeth, New Jersey  
Northern New Jersey Black Nurses Association



**Tavonia Ekwegh, DNP, APRN, PHN**

*Director of Infection Prevention and Wound Care*  
Interim Director of Nurse Staffing  
Prime Healthcare  
Carson, California  
Council of Black Nurses, Los Angeles



**Shiva A. Aboagye, BSN, RN, BS**

*Clinical Registered Nurse*  
Sparrow Hospital  
Lansing, Michigan  
Kalamazo-Muskegon Black Nurses Association



**Monica Harmon, MSN, MPH, RN**

*Clinical Instructor/Senior Lecturer/  
Seminar Leader/Course Director/ Associate  
Course Director*  
University of Pennsylvania School  
of Nursing  
Philadelphia, Pennsylvania  
Southeastern Pennsylvania Area BNA



**Cynethia Bethel-Jaiteh, MSN, APRN, CPNP, CLC**

*Instructor*  
University of Louisville School  
of Nursing  
Louisville, Kentucky  
Kyanna Black Nurses Association  
(Louisville)



**Lindsey Harris, DNP(c), RN, FNP-BC**

*Adjunct Clinical Instructor*  
University of Alabama at  
Birmingham Hospital  
Birmingham, Alabama  
Birmingham Black Nurses Association



**Kendrick Clack, MS, APRN, FNP-C**

*Family Nurse Practitioner*  
Howard Brown Health  
Chicago, Illinois  
Fort Bend County Black Nurses Association



**Randy A. Jones, PhD, RN, FAAN**

*Academic Program Director of  
Baccalaureate Programs*  
University of Virginia  
Charlottesville, Virginia  
Black Nurses Association  
of Charlottesville



**Brandon Elliott, RN, BSN**

*Nurse Liaison*  
Oak Pavilion Nursing Center  
Cincinnati, Ohio  
Black Nurses Association of Greater  
Cincinnati



**Tavell L. Kindall, DNP, APRN, FNP-BC, CEN, CCRN**

*Greater Ouachita Coalition Providing AIDS  
Resources and Education Gubernatorial  
Appointment to the Board of Directors for  
the Louisiana State Board of Nursing.  
Founder and Charter Member, Northeast  
Louisiana (NELA) Black Nurses  
Association, Monroe, LA*



**Chelsea Lawson, LPN**  
*Sub-Acute Rehabilitation Nurse*  
 Ingham County Medical Care Facility  
 Okemos, Michigan  
 Kalamazoo-Muskegon Black  
 Nurses Association



**Chauntel McNair, PhD, ARNP-BC**  
*Family Nurse Practitioner*  
 United HealthCare –  
 Optum Clinical Services  
 Jacksonville, Florida  
 First Coast Black Nurses Association  
 (Jacksonville)



**Tiffany M. Montgomery, MSN,  
 RNC-OB, C-EFM**  
*Registered Nurse III, Department of Obstetrics  
 and Gynecology*  
 Kaiser West Los Angeles Medical Center  
 Los Angeles, California  
 Council of Black Nurses, Los Angeles



**Stephanie Patterson, JD, MBA,  
 MPA, MSN, RN, PHN**  
*Registered Nurse*  
 Universal Health Services  
 Los Angeles, California  
 Council of Black Nurses, Los Angeles



**Walter Perez, MSN, CEN**  
*Registered Nurse, Emergency Department*  
 VA Greater Los Angeles Healthcare System  
 Los Angeles, California  
 Council of Black Nurses, Los Angeles



**Larider Ruffin, DNP, MSN, APN,  
 RN, ANP-BC, CTTS**  
*Adult Nurse Practitioner and Certified Tobacco  
 Treatment Specialist*  
 AtlantiCare  
 Atlantic City, New Jersey  
 Northern New Jersey Black  
 Nurses Association



**Adam O. Smith, BSN, RN**  
*Masters of Science in Nursing – Family Nurse  
 Practitioner Student*  
 Samford University  
 Ida V. Moffett School of Nursing  
 Anticipated Graduation: December 2016  
 Birmingham, Alabama  
 Birmingham Black Nurses Association



**Karla A. Smith-Lucas, DNP,  
 APRN, FNPC**  
*Family Health Nurse Practitioner*  
 Walgreens  
 Plano, Texas  
 Metroplex Black Nurses Association  
 (Dallas)



**Patrise Tyson, MSN, FNP-BC**  
*Family Nurse Practitioner*  
 Miami Dade Medical Research Institute,  
 Your Home Advantage  
 Miami, Florida  
 Black Nurses Association, Miami



**Ta’Neka C. Vaden, DNP, APRN,  
 WHANP, BC**  
*Assistant Professor*  
 Bellarmine University  
 Louisville, Kentucky  
 Kyanna Black Nurses Association  
 (Louisville)

# 2016 NBNA Nurse of the Year Awards

## ADVANCED PRACTICE NURSE OF THE YEAR

*"To recognize excellence in the clinical area at the advanced practice level"*



**Yolanda McMillan, RN, BSN, MSN, NP**

*Palliative Care Nurse Practitioner  
Harbor-UCLA Medical Center  
Member, Council of Black Nurses,  
Los Angeles  
Los Angeles, CA*

## NURSE EDUCATOR OF THE YEAR

*"To recognize outstanding contributions to professional and/or patient education"*



**LaDonna L. Christian, PhD, MSN, APHN-BC**

*Director of the Dotson Bridge  
and Mentoring Program  
Simmons College  
Member, New England Regional Black  
Nurses Association  
Boston, MA*

## NURSE ENTREPRENEUR OF THE YEAR

*"To recognize a successful business owner"*



**Pauline Z. Madison, RN, BSN, CLNC**

*CEO, Preventive Health Care Services, Inc.  
President, Columbus Black  
Nurses Association  
Columbus, OH*

## NURSE RESEARCHER OF THE YEAR

*"To recognize a nurse who has completed an outstanding research study and who has excellent potential to develop and implement a program of research that contributes to the well being and health care of minorities"*



**Carolyn Harmon Still, PhD, RN, ARNP-BC, CCRP**

*Program Manager/Nurse Practitioner  
University Hospitals Case  
Medical Center  
Assistant Research Associate  
Francis Payne Bolton School  
of Nursing  
Case Western Reserve University  
Member, Cleveland Council of  
Black Nurses  
Cleveland, OH*

## NURSE OF THE YEAR FOR COMMUNITY SERVICE

*"To recognize outstanding and exemplary community service"*



**Linda Washington-Brown, PhD, EJD, ARNP-C**

*Associate Dean for the RN-BSN Program  
Broward College  
President, Black Nurses  
Association, Miami  
Miami, FL*

## UNIFORMED SERVICES NURSE OF THE YEAR

*"To recognize excellence in military service"*



**Lt. Colonel Teresa R. Yellowdy-Haley, MSN, BSN, RN-BC, MA**

*Chief Nurse, 459th Aeromedical  
Staging Squadron  
Andrews Air Force Base, MD  
United States Air Force Reserves  
Member, Sandhills North Carolina Black  
Nurses Association  
Fayetteville, NC*



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# 2016 Scholarship Award Recipients

## DR. LAURANNE SAMS SCHOLARSHIP

The Dr. Lauranne Sams Scholarship is awarded to a qualified NBNA member based on scholastic achievement, financial need and community service and who is in pursuit of a baccalaureate or other advanced nursing degree. The scholarship, which is named for the Founder and First President of the NBNA, has a proud and distinguished legacy. The recipient must be an individual who truly represents the leadership, the commitment to service and the scholarship of Dr. Sams.



**Abiola Abu-Bakr, RN, BSN, PHN**  
University of Minnesota School  
of Nursing  
Minneapolis, MN  
Minnesota Black Nurses Association



**Lynn Hines, MSN, RNBC**  
Drexel University  
College of Nursing and  
Health Professions  
Philadelphia, PA  
Youngstown-Warren (Ohio) Black  
Nurses Association



**Fallon Flowers, RN**  
Loyola University Chicago  
Marcella Neihoff School of Nursing  
Chicago, IL  
Chicago Chapter National Black  
Nurses Association



**Nadia Willy**  
Miami Dade College  
Benjamin Leon School of Nursing  
Miami, FL  
Black Nurses Association, Miami



**Candace Williams**  
Charles Stewart Mott Community  
College  
Flint, MI  
Greater Flint Black Nurses Association

## NBNA BOARD OF DIRECTORS SCHOLARSHIP

To support a qualified NBNA member in pursuit of a baccalaureate or advanced nursing degree.



**Ora D. Williams, RN, BC, BSN,  
MS HCA**  
Capella University  
Nursing and Health Sciences Program  
Minneapolis, MN  
Atlanta Black Nurses Association

## LYNNE EDWARDS RESEARCH SCHOLARSHIP

The scholarship is sponsored by Dr. Linda Burnes-Bolton, NBNA Past President. Dr. Burnes-Bolton is a trustee of the Robert Wood Johnson Foundation. The Foundation contributes to the scholarship as part of the matching gift program. The scholarship is in honor of the mother of Dr. Burnes-Bolton, Mrs. Lynne Edwards. The scholarship is for a nurse pursuing a PhD.



**Linda D. Gregory, MSN, BSN, RN**  
University of California San Francisco  
School of Nursing Community  
Health Systems  
San Francisco, CA  
Bay Area Black Nurses Association



**Evelyn Houston Bell, MSN, RN**  
University of Phoenix  
School of Nursing  
Phoenix, AZ  
Atlanta Black Nurses Association, Inc.



**Marcia Lowe, MSN, RN-BC**  
University of Alabama at Birmingham  
School of Nursing  
Birmingham, AL  
Birmingham Black Nurses Association



**Monique C. White, ARNP**  
University of North Florida  
Brooks College of Health  
School of Nursing  
Jacksonville, FL  
Central Florida Black  
Nurses Association

**DR. HILDA RICHARDS SCHOLARSHIP**

To support a nurse transitioning from an Associate's degree to a BSN degree.



**Monique A. Shaw**  
University of Texas Arlington  
School of Nursing  
Arlington, TX  
San Diego Black Nurses Association

**MARGARET PEMBERTON SCHOLARSHIP**

The Scholarship is provided by Margaret Pemberton, Member, Black Nurses Association of Greater Washington, DC Area, to a nursing student from the chapter in the conference's host city. This is an endowed scholarship.



**Ashley Nicole Hudson**  
Arkansas State University  
College of Nursing and  
Health Professions  
Jonesboro, AR  
Memphis-Riverbluff Black  
Nurses Association

**RITA E. MILLER SCHOLARSHIP**

The scholarship is sponsored by Barbara Julian, Member, Council of Black Nurses, Los Angeles, in memory of Rita E. Miller, Department Chair, School of Nursing, Dillard University.



**Ganiyah Thurston**  
Prairie View A&M University  
College of Nursing  
Houston, TX  
Black Nurses Association of  
Greater Houston

**VITAS HEALTHCARE/ESTHER COLLIFLOWER SCHOLARSHIP**

The scholarship is sponsored by VITAS Healthcare to a nurse or student nurse who is interested in pursuing a career in end of life care.



**Yolanda McMillan, DNPc, MSN, RNP, RN**  
Grand Canyon University  
School of Nursing  
Phoenix, AZ  
Council of Black Nurses, Los Angeles

**GEORGE E. McGUIRE MEMORIAL SCHOLARSHIP**



**Chris L. Bryant, MSN-PH, BSN**  
Grand Canyon University  
School of Nursing  
Phoenix, AZ  
Eastern Colorado Council of  
Black Nurses

# 2016 Scholarship Award Recipients (continued)

## IONA PRINCESS PIERRE SCHOLARSHIP

The scholarship is sponsored by Joan Pierre, President, NBNA: Northern Virginia Chapter in memory of her daughter Iona Princess Pierre.



**Brittney Brown**  
University of Louisville  
School of Nursing  
Louisville, KY  
Kyanna Black Nurses Association  
(Louisville)

## DR. LINDA BURNES-BOLTON SCHOLARSHIP

This scholarship is sponsored by Dr. Millicent Gorham, NBNA Executive Director.



**Jannae White, BHS, BSN, RN**  
University of Florida  
College of Nursing  
Gainesville, FL  
Central Florida Black  
Nurses Association

## DR. MARTHA DAWSON GENESIS GRANT

The Scholarship is provided by Dr. Martha A. Dawson, Member, Birmingham Black Nurses Association. The Law of Legacy states, "True success is measured by succession." This scholarship is to support nurse leaders to continue their growth and development through formal education at the master's and/or doctorate levels. Candidate may be an RN seeking master's, DNP, PhD in leadership or EdD.



**Lodz Joseph, MPH, CBC, CD**  
Columbia University  
School of Nursing  
New York, NY  
New York Black Nurses Association

## DR. DORIS ASHWORTH WILSON MEMORIAL SCHOLARSHIP

The scholarship is provided by Edwina Divins, the daughter of Dr. Doris Ashworth Wilson, who was the first NBNA Treasurer. The scholarship is for a candidate seeking a BSN or higher degree.



**Porsche Janay Lacewell**  
LaSalle University  
School of Nursing and Health Sciences  
Philadelphia, PA  
South Jersey Chapter of the National  
Black Nurses Association



**Kiana Renee Cooper**  
Winston-Salem State University  
Division of Nursing  
Winston-Salem, NC  
Central Carolina Black Nurses Council

## MARIA DUDLEY ADVANCE PRACTICE NURSE SCHOLARSHIP

The scholarship is funded by Maria Dudley, Member, Council of Black Nurses, Los Angeles, for a registered nurse pursuing an advanced practice degree.



**Paulette Rounds-Stanley, MSN, Ed, RN**  
University of South Alabama  
School of Nursing  
Mobile, AL  
Black Nurses Association, Miami

## CHILDREN'S MERCY KANSAS CITY SCHOLARSHIP



**Jasmine Carter**  
Arizona State University  
College of Nursing and  
Health Innovation  
Black Nurses Association of  
Greater Phoenix Area  
Phoenix, AZ





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She was devoted to NBNA-Past Board Member, Nurse of the Year 1991, and she attended every NBNA Conference



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Helen Horton

Sheila Humphrey, *in memory*

*of Sophie Hood*

Derrick A. Humphries

Dr. Doris Jackson

Minnie Jefferson

Lola Denise Jefferson, *in memory of the Late Great Bishop Robert C. Jefferson*

Barbara J. Johnson, *in honor of Dr. Eric J. Williams*

Marilyn Johnson

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Dr. Lovene Knight, *in honor of Elijah Knight*

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Joni Lovelace, *in honor of my mother, Lola Mae Napier Christmas-Pugh*

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Dinah B. Penafloida, *in honor of Dr. Eric J. Williams*

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Xavier Poindexter, *in honor of my father and mother*

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*Sruda Xedagbai*  
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Yolanda Scipio-Jackson  
Renita D. Scott  
Janae E. Wilson Shepherd  
Patricia Small, *in memory of*  
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Alvin Spikener, *in memory*  
*of Eura Gibson- Sandra's*  
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Dorothy J. Stiggers, *in memory*  
*of Viola Anderson and in honor of*  
*Abraham Stiggers, Jr.*  
V. Tally  
Charlie Terrell  
Dr. Debra A. Toney, *in honor*  
*of my parents who value education*  
Maud Trahan  
Bessie Trammell

Dr. Elma Tulloch-Reid, *in*  
*memory of L'Overture Tulloch Reid*  
Carl D. Tyler  
Fabiola Valcin  
Rejahne A. Walker-Paynes  
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*Black Lives Matter*  
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Margaret Waters  
Jacquetta Miller Whaley, *in*  
*memory of Andrea Miller Peeler*  
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Dr. Betty Smith Williams,  
*in memory of Harold Louis*  
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Cheryl Worthen  
Dr. Lenora Yates, *in memory of*  
*Susan Johnson-Kinchen*  
Anthony F. Young  
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# Miami Chapter - Black Nurses Association



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NBNA on their 44th Annual Institute & Conference  
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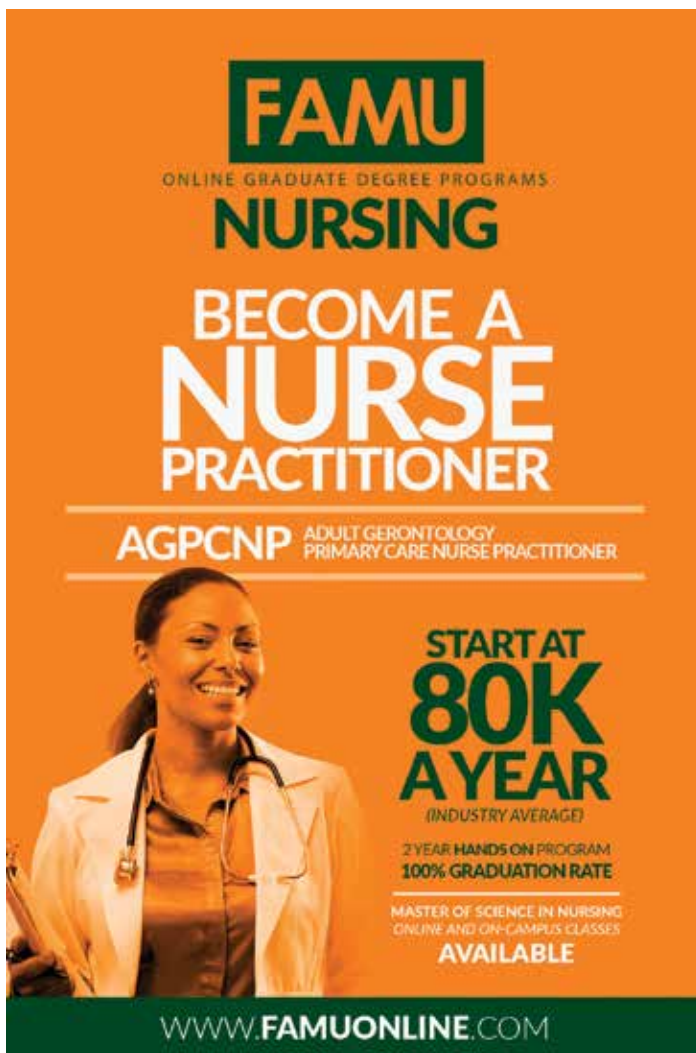
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**CARIBBEAN EXPLORATORY NIMHD RESEARCH CENTER**  
University of the Virgin Islands, School of Nursing



On behalf of the Caribbean Exploratory NIMHD Research Center of Excellence (CERC)  
Congratulations to the National Black Nurses Association: 44<sup>th</sup> Annual Institute & Conference  
NURSING: Advancing Healthcare Practices Through Diversity and Collaboration

You are cordially invited to the CERC 8<sup>th</sup> Annual Symposium at the NBNA Institute & Conference  
“Collaboration to Address a Community Health Care Needs Assessment: Implications for Nursing”  
Wednesday, August 3, 2016 at 12:30 p.m. – 5:00 p.m.

CEUs will be given to Symposium Registrants/Attendees who arrive within 15 minutes of start time  
and stay for duration of presentation

Lunch will be provided | Space is limited to 36 Registrants/Attendees

You are also invited to attend CERC 9<sup>th</sup> Annual Health Disparities Institute  
“Increasing Health Equity and Improving Health Outcomes for Marginalized Families and Communities:  
Focus on Health Literacy, Climate Change and Health Policy”

October 26-28, 2016 | Frenchman’s Reef Marriott & Morning Star Beach Resort, St. Thomas, USVI  
For more details visit/contact <http://cercuvi.com>; [CERCSecretariat@uvi.edu](mailto:CERCSecretariat@uvi.edu); [CERCAbstracts@uvi.edu](mailto:CERCAbstracts@uvi.edu)

# 2016 Conference Program

SUNDAY • JULY 31

## SUNDAY • JULY 31

1:00 pm – 5:00 pm

South West Hall Offices, Ballroom Level

### Bag Stuffing and Storage

## MONDAY • AUGUST 1

Room 201, Ballroom Level

### NBNA Registration Office

Room 202, Ballroom Level

### NBNA National Office

## TUESDAY • AUGUST 2

8:00 am – 12:00 pm

1:30 pm – 5:00 pm

Room 202, Ballroom Level

### NBNA National Office

9:00 am – 1:00 pm

### Local Chapter Health Fair

Church Health Center Wellness

1115 Union Avenue, Memphis TN

Transportation to be provided

12:00 pm – 3:00 pm

Executive Conference Center, Mezzanine Level

### NBNA Board Meeting

3:00 pm – 7:00 pm

Southwest Hall Foyer, Ballroom Level

### NBNA Registration

4:00 pm – 5:00 pm

Room 203, Ballroom Level

### Monitors and Moderators Orientation

Pamela Moore

*Educational Coordinator*

Cedars Sinai Medical System

Los Angeles, CA

Selina Davis

*Management Assistant II*

Cedars Sinai Medical System

Los Angeles, CA

5:00 pm – 7:00 pm

Executive Conference Center, Mezzanine Level

### Speaker Ready Room

## WEDNESDAY • AUGUST 3

7:00 am – 5:00 pm

Southwest Hall Foyer, Ballroom Level

### NBNA Registration

7:00 am – 3:00 pm

Ballroom C, Ballroom Level

### Presidents' Leadership Institute

(Chapter Presidents, Vice Presidents, NBNA Board Members and NBNA Past Presidents)

*Moderators:* Eric J. Williams, DNP, RN, CNE

*President*

National Black Nurses Association

Stephanie Doibo, BSN, RN

*President*

Cleveland Council of Black Nurses

7:30 am – 8:00 am

### Continental Breakfast

8:00 am – 8:30 am

### Welcome and Introductions

Dr. Eric J. Williams

*President*

8:30 am – 9:30 am

### Parliamentary Procedures

Patricia McManus, PhD, RN

*NBNA Parliamentarian*

9:30 am – 10:30

### A Transitional Journey: Goals of Care for the Patient and the Caregiver

A Panel Discussion and a take away Journal for each attendee

Trilby A. Barnes-Green, RN

*Post Acute Care Coordinator*

Peer Reviewer

Ochsner Hospital, ACO

*Immediate Past President*, New Orleans Black Nurses Association

New Orleans, LA

**Dr. Martha Ann Dawson, RN, MSN, FACHE**  
*NBNA Secretary*  
*Robert Wood Johnson Executive Nurse Fellow Alumni*  
*Assistant Professor & Coordinator, Nursing and Health*  
*Systems Administration*  
 University of Alabama at Birmingham School of Nursing  
 Birmingham, AL

**Kristopher T. Halsey, ThM, D.Div, PhD**  
*Bereavement Manager*  
*ELNEC Trainer*  
 VITAS Healthcare of Philadelphia  
 Philadelphia, PA

**Lyn M. Peugeot, MSN, RN**  
*Clinical Educator Manager*  
 VITAS Healthcare of Broward  
*Vice President, Greater Fort Lauderdale Broward County*  
 Chapter of the NBNA  
 Fort Lauderdale, FL

**10:30 am – 10:45 am**

**BREAK**

**10:45 am – 11:15 am**

**What do you want? More Members.  
 When do you want them? Now! Leading  
 the Membership Cheer:**

**Lola Denise Jefferson, BSN, RNC, CVRN**  
*NBNA First Vice President*

**Dr. Millicent Gorham**  
*NBNA Executive Director*

**11:15 am – 12:15 pm**

**Addressing Inactivity and Social Isolation  
 Among African American Women Through  
 Culturally-Relative, Cross-Generational  
 Walking Campaigns**

**T. Morgan Dixon, M.Ed**  
*Co-Founder/Chief Executive Officer*  
 GirlTrek  
 Washington, DC

**12:15 pm – 12:30 pm**

**BREAK AND NETWORKING**

**12:30 pm – 2:00 pm**

**LUNCHEON**

*Sponsored by: Hologic*

**NBNA Partnering in Pursuit of the Promise:  
 Breast Cancer Awareness and Screening**

**Sandra Millon Underwood, PhD, RN, FAAN**  
*Professor*  
 College of Nursing  
 University of Wisconsin  
 Milwaukee, WI

**2:00 pm – 2:30 pm**

**“Social Media CPR”**

**Brandon Elliott, RN, BSN**  
*Clinical Liaison*  
 Oak Pavilion Nursing Center  
*Co-Founder, SMART Program, Inc.*  
*Member, Ad Hoc Committee on Social Media*  
*and Technology*  
 Cincinnati, OH

**2:30 pm – 3:00 pm**

**NBNA National Programs**

**NBNA National Initiative on Brain Health**

**Dr. Millicent Gorham**  
*NBNA Executive Director*

**NBNA National Initiative on Violence Prevention**

**Joann Lomax, MHA, BSN, RN, PAAPC**  
*Chair, Ad Hoc Committee on Violence Prevention*  
*Immediate Past President*  
 Milwaukee Chapter National Black Nurses Association  
**Annette R. Gibson, DNP, MSN, MEd, CNE, RN**  
*Co-Chair, Ad Hoc Committee on Violence Prevention*  
 Member, Black Nurses Association, Miami

**Daisy Harmon-Allen, PhD, RN**  
*Co-Chair, Ad Hoc Committee on Violence Prevention*  
*President, Chicago Chapter National Black Nurses Association*

**NBNA National Initiative on Mentorship**

**Dr. Angela M. Allen**  
*NBNA Board Member*  
*Chair, Ad Hoc Committee on Mentorship*

**NBNA National Initiative of Global Health**

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University of Pittsburgh

School of Nursing

Ranked 5th among schools of nursing in *U.S. News & World Report's 2016 America's Best Graduate Schools*

3:00 pm – 3:30 pm

**Wrap-Up and Adjourn**

Dr. Eric J. Williams  
*President*

7:30 am – 6:30 pm

Steamboat, Mezzanine Level

**ELNEC- Advanced Practice Registered Nurse (APRN) Training**

*Moderators:* Trilby Barnes Green, RN  
*Immediate Past President*  
New Orleans Black Nurses Association

Chris Bryant, MSN, RN  
*NBNA Board Member*  
*Immediate Past President*  
Eastern Colorado Council of Black Nurses

*Sponsored by:* **VITAS Healthcare**

**2016 ELNEC Faculty**

Constance Dahlin, ANP-BC, ACHPN, FPCN, FAAN  
*Director of Professional Practice/Palliative Nurse Practitioner*  
Hospice and Palliative Nurses Association  
Pittsburgh, PA  
*Palliative Nurse Practitioner*  
North Shore Medical Center  
Salem, MA

Diane Deese, CACPFI, EMT  
*Vice President of Community Affairs*  
VITAS Healthcare  
Miami, FL

Susan Gibson, FNP-BC, ACHPN  
*Nurse Practitioner*  
Hospice and Palliative Care  
ELNEC Faculty City of Hope  
Santa Barbara, CA

Judith A. Paice, PhD, RN  
*Director, Cancer Pain Program*  
Division, Hematology-Oncology  
Northwestern University  
Feinberg School of Medicine  
Chicago, IL



Cheryl Thaxton, RN, MN, CPNP, FNP-BC, CHPPN  
Nurse Practitioner, Palliative Care Team  
Medical City Dallas/Medical  
City Children's Hospital  
Dallas, TX

Marie Mompont, DNP, FNP, OCN, HPCN, RN  
Nurse Manager  
Veterans Administration Hospital of Atlanta

**7:00 am – 12:30 pm**

**1:30 pm – 5:00 pm**

Room 202, Ballroom Level

### **NBNA National Office**

**8:00 am – 5:00 pm**

Executive Conference Center, Mezzanine Level

### **Speaker Ready Room**

**8:00 am – 11:00 am**

Sultana, Mezzanine Level

*Moderator:* Marie Etienne, DNP, ARNP, PLNC  
Member, Black Nurses Association, Miami

### **American Red Cross Workshop**

#### **2016 Updates for the NBNA from the American Red Cross**

Carmen Kynard, DNP, APRN, FNP-BC,  
NP-C, MBA, MEd

*Vice President*

Strategic Behavioral Health  
Memphis, TN

Barbara Nichols, DNSc (Hon) MS, RN, FAAN

*Vice Chair of Integrated Services*

American Red Cross

Washington, D.C.

Marie Etienne, DNP, ARNP, PLNC

*Chairperson, International Nursing Committee*

American Red Cross

Washington, DC

**8:00 am – 12:00 pm**

Room L10, Lobby Level

### **Professional Writing Institute**

*Moderator:* Joyce Newman Giger, EdD, APRN, BC, FAAN  
*Editor, Journal of the National Black Nurses Association*

Joyce Newman Giger, Ed, APRN, BC, FAAN

*Editor, Journal of the National Black Nurses Association*  
Signal Hill, CA

Sandra Millon Underwood, PhD, RN, FAAN

*Chair, NBNA Abstract Review Committee*

*Professor*

University of Wisconsin, Milwaukee  
Milwaukee, WI

Christine Brannon

*Copy Editor*

Journal of the National Black Nurses Association

*Founding Partner, Brannon Graphics*

Athens, OH

Ora Strickland, PhD, RN, FAAN

*Dean and Professor*

College of Nursing and Health Sciences

Florida International University

Miami, FL

Patricia Messmer, PhD, MSN, MA, BSN

*Consultant*

Nursing Research and Education

Benjamin Leon School of Nursing

School of Nursing

Miami Dade College

Miami, FL

Yolanda Powell-Young, PhD, PCNS-BC, CPN

*Professor*

School of Nursing

Alcorn University

Natchez, MS

**8:00 am – 12:00 pm**

Room L5, Lobby Level

### **Advances in Wound Therapy Workshop**

*Sponsored by:* Coloplast  
ConvaTec

*Moderator:* Deborah Thedford-Zimmerman, RN, MSN, WOCN  
*Retired WOCN*  
Birmingham, AL

### **Lower Extremities: A Foundation of Excellence in Wound Care and Treatment**

Deborah Thedford-Zimmerman, RN, MSN, WOCN

*Retired WOCN*

Birmingham, AL

Najla Washington, RN, BSN, CWOCN, WOCN

Druid City Hospital

Tuscaloosa, AL

*Sponsored by:* ConvaTec Coloplast

**8:00 am – 6:00 pm**

Room L6, Lobby Level

### **Mental Health First Aid USA for Older Adults**

*Moderator:* Ottamissiah Moore, LPN, BS, WCC, CG,  
CHPLN, CSD-LTC  
*Member, Black Nurses Association of Southern Maryland*  
Washington, DC

Ottamissiah Moore, LPN, BS, WCC, CG,

CHPLN, CSD-LTC

*Assistant Staff Educator*

Armed Forces Retirement Home

Washington, DC

Joyce M. Washington, MHS

*Senior Case Manager*

Residential Services

Friendship Place

Washington, DC



**Meet Lovoria B. Williams, PhD, FNP-BC**  
Fellow of the American Association of Nurse Practitioners  
2014 Outstanding Faculty of the Year  
Educator, Investigator, Practitioner and Mentor

At Augusta University, Dr. Lovoria Williams is a dynamic nurse scientist whose research and service is making a difference in people's lives, locally and globally.

Join Dr. Williams at the Innovations Theater Session at 11:00 a.m. on Saturday, August 6 for her presentation on cancer-Community Awareness Access Research and Education (c-CARE), an initiative designed to improve cancer outcomes in minority and medically underserved populations.

Interested in working with Dr. Williams and other faculty members and students who are making a difference?

Visit us at [augusta.edu/nursingjobs](http://augusta.edu/nursingjobs).



*Congratulations and Best Wishes*

TO  
**THE NATIONAL BLACK NURSES ASSOCIATION**  
ON ITS  
**44<sup>TH</sup> ANNUAL INSTITUTE & CONFERENCE**  
**August 2-7, 2016**  
From  
**THE OFFICERS AND MEMBERS**  
OF  
**THE NEW YORK BLACK NURSES ASSOCIATION, INC**

**Jean Straker, DNP, RN, CNS, FNP-BC, President**

**1:00 pm – 5:00 pm**

Sultana, Mezzanine Level

### **Caribbean Exploratory Research Workshop**

*Moderator:* Gloria B. Callwood, PhD, RN, FAAN  
Associate Professor and PI/Director  
Caribbean Exploratory Research Center/Nursing  
University of the Virgin Islands  
St. Thomas, VI

### **Design and Implementation of a Comprehensive Community Health Needs Assessment in the USVI**

### **Dental Health, Nutrition, Physical Activity and Weight: Markers for Assessing Family Health – Prevalence Results from a Comprehensive Community Health Survey**

### **Prevalence and Related Determinants of Overweight and Obesity Among Public School Students on the East End of St. Thomas, USVI: Implications for the School Health Nurse**

Gloria B. Callwood, PhD, RN, FAAN  
*Associate Professor and PI/Director*  
Caribbean Exploratory Research Center/Nursing  
University of the Virgin Islands  
St. Thomas, VI

**Noreen Michael, PhD**

*Research Director*  
School of Nursing  
Caribbean Exploratory Research Center  
St. Thomas, VI

**Janis Valmond, MS, DPH**

*Research Coordinator*  
School of Nursing  
Caribbean Exploratory Research Center  
St. Thomas, VI

**1:00 pm – 5:00 pm**

Room L5, Lobby Level

### **Difficult Ostomies and Fistulas Workshop**

*Moderator:* Evelyn Houston-Bell, PhD(c), MSN, RN  
*Member*  
Atlanta Black Nurses Association

### **Managing Difficult Ostomies and Enterocutaneous Fistula**

Sharon D. White, RN, BSN, CWOCN  
*Certified Wound, Ostomy, and Continence Nurse*  
University of Alabama – Birmingham  
Birmingham, AL

**3:30 pm – 4:30 pm**

River Bluff, Mezzanine

### **Credentialing**

Martha Dawson, DNP, RN, FACHE  
*NBNA Secretary*  
Member, Birmingham Black Nurses Association

**4:30 pm – 5:30 pm**

Room 203, Ballroom Level

### **Monitor/Moderators Orientation**

Pamela Moore  
*Educational Coordinator*  
Cedars Sinai Medical System  
Los Angeles, CA

Selina Davis

*Management Assistant II*  
Cedars Sinai Medical System  
Los Angeles, CA

**5:00 pm – 6:00 pm**

Room 204, Ballroom Level

### **Chapter Development**

Yvonne Olusi-Ogadi  
*Member, Fort Bend County Black Nurses Association*  
Dr. Becky Small  
*Member, Metroplex Black Nurses Association (Dallas)*  
Thelma Brandon Williams  
*Member, Black Nurses Association of Greater Phoenix*

**5:00 pm – 6:00 pm**

Ballroom C, Ballroom Level

### **New Members Workshop and Networking**

Dr. Dawndra Jones  
*President, Pittsburgh Black Nurses in Action*

**5:00 pm – 6:30 pm**

### **St. Jude Children's Research Hospital Exclusive Campus Tour**

Attendees must be NBNA Pediatric, Oncology or Research Nurses  
Limited Space  
*(Pre-registration required)*  
Transportation will be provided

## **THURSDAY • AUGUST 4**

**6:00 am – 7:00 am**

Heritage Salon III & IV, Mezzanine Level

### **Modified Boot Camp**

Darius Jones  
Church Health Center  
Memphis, TN

**7:00 am – 4:00 pm**

Southwest Hall Foyer, Ballroom Level

### **NBNA Registration**

Last Day to Purchase Event Tickets  
No tickets will be sold after 2:00 pm

**8:00 am – 12:30 pm**

**1:30 pm – 4:00 pm**

Room 202, Ballroom Level

### **NBNA National Office**

**8:00 am – 5:00 pm**  
Executive Conference Center, Mezzanine Level

**Speaker Ready Room**

**8:00 am – 10:00 am**  
Ballroom A-B, Ballroom Level

**NBNA Business Meeting**

**Call to Order/Welcome**

Eric J. Williams, DNP, RN, CNE  
*NBNA President*

**Invocation**

Veronica Clarke-Tasker Battle, PhD, RN, MS, MBA, MPH, MDiv.

*Member, Black Nurses Association of Greater Washington, DC Area*

**Chartering of New Chapters**

Dr. Eric J. Williams  
*President*

Black Nurses Association of Austin  
Central Valley Black Nurses Association (Fresno)  
Lansing Area Black Nurses Association  
Northeast Louisiana Black Nurses Association  
Okefenokee Black Nurses Association

**Chapter Awards**

**NBNA Chapter Community Service Awards**

*Sponsored by: VITAS Healthcare*

**Large Chapter (100 Plus Members)**

Fort Bend County Black Nurses Association

**Mid-Size Chapter (50-99 Members)**

Atlanta Black Nurses Association  
Birmingham Black Nurses Association

**Small Chapter (8-49 Members)**

Central Carolina Black Nurses Council

**Scholarship Presentations**

Lenora Yates, DNP, EdD, ARNP, MBA, CNE  
*Chair*

Scholarship and Awards Committee

**Presentation of Membership Awards**

Lola Denise Jefferson  
*First Vice President*

*Chair, Membership Committee*

**Chapter Membership Awards**

**Largest Chapter (101 or more Members)**

Fort Bend County Black Nurses Association

**Mid-Size Chapter (51-100 Members)**

Black Nurses Association of Greater Washington DC Area

**Small Chapter (10-50 Members)**

Bay Area Black Nurses Association

**Highest Retention by January 31st**

Large Chapter – Birmingham Black Nurses Association  
Mid-Size Chapter – Black Nurses Association of Greater Washington DC Area  
Small Chapter – Northwest Indiana Black Nurses Association

**Highest Percentage of Growth**

Large Chapter – Chicago Chapter National Black Nurses Association  
Mid-Size Chapter – New York Black Nurses Association  
Small Chapter – Memphis-Riverbluff Black Nurses Association

**Most New Lifetime Members**

Large Chapter – Council of Black Nurses, Los Angeles  
Mid-Size Chapter – New England Regional Black Nurses Association  
Small Chapter – Greater East Texas Black Nurses Association

*All Guests are now excused from the NBNA Business Meeting*

**Seating of the Delegates**

Dr. Eric J. Williams  
*President*

**Credentialing Report**

Dr. Martha Dawson  
*Secretary*

**Adoption of the Standing Rules**

Dr. Patricia McManus  
*Parliamentarian*

**Adoption of the Agenda**

Dr. Eric J. Williams  
*President*

**Approval of Minutes**

Dr. Martha Dawson  
*Secretary*

**Report of the 2016 Elections**

Dr. Patricia McManus  
*Chair*  
Ad Hoc Committee on Elections

**Officers/Standing Committee Reports**

President	Trust
Bylaws	Finance
Resolutions	Historian
First Vice President	Nominations
Second Vice President	Personnel
Secretary	Membership
Treasurer	Executive Director

**Presentation of Membership Campaign Awards**

Lola Denise Jefferson  
*First Vice President*  
*Chair, Membership Committee*

**Individual Licensed Member**

- Honorable Mention – Meseret Hailu (13)
- Honorable Mention – Dr. Daisy Harmon-Allen (12)
- Honorable Mention – Lola Denise Jefferson (12)
- Honorable Mention – Deborah Thedford-Zimmerman (11)

**Student Members, First Place**

Lola Denise Jefferson  
Fort Bend County Black Nurses Association (44)

**Student Members, Second Place**

Deborah Thedford-Zimmerman  
Birmingham Black Nurses Association (16)  
Honorable Mention – Dr. Linda Burnes-Bolton (10)  
Honorable Mention – Joan Perry Austin (10)  
Honorable Mention – Rose Hoskins (10)  
Honorable Mention – Vanessa Auguillard (10)

**Lifetime Members**

Honorable Mention – Lola Denise Jefferson (2)

**NBNA Facility Update**

**Committee Reports**

**Program**

Health Policy  
NBNA Newsletter  
Journal of the National Black Nurses Association  
National Black Nurses Foundation

**10:00 am – 4:00 pm**

Steamboat, Mezzanine Level

**ELNEC – APRN Training**

Sponsored by: **VITAS Healthcare**

*Pre-registration required.*

**10:30 am – 12:30 pm**

Ballroom A-B, Ballroom Level

**PLENARY SESSION I**

*Moderator:* Debra A. Toney, PhD, RN, FAAN  
NBNA Past President  
Chair, NBNA Conference Committee  
Director of Quality Management  
Nevada Health Centers, Inc.  
Las Vegas, NV

**Building a Culture of Health**

Linda Burnes Bolton, PhD, RN, FAAN  
Chief Nursing Executive for Cedars-Sinai  
Vice President and Chief Nursing Officer  
Cedars Sinai Medical System  
Board Member of the Robert Wood Johnson Foundation  
Los Angeles, CA

Angela Patterson, MSN, FNP-BC, NEA-BC

Chief Nurse Practitioner Officer  
CVS MinuteClinic  
Vice President, CVS Health  
Woonsocket, RI



**WHAT MAKES USF GRADUATES STAND OUT?**

**JESUIT VALUES.** We emphasize care for underserved populations. **VISION.** Our unique public health tracks within our Family Nurse Practitioner, and our Psychiatric-Mental Health DNP programs emphasize population health. **THE SAN FRANCISCO ADVANTAGE.** Engage in the entrepreneurial spirit and diversity of our city.

— **CONNECT WITH US:** [nursing@usfca.edu](mailto:nursing@usfca.edu) —



Carmen Kynard, DNP, APRN, FNP-BC, NP-C, MBA, MEd  
Vice President, Nursing Services and Performance Improvement  
Strategic Behavioral Health  
Memphis, TN

Rafielle Freeman, RN, BSN, MSL, CPHQ  
Director of Quality Improvement  
Blue Cross Blue Shield of Tennessee  
Nashville, TN

**10:30 am – 3:30 pm**

Sultana, Mezzanine Level

*Moderator:* Dawn M. Bazarko, DNP, MPH, RN, FAAN,  
Certified Mindfulness Facilitator

**GROUP 1**

**Mindfulness Workshop**

**The Mindful Nurse Leader: Strategies for Bringing Mindfulness into Nursing Practice**

Dawn M. Bazarko, DNP, MPH, RN, FAAN  
Senior Vice President and Founder, Moment Health  
Optum, UnitedHealth Group  
Certified Mindfulness Facilitator  
Minnetonka, MN

**10:30 am – 3:30 pm**

River Bluff, Mezzanine Level

*Moderator:* Samuel Chates, LMSW  
Certified Mindfulness Facilitator



*Congratulations*

to SNCBNA Members

**LT COL (Retired)  
Dr. Angelo Moore, PhD, FNP-BC**

*Trailblazer Award*

&

**Teresa Yellowdy-Haley, MSN,  
BSN, RN-BC, MA**

*Uniformed Services Nurse  
of the Year Award*

**GROUP 2**

**Mindfulness Workshop**

**The Mindful Nurse Leader: Strategies for Bringing Mindfulness into Nursing Practice**

Samuel Chates, LMSW

*Certified Mindfulness Facilitator*

Mindfulness Facilitator & Client Implementation Manager,  
Moment Health, Optum a division of UnitedHealth Group  
Minneapolis, MN

**12:30 pm – 1:30 pm**

**Lunch on Own**

**1:30 pm – 4:30 pm**

Southwest Hall, Ballroom Level

**Exhibit Hall Grand Opening!**

**2:00 pm – 3:00 pm**

**Exhibit Hall Open**

Southwest Hall, Ballroom Level

**NBNA Nursing Innovation Theater**

Beale Street Theater

*Sponsored by: Pfizer, Inc.*

*Moderator: Kendrick Clack, MS, APRN, FNP-C*

*Member, NBNA Board of Directors*

**Sickle Cell Disease: Historical Perspective and Emerging Science**

Krupa Sivamurthy, MD, DNB

*Global Medical Affairs Product Lead*

Sickle Cell Program

Pfizer

**Non-CEU Program**

**2:00 pm – 4:00 pm**

Room L6, Lobby Level

**GENETICS INSTITUTE**

*Sponsored by: Alcorn State University School of Nursing*

*Moderator: Yolanda Powell-Young, PhD, PCNS-BC, CPN*

*Editor-in-Chief, NBNA Newsletter*

*Natchez, MS*

**Project Genetic Education (ProGENE): An Education Model Between Minority-Serving Academic Institutions and the National Black Nurses Association Designed for Advancing Genetics Among Black Americans**

Yolanda Powell-Young, PhD, PCNS-BC, CPN

*Professor*

School of Nursing

Alcorn University

Natchez, MS

Bernice Coleman, PhD, ACNP-BC, FAAN

*Lead Transplant Nurse*

Cedars-Sinai Medical Center

West Hollywood, CA

Sandra Underwood, PhD, RN, FAAN

*Professor*

College of Nursing

University of Wisconsin-Milwaukee

Milwaukee, WI

**4:00 pm – 5:00 pm**

Room L3, Lobby Level

**NBNA Choir Rehearsal**

**5:30 pm – 6:00 pm**

Southwest Hall Foyer, Ballroom Level

**Chapter Line-Up**

**6:00 pm – 8:00 pm**

Ballroom A – B, Ballroom Level

**Opening Ceremony**

**44<sup>th</sup> Annual Institute and Conference**

**Presenter of Opening Ceremony**

Millicent Gorham (Hon), MBA, FAAN  
*Executive Director*

**Presentation of the NBNA Chapter Presidents and Delegates****Presentation of NBNA Past Presidents****Presentation of the NBNA Board of Directors****Moderator of the Opening Ceremony**

Lola Denise Jefferson, BSN, RNC, CVRN  
*NBNA First Vice President*  
*Founder and Past President*  
Fort Bend County Black Nurses Association

**Presentation of the Uniformed Service Cadre**

Angelo Moore, PhD, RN  
*Chair, Ad Hoc Committee on Uniformed Services*  
*Member, Sandhills North Carolina Black*  
*Nurses Association*

**Presentation of the Flags and Honor Guard**

Rosa Fort High School  
Air Force Junior ROTC Color Guard

**Invocation**

Pastor Chad Ricks, BSN, RN  
*Vice President*  
Council of Black Nurses, Los Angeles

**National Negro Anthem**

Lola Denise Jefferson, BSN, RNC, CVRN  
*NBNA First Vice President*  
*Founder and Past President*  
Fort Bend County Black Nurses Association

**Welcome from National Conference Chair**

Debra A. Toney, PhD, RN, FAAN  
*NBNA Past President*  
*Member, Southern Nevada Black Nurse Association*  
Las Vegas, NV

**Welcome from the Local Chapter President**

Linda Green, RN  
*President*  
Memphis – Riverbluff Black Nurses Association  
Memphis, TN

**Welcome from the Local Chapter Conference Chair**

Brenda Partee Taylor, RN, BSEd, FCN  
Memphis – Riverbluff Black Nurses Association  
Memphis, TN

**Welcome and Introduction of Honored Guests, Sponsors, Corporate Roundtable Members**

Millicent Gorham, PhD (Hon), MBA, FAAN  
*NBNA Executive Director*

Lola Denise Jefferson, BSN, RNC, CVRN  
*NBNA First Vice President*  
*Founder and Past President*  
Fort Bend County Black Nurses Association

**Presentation of the Nurse of the Year Awards**

*Sponsored by: VITAS Healthcare*  
Lenora Yates, DNP, EdD, ARNP, MBA, CNE  
*NBNA Historian*  
*Chair, Scholarship and Awards Committee*

**Introduction of the NBNA President**

Debra A. Toney, PhD, RN, FAAN  
*NBNA Past President*  
*Chair, Conference Committee*

**Presidential Address**

Eric J. Williams, DNP, RN, CNE  
*NBNA President*

**Introduction of the Keynote Speaker**

Eric J. Williams, DNP, RN, CNE  
*NBNA President*

**Keynote Address**

Sandra J. Evers-Manly  
*Vice President, Global Corporate Responsibility*  
Northrop Grumman  
*President, Northrop Grumman Foundation*

*Enjoy your Evening!*

**FRIDAY • AUGUST 5****RED DRESS DAY!**

**6:00 am – 7:00 am**  
Sheraton Skywalk

*NBNA Inaugural Presidential Obesity Walk Brought to you by:*  
**NBNA Obesity Committee**

A Seasoned Walker Route and a Beginning Walker Route will be available  
5:45 am Warm-up with Darius Jones, at the Skywalk

**7:00 am – 4:00 pm**  
Southwest Hall Foyer, Ballroom Level

**NBNA Registration**

**8:00 am – 12:30 pm**  
**1:30 pm – 4:00 pm**  
Room 202, Ballroom Level

**NBNA National Office**

**8:00 am – 5:00 pm**  
Executive Conference Center, Mezzanine Level

**Speaker Ready Room**

**6:30 am – 7:45 am**

Ballroom C, Ballroom Level

**CEU Breakfast Session**

*Moderator:* Wanda Pendleton, CRNP  
 Member, Birmingham Black Nurses Association  
 Hepatitis: Access to Treatment among the Hard to Reach

*Sponsored by:* **Hepatitis Foundation International**

Donna Christensen, MD  
 Retired, Member of Congress  
 Member, Board of Directors  
 Hepatitis Foundation International  
 Silver Spring, MD

Ivonne Fuller Cameron, NRPP, MPA  
 President and CEO  
 Hepatitis Foundation International  
 Silver Spring, MD

**6:30 am – 7:45 am**

Ballroom D, Ballroom Level

**Non – CE Breakfast Session**

*Moderator:* Devyn Denton, RN  
 Direct Member, Edmond, OK

*Sponsored by:* **Movement is Life**

*A project brought to you by:* **ZimmerBiomet Group**

**From the Kitchen Table to the Power of the Pulpit: The needed discussion and call to action to address the growing impact of immobility, joint disease and obesity on our nation.**

Carla M. Harwell, MD  
 Associate Professor of Medicine  
 Division of General Internal Medicine  
 Case Western Reserve University  
 School of Medicine  
 Otis Moss, Jr. Health Center  
 Cleveland, OH

**NBNA National Office**

Room 202, Ballroom Level  
 Memphis Cook Convention Center

**7:00 am – 12:00 pm****1:00 am – 5:00 pm****7:00 am – 5:00 pm****Registration**

Ballroom Level  
 Memphis Cook Convention Center

**7:30 am – 4:00 pm**

Mississippi, Mezzanine Level

**NBNA Summer Youth Enrichment Institute**

*Moderator:* Yvonne Martin, BSN, ARNP, MPH  
 Nurse Practitioner  
 Jackson Memorial Long Term Care Center  
 Miami, FL

*Sponsored by:* **Paladin Healthcare Capital**

*Hosted by:* **Baptist Healthy Communities, a Program of Baptist College of Health Sciences**

**8:00 am – 8:30 am Registration****8:30 am – 9:00 am Breakfast**

**9:00 am Depart, Bus will depart from the Memphis Cook Convention Center**

**8:00 am – 5:00 pm**

Executive Conference Committee Room

**Speaker Ready Room****8:00 am – 12:00 pm**

River Bluff, Mezzanine Level

**NBNA Emerging Leaders Forum**

*Moderators:* Carolyn Etheridge, BSN, NBNA  
 Student Representative, NBNA Board of Directors  
 Co-Chair, Programs Committee  
 Jefferson State Community College School of Nursing  
 Birmingham, AL  
 Member, Birmingham Black Nurses Association

Yvonne D. Olusi-Ogadi, RN, CLNC, A-CHCE  
 Member, NBNA Board of Directors  
 Chair, Programs Committee  
 Houston, TX  
 Member, Fort Bend County Black Nurses Association

**Successful Test-Taking Skills**

LaDonna L. Christian, PhD, MSN, APHN-BC  
 Associate Professor of Practice Nursing  
 Director, Dotson Bridge and Mentoring Program  
 Simmons College School of Nursing and Health Sciences  
 Boston, MA  
 Member, New England Regional Black Nurses Association

**Overcoming the Challenges of Nursing School: Embracing Your Journey**

Samantha Rose Baldwin, BSN Nursing Student  
 Ida V. Moffett School of Nursing, Samford University  
 Birmingham, AL  
 Member, Birmingham Black Nurses Association

**Interactive Experience & Activity: Speed Mentoring & Test Your Skills**

*Mentors:* Patrice L. Brown, BSN, RN  
 Member, Atlanta Black Nurses Association



Kendrick T. Clack, MS, APRN, FNP-C  
Member, NBNA Board of Directors  
Member, Fort Bend County Black Nurses Association  
Sasha DuBois, MSN, RN  
Member, New England Regional Black Nurses Association  
Attendees must be Unlicensed Students

**8:00 am – 12:00 pm**  
**NBNA INSTITUTES**

4 CEUs will be awarded for each institute unless otherwise indicated.  
You must stay for the length of the session to receive a certificate.  
All institutes will take place in the Memphis Cook Convention Center.

**8:00 am – 12:00 pm**  
Room L2, Lobby Level

**BRAIN HEALTH INSTITUTE**

*Moderator:* Laurie C. Reid, RN, MS  
Member, NBNA Board of Directors

**Addressing Cognitive Health Issues among African Americans through Collaborative Efforts with the Faith Community**

Pamela D. Price, BS in Public Health  
Deputy Director  
The Balm in Gilead, Inc.  
Richmond, VA

**Coping Strategies of Nurses in a Palliative Care Unit**

Marcia Lowe, MSN, RN-BC  
PhD Doctoral Student  
University of Alabama at Birmingham, School of Nursing  
Nurse Educator  
Birmingham Veterans Administration Medical Center  
Birmingham, AL

**Arthritis and Depression in African American Women: Increasing Awareness, Improving Care – A CE Module**

Rose I. Gonzalez, PhD, MPS, RN  
Executive Steering Committee  
Movement Is Life Caucus  
Decatur, GA

Julie Kneedler, RN, MS, EdD, CCMEP  
Chief Executive Officer  
Pfiedler Enterprises  
Aurora, CO

**Integrating and Evaluating Expressive Psychoeducational Activities in Psychiatric Mental Health Nursing Clinical Experiences**

Nellie Prudhomme, DNS, MPH, BSN, RN-BC  
Adjunct Faculty  
Louisiana State University Eunice  
Lafayette, LA

College of  
**NURSING**

nursing.uwm.edu

*Graduate Program Opportunities*

**Doctoral Programs**

BS to DNP  
Post-Masters DNP Online  
DNP/MBA  
BS to PhD  
PhD and PhD (Online)

**Masters Programs**

MN and MN(Direct Entry)  
RN to MN  
MSP (Master of Sustainable Peacebuilding)

**Certificates**

Applied Gerontology  
Clinical Nurse Specialist  
Family Nurse Practitioner  
Global Health  
Health Professional Education  
Spanish for Health Professionals  
Trauma Informed Care

*The US News and World Report consistently ranks the College in the top 10 percent of nursing schools with graduate programs.*

414-229-4801 | [uwmnurse@uwm.edu](mailto:uwmnurse@uwm.edu)

[Facebook.com/uwmNursing](https://www.facebook.com/uwmNursing)

Twitter: UWM\_Nursing



**Needs and Concerns of Grandparents and Other Kinship Caregivers Raising Children**

Mary Ellen Trail Ross, DrPH, MSN, RN, GCNS-BC  
Associate Professor of Clinical Nursing  
School of Nursing  
The University of Texas Health Science Center at Houston  
Houston, TX

**Mental Health Screening: Check Up from the Neck Up**

Mary K. Green, RN, BSN, MSN  
Clinical Assistant Faculty  
Drexel University  
College of Nursing and Health Professions  
Philadelphia, PA

Roberta Waite, EdD, PMHCNS-BC, FAAN, ANEF  
Assistant Dean of Academic Integration and Evaluation of  
Community Programs  
Drexel University  
Philadelphia, PA

8:00 am – 12:00 pm  
Chickasaw, Mezzanine Level

### CANCER INSTITUTE

*Moderator:* Deborah Andrews, MSHSA, RN  
Member, NBNA Board of Directors

#### Overview of Childhood Cancer

Valerie Groben, RN, MSN, APRN-BC  
*Pediatric Nurse Practitioner*  
St. Jude Children's Research Hospital  
Memphis, TN

#### Uncertainty in Parents of Children with Cancer: The State of the Science

Ijeoma Julie Eche, MSN, FNP-BC,  
CPON, *Doctoral Candidate*  
*Registered Nurse/Family Nurse Practitioner*  
Children's Hospital Boston  
Boston, MA

#### Understanding How Older African American Women with Disabilities Access Mammography Screening: An Exploratory Descriptive Qualitative Study

Debbie Ann Jones, PhD, RN  
*Clinical Assistant Professor*  
Prairie View A&M University College of Nursing  
Houston, Texas

#### Pursuit of Excellence in Chemotherapy Management: The Evolution of a Chemo Council

Eleanor Miller, RN, BScN, MAEd  
*Patient Care Manager (PCM)*  
Sunnybrook Health Sciences Centre  
Toronto, CA

8:00 am – 12:00 pm  
Room 203, Ballroom Level

### CARDIOVASCULAR HEALTH INSTITUTE

*Moderator:* Kim Cartwright, LPN  
Member, NBNA Board of Directors

#### Army Wellness Programs in Effort to Fight against Cardiovascular Disease

Susan Stankorb, DCN, CNSC, RD  
*Chief, Nutrition Care Division*  
United States Army Nutrition  
Fort Campbell, KY

Latoya Clark, RD, LD  
United States Army Nutrition  
*Deputy Chief, Nutrition Care Division*  
Fort Campbell, KY

#### Cardiovascular Disease and Health Equity

Velma Henderson, RN, MS, CNA-BC  
*Consultant, Self Employed*  
Oxon Hill, MD

#### A Patient's Journey with Advanced Heart Disease: – From Drugs, Machines, to Heart Transplant

Dr. Bernice Coleman, Ph.D, ACNP-BC, FAAN  
*Nurse Scientist, Nurse Practitioner*  
Cedars-Sinai Medical Center  
Los Angeles, CA

M. Fe Mangila-White, NP, FNP/ACNP-BC  
*Lead, Nurse Practitioner Heart Failure*  
Advance Heart Disease Center  
Cedars-Sinai Medical Center  
Los Angeles, CA

Rhodora Jocson, MSN, PNP, CNS, RN-BC  
*Manager, MCS and Advance Heart Disease Programs*  
Cedars-Sinai Medical Center  
Los Angeles, CA

Charles McDaniel, BSN, RN  
*VAD Coordinator,*  
Heart Transplant and Mechanical Assist Device Program  
Baptist Hospital  
Memphis, TN

8:00 am – 12:00 pm  
Room L10, Lobby Level

### CHILDREN'S HEALTH INSTITUTE

*Moderator:* Lenora Yates, DNP, EdD, ARNP, MBA, CNE  
*NBNA Historian*

#### It's Complicated: Sickle Cell Pain

Anita J. Pittman, MSN, FNP, ARNP  
*Nursing Instructor*  
Miami Dade College  
Miami, FL

#### Teaching Practical "Choices" for African-American Adolescent Males to Adopt in Overcoming Health Disparities Identified in "The Social Determinants of Health"

Velva Burley Flowers, MS, M.Div., DMin.  
*Chief Executive Officer*  
The Flowers Institute  
Southfield, MI

Cynthia Archer-Gift, PhD, Ed.Sp C., MSN, BSN  
*Assistant Professor, Clinical Psychiatric Nursing*  
Wayne State University  
School of Nursing  
Detroit, MI

#### Theoretical and Behavioral Overlaps when Examining Child Sexual Abuse: Gender, Age, and Perpetrator Behaviors

Faye Gary, EdD, MS, RN, FAAN  
*Professor*  
Frances Payne Bolton School of Nursing  
Case Western Reserve University  
Cleveland, OH

Mona Hassan, PhD, RN  
*Faculty*  
Prairie View A & M University  
College of Nursing  
Houston, TX

### **Younger and Older Children Telling the Stories about Their Experiences of Sexual Abuse and Maltreatment**

Mona Hassan, PhD, RN  
Faculty  
Prairie View A & M University  
College of Nursing  
Houston, TX

Faye Gary, EdD, MS, RN, FAAN  
Professor  
Frances Payne Bolton School of Nursing  
Case Western Reserve University  
Cleveland, OH

### **Toxic Stress and Adolescent High Risk Behaviors**

Gladesia Tolbert, MSN, BSN, PMHS, CPNP  
Pediatric Nurse Practitioner  
Children Mercy Hospital and Clinics  
Kansas City, MO

8:00 am – 12:00 pm  
Room L12, Lobby Level

### **FOUNDERS LEADERSHIP INSTITUTE**

*Moderator:* Angela Marie Allen, PhD, RN, CRRN  
Member, NBNA Board of Directors

### **Leadership Diversity: Cultural Responsiveness in Leadership**

Angela Marie Allen, PhD, RN, CRRN  
Research Nurse  
Healthy Aging  
Arizona State University  
Phoenix, AZ

### **Utilization of Healthcare and Barriers to Care for Undocumented Immigrants**

Oluwatoyin Olukotun, RN, BSN  
Registered Nurse  
University of Wisconsin- Milwaukee  
Milwaukee, WI

### **The Minority Fellowship Programs: An Effective Approach for Reducing Substance Abuse and Mental Health Disparities**

Freida Outlaw, PhD, RN, FAAN  
Executive Consultant  
SAMHSA Minority Fellowship Program  
American Nurses Association  
Silver Spring, MD

Hossein Yarandi, PhD  
Program Evaluator/Statistician  
SAMHSA Minority Fellowship Program  
American Nurses Association  
Silver Spring, MD

### **Mentorship Across the Profession: A Case Study Approach to Nurse Helping Nurses**

Ta'Neka C. Vaden, DNP, APRN  
Assistant Professor of Nursing  
Lansing School of Nursing and Health Sciences  
Bellarmine University  
Louisville, KY

### **Accelerate Your Career in Nursing: Pathways and Principles**

Janice Phillips, PhD, RN, FAAN  
Director of Government and Regulatory Affairs  
CGFNS International, Inc  
Philadelphia, PA

8:00 am – 12:00 pm  
Room L5, Lobby Level

### **HEALTH POLICY INSTITUTE**

*Moderator:* Monica Ennis, EdD, RN, MSHS  
Member, NBNA Board of Directors

### **Eliminating Health Care Disparities in Minority Communities: Health Equity and Equality in Public Policy**

Deidre Walton, JD, MSN, RN  
Chief Executive Officer  
Keverdon and Associates  
Valencia, CA

### **Looking Back, Moving Forward Advancing Health Equity in a Health Reform Era**

Daniel E. Dawes, JD  
Executive Director  
Government Relations, Policy and External Affairs  
Morehouse School of Medicine  
Atlanta, GA

### **Growing Our Own in the Delta (GOOD) Scholars Program: A Socio-Ecological Model Approach for Retaining Underrepresented Students in a Graduate Nursing Program**

Kimberly Hayman, BSN, RN  
Student Success Coordinator  
Growing Our Own in the Delta Scholars Program  
College of Nursing  
University of Arkansas for Medical Sciences  
Little Rock, AR

Keneshia Bryant Credentials, PhD, RN, APRN, FNP-BC  
Assistant Professor  
Director

Growing Our Own in the Delta Scholars Program  
College of Nursing  
University of Arkansas for Medical Sciences  
Little Rock, AR

Joseph Labonte, BSN, RN  
Student

Growing Our Own in the Delta Scholars Program  
College of Nursing  
University of Arkansas for Medical Sciences  
Little Rock State, AR

Denise Kelley, MBA, BSN, RN  
Growing Our Own in the Delta Scholars Program  
College of Nursing  
University of Arkansas for Medical Sciences  
Little Rock, AR

8:00 am – 12:00 pm  
Room L4, Lobby Level

### **NURSING EDUCATION INSTITUTE**

*Moderator:* Martha Dawson, DNP, RN, FACHE  
NBNA Secretary

#### **Developing An Interprofessional Simulation Program: A Survey of the Evidence and Best Practice Solutions**

Denyce Watties-Daniels, MSN, RN  
*Director, Simulation and Learning Resource Centers*  
College of Health Professions  
Coppin State University  
Baltimore, MD

#### **Test Taking Skills and Anxiety Reduction Strategies for Nursing Students**

LaDonna L. Christian, PhD, MSN, APHN-BC  
*Associate Professor of Practice-Nursing*  
Simmons College  
Boston, MA

#### **Becoming a Black Nurse Faculty Leader**

Elaine C. Hardy, PhD, RN  
*Regional Director*  
University of Illinois at Chicago  
Peoria, IL

#### **Demonstrating Family-centered Care Concepts in Nursing Education Through Simulated Experiences**

Tedra Smith, DNP, CRNP, CPNP-PC  
*Assistant Professor*  
The University of Alabama at Birmingham  
School of Nursing  
Birmingham, AL

Sherita Etheridge, MSN, CRNP, CPNP-PC  
*Nursing Instructor*  
The University of Alabama at Birmingham  
School of Nursing  
Birmingham, AL

#### **Qualitative Study to Explore the Male Nursing Student's Coping with Experiences in a Maternal-Newborn Nursing Course**

Stella O. Akpuaka, DNP, MS, MSc.HCA, CFNP, FNP-BC, RN  
*Associate Professor*  
Division of Allied Health and Physical Sciences  
University of the District of Columbia  
Community College  
Washington, DC

Veronica A. Clarke-Tasker, PhD, RN, MS, MBA, MPH, M. Div.  
*Professor, Division of Nursing*  
Howard University College of Nursing  
and Allied Health Sciences  
Washington, DC

8:00 am – 12:00 pm  
Room L3, Lobby Level

### **PATIENT SAFETY AND PROVIDER SAFETY**

*Moderator:* Birthale Archie, DNP, MSN, BS, RN  
NBNA Second Vice President

#### **Application of the Medication Adherence Algorithm**

Birthale Archie, DNP, MSN, BS, RN  
*Faculty*  
Health Care Faculty  
College of Health Profession  
Davenport University  
*President and CEO*  
Nursing Care Force, LLC  
Grand Rapid, MI

#### **Collaboration At Its Best**

Stephanie Doibo, BSN, RN  
*Surgical Nurse*  
University Hospitals of Cleveland  
Cleveland, OH

#### **Misuse and Abuse of Opioids**

Sandee Sealy, APRN  
*Provider*  
Mocek Spine Clinic  
Little Rock, AR

#### **Mobilization of Critically Ill Patients Through Early Mobility**

Kelvin Hinton, MSN, APRN, FNP-C, WCC  
*Senior Account Manager*  
Hill-Rom, Inc.  
Memphis, TN

#### **Medication Compliance: Nurse Facilitation of Effective Communication to Strengthen Linkages between What Providers Prescribe, What Pharmacies Dispense, and What Patients Do**

Vanessa Parker, PhD, MA, MSN, RN, PHN, CHES, CNL, PMHNP-BC  
*Assistant Professor*  
Charles R. Drew University of Medicine and Science  
Los Angeles, CA

#### **Advancing Health Practices Through Collaboration with Shift Handoff Communication**

Katheryne Tifuh Amba, ACNP-BC, CCRN, DNP/PhDc  
*Advanced Practice Nurse*  
University of Chicago  
Goldfarb School of Nursing at Barnes  
Jewish College  
Chicago, IL

8:00 am – 12:00 pm  
Room L11, Lobby Level

### **VIOLENCE PREVENTION INSTITUTE**

*Moderator:* Patricia McManus, PhD, RN  
NBNA Parliamentarian

### **The Impact of Traumatic and Violent Events on Emergency Nurses**

Renée R Wright, EdD, RN  
Assistant Professor  
York College, City University of New York  
Jamaica, NY

### **Community Resources by Abused Pregnant Women Participating in the Domestic Violence Enhanced (DOVE) Home Visit Program**

Phyllis Sharps, PhD, RN, FAAN  
Associate Dean, Community and Global Programs  
School of Nursing  
Johns Hopkins University  
Baltimore, MD

Camille Burnett, PhD, MPA, APHN-BC, RN, NScN, DSW  
Assistant Professor  
School of Nursing  
University of Virginia  
Charlottesville, VA

### **“No Bullying Zone”: Cultivating a Fair and Just Nursing Culture**

Patrice Latoya Brown, BSN, RN  
Registered Nurse  
Emory Healthcare  
Atlanta, GA

### **Dating Violence**

Agatha Janis Billups, RN, CNM, MS  
Retired/CNM  
University of Texas  
Galveston, TX

### **Beyond the Bruises- Relabeling and Proactive Treatment of Domestic Violence Victims**

Debra L. Mars, MBA, BS  
Chief Executive Officer  
Giftedbydezyn  
Los Angeles, CA

**8:00 am – 12:00 pm**  
Room L6, Lobby Level

### **WOMENS HEALTH INSTITUTE**

*Moderators:* Lola Denise Jefferson, BSN, RNC, CVRN  
NBNA First Vice President

Betty J. Braxter, PhD, CNM, RN, TTS  
Co-Chair, NBNA Ad Hoc Committee  
on Women's Health  
Member, Pittsburgh Black Nurses in Action  
Louise Aurelien, EdD, MS, ARNP, NP-C  
Co-Chair, NBNA Ad Hoc Committee on  
Women's Health  
President, Palm Beach County Black  
Nurses Association

### **Nurses are Essential to Exploring Innovative Strategies on Puberty and Health Issues for Pre-teen and Teen Populations**

Judith Brewster, MSRN, SANE-A  
Certified Forensic Nurse Examiner for  
Adolescents and Adults  
SART  
Hamilton, Bermuda

### **Promoting Self-Protective Behaviors Among Female African Americans and Latinas**

Anita Bralock, PhD, RN, CNM  
Dean and Professor  
American University of Health Sciences  
Bralock & Associates Consultancy  
Los Angeles, CA

### **Complementary and Alternative Medicine Use among Ethnic Minorities**

Dora Clayton-Jones, PhD, RN, CPNP-PC  
Assistant Professor  
University of Wisconsin-Milwaukee  
College of Nursing  
Milwaukee, WI

### **Reducing Stress and Infant Mortality in African American Women**

Essence Williams, RN, BSN, CBC, CCE  
Public Health Registered Nurse  
Nurse Family Partnership  
Frontier Nursing University  
Philadelphia, PA

### **Menopause, Rurality and Obesity in Rural African American Women**

Dr. Colleen Kilgore, PhD, MPH, MSN, FNP-BC  
Assistant Professor  
South University  
College of Nursing and Public Health  
Royal Palm Beach, FL

**10:00 am – 3:00 pm**  
Southwest Hall, Ballroom Level

### **Exhibit Hall Open**

NBNA Fifth Annual Career Fair for Local Nurses  
and All Attendees

*Sponsored by:* CVS Health

**11:00 am – 12:00 pm**  
Southwest Hall, Ballroom Level

### **Exhibit Hall**

NBNA Nursing Innovation Theater  
Beale Street Theater

**Career Fair Innovation Theater****Lupus Education and Awareness for Patients, Professionals and Providers**

*Moderator:* Beulah Nash-Teachey, PhD, RN  
NBNA Treasurer

*Sponsored by:* **Directors of Health Promotion and Education**

CE Presentation, All are Welcome to Attend

**Jeffrey Potter, MD**

*Associate*

Arthritis and Rheumatism Associates, PC  
Olney, MD

**Hetlena J. Johnson, Ed.S.**

*Chief Volunteer Officer*

Lupus Foundation of America South  
Carolina Community Partner of the  
Lupus Foundation of America  
Columbia, SC

**12:30 pm – 2:00 pm**

Ballrooms C-D, Ballroom Level

*Moderator:* **Dr. Eric J. Williams**  
NBNA President

**NBNA 45<sup>th</sup> Anniversary Awards Luncheon**

Honoring NBNA Exhibitors and NBNA Under Forty Award Recipients

*Moderator:* **Sheldon D. Fields, PhD, RN, FNP-BC, AACRN, FNAP, FAANP**  
HIV Prevention Trials Network  
Member, Council of Black Nurses, Los Angeles

*Sponsored by:* **Gilead Sciences**

**Truvada for Pre-Exposure Prophylaxis (PrEP)**

**Bethsheba Johnson, MSN, CNS, GNP, AACRN, AAHIVS**

*Associate Director, Community Medical Scientist*  
Gilead Sciences

**2:30 pm – 3:30 pm**

Southwest Hall, Ballroom Level

**NBNA Nursing Innovation Theater**

Beale Street Theater

*Sponsored by:* **Froedtert and Medical College of Wisconsin**

**Dimensions of Diversity: Are You Ready for the New Norm?**

**Sharron D. Coffie, MSN, RN, CNS-BC, CHFNP**

*Manager, Cardiovascular Clinics and EKG*

Heart and Vascular Service Line

Froedtert and Medical College of Wisconsin  
Milwaukee, WI

**Shary Tran, MBA CDM**

*Director, Diversity and Inclusion*

Froedtert and Medical College of Wisconsin  
Menomonee Falls, WI

**2:30 pm – 4:00 pm**

Room 204, Lobby Level

**LPN Forum**

**Brenda Partee-Taylor, RN, BSEd, FCN**

*Member, Memphis-Riverbluff*

Black Nurses Association

**4:00 pm – 5:00 pm**

Ballroom A – B, Ballroom Level

**Plenary II**

*Moderator:* **Carolyn Etheridge, BSN, RN**

*Student Representative, NBNA Board of Directors*

**Human Trafficking and Domestic Violence****Human Trafficking Indicators for Healthcare**

Special Agents from the Office of Homeland Security  
For security reasons, the names of the speakers are not listed. No photographs may be taken of the presenters.

**Beyond the Bruises – Relabeling and Proactive Treatment of Domestic Violence Victims**

**Debra L. Mars**

*Founder CEO/CCO*

Gifted by dezyn

*Author, Death of a Fairytale*

Los Angeles, CA

**5:00 pm – 7:00 pm**

Room L3, Lobby Level

**NBNA Choir Rehearsal****NBNA Under Forty Forum**

**5:30 pm – 7:00 pm**

Rooms 204 and 205

*Moderators:* **Sasha DuBois, MSN, RN**

*Chair, Ad Hoc Committee on Under Forty Forum*

*Member, New England Regional Black*

*Nurses Association*

**Patrice L. Brown, BSN, RN**

*Member, Atlanta Black Nurses Association*

*Co-Chair, Ad Hoc Committee on Under*

*Forty Forum*

**Speed Up Your Success Tract!**

*Sponsored by:* **VITAS Healthcare**

*TedTalk:* **RADM Sylvia Trent-Adams, PhD, RN, FAAN**

*Deputy Surgeon General*

U.S. Department of Health and Human

Services

Washington, DC

**Ask 16 Successful VITAS and NBNA Nurse Leaders How They Did It!**

VITAS Healthcare and NBNA Mentors

**Trilby Barnes, RN**

*Immediate Past President*

New Orleans Black Nurses Association

**Dawn Bazarko, DNP, MPH, RN, FAAN**  
*Certified Mindfulness Facilitator*  
 Founder and Senior Vice President  
 Moment Health, Optum a division of  
 UnitedHealth Group  
 Minnetonka, MN

**Catrice Brady**  
*RN Recruiter*  
 VITAS Healthcare Miami  
 Miami, FL

**Kendrick Clack, MS, APRN, FNP-C**  
*Member, NBNA Board of Directors*  
*Nurse Practitioner*  
 Howard Brown Health  
 Chicago, IL

**Martha Dawson, DNP, RN, FACHE**  
*NBNA Secretary*  
*Assistant Professor and Coordinator*  
 Nursing and Health Systems  
 Administration and Senior Scholar, PAHO/WHO  
 Collaborating Center on International Nursing  
 University of Alabama at Birmingham  
 School of Nursing  
 Birmingham, AL

**Sheldon Fields, PhD, RN, FNP-BC, AACRN, FNAP, FAANP**  
 HIV Prevention Trials Network  
 New York, NY

**C. Alicia Georges, EdD, RN, FAAN**  
*President, National Black Nurses Foundation*  
*President-Elect, AARP*  
*Chairman and Professor, Department of Nursing*  
 Lehman College of CUNY  
 Bronx, NY

**Allyssa L. Harris, RN, PhD, WHNP-BC**  
*Assistant Professor*  
 William F. Connell School of Nursing  
 Boston College  
 Chestnut Hill, MA

**Tarma Johnson, FNP-BC**  
*President, New England Regional*  
 Black Nurses Association  
*Director of Clinical Health Services*  
 Mattapan Community Health Center

**Joni Lovelace, RN, CEO**  
*Nurse Consultant*  
 Lovelace Multi-Care Health Services  
 Atlanta, GA

**Marie Mompont, RN, FNP, DNP, OCN, HPCN**  
*Clinical Nurse Manager of Palliative Care*  
 Veterans Administration Hospital of Atlanta  
 Atlanta, GA

**Yvonne Olusi-Ogadi, BS, RN, CNLC, COS-C**  
 A-CHCE  
*Administrator*  
 Mother Love Health Care Service  
 Houston, TX

**Lyn Peugeot, BSN, RN**  
*Clinical Nurse Educator*  
 VITAS Healthcare of Broward, Ft. Lauderdale, FL  
*Vice President, Greater Fort Lauderdale Broward County*  
 Chapter of the National Black Nurses Association

**Michael Robinson, SGM, LPN**  
*Chief of Operations, U.S. Army*  
 68W/Medic Instructional Battalion  
 Whitehall, OH

**Maggie Smith, DNP, MSN Ed, OCN**  
*Principal, Medical Science Liaison*  
 Janssen Biotech  
 Olympia Field, IL

**Linda Washington-Brown, PhD, EJD, ARNP-C**  
*Associate Dean*  
 Broward College  
 Davie, FL

**Lenora Yates, DNP, EdD, ARNP, MBA, CNE**  
*NBNA Historian*  
*Chair, Generic and Accelerated Options*  
 School of Nursing  
 Miami Dade College  
 Miami, FL

**5:30 pm – 8:30 pm**

Sheraton Hotel  
 Heritage Ballroom, Mezzanine Level

### **Sapphire Musical**

To Benefit the NBNA Violence Prevention Initiative

**5:30 pm – 6:30 pm**

### **Happy Hour**

Featuring: **Homer Hamilton – Saxophonist**

**6:30 pm – 8:30 pm**

### **Featured Artist**

TruPoetry – Spoken Word Artists  
 Stax Music Academy Alumni Band

Supported by: **VITAS Healthcare**

Ticket Required. \$45.00

## **SATURDAY • AUGUST 6**

**6:00 am – 7:00 am**

Sheraton Memphis Hotel – Magnolia, Lobby Level

### **Exercise**

**8:00 am – 12:30 pm**

**1:30 pm – 4:00 pm**

Room 202, Ballroom Level

### **NBNA National Office**

**8:00 am – 5:00 pm**

Executive Conference Center, Mezzanine Level

### **Speaker Ready Room**

**6:30 am – 7:45 am**

Ballroom D, Ballroom Level

**Sarcoidosis: Raising Community Awareness around a Rare Autoimmune Disease**

*Moderator:* Marcia Skeete  
 Member, New York Black Nurses Association  
 Non-CE Breakfast Session

*Supported by:* **Mallinckrodt Pharmaceuticals**

Catherine Jackson, RN, BSN, MPH

*Advocacy Relations*

Mallinckrodt Pharmaceuticals

St. Petersburg, FL

Kakneka D. Mason, Pharm.D., BCPS

*Medical Science Liaison*

Mallinckrodt Pharmaceuticals

Hazelwood, MO

Nancy Santilli, RN, NP, MN, FAAN

*Vice President and Global Managing Director*

Human Care Systems

Sunnyvale, CA

Virginia Spitzer, MA

*Executive Director*

Foundation for Sarcoidosis Research

Chicago, IL

**6:30 am – 7:45 am**

Ballroom C, Ballroom Level

**Exploring Differences in Disease and Care for African Americans Living with Multiple Myeloma**

*Moderator:* Wanda Pendleton  
 Member, Birmingham Black Nurses Association  
 Non-CE Breakfast Session

*Supported by:* **Celgene Corporation**

Racquel Innis-Shelton, MD

*Assistant Professor of Medicine and Medical Director*

Bone Marrow Transplant and Cell Therapy Program

Myeloma Clinic

University of Alabama – Birmingham

Birmingham, AL

**9:00 am – 1:00 pm**

River Bluff, Mezzanine Level

**MINDFULNESS WORKSHOP****The Mindful Nurse Leader: Strategies for Bringing Mindfulness into Nursing Practice**

*Moderator and Presenter:* Dawn M. Bazarko, DNP, MPH, RN, FAAN,  
 Certified Mindfulness Facilitator  
 Senior Vice President and Founder, Moment Health  
 Optum, UnitedHealth Group  
 Minnetonka State, MN

**11:00 am – 12:00 pm**

Exhibit Hall, Beale Street Theater

Southwest Hall

**NBNA Nursing Innovations Theater**

*Moderator:* Gayenell Magwood, PhD, RN  
 Alumnus CCRN  
 Member, Tri-County Black Nurses Association  
 (Charleston)

**Reducing Lung Cancer Mortality in Disparate Populations through cancer-Community Awareness Access Research and Education (c-CARE)****CE Session**

*Sponsored by:* **Augusta University**

Lovoria B. Williams, PhD, FNP-BC, FAANP

*Associate Professor*

College of Nursing

Augusta University

Augusta, GA

**12:00 am – 1:00 pm**

Southwest Hall, Ballroom Level

**Exhibit Hall****12:00 pm – 12:30 pm****Passport Raffle****12:30 pm – 1:00 pm****Grand Raffle****WORKSHOPS**

2 CEUs will be awarded for each workshop unless otherwise indicated.

**1:00 pm – 3:00 pm**

Room L11, Lobby Level

*Moderator:* Mary McCain Johnson, MSN, RN  
 Member, NBNA: Northern Virginia Chapter

**COLLABORATIVE APPROACH TO ADVANCING HEALTHCARE PRACTICES****Community Needs Assessment: A Collaborative Approach to Advancing Healthcare Practices of a School-Based Primary Comprehensive Health Care Center within an Inner City Community**

Raquel Vera, PhD, ARNP, PPCNP-BC

*Assistant Clinical Professor and Program Director*

Nicole Werthiem College of Nursing and Health Sciences

Florida International University

Miami, FL

Ora L. Strickland, PhD, RN, DSc (Hon), FAAN

*Dean and Professor*

Nicole Werthiem College of Nursing and Health Sciences

Florida International University

Miami, FL



### **Lessons Learned in Opening a High School-Based Health Clinic while Advancing Nursing Practice through Diversity and Collaboration**

Ora L. Strickland, PhD, RN, DSc (Hon), FAAN  
*Dean and Professor*  
 Nicole Werthiem College of Nursing and Health Sciences  
 Florida International University  
 Miami, FL

Raquel Vera, PhD, ARNP, PPCNP-BC  
*Assistant Clinical Professor and Program Director*  
 Nicole Werthiem College of Nursing and Health Sciences  
 Florida International University  
 Miami, FL

**1:00 pm – 3:00 pm**  
 Room L2, Lobby Level

### **CULTURAL COMPETENCY WORKSHOP**

*Moderator:* Hester O'Rourke, MPA, RN  
*Member, Big Bend Tallahassee Black Nurses Association*

### **The Journey to Achieve Health Equity in Pennsylvania**

Dawndra L. Jones, DNP, RN, NEA-BC  
*Chief Nursing Officer, Vice President of Patient Care Services*  
 McKeesport Hospital  
 University of Pittsburgh Medical Center  
 Pittsburgh, PA

Diana P. Jones, EdD, MS, RN  
*Assistant Professor of Nursing*  
 Slippery Rock University of Pennsylvania  
 Slippery Rock, PA

### **Big Data Approach to Develop Targeted Clinical Programs**

Alicia L. Scott, MSN, RN  
*Program Director, Clinical Affairs, Business Operations Insurance Services Division*  
 University of Pittsburgh Medical Center  
 Pittsburgh, PA

Charleeda Redman, RN, MSN ACM, FAACM  
*Vice President, Accountable Care Hospital Division Administration*  
 University of Pittsburgh Medical Center  
 Pittsburgh, PA

### **Checking the Pulse of Cultural Competency: A Comparison of Pennsylvania Magnet and Non-Magnet Facilities**

Rita K. Adeniran, DrNP, RN, NEA-BC, FAAN  
*President and CEO*  
 Innovative and Inclusive Global Solutions  
 Drexel Hill, PA

Monica J. Harmon, MSN, MPH, RN  
*Senior Lecturer*  
 University of Pennsylvania School of Nursing  
 Philadelphia, PA

**1:00 pm – 3:30 pm**  
 Room L4, Lobby Level

### **HIV/AIDS WORKSHOP**

*Moderator:* Rose Ellington-Murray, EdD, MA, MDiv., BSN, RN  
*Member, New York Black Nurses Association*

### **HIV and Black Mistrust of the Healthcare System**

Austin Nation, PhD(c), RN, PHN, MSN  
*Nursing Doctoral Candidate and Adjunct Professor*  
 UCSF School of Nursing – Community Health Systems  
 San Francisco, CA

### **Sexual Risk-taking Behaviors across Cultures that Place Women at Risk for HIV**

Beverly Fray, PhD(c), RN, MSN, PHCNS-BC  
*PhD Nursing Student*  
 Florida International University  
 Miami, FL

### **Treatment of HCV Infection in HIV/HCV Co-infected Patients in the PCMH Setting**

LeShonda Wallace, PhD, MSN, RN, FNP-BC  
*HIV Clinician*  
 New Hanover Regional Medical Center  
 Wilmington, NC

### **Father 2 Son: African American Father-Son Sexual Communications**

Allyssa L Harris, PhD, RN, WHNP-BC  
*Assistant Professor*  
 William F. Connell School of Nursing  
 Boston College  
 Chestnut Hill, MA

### **Needle Exchange Programs: The Time is Now**

Karen K. Harris, MSN, RN, OCN  
*Nurse Manager*  
 University of Alabama-Birmingham Hospital  
 Birmingham, AL

**1:00 pm – 3:00 pm**  
 Room L6, Lobby Level

### **INNOVATIVE NURSING MODELS**

*Moderator:* Rebecca Harris Smith, EdD, MSN, RN  
*Member, Council of Black Nurses, Los Angeles*

### **Confronting Issues of Poverty and Healthcare Disparities in Jamaica: An Interdisciplinary Experience**

Debbie McGregor, EdD, RN  
*Associate Professor*  
 Nursing  
 Nova Southeastern University  
 Fort Lauderdale, FL

### **The Nurse's Role in Communities Experiencing Environmental Contamination**

Wendy Robinson, PhD, RN, FNP, CNE  
*College President and Associate Professor*  
 Helene Fuld College of Nursing  
 New York, NY

### **Engaging Inter-professional Education and Collaborative Practice: A Student-Led Development of Self-Management Diabetes Tools for a Nurse Managed Clinic**

Gloria J. McNeal, PhD, MSN, BSN, FAAN  
*Dean*

School of Health and Human Services  
National University  
La Jolla, CA

Patricia L. Humbles-Pegues, PhD, RN

*Professor*  
School of Nursing  
National University  
Costa Mesa, CA

**1:00 pm – 3:00 pm**

Room 204, Ballroom Level

### **MEN'S HEALTH WORKSHOP**

*Moderator:* Alona Pack, RN, MSN, MA  
Member, Kyanna Black Nurses Association  
(Louisville)

### **What Women Need To Know About Men's Health**

Judy Seals-Togbo  
Health Education/MSW  
*Project Manager*  
Men's Health Network  
Marion, AR

### **Barriers to Prostate Cancer Screening in African-American Men in South Central Kentucky**

Yolanda Y. Reid, DNP, APRN  
*Advanced Practice Registered Nurse*  
Barren River District Health Department  
Bowling Green, KY

### **The Feasibility of a Sexual Health Promotion Program for African American Male Youth in a Barbershop**

Ragan Johnson, DNP, MSN, APRN-BC  
*Assistant Professor*  
University of Tennessee Health Science Center  
Advanced Practice and Doctoral Studies Program  
Memphis, TN

### **Promoting Prostate Cancer Screening: Perception of African American Women**

Taryn Y. Eastland, PhD, RN  
*Assistant Professor*  
Purdue University Calumet  
College of Nursing  
Hammond, IN

**1:00 pm – 3:00 pm**

Chickasaw, Mezzanine Level

### **MENTORING WORKSHOP**

*Moderator:* Angela M. Allen, PhD, MAT, EdS, EA, CRRN  
Member, Black Nurses Association of Greater  
Phoenix Area

### **Nursing Diversity**

Jessica A. Arter, MSNc, RN  
*Public Health/Quality Manager Nurse*  
Hartford Department of Health and Human Services  
Hartford, CT

Lisa Davis, MBA, BS, RN  
*Director of Health Services*  
South Carolina Department of Health  
and Environmental Control  
Columbia, SC

Chrismine Brun, SN  
University of Connecticut  
School of Nursing  
Stamford, CT

### **Student to Professional: Improving Workforce Diversity through Mentorship**

Tawana Nicole Smith, MSN, RN  
*Clinical Education Specialist*  
Children's Hospital of Pittsburgh of UPMC  
Pittsburgh, Pennsylvania

Torrie L. Snyder, MSN, RN  
Pittsburgh Public Schools  
Health Career Technology Teacher  
Pittsburgh, PA

Lynn C. Kosar, MSN, RN, NEA-BC  
*Director, Clinical Operations*  
University of Pittsburgh Medical Center  
Pittsburgh, PA

### **Mentoring Minority-Nursing Students: A Pathway for Improving Minority Health**

Heather Hamilton, PhD, RN  
*Assistant Professor*  
Central Connecticut State University  
New Britain, CT

**1:00 pm – 3:00 pm**

Room L5, Lobby Level

### **PREVENTION AND OUTREACH**

*Moderator:* Larider Ruffin, DNP, APN, RN,  
ANP-BC, CTTS  
*President, Northern New Jersey Black  
Nurses Association*

### **Tobacco Use Disorders: A Chronic Disease that Should be Treated**

Larider Ruffin, DNP, APN, RN, ANP-BC, CTTS  
*Nurse Practitioner & Certified Tobacco  
Treatment Specialist*  
Atlanticare  
Atlantic City, NJ

### **Health and Our Faith: Engaging the Faith Community to Address Health Disparities Among African-Americans**

Pamela D. Price, BS in Public Health  
*Deputy Director*  
The Balm in Gilead, Inc.  
Richmond, VA

### **Healthcare for the Homeless**

Lyah N. Holmes, DNP, RN, APNP, AGPCNP-BC  
*Nurse Practitioner*  
Milwaukee Health Services, Inc.  
Milwaukee, WI.

**1:00 pm – 3:00 pm**

L5, Lobby Level

### **PUBLIC HEALTH WORKSHOP**

*Moderator:* Linda Washington-Brown, PhD, EJD, ARNP-C  
President, Black Nurses Association, Miami

### **Healthy Me – Healthy Community – Vaccination Project**

Linda Washington-Brown, PhD, EJD, ARNP-C  
*Associate Dean*  
RN-BSN Program  
Broward College  
Davie, FL

Paulette Rounds-Stanley, RN, MSN  
*Nursing Faculty*  
Broward College  
Pembroke Pines, FL

### **Promoting a Culture of Health by Improving Healthy Food Access Through Community-Supported-Agriculture-Farmshare Programs in Food Desert: Lessons from San Bernardino City**

Fayomi Agboola, MPH, RN, DrPH(c)  
*Public Health Nurse*  
Department of Children and Family Services  
San Bernardino, CA

**1:00 pm – 3:00 pm**

Room L3, Lobby Level

### **TRANSITIONS TO CARE WORKSHOP**

*Moderator:* Joann Lomax, MHA, BSN, RN, PAAPC  
*Immediate Past President, Milwaukee Chapter*  
National Black Nurses Association

### **Collaboration to Serve Diverse Populations: The Specialty Practice of Faith Community Nursing**

Sharon Hinton, RN-BC, MSN, DMin.  
*FCN Project Manager*  
International Parish Nurse Resource  
Center, Church Health Center  
Memphis, TN

Katora Campbell, DrPH, MSN, RN  
*Director*  
Church Health Center  
Memphis, TN

### **Timely Discharge Initiative: The Patients' Perspective**

Rosemary Irish, RN, BScN, MSN/Ed., DNP(c)  
*Primary Nurse*

Sunnybrook Health Sciences Center  
Thornhill, Ontario, Canada

Mary Glavashevich, RN, BA, MN

*Patient Care Manager*

Sunnybrook Health Sciences Center  
Toronto, Ontario, Canada

**1:00 pm – 4:00 pm**

Sultana, Mezzanine Level

### **BREAST CANCER SCREENING INSTITUTE AND PRACTICUM**

*Moderator:* Sandra M. Underwood, PhD, RN, FAAN  
*Professor*  
College of Nursing  
University of Wisconsin  
Milwaukee, WI

### **Nurses Affecting Change Partner in Pursuit of the Promise: Breast Cancer Screening Institute and Practicum**

Sandra M. Underwood, PhD, RN, FAAN  
*Professor*

College of Nursing  
University of Wisconsin  
Milwaukee, WI

Kelly Richards, RN, MSN, FNP  
*Clinical Nurse Practitioner*

Outreach Community Health Center  
Milwaukee, WI

Oza Holmes, RN, MSN, OCN

*Women's Health Nurse Specialist*  
Aurora Visiting Nurse Association  
Milwaukee, WI

Carla Harris RN, BSN

*Women's Health Clinician*  
Columbia St. Mary's Breast Center  
Milwaukee, WI

Bonnie Anderson, LPN

*Director of Assisted Living*  
Milwaukee Catholic Home  
Milwaukee, WI

Vivalynn L. Anderson, RN

*Staff RN*  
Golden Living Center Colonial Manor  
*Family Care RN, Case Manager*  
ANS Home Health Services, Inc  
Milwaukee, WI

**3:00 pm – 7:00 pm**

### **Free Time**

**3:00 pm – 4:00 pm**

Room 204, Lobby Level

### **NBNA Choir Rehearsal**

6:00 pm – 7:00 pm

**Lifetime Member Photos**

7:00 pm – 11:00 pm

**Wear a touch of Sapphire Blue!****President's Gala 45<sup>th</sup> Anniversary Celebration**

Grand Ballroom, Ballroom Level

**Lifetime Achievement and Trailblazer Awards***Featuring:* **Dave Lemon and the Fleux**  
New Orleans, LA*Moderator:* **Dr. Millicent Gorham**  
NBNA Executive Director**Invocation****Evelyn Collier Dixon, MDiv., RN, MSN**  
*Member, Chicago Chapter National Black Nurses Association***Presentation of the Presidential Awards****Dr. Eric J. Williams, NBNA President****SUNDAY • AUGUST 7**

7:30 am – 9:30 pm

Cotton Row /Steamboat, Mezzanine Level

**Ecumenical Service***Guest Minister – Reverend Dr. Cynthia Dianne Davis*  
District Superintendent of the McKendree District of the  
Memphis Conference of the United Methodist Church  
Memphis, TN**NBNA Gospel Choir***Minister of Music – Dr. Kevin McBride**Praise Leader – Lola Denise Jefferson**NBNA First Vice President**Founder and Past President, Fort**Bend County Black Nurses Association*

10:00 am – 12:00 pm

Ballroom A-B, Ballroom Level

**Brunch and Closing Session***Moderator:* **Birthale Archie, DNP, MSN, BS, RN**  
*NBNA Second Vice President*  
*Immediate Past President*  
Kalamazoo-Muskegon Black Nurses Association**Invocation****Professor Hayward S. Gill, Jr., RN, MS**  
*Member, New York Black Nurses Association***Nursing: Advancing Healthcare Practices through Diversity and Collaboration****Ena M. Williams, MBA, MSM, BSN, RN, CENP**  
*Vice President and Associate Chief Nursing Officer*  
Yale New Haven Hospital  
New Haven, CT**New Lifetime Members will be recognized and certificates will be presented****Installation of NBNA Officers, Board Members and Nominations Committee****Dr. Patricia McManus**  
*NBNA Parliamentarian*  
Lifetime Member  
Member, Milwaukee Black Nurses Association

12:00 pm – 1:00 pm

Executive Conference Center, Mezzanine Level

**Post-Conference Board Meeting**

# 2016 Conference Overview and Objectives

WEDNESDAY • AUGUST 3

7:00 am – 3:30 pm

Ballroom C, Ballroom Level

## Presidents' Leadership Institute

### A Transitional Journey: Goals of Care for the Patient and the Caregiver

The Joint Commission Center for Transforming Healthcare, the Centers for Medicare and Medicaid Services, the Affordable Care Act, as well as the Institute of Medicine state that initiating coordinated transitions of care plans for patients moving from one healthcare settings to another improves the quality, safety and overall satisfaction of healthcare provider services.

Implementing goals of care during transitions of care allows for healthcare services to be patient/caregiver-centered. Goals of care reflect the patient/caregivers values, beliefs and wishes throughout the continuum of life. Goals of care are continuously evaluated to ensure quality of life indicators are achieved.

### Addressing Inactivity and Social Isolation among African-American Women through Culturally-Relative, Cross-Generational Walking Campaigns

GirlTrek has inspired more than 50,000 African-American women to start walking and helped 11,000 of those walkers meet an important threshold of behavior change (daily moderate-intensity walking for four consecutive weeks.)

Put simply, walking is the single most powerful thing a woman can do to improve her health. Daily walking dramatically reduces risk of chronic disease – heart disease by 50%, diabetes by 58% AND improves mental health with a 50% reduction in risk of dementia and Alzheimer's, 48% reduction in anxiety and 47% of walkers were relieved of depression symptoms. (University of Toronto, 2015)

"We've spent an enormous amount of money on research-based approaches to obesity prevention and treatment, and almost none of them have worked with black women," says Gary G. Bennett, a professor at Duke University and a leading researcher on obesity. "One of the key predictors of positive treatment outcomes is really high levels of engagement. I've been doing work on obesity as it affects medically vulnerable populations for 15 years, and I don't know of anything in the scientific community or any public health campaigns that have been able to produce

and sustain engagement around physical activity for black women like GirlTrek does. Not even close." (New York Times, April 2016)

According to research by The Monitor Institute, published in the Stanford Social Innovation Review October 2014, GirlTrek works because the organization acknowledges salient cultural and personal struggles, provides a means to build social capital, and empowers women to engage with and be part of a solution in their own communities.

Nurses are front-line influencers who are well-positioned to affect behavior change. Nurses will learn culturally-relevant and gender-specific engagement strategies for promoting daily walking and will be able to use these techniques to prevent chronic disease and sustain behavior change. By the end of this presentation, nurses will be able to initiate conversations, support initial action and personally model a habit of daily walking to inspire their patients to live healthier, more active lives.

Upon completion of this program, the nurse participant will be able to:

- Identify and discuss contributing factors to inactivity related to AA women
- Promote/prescribe culturally-appropriate walking campaigns to colleagues and patients as an affordable treatment option
- Use research-based engagement strategies to sustain daily physical activity and support habit formation

### Nurses Effecting Change Partner in Pursuit of the Promise

While Black women are less likely to be diagnosed with breast cancer than White women, Black women diagnosed with breast cancer die from breast cancer at higher rates than White women diagnosed with breast cancer. In spite of widespread campaigns focused on breast cancer detection and control more than one in three Black women have not been screened. The presentation will provide nurse participants an overview of the CDC Breast and Cervical Cancer Screening Program; the CDC Wise Woman Program, the CDC Inside Knowledge, and Partners in Pursuit of the Promise — evidence-based interventions designed to promote breast awareness and screening among diverse populations. Also included will be an update and overview of breast cancer etiology and epidemiology; clinical breast examination and screening procedures; and information on screening resources provided through the CDC Breast and Cervical Cancer Screening Program for underinsured women in the local

WEDNESDAY • AUGUST 3

communities across the United States. A look at the significance of using 3D mammography will round out the presentation.

**Upon completion of this program, the nurse participant will be able to:**

- Identify epidemiology, risk factors, signs and symptoms, and screening guidelines for breast cancer
- Describe inequities experienced by Black women relative to breast cancer screening, diagnosis, treatment and symptom management
- Describe evidence-based strategies that may be used by advance practice nurses and nurse generalists to respond to the breast awareness and screening needs of women in the local community
- Discuss the components and outcomes of the "Breast and Cervical Cancer Screening", "Wise Woman", "Inside Knowledge" and "Partners in Pursuit of the Promise" breast cancer awareness and screening programs
- Discuss the value of using 3D mammography

### **ELNEC – Advanced Practice Registered Nurse (APRN) Training**

There are many palliative care teams across the US being led by APRNs and they are key team members who exemplify commitment to their varied roles in not only leadership, but practice, education and research. Participants of this course will receive advanced education in pain and symptom assessment/management and communication. Additional training in palliative care – related finances, budgets, quality improvement, education and leadership are also provided.

#### **ELNEC APRN Modules:**

- Communication between APRN and Physicians
- Pain Management
- Symptom Management
- Program Development and maintenance
- Palliative APRN Role Development and Clinical Leadership
- Self Care – How Do You Care For Yourself
- Leadership

#### **What is Provided With Completion of Course:**

- An ELNEC APRN Certificate
- 14 CEs
- 500+ page Syllabus
- ELNEC APRN CD

**8:00 am – 11:00 am**

Sultana, Mezzanine Level

### **American Red Cross Workshop**

#### **2016 Updates for the NBNA from the American Red Cross**

This interactive session will provide updates on ways that nurses and nursing students can impact community health, both domestically and internationally, through

the Red Cross. It will include academic service learning opportunities for nursing students with the Red Cross and health implications for changing demographics related to blood donation and transfusions. Nurses and nursing students can help reduce morbidity and mortality from home fires through participation in the Red Cross Home Fire Campaign, promote blood donation, help communities prepare for disasters and provide needed services for military members and their families. Additionally, nurses and nursing students can participate in strategies to increase awareness about blood donation in diverse communities. Through small group discussions participants will share ideas about how to engage nurses and nursing students in promoting community health through Red Cross volunteer opportunities.

**Upon completion of this program, the nurse participant will be able to:**

- Identify academic service learning opportunities for nursing students within the American Red Cross that impact community health
- Discuss research related to blood donation, changing demographics and strategies to increase diverse blood donors to improve patient outcomes

**8:00 am – 12:00 pm**

Room L10, Lobby, Level

### **Professional Writing Institute**

#### **Writing for Publication: A Working Session to Create a Successful Manuscript**

The purpose of this workshop is to explore ways to create successful manuscripts for the publication of multiple-venue scientific articles including data-based articles. This workshop will be hosted by successful authors who, in combination, have published more than 20 books, 500 articles, multiple book chapters, including two sitting journal editors with more than 20 years experience. Participants will bring with them a paper from one of the following venues:

1. How We Did It
2. Clinical Papers
3. Exploration of a problem in the literature as found in the literature
4. Data-based articles

Participants who do not have a working document may choose to be put in one of the above groups if similar expertise exists. Faculty will assist the working groups.

**Upon the completion of the program, nurse participants will be able to:**

- Understand concrete guidelines on tips and strategies for writing for publication
- Discuss possible publication vehicles for the various types of manuscripts
- Discuss strategies for writing in groups from a distance and in person
- Discuss how to develop a manuscript for publication

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## OVATION OF THE SEAS

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Departing from Sydney Australia

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Visit the sites of : The iconic Sydney Opera House, The Sydney Bridge, Cruise the Sydney Harbor. Visit one of world's best beaches, see aboriginal creatures like the Tasmanian devil, and see the beautiful Royal Botanical Gardens.

8-night Australia Cruise  
3-night pre-stay in Sydney Australia  
January 24 - 26, 2018  
Four Points Sheraton Darling Harbor  
Airfare and hotel prices available March 2017

### Cabin Selection

\$1259 Interior Virtual Balcony

\$1359 Oceanview

\$1425 Superior Balcony

\$2425 Jr. Suite

### Single Occupancy Cabins:

\$2250 Interior

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Prices are per person  
Based on double occupancy  
Prices are cruise only

Trip cancellation insurance from \$109

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- Sydney, Australia
- Hobart, Tasmania
- Adelaide, Australia  
( overnight )



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**8:00 am – 12:00 pm**  
Room L5, Lobby Level

### **Advances in Wound Therapy Workshop**

#### **Lower Extremities: A Foundation of Excellence in Wound Care and Treatment**

The purpose of this session is to provide education on basic examination of the lower extremities, including assessment and management of arterial and venous lower extremity wounds. As health care providers, we are challenged to optimize patient care, promote education and preventive health measures while minimizing risks of complications. This requires the ability to differentiate between various types of ulcers and skin changes of the lower extremities to avoid the risk of further reducing circulation and ultimately resulting in a worsening condition or loss of limb. A power point presentation on arterial and venous ulcers will be provided followed by hands on session for demonstration of compressive therapy. It is expected that at the end of this session, participants will be able to perform basic assessments of the lower extremities, be able to identify appropriate wound dressings, compressive therapies and be able to differentiate when more advanced treatments with multiple disciplines are required. The nurse needs to know when to escalate the process and when to involve other disciplines for more advanced or alternative interventions. The highest standards of care for nursing practice will be stressed to optimize patient care and health outcomes.

At the conclusion of this presentation, the nurse participant will be able to:

- Describe a basic assessment of the lower extremities
- Discuss effective dressings for the management of lower extremity wounds
- Name contraindications for lower extremity compression therapy

**8:00 am – 6:00 pm**  
Room L6, Lobby Level

### **Mental Health First Aid USA for Older Adults**

Mental illness and aging can often be a double stigma. Older adults and care partners are less likely to identify a problem as a symptom of a mental health disorder. Furthermore, older adults have high rates of late onset mental health disorders (anxiety/depression) and low rates of identification and treatment. There is negative bi-directional impact between mental disorders and health conditions. Even "mild" mental illness symptoms can have catastrophic consequences in vulnerable older adults. The program also teaches the common risk factors and warning signs of specific types of illnesses, like anxiety, depression, substance use, bipolar disorder, dementia, delirium, and schizophrenia.

At the conclusion of this program, nurse participants will be able to:

- Describe the prevalence of mental illness disorders in older adults
- Compare the impact of mental illness in older adults to physical illness in older adults

- Differentiate symptoms of depression, anxiety, dementia, delirium, and psychosis in the older population
- Discuss the utility of the Mental Health First Aid Action Plan for the care of older adult with mental illness

**1:00 pm – 5:00 pm**  
Sultana, Mezzanine Level

### **Caribbean Exploratory Research Workshop**

#### **Overview of CERC and Symposium: Collaboration to Address a Community Health Care Needs Assessment: Implications for Nursing**

To provide an overview of The Caribbean Exploratory Research Center and to introduce the symposium that will address the process by which the healthcare needs of a community were assessed through a collaborative process. The health needs assessment identified major health, health care and health access issues among men, women and children living in the catchment area of a Federally Qualified Health Center. Presentations will address the design of the needs assessment, findings from the School Physical Activity and Nutrition (SPAN) and Behavior Risk Factor Surveillance System (BRFSS) surveys, and qualitative data collection. Presentations will address:

#### **Designing and implementing a Community Health Needs Assessment: The Virgin Islands Exemplar**

**Dental Health, Nutrition, Physical Activity And Weight: Markers For Assessing Family Health – Prevalence Results From A Comprehensive Community Health Survey**

Prevalence and related determinants of overweight and obesity among public school students on the east end of St. Thomas, USVI: implications for the school health nurse.

**Community voices: Assessing Family Health through a Comprehensive Community Health Needs Assessment: Implications for Community Health Nursing Findings** have implications for nursing, particularly community health and school nurses who can work collaboratively in the community to identify health risk factors and implement preventive and Intervention strategies.

#### **Design and Implementation of a Comprehensive Community Health Needs Assessment in the USVI**

This presentation will highlight the design and implementation of a community health needs assessment (C2HNA) conducted among residents served by a Federally Qualified Health Center on St. Thomas, USVI, using a modified community-based participatory research (CBPR) approach. A Project Advisory Committee and Needs Assessment Committee of university researchers and staff, local residents and stakeholder agencies provided guidance and coordination of the concurrent mixed-method design. Residents and providers participated in interviews, focus groups and town hall meetings. A sample of 179 residents of two public housing



communities completed the 2014 Behavioral Risk Factor Surveillance System (BRFSS) survey. A total of 311 public school students completed the School Physical Activity and Nutrition-USVI (SPAN-USVI) survey. Atlas-ti was used to conduct thematic analysis; SPSS 23 was used for statistical analyses. Analysis of the data collected revealed overweight and obesity prevalence in adult participants was approximately 70% and 39%, 28% and 34% among 4, 8 and 11 grade students, respectively. Health priorities included oral health, arthritis, asthma, mental health and access. Health priorities and focus areas for providers were informed by the modified CBPR approach. The C2HNA revealed key gaps in access to services and priority health needs that offer important opportunities for school and community health nursing in the primary health setting.

### **Dental Health, Nutrition, Physical Activity And Weight: Markers For Assessing Family Health – Prevalence Results From A Comprehensive Community Health Survey**

This presentation will highlight the results of a community health needs assessment (C2HNA) conducted among residents served by a Federally Qualified Health Center on St. Thomas, USVI. A concurrent, mixed-methods design was used to assess the dental health, nutrition, physical activity and weight in the USVI. Using a stratified, random sample of households, the 2014 Behavior Risk Factor Surveillance System survey was administered to adult residents of the East End public housing communities in the St. Thomas East End Medical Center Corporation (STEEMCC) catchment area. Within this catchment area approximately one in five persons lives in poverty, with levels ranging from lower than 10% to greater than 30%. Three in 10 persons under 65 years of age are uninsured. When disaggregated, the percent of persons with no insurance ranges from under 25% to over 40% (Census 2010, USVI). Results of the data analysis indicate opportunities for interventions in the areas of nutrition, dental health, physical activity, and overall health literacy within the USVI.

**Upon completion of this program, nurse participants will be able to:**

- Describe the modified CBPR approach used for completed the comprehensive community health needs assessment in the USVI
- Discuss key health issues, service need gaps, and program and service opportunities in the USVI
- Discuss how nurses and other health care providers in the USVI can benefit from including community partners in planning and delivering primary health care
- Discuss gaps relative to the reporting of trends in health and well-being in the USVI
- Describe the value of BRFSS data for recognizing community health needs
- Discuss how information on community health needs can inform nursing practice

**1:00 pm – 5:00 pm**  
Room L5, Lobby Level

### **Difficult Ostomies and Fistulas Workshop**

#### **Managing Difficult Ostomies and Enterocutaneous Fistula**

Enterocutaneous Fistula (ECF) is an abnormal opening between the skin and the gastrointestinal tract. It is usually classified as simple or complex. A simple fistula opens or tracts directly to the skin surface. In contrast, a complex fistula is usually associated with one or more fistula openings within a wound or another organ. An ECF poses a challenge for the bedside nurse, physician, caregiver and the patient. Patients with ECF present multiple challenges for nursing care, which includes containment of effluent, protection of the skin next to the fistula and psychological support. Patients with a retracted or flush stoma, or an ulcer around a stoma can present the same management problems for the nurse as a fistula.

**At the conclusion of this program, the nurse participant will be able to:**

- Identify two causes of the development of an Enterocutaneous Fistula (ECF)
- Demonstrate at least one management techniques for the ECF and the retracted, flush ostomy stoma
- Describe wound care treatment for managing an ulcer to the peristomal skin of a patient with an ostomy

### **THURSDAY, AUGUST 4**

**10:30 am – 3:30 pm**  
Sultana, Mezzanine Level And  
River Bluff, Mezzanine Level

### **The Mindful Nurse Leader: Strategies for Bringing Mindfulness into Nursing Practice**

Mindfulness practices, such as meditation, are increasingly seen as the foundation to health, well-being and key to cultivation of leadership skills that connect, motivate, and empower others to achieve best self, best health and best performance. This invigorating and experiential session will explore the opportunities that nursing leaders face today, the science of mindfulness and just how mindfulness stands to enhance personal and professional performance – including leadership enrichment. More than 30 years of empirical study demonstrates that mindfulness practices positively impact clinical and non-clinical populations and also has the potential to potentiate the effectiveness of nurse leaders and cultivate higher quality care delivery. Participants will experience mindfulness through a variety of simple techniques aimed at improving attentional focus, enhancing compassion and empathy, improving communication, while enhancing self-care. By the end of the session, participants will be prepared to initiate his or her personal mindfulness practice and be knowledgeable about the resources and support available to sustain positive change.

Upon completion of this program, nurse participants will be able to:

- Describe the challenges and opportunities that leaders face in today's complex health care environment.
- Explain the science of mindfulness and the link to emotional intelligence and performance.
- Demonstrate basic mindfulness practices.

**10:30 am – 12:30 pm**

### **PLENARY SESSION I**

#### **Building a Cultural of Health**

Building a Culture of Health is the vision of The Robert Wood Johnson Foundation to improve the health and well-being of everyone in America. A Culture of Health places well-being at the center of every aspect of life, so that everyone can live the healthiest life possible. The main goal is to move our Nation towards achieving health equity. According to the National Health Expenditures, 2014, U.S. adults age 50 and older have a greater incidence of cardiovascular and other chronic diseases.

One third of children ages 5 to 17 are overweight or obese. Behavioral health, particularly mental health, must be integrated with physical health to improve person centered health outcomes. Health and well-being is influenced by complex social factors: where we live, adequate housing, how we work, income, education, safety of our communities, nutritious food, environment concerns, high crime rates, scarce job opportunities and high crime rates. All of these factors have an impact on health care. Multiple sectors are needed to address them. A more integrated, comprehensive approach to health, with increased collaboration across sectors is warranted. Community health is inextricably linked to the health of the workforce, so health and health organizations need to partner with businesses to create healthier communities. Alliances must be formed with educators, faith leaders, architects, urban planners, legislators, transportation and housing officials, mayors and others to make our communities healthier.

Upon completion of this program, nurse participants will be able to:

1. Describe the changing healthcare system in the United States
2. Delineate the role of nursing within a transformed healthcare system to achieve safety and quality goals
3. Define the Culture of Health framework and the role of nurses in the COH frontier
4. Define behavioral health and the role that it plays in the integration of health
5. Define quality standards of health care within the insurance carrier industry
6. Describe the role that the convenience store plays in changing health care and health outcomes
7. Describe the role that the nurse practitioner plays as a primary care provider in corporate-based health clinic

**2:00 pm – 4:00 pm**

Room L6, Lobby Level

#### **Project Genetic Education (ProGENE): An Education Model Between Minority-Serving Academic Institutions and the National Black Nurses Association Designed for Advancing Genetics Among Black Americans**

Genetics plays a major role in all facets of nursing, treatment and healthcare. Promoting attitudes that endorse genetic education, research and testing as a pathway to health is of particular significance among high-risk populations. This is especially salient for Blacks living in America, who continue to be disparately impacted by a myriad of genetic-influenced chronic diseases to an extent that is unobserved in other ethnic/racial subgroups. Among Black Americans the potential effects of discrimination as well as the possible misuse of genetic information are a few of the challenges curbing acceptance and effective integration of genetics as a component of health care delivery. Project Genetic Education (ProGENE) is a novel teaching-learning model focused on the development of educational infrastructure for faculty and students from minority-serving academic institutions and members of the National Black Nurses Association. The ProGENE Institute is designed to present fundamental topics in genetics (i.e., collection of family history, development of 3-generation pedigree). The ProGENE Educational Institute aims to facilitate development of essential nursing competencies for genetics. Current and future trends that influence genetics and health will be presented. The practical application of ProGENE is the transference of genetic information into the public domain at the community level that could positively affect willingness to participate in genetic research and testing will also be discussed.

At the conclusion of this presentation, the nurse participant will be able to:

- Summarize major competencies relative to genetic and genomic nursing established by ANA consensus panel
- Demonstrate an understanding of the relationship of genetics and genomics to health and the prevention, screening, diagnostics, prognosis and treatment of human disease among minority and underserved populations
- Demonstrate ability to elicit information needed to construct a three generation pedigree

**2:30 pm – 3:30 pm**

Exhibit Hall

#### **NBNA Nursing Innovation Theater**

Southwest Hall

*Sponsored by: Pfizer*

**Sickle Cell Disease: Historical Perspective and Emerging Science** Upon completion of this program, nurse participants will be able to:

- Understanding of the pathogenesis and a brief history of Sickle Cell Disease

- Understanding the prevalence, distribution and disease burden and available treatments
- Overview of the drug development process and current clinical trials in Sickle Cell Disease
- Overview of Pfizer Rare Disease efforts in Sickle Cell Disease

## FRIDAY, AUGUST 5

6:00 am – 7:30 am

Ballroom C, Ballroom Level

### Hepatitis Foundation International CE Breakfast

#### Hepatitis Access to Treatment Among the Hard to Reach

*The educational session is provided by the Hepatitis Foundation International (HFI), a non-profit established in 1994.*

Hepatitis is a viral infection that causes damage to the liver, leading to cirrhosis and liver disease if not treated appropriately. There are 5 known types of hepatitis with HBV, and HCV being the most common.

Signs of infection resulting from HBV and HCV are not immediate leading to liver disease. Since symptoms do not emerge during early stages of disease, many are not aware of their status.

Certain groups in the United States are disproportionately affected by HCV. Historically, these groups have not received adequate HCV treatment and services due to socioeconomic status, insurance coverage, financial standing, disease related stigma or a combination of these factors. HFI identified these populations as hard to reach, hard to treat which include racial and ethnic groups, injection drug users, incarcerated inmates, Medicaid recipients, veterans, the homeless, and other groups not typically associated with viral hepatitis such as renal patients and hemophiliacs.

Recent increases in viral hepatitis rates highlight the demand for a greater focus on providing information and training to improve access and quality of care for patients while implementing best practices.

**Upon completion of this program, nurse participants will be able to:**

- Discuss of the advances in hepatitis C treatment for patients across genotypes.
- Assist patients in securing access to treatment and decrease disease related stigma.
- Discuss and access resources for greater education, awareness and promotion of viral hepatitis screening among key at risk, hard to reach, hard to treat populations.

6:00 am – 7:45 pm

Ballroom D, Ballroom Level

### Zimmer Breakfast Movement is Life

A project brought to you by Zimmerbiomet

#### From the Kitchen Table to the Power of the Pulpit: The needed discussion and call to action to address the growing impact of immobility, joint disease and obesity on our nation.

America is becoming a nation of the disabled with increasing obesity, lack of physical exercise and persistent racial and ethnic health disparities. African American and Hispanic women suffer at disproportionately higher rates in all of the above. The cost of inactivity in the US is estimated at \$147 billion a year and costs associated with health inequities well over \$309 billion a year! Co-morbid health conditions such as diabetes, heart disease and depression all contribute to the vicious cycle of musculoskeletal health disparities with women, especially African Americans and Latinos. Increased awareness from within the home to community engagement is needed in the fight to reverse these staggering statistics.

**At the conclusion of the program, nurse participants will be able to:**

- Identify components of the vicious cycle of lack of mobility, obesity and other co-morbid conditions that disproportionately affect African American and Latino women and the impact on one's health and the nation's economy.
- Understand the importance of community engagement as an effective strategy to break the vicious cycle.
- Identify the church as a potential source of transforming changes for its members.

8:00 am – 12:00 pm

River Bluff, Mezzanine Level

### NBNA Emerging Leaders Forum

This forum is designed as an interactive, thought provoking educational experience to enhance the student's knowledge through presentation of topics that improve test taking skills, and rouse leadership capabilities. Specifically, the forum will focus on both academic and leadership, the importance of mentoring relationships and effective test taking strategies. The session welcomes students of all levels and will highlight the work of fellow nursing students.

Upon completion of the forum, participants will:

- Improve their test taking ability through evidence based techniques and strategies.
- Recognize the importance of networking and development of mentoring relationships.
- Discuss potential challenges in nursing school and measures to overcome them.

**NBNA INSTITUTES**

8:00 am – 12:00 pm  
Room L2, Lobby Level

**BRAIN HEALTH INSTITUTE****Addressing Cognitive Health Issues among African Americans through Collaborative Efforts with the Faith Community**

Alzheimer's disease is the leading cause of dementia characterized by a progressive, irreversible deterioration in cognitive health causing a loss of intellectual and social skills. Alzheimer's disease is the 4th leading cause of death for African Americans. Because this population is two to three times more likely to develop Alzheimer's disease than other ethnic groups, Alzheimer's disease has emerged as a public health crisis among African American communities.

Those diagnosed with late stage Alzheimer's disease are extremely vulnerable and often succumb to infections, decubitus ulcers, pneumonia and subsequently, death. African Americans diagnosed with cognitive impairment, such as Alzheimer's disease are less often institutionalized, in lieu of receiving care at home. Thus, caregivers are faced with increased levels of stress due to the financial, emotional/psychological and social onus of care giving, which can negatively impact their health.

The purpose of this presentation is to discuss the epidemiology of cognitive decline, the psychosocial, the correlates of cognitive function and common myths about Alzheimer's disease among African Americans. The learner will gain insight regarding evidence-based best practices related to validated cognitive assessment tools, caregiver supports and resources for the AA community.

**Coping Strategies of Nurses in a Palliative Care Unit**

Helping families grieve when a loved one dies is an inevitable and unavoidable aspect of professional nursing care. There is the expectation that nurses will be comforting, empathetic, and supportive with grieving families. Being physically and emotionally present for extended periods of time and at the end of life, however, can cause great distress for the nurse. Becoming overwhelmed with emotion, sadness, and grief is very likely for the nurse who has become closely attached to a terminally ill patient and family. Thus, nurses and other health care professionals who work in palliative care are in need of resources and successful coping strategies to manage their own grief when a patient dies.

This presentation will highlight the results of a qualitative study designed to examine strategies that are utilized by palliative care nurses and the nurses' perceptions of the adequacy of available institutional support or resources. Nurses in a 12-bed palliative and comfort care unit at a large magnet designated facility in the southeastern United States were surveyed to determine the current status of emotional support for nurses after a patient dies. The results of the study shared during

the presentation will increase the knowledge base of the health professionals in reference to how to cope with the death of a patient.

**Arthritis & Depression in African American Women: Increasing Awareness, Improving Care – ACE Module**

The Movement is Life Caucus seeks to eliminate racial and ethnic disparities in muscle and joint health. One in five Americans suffer from doctor-diagnosed arthritis, but among women, African-Americans, and Hispanics, its impact is worse. Overall, female, African American and Hispanics experience a higher severity of osteoarthritis and limitations of mobility, largely due to co-morbidities disproportionately experienced by this population such as diabetes, obesity, heart disease and depression (MIL, 2013). In many instances, these co-morbidities, along with osteoarthritic pain, result in inactivity. Subsequently, some individuals may begin to withdraw from work, social activities, and medical treatment and manifest signs/symptoms of depression. Information related to the characteristics of depression and well as knowledge of some common screening tools are becoming essential items needed by nurses today in order to provide quality care.

This workshop aims to introduce nurses and other healthcare providers to the prevalence of musculoskeletal pain and its relationship to depression among women and African American and Hispanic women. It also aims to discuss the development of a CE module, related to immobility and depression, which works to address this knowledge deficit. Focus group feedback on this CE module which was secured during the 2015 NBNA Conference will be provided.

**Integrating and Evaluating Expressive Psychoeducational Activities in Psychiatric Mental Health Nursing Clinical Experiences**

Students in Associate Degree Nursing Programs are often expected to participate and/or develop a psychoeducational or therapeutic milieu group activity during their clinical rotation in psychiatric mental health nursing. During the course of the clinical rotation students spend time interacting with selected inpatients and conduct an Interpersonal Process Recording (IPR). The data reported on the IPR are used to corroborate a psychiatric diagnosis with presenting symptoms from patient's mental health assessment and mental health assessment tools. The psychoeducational group activity is designed as a result of the current theme of the clinical milieu as presented from the inpatient perspective. An evaluation of the effectiveness of the activity is further discussed using the Wheel of Emotions pre and post diagram completion by the patient.

**Needs and Concerns of Grandparents and Other Kinship Caregivers Raising Children**

Grandparents and other kinship caregivers raising children experience increased need for resources including financial, social, legal, school, and community services and support. This presentation will present the outcomes

of a study undertaken to address needs and concerns of grandparents and other kinship caregivers raising children. The study aimed to assess the needs of kinship caregivers; determine the type of information needed to assist the kinship caregivers with their caregiver role; explain the services kinship caregivers presently receive and services they are in need of; and, discuss the concerns or needs of custodial grandparents and other kinship caregivers. Two hundred fifty-five grandparents and other kinship caregivers responded to a mail survey about their needs, stress, caregiver burden, health status, and social support relative to raising children. Various information and services related to foster care, counseling, support groups, healthcare insurance, as well as financial and legal services were identified. The kinship caregivers "greatest concerns" ranged from stress due to raising grandchildren or kinship children, finances, housing, legal issues, accountability of the children's parents, interaction with caseworkers, and worry about children "growing up right." Nurses and other healthcare providers must be cognizant of the needs of custodial grandparents and other kinship caregivers. Interventions should be developed to address these needs and ensure a better quality of life for the caregivers and ultimately, the children in their care.

The author acknowledges the PARTNERS Organization at UTHHealth School of Nursing for funding for this research.

### **Mental Health Screenings: Check-Up from the Neck-Up**

"Check Up from the Neck Up", initiated in early 2015 was funded by the Scattergood Foundation, Screening for Mental Health, and the City of Philadelphia Department of Behavioral Health and Intellectual Disability Services, offers real-time information to persons about specific mental health conditions for screeners that they choose to complete. The National Institute of Mental Health reports that one in five people are diagnosed with a mental health disorder which accounts for an estimated 43 million Americans annually. However, many people with emotional, mental health, and behavioral concerns remain undiagnosed particularly persons that are marginalized and those that live in poverty. Check up from the neck up, offered within a nurse managed health care center as well as in community settings is administered only to adolescents and adults populations. Three hundred and twenty-five participants have taken part in screenings with the following types of screening—depression, alcohol, anxiety, PTSD, adolescent depression, disordered eating, and bipolar disorder. Processes regarding screening including use of a community health worker and cumulative demographics of participants will be discussed. Implications for nursing practice encompass heightening awareness about mental health assessment, learning about relevant community resources, and tooling oneself with mental health first aid training.

**At the conclusion of this presentation the nurse participant will be able to:**

- Discuss contributing factors to healthcare disparities related to AD in the AA community
- Identify culturally appropriate strategies designed to increase public awareness about brain health equity
- Identify and utilize culturally-appropriate materials to implement competency-based educational strategies and materials regarding brain health
- Describe coping strategies utilized by nurses in a Palliative Care unit
- Discuss resources available to support nurses following the death of a patient
- Discuss strategies utilized by palliative care nurses to cope with death and dying of patients
- Describe the Movement is Life (MIL) Caucus and its role in addressing musculoskeletal health disparities and increasing awareness of the "Vicious Cycle."
- Identify characteristics and etiology of depression.
- Identify common screening tools used for identification of depression.
- Discuss how increased physical activity can address depression and arthritic pain.
- Discuss key concepts of the Arthritis and Depression CE module.
- Discuss tools available for providers and patients to utilize in addressing musculoskeletal health disparities.
- Integrate components of valid mental health assessment tools for use in conducting an expressive psychoeducational activity by nursing students.
- Design a culturally appropriate expressive therapeutic activity to educate patients with selected mental health disorders, Anxiety, Bipolar, Depression, Schizophrenia and Substance Abuse.
- Evaluate the effectiveness of an expressive psychoeducational activity focused treatment outcomes for patients with selected mental health disorders.
- Identify the types of information required to assist kinship caregivers.
- Explain the types of services kinship caregivers receive and are in need of.
- Discuss the major concerns of custodial grandparents and other kinship caregivers.
- Discuss the pervasiveness of mental health disorders effecting Americans.
- Describe the innovative health screening tool used to screen for mental health disorders.
- Discuss two specific approaches used to engage patients and the community members to take part in the mental health screening initiative.

**8:00 am – 12:00 noon**

Room: Chickasaw

### **CANCER INSTITUTE**

#### **Overview of Childhood Cancer**

This session will provide an overview of childhood cancer and describe incidence, differences between adult and pediatric cancers, trend in prognosis over the years and key advances in treatment. We will also review some of the major improvements in therapy for specific disease processes including advances in chemotherapy,

incorporation of molecularly targeted agents, immunotherapy and progress in radiation therapy. The critical role of the oncology nurse will also be discussed in terms of clinical care, education and prevention.

### **Uncertainty in Parents of Children with Cancer**

The State of the Science suggests that parents of children with cancer are prone to high levels of uncertainty, post-traumatic disorder, and stress symptoms as a result of their child's diagnosis, treatment, and unpredictable outcomes. This vulnerability may impact how parents perceive their child's health-related quality of life (HRQOL). However, there's a dearth of evidence explicating the linkage between parental uncertainty and HRQOL in this population. Thus, the purpose of this systematic literature review is to identify the gaps in literature addressing parental uncertainty and HRQOL in children with cancer. Theoretical Framework: The Roy Adaptation Model and Mishel's Uncertainty guided this systematic literature review. CINAHL, PubMed and Academic Premier were searched for research findings using the terms: parental uncertainty, children and cancer, quality of life, uncertainty, published between January 2005 and September 2016 in English language. Exclusion criteria were non-research articles and literature reviews. Data were extracted from included studies and content analyses were done to synthesize the results of the review. Ten articles met the inclusion criteria. The literature suggests that high levels of uncertainty are prevalent in parents of children with cancer particularly in the first 6 to 12 months of a child's diagnosis and can persist overtime. High levels of PTSD symptoms were associated with parental perception of the child's HRQOL. Parents who experience PTSS symptoms report higher symptom burden in their children and are more likely to experience high uncertainty and high distress level themselves compared to the parents without PTSD symptoms. Uncertainty is a major psychological and psychosocial stressor in the lives of children with cancer and their parents. It is important to explicate the linkage between parental uncertainty and HRQOL in order to inform future interventions that will reduce uncertainty in parents, which will ultimately improve HRQOL in this vulnerable population.

### **Understanding how Older African American Women with Disabilities Access Mammography Screening: An Exploratory Descriptive Qualitative Study**

This presentation will highlight the results of exploratory undertaken to gain an understanding of how older African American women with disabilities gain access to mammography screening. The Health Belief Model was used to guide the study. Three research questions were developed regarding perceived threats and cues to action, perceived barriers, and perceived facilitators for mammography screening for African American women aged 50 years and older with disabilities (mobility impairments). The overall theme that emerged from the study was "I have to, my life depends on it." The

findings of this study have implications that could be used by nurses to advocate for better ways to improve mammography screening for older African American women with disabilities who are in need of a mammogram. By providing better accommodations for older African American women with disabilities, these women will have easier access to mammography screening and perhaps have a more positive experience.

### **Pursuit of Excellence in Chemotherapy Management: The Evolution of a Chemo Council**

The administration of safe chemotherapy is of utmost priority on a Medical and Radiation Oncology unit. Given the complexity of chemo regimens, and the emphasis on inter-professional collaboration, it is important to explore innovative ways to effectively manage chemotherapy. Consequently a Chemo Council was established at Sunnybrook Health Sciences Centre in Toronto, Canada. The Chemo Council evolved from a need to address recurring issues such as delivering chemotherapy to patients who are located elsewhere in the hospital, prioritizing patients for elective chemotherapy when there are few available beds and communication challenges. The vision of the Council is to provide a collaborative environment where team members can enquire, discuss, develop and encourage safe practice for chemotherapy administration.

The Chemo Council has implemented a computerized Nursing Systematic Therapy Verification (STV) system; developed a chemotherapy administration checklist for nurses; collected and reviewed data on central lines for early assessment of chemo patients; reviewed the elective chemo process; and, implemented a chemo distribution list as a means of improving communication among team members. This presentation will describe the development of the Chemo Council at Sunnybrook Health Sciences Centre and describe how the Chemo Council has provided an opportunity to improve practice, foster more effective communication and improve collaboration for safer patient care.

**At the conclusion of this presentation, the nurse participant will be able to:**

- Describe the key differences between adult and childhood cancers
- Identify at least two advances in therapy which have led to an improved prognosis in selected childhood cancers
- Describe one aspect of the importance of the oncology nursing role in pediatric cancer care
- Define uncertainty in parents of children with cancer
- List symptoms of PTSD/PTSS in parents of children with cancer and discuss prevalence in this population
- Discuss impact of parental uncertainty on children with cancer
- Describe trends in mammography screening among older African American women with mobility impairments

- Identify threats and barriers to mammography screening experienced by African American women, 50 years of age and older, with a disability (mobility impairment)
- Identify cues and facilitators to mammography for African American women, 50 years of age and older, with a disability (mobility impairment).
- Describe the development of the inter-disciplinary Chemo Council at Sunnybrook Health Sciences Centre
- Describe the structure and purposes of the Chemo Council at Sunnybrook Health Sciences Centre
- Highlight the accomplishments of the Sunnybrook Health Sciences Centre Chemo Council

**8:00 am – 12:00 pm**

Room 203, Ballroom Level

## **CARDIOVASCULAR HEALTH INSTITUTE**

### **Army Wellness Programs in Effort to Fight Against Cardiovascular Disease**

Most patients spend 150 minutes or fewer per year interacting with a health care provider. Yet in these 150 minutes providers spend most of their time providing sick care rather than health care. Beginning in 2011, the Surgeon General of the US Army began a massive undertaking of transforming Army Medicine from a Health Care System to a System of Health. The cornerstone in this transformation was the Performance Triad which addresses three major lifestyle factors: Sleep, Activity and Nutrition. Each has wide reaching impacts on health to include cardiovascular disease. Several risks factors for cardiovascular disease are directly related to the lifestyle choice in sleep, activity and nutrition. Only 15% of soldiers report getting at least 7-8 hours of sleep per night compared to 40% of the general population, only 30% of soldiers meet the recommendation of 150 minutes of moderate to vigorous physical activity per week and muscle strengthening 2 days per week compared to 20.8% of the general population, and only 12% of soldiers currently meet recommendations for fruit and vegetable consumptions which is similar to the general population were only 13% are meeting the recommendation. The performance triad carefully messages health to soldiers, families, retirees to enhance their motivation to make meaningful lifestyle changes. The focus of this presentation is to present the tenets of the performance triad, current program evaluation efforts, and the triad's potential impact on cardiovascular health and empower nurses and nurse practitioners to engage in conversations with patients sleep, physical activity and nutrition to optimize cardiovascular and overall wellness.

### **Cardiovascular Disease and Health Equity**

Cardiovascular (CVD) remains the number 1 killer of Americans and disproportionately affects the incidence and outcome of the disease in many racial/ ethnic groups. A person's race or ethnicity should not put them at higher risk for heart disease or stroke, but, unfortunately it is a major factor. The American Heart Association believes

that we must bridge the diversity gap and ensure access to quality health care for all who live in this country. This presentation intends to provide participants with facts that will prepare them to advocate for patients and families with CVD. In addition, there is evidence that only 33% of primary care providers believe that disparities in overall care exists.

### **A Patient's Journey with Advanced Heart Disease: From Drugs, Machines, to Heart Transplant**

More than 500,000 new cases of heart failure are diagnosed each year despite advances in medical management. These cases continue to disproportionately affect African Americans. The sheer numbers of chronic heart failure poses an education challenge for nurses who will likely provide care to these patients. This presentation is framed using a case study approach to review evidence base care of heart failure across the continuum. Advanced heart failure treatment can follow a trajectory of common medications to the placement of a mechanical assist device and ultimately heart transplantation. Despite the many treatments available to manage heart failure, it is paramount that patient desires are foremost in the care planning and prescription. The presentation will include how end-of-life discussions are integrated into care planning. Patient and family engagement is paramount to the success of advanced heart failure treatment plans. A patient and families will be invited to provide "insights" from their experiences with a mechanical assist device.

**At the completion of this program, the nurse participant will be able to:**

- Clearly understand the purpose and direction as well as appreciate the identifiable 8 target behaviors within the Performance Triad and the impact on US Service Members
- Assess their patient population with a clear understanding regarding the impact of lack of sleep, activity and nutrition in reference to the impedance of performance and CVD
- Obtain full knowledge and the importance of establishing implementation of wellness programs with their corporation
- Describe trends in cardiovascular disease among racial / ethnic population groups in the United States
- Identify cardiovascular disease risk factors common among racial/ethnic population groups
- Discuss factors impacting access to and quality of cardiac care among racial/ethnic minority groups
- Discuss strategies to bridge the disparity gap and ensure access to quality health care for all who live in the United States
- Contrast the pathophysiologic risk contributors of heart failure in African and Caucasian Americans populations within the US
- Describe the selection process inclusive of clinical criteria, social and end-of life discussions associated with placement of mechanical circulatory support (MCS) device

- Explain the importance of nurses understanding the critical role immunosuppressive medications play in ameliorating long term complications after heart transplantation to reinforce patient teaching
- Describe a patient / family experience living with a mechanical assist device

**8:00 am – 12:00 pm**

Room: L10, Lobby Level

## **CHILDREN'S HEALTH INSTITUTE**

### **Sickle Cell Pain: Is Complicated**

Sickle cell disease (SCD) is a category of one of the most common genetically recessive inherited red blood cell disorders, characterized by unpredictable episodes of severe pain. It is further complicated by its different labels, presentations and manifestations of pain. Sickle cell pain is also known as sickle cell crisis, vaso-occlusive crisis (VOC) and vaso-occlusive episodes (VOE). It can present as acute, chronic or a mix picture of both. SCD was once associated solely to the pediatric population. However, with medical advancements, adolescents with sickle cell disease are living into their 4<sup>th</sup> and 5<sup>th</sup> decades of life. As this population grows, the transition from pediatric care to adult care often leads to the medical emergency department. This presents yet another complication in the management of VOC. It is well documented that emergency department healthcare providers are lacking in knowledge, skills and the appropriate attitude (KSA) to manage adolescents and young adults with sickle cell disease. This collective lack of KSA is demonstrated in labeling adolescents with SCD as "frequent flyers" and the practice of under treatment of VOC. Time is of the essence in assessing, intervening and managing VOC to minimize its rate of morbidity and mortality.

### **Teaching Practical "Choices" for African-American Adolescent Males to Adopt in Overcoming Health Disparities Identified in "The Social Determinants of Health"**

The purpose of this presentation is to discuss the social determinants of health that are prevalent within this population and the nurse educator's (or health institution) role in teaching practical choices that support successful recovery. The learner will gain insight of the practical choices individuals, systems and organizations will need to make in order to overcome health disparities and accomplish goals.

### **Theoretical and Behavioral Overlaps when Examining Child Sexual Abuse: Gender, Age, and Perpetrator Behaviors**

This presentation will focus on outcomes of a study aimed toward identifying theoretical and behavioral overlaps that occur when examining child sexual abuse. The purpose of the study was to examine the experiences of sexual abuse by 95 children, male and female, two different age groups, and the differences in their reported sexual exploits by perpetrators using retrospective correlational analysis. Results of the data analysis revealed significant differences between female and male children were

reported. Specific concepts and pathways to the child victims were explicated, including the discussions about how the perpetrators gained access to the children. Data indicate that the male child-victims experienced more anal penetration by penis (54.5%, 10.7% respectively) and finger (27.3%, 2.7% respectively), however, female child-victims experienced more mouth contact to their genitalia (22.7%, 10.0% respectively) and body kisses (47.9%, 9.1% respectively). Theory driven research studies that are gender and age specific could help to facilitate early detection, prevention, and culturally and linguistically appropriate interventions designed to address the health and well-being of this vulnerable population are recommended for nursing practice.

### **Younger and Older Children Telling the Stories about Their Experiences of Sexual Abuse and Maltreatment**

The purpose of this study is to examine the experiences of two age groups of children who had a history of alleged sexual abuse. Methods: A convenience sample of the health records of 95 children, who were treated in an emergency department for alleged sexual abuse from 2006 to 2010 were examined using retrospective correlational analysis. Results: Significant differences between children (ages 6-9) and youth (10-14 ages) were reported. Younger victims reported more anal penetration by penis (37.5%), and more oral sexual contact (36.4%). In addition, 36% of the younger victims reported oral contact with the child's mouth and the perpetrator's genitalia. Young male children had more lateral genital skin tears than the older male youth (19.2% and 3.0%, respectively) and they had more skin or mucosal tears in their anus than did youth male victims (24% and 7.6%, respectively). The female youth victims reported more vaginal penetration by penis (67%); condom use (27%); and body areas kissed or bitten (52%). Conclusions: Study results indicate that the child-victims' ages are related to their self-reported experiences of alleged sexual abuse. These findings highlight the need for increased awareness about the different types of sexually/physical trauma that are associated with the child-victims' ages.

### **Toxic Stress and Adolescent High Risk Behaviors**

Chronic stress and trauma are toxic to our children. Innovation and interventions are needed to help eliminate toxic stress and early life adversity. Adolescents with a history of multiple risk factors and adverse childhood events are more likely to engage in risky behavior and unhealthy lifestyles as a coping mechanism. The goals of the presentation are for the learner to identify toxic stress and trauma exposure in the pediatric and adolescent population. We will discuss strategies for implementing ACE screenings and promoting resilience in adolescents and families. During this session the participant will identify tools, approaches, and resources to reduce adolescent high-risk behavior.

**At the conclusion of this presentation, the nurse participant will be able to:**

- Understand of the cycle of sickle cell pain



- Identify triggers that may initiate and perpetuate VOC and its cycle of pain
- Identify evidence-based interventions to alleviate sickle cell pain
- Define Social Determinants of Health
- Identify four factors/behaviors that negatively impact the health and well-being of African-American males.
- Identify strategies that counteract impact of high-risk behaviors
- Identify demographic characteristics of sexually abused children
- Identify demographic characteristics of sexual perpetrators
- Identify characteristics of sexual assault of children
- Describe various types of toxic stress experienced by children and adolescents
- Define strategies to evaluate for toxic stress and screen for Adverse Childhood Events (ACE)
- Identify tools, resources and evidence based practice educational programs to help reduce associated high-risk behaviors in adolescent patients

**8:00 am – 12:00 pm**  
Room L12, Lobby Level

## **FOUNDERS LEADERSHIP INSTITUTE**

### **Leadership Diversity: Cultural Responsiveness in Leadership**

Increasing diversity in the workforce challenges nursing leaders to identify issues that complicate the delivery of healthcare, analyze barriers for themselves and those they lead, and select new strategies for working with a diverse population. This presentation identifies the concerns arising from attitudes and values within nursing and common approaches to diversity in the workforce. Key issues within diverse nurse leaders that relate to fostering a culture of health will also be discussed. Finally, some strategies are proposed for increasing the effectiveness of professional preparation with diverse nurse leaders in the workforce through promising practices and contemporary exemplars to promote leadership capacity.

### **Utilization of Healthcare and Barriers to Care for Undocumented Immigrants in America**

Globally, the rate of persons migrating from developing countries to developed countries is steadily increasing. While some migrants follow established immigration protocols, in some instances, immigrants out of desperation and limited resources pursue alternative avenues to migrate to their desired country. Upon arrival to their destination, migrants without legal paperwork to establish migrant status are considered to be undocumented. With the high and steadily increasing undocumented population in the United States, it is essential to evaluate how undocumented status might pose as a barrier to accessing health care. Though there is ample literature on the experiences of immigrants as a whole, the plights of undocumented migrants have largely been under examined. Additionally, the current

literature lacks sample diversity. A systematic review of the literature was conducted in an effort to review existing literature on healthcare utilization and barriers to health care for undocumented immigrants. During this presentation the findings of the review will be presented. The findings have implications for nursing as a profession due to our social mandate to care and advocate for all population in need of health care.

### **The Minority Fellowship Programs: An Effective Approach for Reducing Substance Abuse and Mental Health Disparities**

The Minority Fellowship Program (MFP) at the American Nurses Association (ANA) is presented as an effective program that has produced evidence-based outcomes related to innovative strategies for the minority PhD and DNP Fellows enrolling in colleges and universities in the United States. The Program's mission is to educate ethnic minority nurses with expertise in mental health and substance abuse disorders that are prepared to assume leadership positions in education, research, practice, and health policy. The traditional MFP has more than 40 years history of successfully educating and mentoring nurses at the doctoral level. The newest addition to the MFP is the Minority Fellowship Program-Youth (MFP-Y). Both these programs are supported by the Substance Abuse and Mental Health Services Administration. The presentation will stress innovative approaches used by the Minority Fellowship Programs to enhance the clinical and research knowledge and leadership skills of the Fellows pursuing doctoral or master's degrees in psychiatric mental health and substance abuse nursing. The presentation will describe the Program's innovative approaches and achievements. It will conclude with a vision about the future of MFP Programs at the American Nurses Association.

### **Mentorship Across The Profession: A Case Study Approach To Nurses Helping Nurses**

As the arena of healthcare continues to grow, the demand for highly qualified and skilled nurses continues to grow as well. In addition to attracting more individuals into nursing, we must figure out how to retain those nurses and future nurses that have already committed to the profession. Literature has shown that mentorship is a proven method to retain nurses, enhance their professional confidence, and keep them connected to nursing organizations. Mentorship can and should take place for the student nurse, new graduate, graduate nurse, and non-traditional nurse. Goals for mentorship could include help with developing a professional brand, getting connected to fellow nurses locally and internationally, exploration of career and educational options, assistance with transitioning into new professional roles, establishing a work/life balance, and/or connecting previous and future careers. This presentation will use exemplar case studies as examples of mentorship work that is currently being completed with an undergraduate BSN student, a new graduate BSN student, a FNP APRN, and a second-degree nursing student.

## Accelerate Your Career in Nursing: Pathways and Principles

Nurses have numerous opportunities to advance health and elevate the profession. To do this effectively, nurses must commit to ongoing professional development and lifelong learning. In doing so, nurses will acquire new skills and expertise that can enable them to secure promotions, expand their area of influence and make lasting contributions to the field. Based on excerpts from the book "Accelerate Your Career: A Guide to Professional Advancement and Recognition in Nursing," the purposes of this presentation are to 1) Identify key strategies for documenting one's distinction of excellence when seeking advancements and recognitions in nursing; and, 2) Recall the career trajectories of two nurse leaders as they progressed to assume influential leadership roles.

Upon completion of this program, the nurse participant will be able to:

- Describe the need to promote diverse nurse leaders to reflect the nurse workforce and population, ultimately fostering a culture of health
- Identify "promising practices" that nurse leaders can implement to foster inclusiveness and cultural responsiveness in the workplace
- Discuss contemporary exemplars to promote leadership capacity among diverse nurses, including personal case study
- Describe health care seeking experiences of undocumented immigrants in America
- Identify potential barriers to accessing healthcare for undocumented immigrants in America
- Identify strategies that can be used by nurses to address the health care needs of undocumented immigrants
- Describe the SAMSHA Minority Fellowship Program (MFP) at the American Nurses Association
- Discuss innovative strategies used by the MFP that have produced positive outcomes
- Describe the futuristic vision for the MFP
- Explain what mentorship is and the benefits of being in a mentor-mentee relationship
- Discuss the pros and cons of formal and non-formal mentorship models
- Describe various approaches to mentorship across the career span of a nurse
- Identify key strategies for documenting one's distinction of excellence when seeking advancements and recognitions in nursing
- Recall the career trajectories of two nurse leaders as they progressed to assume influential leadership roles
- Identify the value of the 4 Ps in accelerating ones career

8:00 am – 12:00 pm  
Room L5, Lobby Level

## HEALTH POLICY INSTITUTE

### Eliminating Health Care Disparities in Minority Communities: Health Equity and Equality in Public Policy

In 2008, the World Health Organization's Commission on the Social Determinants of Health presented a 3-year investigation into the social determinants to health in a report titled the "Closing the Gap in a Generation: Health Equity through Action of the Social Determinants of Health (Commission on Social Determinants of Health, 2008). A renewed concern with social factors has emerged in global public health, spearheaded by the World Health Organization's Commission on Social Determinants of Health. The coming decade may see significant health gains for disadvantaged populations if policies tackle the social roots of health inequities. Olden and White (2005) stated that health disparities are caused by a complex interaction of multiple factors including individual, genetic and environmental risk factors. Pervasive structural inequities and social determinants of health are believed to be the primary cause. (OMH, 2011) The participants of this presentation will be able to discuss the nexus between health equity and social policy and its impact on eliminating health disparities through research, workforce and practice.

### Looking Back, Moving Forward: Advancing Health Equity in a Health Reform Era

In March 2010, Congress passed and President Barack Obama signed into law the most comprehensive of the three laws directly addressing minority health and health disparities – the landmark *Patient Protection and Affordable Care Act* (P.L. 111-148) and the *Health Care and Education Reconciliation Act of 2010* (P.L. 111-152). Together these two pieces of legislation form the health reform law, the most inclusive law ever produced in our nation's history, which recognizes the impact of disparities in health status, health insurance coverage, treatment, and health services among vulnerable, underserved and marginalized populations in the United States.

Many people from vulnerable populations endure severe and pervasive disparities in health status and outcomes and face barriers to obtaining quality health care and public health services. Over the last 30 years with each ensuing Healthy People agenda, only three major pieces of legislation have passed in Congress directly addressing minority health and health disparities. Today, the gains we have made in achieving health equity in our communities are in jeopardy.

As we approach the sixth anniversary of the health reform law, it is important to understand what is at stake. The presentation will discuss the progress that has been made in advancing health equity in laws and policies, and provide insight into trends that are taking place in states and territories across the United States. It will also discuss the applicable provisions of the health law that will have the greatest impact on achieving health equity, the

legal, political, and budgetary challenges to implementing these provisions, and opportunities that can be leveraged to ensure appropriate implementation of the law in communities across America.

### **Growing Our Own in the Delta (GOOD) Scholars Program: A Socio-Ecological Model Approach for Retaining Underrepresented Students in a Graduate Nursing Program**

Today's nursing shortage is characterized by an insufficient supply of diverse and culturally competent nurses prepared to meet the needs of a growing multicultural society. In Arkansas, there is an urgent need to increase the number of advanced degree nurses from underrepresented groups to care for the underserved. Though there has been an increase in the number of underrepresented groups pursuing advanced degrees in nursing, retention has been problematic. Colleges and universities strive to retain these students to graduation. Growing Our Own in the Delta (GOOD), a nursing workforce development program, funded by the Health Resources and Services Administration (HRSA), aims to increase the number of underrepresented master's degree-prepared nurses, including racial and ethnic minorities, males and first generation college students in the Arkansas Delta. The primary objective of the program is to increase the number of underrepresented masters prepared nurses in underserved areas by retaining and graduating 90% of the students enrolled in the GOOD Program. The socio-ecological model (SEM), a theory-based framework for understanding multiple levels of behavioral influence, was used to design the program. The framework addresses challenges associated with sociocultural and environmental influences in meeting the educational development needs of graduate nursing students. This presentation will discuss the aims and outcomes of the Growing Our Own in the Delta (GOOD) Scholars Program.

**At the conclusion of this presentation, the nurse participant will be able to:**

- Discuss the critical intersection of Translational Research and Targeted Policy Revisions' impact on equity and equality
- Discuss disparity research relating to the major health risks
- Discuss global health career opportunities and its role in addressing issues of public/global health and epidemiology, or work in leadership roles
- Discuss the progress that has been made by the health equity movement to advance a health equity agenda in laws and policies relative to minorities with special focus on the Affordable Care Act
- Discuss the provisions of the health reform law that will have the greatest impact on minority health and health equity
- Provide insight into policy trends that are taking place in states across the United States
- Discuss the legal, political, and budgetary challenges to implementing the Affordable Care Act

- Discuss next steps for the health equity movement to ensure continued elevation of this issue
- Describe the components of the social-ecological model
- Describe the impact of individual, social environment, physical environment and institutional factors on retention of underrepresented racial and ethnic minorities, males, and first generation college students in graduate nursing programs
- Discuss the importance of student engagement, collaboration, and experiential activities on skill building, nursing education and nursing care delivery

**8:00 am – 12:00 pm**

Room L4, Lobby Level

## **NURSING EDUCATION INSTITUTE**

### **Developing An Interprofessional Simulation Program: A Survey of the Evidence and Best Practice Solutions**

Interprofessional simulation education (IPE) is a widely accepted practice model used to fostering collaboration between healthcare providers and are instructional methods endorsed by the National League of Nursing and the Society for Simulation in Healthcare (SSH) (Rizzolo, 2012). IPE simulation programs can be designed to emulate complex patient care situations in a safe non-threatening environment that can strengthen clinical reasoning skills of fully engaged participants. Benefits of interprofessional collaborative practice include learning to respect the unique cultures, values, roles/responsibilities, and expertise of other health professions; learning to work in cooperation with those who receive care, those who provide care, and with others who make valuable contributions to the healthcare team.

Effective hospital based IPE programs consist of program objectives that align with Joint Commission standards of care, and include recognized standards developed by the International Nursing Association of Clinical Simulation and Learning. These standards include directives for facilitating simulation exercises, guidelines for the debriefing process and best practices in simulation evaluation. Stakeholders must come to the planning table with open ideas; willing to collaboratively develop scenarios that mimic pertinent healthcare situations. Gaps in patient care quality outcomes must be identified. Stakeholders must collaborate to identify funding sources to financially sustain these programs.

### **Test Taking Skills and Anxiety Reduction Strategies for Nursing Students**

Two of the major reasons students are unsuccessful in nursing programs are because of test taking anxiety and their inability to master nursing exams. This has resulted in an increase in attrition rates. High attrition rates among the under-represented minority populations have exacerbated nursing shortages and hindered efforts to improve diversity in the workforce. In nursing education, multiple-choice questions are used to assess the student's comprehensive understanding of the curriculum content.

Therefore, it is important for nursing students to understand the components of NCLEX style questions, which include the critical elements of test questions. The student must also know how to analyze the question and practice using these skills when synthesizing the course content. Using effective anxiety reduction and test-taking strategies will help the student to systematically understand and answer NCLEX style questions and make the most of their nursing knowledge during an exam.

### **Becoming a Black Nurse Faculty Leader**

Focusing on diversity in nursing, we need to encompass not only increasing the number of minority students but also increase the number of minority faculty. Several programs sponsored by Sigma Theta Tau International and other esteemed nursing associations and societies have been instituted to foster academic career success, promote nurse faculty retention, encourage personal leadership development, and cultivate high performing, supportive work environments in academe. However, on careful exploration and review, many find that there appears to be a lack of diversity and inclusiveness in these programs. This presentation will highlight challenges often faced by Black faculty in academia; mentoring needs and resources; and, opportunities for professional growth, development and scholarship available through STTI and other professional associations and societies.

### **Demonstrating Family-centered Care Concepts in Nursing Education through Simulated Experiences**

Family-centered care (FCC) challenges nursing students to expand their focus and care to the patient as well as their family. This includes being able to use clinical decision making skills which can be developed through simulation. Simulation has been perceived as an innovative means to address some of the challenges faced by nurse educators, particularly preparing students for a complex, modern nursing role. Scenarios in simulation provide planned experiences focused on clinical objectives needed in the healthcare setting. During the course of this presentation the presenters will (1) define the value of integrating a family-centered care approach to nursing education through simulation; and (2) describe strategies on how to implement a simulated scenario that includes family-centered care components using a case exemplar. The FCC simulation case exemplar describes a patient with Bronchopulmonary Dysplasia (BPD). It also included a frustrated mom who lacked the knowledge needed to care for the complexities of BPD. Students involved in the simulation are challenged/required to assess the needs of the child and mother, and design/implement appropriate interventions with identified expected outcomes. The overall goal is for students to understand the principles of FCC.

### **Qualitative Study to explore the Male Nursing Student's Coping with Experiences in a Maternal-Newborn Nursing Course**

Nursing today is predominantly a female profession; however, men are entering the profession in record numbers. Their entrance is challenging the perspective of many that they are inappropriate in care-giver roles, or that they are incapable of providing compassionate and sensitive care. A study was undertaken to investigate the perceptions and experiences of male nursing students in a maternal-newborn nursing course and their coping strategies in dealing with role stress. The study involved a purposive sample of 11 male nursing students. All study participants completed a survey, and six participated in individual interviews. Written responses and verbatim audio narratives collected during the course of the study were analyzed using qualitative content analysis to identify themes that described their perceptions and experiences. The results identified seven themes suggesting a need for nurse educators to develop theory-guided instructional strategies to support male nursing students' academic goals which may be at stake because of the maternity learning environment. This presentation will provide an overview of the aims and outcomes of the study and discuss implications of the findings to nursing education and practice.

At the conclusion of this presentation, the nurse participant will be able to:

- Identify components of an effective IPE curriculum planning team
- Describe professional standards that support the development and implementation of an IPE simulation program
- Discuss barriers and opportunities for collaborative practice through the use of IPE simulation
- Discuss sustainability issues related to the design and use of IPE simulation programs
- Discuss methods that may be used to support professional collaboration in the design and use of IPE in academic and clinical settings
- Identify the impact of anxiety on test taking
- Identify strategies that may be used to reduce test anxiety
- Discuss the critical elements of NCLEX questions
- Demonstrate strategies that may be used by nursing students preparing for the NCLEX to reduce test anxiety
- Recognize the disparity in academe with the number of minority faculty
- Discuss the unique issues faced by minority faculty in academe
- Describe mentoring opportunities available through the Sigma Theta Tau International, Nurse Faculty Leadership Academy for aspiring nurse faculty leaders.
- Define the value of integrating a family-centered care approach to nursing education through simulation
- Describe strategies on how to implement a simulated scenario that includes family-centered care components

- Discuss the value of using simulation as a teaching strategy
- Describe the demographic of students enrolled in schools and colleges of nursing
- Describe perceived competencies and sensitivities of the lay and professional public of male nurses
- Identify coping strategies used by male nursing students in dealing with role stress experienced during their engagement in maternal-newborn clinical rotations
- Discuss ways nursing faculty and nursing staff can assist male students experiencing role stress bias during their maternal-newborn clinical rotation

**8:00 am – 12:00 pm**  
Room L3, Lobby Level

## **PATIENT SAFETY INSTITUTE**

### **Application of the Medication Adherence Algorithm**

The Medication Adherence Algorithm (MAA) is a clinical tool to be used by nurses to promote medication adherence in older adults who are 65 years of age and older. Medication adherence (MA) is a serious problem among older adults. More than 125,000 Americans die yearly, 342 daily, and 10% to 25% of hospital and nursing home admissions are due to poor medication adherence. Some older adults fail to adhere to the medication regimen due to 1) denial of the need for the medication, 2) forgetfulness, or 3) a busy lifestyle. The health-care delivery system could benefit from a clinical tool focused on the three areas to promote medication adherence in older adults. Orem's Self-care Model provides a framework to implement the Medication Adherence Algorithm. A self-contained focus group design was used to critique the Medication Adherence Algorithm.

### **Collaboration-At Its Best**

If you want to see collaboration at its best, the operating room (OR) is one of the greatest places to witness teamwork and collaboration. The collaborative effort within the perioperative arena focuses on patient safety. Nurses play a key role in this collaboration. There are various strategies put in place to ensure patient safety and prevent errors from occurring. Prevention of foreign retained objects, performing a time-out prior to incision, and adhering to the universal protocol, are a few of the strategies to ensure safety. The OR collaboration consist of an interdisciplinary team, anesthesia, surgeons, residents, nurses, and surgical technicians. Effective communication among this collaboration promotes safety and optimal outcomes for patients undergoing operative and other invasive procedures. The goal is to perform the correct procedure on the correct person, at the correct site. This goal is successfully accomplished by means of active involvement of all members within the team. This presentation will highlight strategies used in the OR that demonstrate collaboration in health care at its best.

### **Misuse and Abuse of Opioids**

Opioid analgesics have a legitimate medical use for both non-cancer and cancer related pain. When used properly, opioids provide benefits, including improving patients' quality of life. Conversely, opioids pose a risk for abuse, misuse and death. According to the Centers for Disease Control and Prevention (CDC), fatal prescription drug overdoses involving opioids in the United States have almost quadrupled over the past decade. Healthcare providers that are on the front lines of patient care see the devastation this epidemic takes on everyday life.

According to Patrice A. Harris, American Medical Association Board of Trustee Secretary, more than 1500 people died in the United States in 2009 due to an overdose on narcotic pain relievers. Furthermore, deaths from heroin have increased dramatically. According to CDC, over 8,000 people died from heroin-related causes in 2013, this is a 39 percent increase from 2012. Opioid dependence and addiction is rampant in today's society. Often, it starts with a legitimate ailment that is treated with a painkiller, whether legal or illegal, and escalates to serious adverse outcomes, including death by overdose. Strategies will be discussed to help combat this epidemic and to help patients get treatment and rehabilitation.

### **Mobilization of Critically Ill Patients through Early Mobility**

There are significant complications associated with immobility. Immobility due to critical illness has been shown in clinical literature to impact many systems of the body including: Respiratory, Neurological, Skin, Hematological, and Muscle function. The literature is strong enough that guidelines have been written recommending clinicians implement early mobility programs. Implementation of an early mobility program is financially responsible. Published evidence show that the cost of implementing an early mobility program is far outweighed by the benefits in financial dollars. Johns Hopkins saw more than \$800,000 in savings over a year in one ICU alone. This presentation will focus on understanding the importance of patient mobility and recognizing the current standards and practice patterns. We will discuss what immobility is costing our institutions and strengthen our understanding of what early mobility means. We will look at the evidence supporting the use of early mobility. Finally, we will discuss some strategies to use to implement an early mobility protocol with the inclusion of technology as a part of that program.

### **Medication Compliance: Nurse Facilitation of Effective Communication to Strengthen Linkages between What Providers Prescribe, What Pharmacies Dispense, and What Patients Do**

Medications are effective in combating chronic diseases, but their full benefits are often not realized because approximately 50% of patients do not take their medications as prescribed. Multiple factors related to patients, providers, and to the healthcare systems contribute to poor medication adherence. Nurses are critical in facilitating effective communication between

the prescriber, the patient and the pharmacist to increase the likelihood of patient medication compliance.

**At the conclusion of this presentation, the nurse participant will be able to:**

- Discuss the adverse impact of poor Medication Adherence among older adults 65 years and older
- Identify three reasons for poor medication adherence in older adults 65 years and older
- Discuss how the Medication Adherence Algorithm can be used by nurses to promote medication adherence in older adults who are 65 years of age and older
- Explain how collaboration is demonstrated in the operating room (OR)
- Identify collaborative strategies used by members of the surgical team to ensure patient safety
- Discuss how effective communication plays a significant role in preventing surgical errors
- Discuss the pathophysiology of opioid drug abuse and addiction
- Identify signs and symptoms of opioid drug abuse and addiction
- Describe strategies that many be used by nurses in practice to combat opioid drug abuse and addiction
- Explain the importance of patient mobility and recognizing the current standards and practice patterns
- Discuss what immobility is costing our institutions and strengthen our understanding of what early mobility means
- Identify strategies to use to implement an early mobility protocol with the inclusion of technology as a part of that program

**8:00 am – 12:00 pm**

Room: L11, Lobby Level

## **VIOLENCE PREVENTION INSTITUTE**

### **The Impact of Traumatic and Violent Events on Emergency Nurses**

Terrorism, violence and traumatic events plague our lives daily. Emergency nurses are usually the first contact that the patient has upon arrival to the Emergency Department. This study illuminated the lived experience of emergency nurses when caring for victims of violent and traumatic events. Two major themes were identified in this study. Behavioral manifestations were revealed as a result of caring for victims of violent and traumatic events. The participants also identified coping strategies that assisted them to continue to care for incoming patients. The qualitative research method used for this study was phenomenology. The phenomenological method provided understanding and meaning through words of the participants who have undergone the experience. Interventions were identified that could provide support to emergency nurses without causing a financial strain to nurse leaders. These include: Rotating the nurses during a 12-hour shift in triage and the trauma room; incorporating humor into the workplace is another way to reduce stress. At the conclusion of this presentation the nurse participant

will be able to: describe behavioral manifestations when faced with violent and traumatic events, state three coping strategies and identify three implications for nursing practice.

*The Community Resources used by Abused Pregnant Women Participating in the Domestic Violence Enhanced (DOVE) Home Visit Program* was undertaken to examine the association between intimate partner violence (IPV) and abused pregnant woman's use of community resources 12 and 24 months postpartum, and (2) examine the influence of the DOVE intervention on abused women's use of community resources compared to abused women not in the intervention. DOVE was a RCT that tested the effectiveness of a home visit intervention to reduce IPV among abused pregnant women, in urban and rural settings. The intervention which was delivered by home visitors included IPV assessment and six empowerment sessions. 160 pregnant, Medicaid eligible women enrolled in DOVE at baseline and followed up at 24 months postpartum. A community resources use and satisfaction survey was completed at baseline, 12 and 24 months postpartum. Analysis of the program data revealed that the most frequently used community resources were police (25.81%), mental health specialists (22.58%), and ER/ health care clinics (18.42%). Logistic regressions analysis revealed that women reporting IPV had a 62% increased odds of using one or more resources during 12 months postpartum. During this presentation differences by group assignment and women's satisfaction with community resources will be presented. Findings suggest that nurses and helping professionals have an important role in screening, intervening and referrals to community resources for women exposed to IPV.

### **“No Bullying Zone”: Cultivating a Fair and Just Nursing Culture**

Many organizations worldwide are facing the issue of bullying in the workplace. Depending on the specific bullying behaviors, perpetrators may also be in violation of civil or criminal laws. The impact of bullying on nursing productivity and progressive impairment of their psychosocial element remains problematic. An additional impact of bullying in the workplace effects organizational performance and patient care delivery. These are important issues that must be addressed. Conflict resolution programs for nursing professionals may help the bullying perpetrator recognize their behavior and aid healing from the incident. Workplace bullying negatively diminishes nurses' productivity and quality of patient care. It is imperative that nurses, nurse leaders, and health policymakers develop strategies to transform the healthcare environment into a physically and psychologically safe workplace. This presentation will discuss strategies that may be used to cultivate a fair and just nursing culture within nursing.

### **Dating Violence**

Dating violence occurs physically, emotionally and sexually with the highest rate occurring between ages 16-24 years of age. Forty-three percent of college women

report violent and abusive behavior. Fifty-eight percent are not equipped to deal with abuse or help someone who is experiencing it. Educating youth and parents are beginning steps in facing this dilemma. Institution of interventions that focus on risk management and prevention will aid individuals with efforts to decrease incidence in our ever changing social environment. This presentation will focus on strategies that could be used by nurses to prevent and/or manage dating violence.

### **Beyond the Bruises- Relabeling and Proactive Treatment of Domestic Violence Victims**

One in 4 women and 1 in 7 men in the U.S. are abused by an intimate partner (National Resource Center on Domestic Violence). Twenty-five percent of all suicide attempts account from domestic violence victims attempting to flee abuse. Fifty percent of those victims are African American women (all who have suffered emotional and psychological trauma). Only 25% of women injured in a domestic violence assault seek medical attention. Twenty-two to 35 percent of women visiting the emergency room received injuries from recurrent abusive encounters. Twenty percent of women needing emergency surgery have been battered. Nine to 20 percent of pregnant women are battered with a 60 percent reoccurrence rate.

Victims are deprived of their autonomy, liberty, security and face tremendous threats to their health and safety. While the physical abuse is visible (slapping, pushing, shoving, being beaten, being beat with something hard or slammed against something hard, burned or choked) (Black et al., 2011), the resulting mental health injury may run much deeper. Women face a wide range of health and social problems relating to domestic violence including depression, anxiety, overeating, substance abuse, deliberate self harm, pregnancy complications and suicide. Health care providers, especially those in the emergency room department and nurses, should routinely ask women about domestic abuse. It was found that at least 6 percent of ER patients have experience with domestic violence while prevalence rates are probably higher (JClinNurse, 2007). In an earlier study (J Emerg Nurse, 2001), ED screening rates for intimate partner violence were higher among women who came to the emergency department because of acute trauma from abuse (39%) than for women who reported that they had been abused within the past year (13%).

The 2013 USPSTF recommendation supporting screening of all women of childbearing age for intimate partner violence was based on the 2012 Annals of Internal Medicine's "Systematic Review of Evidence to Update the 2004 U.S. Preventive Services Task Force Recommendation" (Nelson et al. 2012). Joint Commission issued violence abuse screening guidelines for all hospitals.

**Upon a completion of this program the nurse participant will be able to:**

- Describe three behavioral manifestations experienced by emergency nurses when caring for victims of violent and traumatic events
- State three coping strategies identified by emergency nurses used to assist them to continue care for incoming patients
- Identify three implications for nursing practice that was revealed from the study
- Describe trends relative to the prevalence IPV against pregnant women
- Describe the Community Resources Used By Abused Pregnant Women Participating in The Domestic Violence Enhanced (DOVE) Home Visit Program
- Describe the patterns of use accessible community resources by abused pregnant women
- Discuss differences in the utilization of and satisfaction with community resources between women who received the DOVE intervention and those who did not receive the DOVE intervention
- Demonstrate basic knowledge of ethical and legal ramifications associated with bullying in the nursing profession
- Recognize three negative effects of bullying: physical, psychological, and occupational
- Define conflict resolution techniques such as role playing and open communication
- Describe the physical, emotional and sexual impact of dating violence
- Identify three risk factors for dating violence
- Describe the rationale and use of drugs commonly used to treat patients who experience date rape
- Quantify the different types of domestic violence abuse
- Identify the red flags of domestic violence abuse
- Identify at least four screening questions to ask relating to intimate partner violence

**8:00 am – 12:00 pm**

Room L6

### **WOMEN'S HEALTH INSTITUTE**

#### **Nurses are Essential to Exploring Innovative Strategies on Puberty and Health Issues for Pre-teen and Teen populations**

Adolescence is a time of physical, social and emotional change. This biological transition to secondary sex characteristic with variation in individual ages of onset and timing is known as puberty. It is a time when adolescents feel awkward and unsure about their new body image. Certain life stressors such as family dynamics, poverty, violence, social media and peer pressure can be precursors to sexual precocity, drug use or unwanted outcomes. Without support, proper guidance, instruction and accurate information, they are left to make poor choices. According to the National Institute on Mental Health 2000, many adolescents suffer from depression and other mental health disorders. CDC 2010, reports the number of sexually transmitted infections are highest among this group with many practicing unprotected sex or experiencing forced sex. Reports show minority adolescents (Blacks and Hispanics) sharing the burden of these infections.

The World Health Organization argues that sexual health is a state of physical, emotional and social well-being in relation to sexuality. Nurses are in an ideal position to provide sex and drug education to teens and parents. This presentation will highlight hands-on activities and tools for use in sex and drug education. The activities and tools, designed by the author, are purported to be a safe and fun way to increase awareness about sex and drugs.

### **Promoting Self-Protective Behaviors among African-American and Latina Young Women**

The Promoting Self-protective Behaviors among African-American and Latina Young Women Study examined risky sexual behaviors, gender and power issues affecting risk-taking, and factors most likely to promote self-protection among African-American and Latina young women. The theory of gender and power has been used to examine gender-specific norms and power dynamics within intimate relationships. Applying this gender-specific theory to STI prevention takes into account how a young woman's lack of personal power, commitment to a relationship, and role in heterosexual relationships can affect her willingness to use sexual risk reduction strategies. This study aimed to determine the relative contribution that relationship power makes in influencing condom use behavior among African-American and Latina women. In this study a convenience sample of 310 women ranging from 18-25 years of age, completed study specific questionnaires. Results of the data analysis suggested that the sexual behaviors reported placed the young women at risk for STIs, including never using a condom with vaginal sex. An inverse relationship was found between duration of relationship with the partner and sexual risk-taking behaviors. The findings suggest there is a need for providers in community health settings to assess carefully the sexual behaviors of their young female clients and to promote safer sex practices.

### **Complementary and Alternative Medicine Use Among Ethnic Minorities**

This presentation will provide researchers and clinicians with an analysis on the use of complementary and alternative medicine (CAM) among adolescents. While the outcomes of research studies provide information on the patterns of CAM use among adults, information on CAM use and outcomes for ethnic minority adolescent populations is needed.

**Methods:** A secondary data analysis was completed to investigate variables associated with CAM use in a national sample of adolescents aged 12-17 years. Data from the 2012 National Health Interview Survey (NHIS) were examined with most of the data coming from the 2012 Child Complementary and Alternative Medicine supplement of NHIS.<sup>4</sup> Chi-square tests were used to compare the socio-demographic characteristics of the adolescents.

**Findings:** When evaluating CAM use in relationship to education and income, there was mostly a direct relationship between income and CAM use. CAM use was most often used among adolescents who experienced pain, anxiety, or stress.

**Implications:** Additional ethnic specific research will lend a greater understanding of CAM use among ethnic minority adolescents, insight into how CAM use intersects health beliefs and outcomes, and inform providers regarding conducting culturally appropriate assessments and providing health delivery options.

### **Reducing Stress and Infant Mortality in African American Women**

According to the American College of Nurse-Midwifery (2014), the U.S. had a 6% infant mortality rate per 1,000 live births across the country. African American mothers report an infant mortality rate of 11.1 percent—highest in comparison to any other racial/ethnic group in the U.S. Even though the high infant mortality rate has decreased within the last decade, it remains consistently higher among African Americans. These variations are traced to historical racial disparities linked to toxic stress experienced among minority populations in the U.S. This presentation explores the relationships between health disparities and the social determinants of health in African American communities, and discusses how reducing toxic stress associated with racial disparities can help decrease high infant mortality among African American women. The presentation will highlight quantitative data that compares racial/ethnic disparities and social determinants of health including socioeconomic status and psychological factors linked to toxic stress in African American women. Implications for nursing practice and needs for the consumer include promoting maternal health interventions, such as access to prenatal care, education and community services that help decrease health disparities among minority populations and achieve health equity.

### **Menopause, Rurality & Obesity in Rural African American Women**

In the US, 1:8 deaths are due to an obesity-related chronic health condition (ORCHC). More than 50% of African American women (AAW) 20 years and older are obese or morbidly obese, as are 63% of menopausal (MT) AAW. Many AAW have ORCHC that increase their morbidity, mortality, and healthcare costs. A cross-sectional study was undertaken to identify cognitive, behavioral, biological, and demographic factors influencing these health outcomes among MT and premenopausal (PreMT) AAW living in rural SC. Two hundred AAW, 18-64 years, completed the MRS, BIAO, MHI, BFFQ, EBCCQ, TFH, FPT questionnaires, and BMI measures. Results revealed that 60% of the women had between 1 and 5 ORCHC. PreMT women had significantly higher educational levels. Rural and MT women had significantly higher morbid obesity levels and reported most body image dissatisfaction. Knowledge of correct recommended daily servings was lacking as evident by portion size consumed and food preparation techniques. Controlling for socioeconomic factors; relationships between perceptions of body images, psychological distress, and psychological wellbeing remained significant for numbers of ORCHC. This presentation will discuss the study and the influence



of perceptions of body size/images on obesity and ORCHC in addressing healthcare needs of AAW. Recommendations for nursing practice are offered.

**Upon completion of this program, the nurse participant will be able to:**

- Describe Tanner staging and sequential body changes of puberty
- Summarize characteristics, incubation, signs, symptoms and health risks of selected STIs
- Summarize signs, symptoms and health risks of drug abuse
- Discuss methodology for use of the 2-D HUB Body Clocks and Sex/Drug Counseling Guide
- Describe sexual risk behaviors among African-American and Latina young adult females
- Identify the role that gender and power issues have on risk-taking behaviors
- Identify nursing implications to reduce risk and promote self-protection
- Discuss the importance of understanding complementary and alternative medicine use in ethnic minority adolescents
- Identify the variables associated with complementary and alternative medicine use among adolescents in the United States
- Describe the implications regarding use of complementary and alternative medicine among ethnic minority adolescents
- Discuss racial disparities and the social determinants of health
- Understand the effects of toxic stress in African American women
- Identify interventions that may be used by nurses to reduce toxic stress and achieve health equity
- Describe prevalence of obesity among rural African American Women (AAW) living in South Carolina
- Discuss factors that impact eating habits, knowledge of healthy eating, and food preparation techniques, obesity, and health outcomes among rural AAW living in South Carolina
- Describe the influence of menopause, and rurality on eating habits and morbidity among rural AAW
- Describe the relationship between cognitive factors, behavioral factors, health outcomes, and socioeconomic factors on obesity and health of rural AAW living in South Carolina

**11:00 am – 12:00 pm**

Exhibit Hall, Ballroom Level  
Beale Street Theater

### **NBNA Career Fair Innovation Theater**

### **Lupus Education and Awareness for Patients, Professionals and Providers**

*Sponsored by:* **Directors of Health Promotion and Education**

### **Lupus Education and Awareness for Patients, Professionals and Providers**

Lupus is an unpredictable and misunderstood autoimmune disease that ravages different parts of the body. It is difficult to diagnose, hard to live with and a challenge to treat. An accurate diagnosis of lupus can take up to six years. Most lupus patients reported seeing four or more different healthcare providers for their lupus symptoms before being accurately diagnosed. In lupus, the immune system becomes imbalanced causing inflammation and tissue damage to virtually any organ system. The lupus incidence rates are almost three times higher in black women than white women, and affect 1 in 537 young African American women. Minority women tend to develop lupus at a younger age, experience more serious complications and have higher mortality rates – up to three times the mortality rate of white women. To address the burden of lupus among women of color, primary care providers, including nurses must be aware of the nuances of lupus so that patients can be diagnosed and treated sooner.

**Upon completion of this program, the nurse participant will be able to:**

- Identify signs and symptoms of lupus that may warrant further evaluation so that a lupus diagnosis can be made sooner
- Make better informed decisions regarding the appropriate approach to the lupus patient
- Ensure that people with or at high risk of a chronic disease, like lupus, have access to resources they need to prevent or manage their disease.
- Know where to access additional provider training opportunities to be better informed about lupus

**12:30 pm – 2:00 pm**

Ballrooms C-D, Ballroom Level

### **NBNA 45<sup>th</sup> Anniversary Awards Luncheon**

*Sponsored by:* **Gilead Sciences**

### **Truvada for Pre-Exposure Prophylaxis (PrEP)**

**Upon completion of this program, the nurse participant will be able to:**

- Discuss TRUVADA for PrEP Indication, prescribing considerations, and important safety information
- Identify candidates for TRUVADA for PrEP and comprehensive management to reduce the risk of HIV-1 infection
- Discuss TRUVADA for PrEP clinical studies: iPrEx and Partners PrEP
- Discuss treatment-emergent resistance in iPrEx and Partners PrEP
- Identify sexual risk behaviors in iPrEx and partners PrEP
- Discuss clinical guidelines and the National HIV/AIDS Strategy
- TRUVADA for PrEP Risk Evaluation Mitigation Strategy (REMS) and Medication Assistance
- TRUVADA for PrEP Potential Patient Profiles

2:30 pm – 3:30 pm

Southwest Hall

### Nursing Innovation Theater

Sponsored by: Froedtert & Medical College of Wisconsin

#### Dimensions of Diversity: Are You Ready for the New Norm?

Diversity is more than just race and gender. It includes all points of differences and similarity such as aged, occupation, religion and education that influence ones values and behaviors. These points of difference also impact how we see and interact with the world around us. Implementing strategies to understand the diverse needs of our patients and the community must be a priority for healthcare organizations. The primary objectives of this Innovation Theater will be to engage attendees in meaningful dialogue and group interaction that will give them an understanding of how our dimensions of diversity influence our biases and impact our interactions every day. Attendees will learn strategies to help ensure culturally sensitive care.

At the conclusion of this presentation, nurse participant will be able to:

- Understand the science behind unconscious bias
- Understand the impact of bias in the healthcare environment
- Discuss strategies to overcome our biases and support a culturally sensitive workplace

2:30 pm – 4:00 pm

Room 204

### LPN Forum

4:00 pm – 5:00 pm

Ballroom A-B, Ballroom Level

### PLENARY II

#### Human Trafficking and Domestic Violence

##### Human Trafficking Indicators for Healthcare

This presentation will provide an overview of sex and labor trafficking, informing attendee of the key elements of key elements and indicators allowing attendees to distinguish human trafficking from smuggling. The healthcare professional will increase his/her working knowledge of human trafficking and be able to apply this knowledge in everyday practice to identify potential victims of human trafficking and how to report potential trafficking to the appropriate authority. Attendees will also develop a working knowledge of series available to victims of trafficking.

##### Beyond the Bruises – Relabeling and Proactive Treatment of Domestic Violence Victims

One in 4 women and 1 in 7 men in the U.S. are abused by an intimate partner (National Resource Center on Domestic Violence). Twenty-five percent of all suicide attempts account from domestic violence victims attempting to flee abuse. Fifty percent of those victims

are African American women (all who have suffered emotional and psychological trauma). Only 25% of women injured in a domestic violence assault seek medical attention. Twenty-two to 35 percent of women visiting the emergency room received injuries from recurrent abusive encounters. Twenty percent of women needing emergency surgery have been battered. Nine to 20 percent of pregnant women are battered with a 60 percent reoccurrence rate.

Victims are deprived of their autonomy, liberty, security and face tremendous threats to their health and safety. While the physical abuse is visible (slapping, pushing, shoving, being beaten, being beat with something hard or slammed against something hard, burned or choked) (Black et al., 2011), the resulting mental health injury may run much deeper. Women face a wide range of health and social problems relating to domestic violence including depression, anxiety, overeating, substance abuse, deliberate self harm, pregnancy complications and suicide. Health care providers, especially those in the emergency room department and nurses, should routinely ask women about domestic abuse. It was found that at least 6 percent of ER patients have experience with domestic violence while prevalence rates are probably higher (J Clin Nurse, 2007). In an earlier study (J Emerg Nurse, 2001), ED screening rates for intimate partner violence were higher among women who came to the emergency department because of acute trauma from abuse (39%) than for women who reported that they had been abused within the past year (13%).

The 2013 USPSTF recommendation supporting screening of all women of childbearing age for intimate partner violence was based on the 2012 Annals of Internal Medicine's "Systematic Review of Evidence to Update the 2004 U.S. Preventive Services Task Force Recommendation" (Nelson et al. 2012). Joint Commission issued violence abuse screening guidelines for all hospitals.

Upon completion of this program, the nurse participant will be able to:

- Differentiate human trafficking from human smuggling by identifying and recognizing indicators of trafficking in a healthcare setting
- Describe the three elements of trafficking required to meet the federal definition of trafficking
- Demonstrate a working knowledge of services and available resources to report potential trafficking and support victims
- Quantify the different types of domestic violence abuse
- Identify the red flags of domestic violence abuse
- Identify at least four screening questions to ask relating to intimate partner violence

**SATURDAY • AUGUST 6****6:30 am – 7:45 am**

Ballroom C, Ballroom Level

**Sarcoidosis: Raising Community Awareness around a Rare Autoimmune Disease****Non-CE Breakfast Session**

The National Institute for Health (NIH) estimates that up to 23 million Americans have an autoimmune disorder, making them more common than cancer or heart disease. Several autoimmune disorders are more common in African Americans, including sarcoidosis, a condition not well known or understood by the public. Lack of awareness on sarcoidosis can often lead to misdiagnosis. Building community awareness about autoimmune diseases and specifically sarcoidosis can assist affected individuals in getting the support they need. Learn more about this autoimmune disorder, and how nurses can be instrumental in raising awareness about the condition. Participants will receive background knowledge necessary to become 'community educators' and promote open discussion on the condition in the African American community.

Upon completion of this program, the nurse participants will be able to:

- Describe the condition and identify common symptoms
- Educate local community members on sarcoidosis
- Identify resources related to Sarcoidosis Awareness

**6:30 am – 7:45 am**

Ball Room D, Ballroom Level

**Exploring Differences in Disease and Care for African Americans Living with Multiple Myeloma****Non- CE Breakfast Session**

Multiple myeloma is the most common blood cancer affecting African Americans. Data show that this population hasn't benefitted from survival improvements. Learn about multiple myeloma and how we can improve care and "Stand in the Gaap" for patients!

**9:00 am – 1:00 pm**

River Bluff, Mezzanine Level

**MINDFULNESS WORKSHOP****The Mindful Nurse Leader: Strategies for Bringing Mindfulness into Nursing Practice**

Mindfulness practices, such as meditation, are increasingly seen as the foundation to health, well-being and key to cultivation of leadership skills that connect, motivate, and empower others to achieve best self, best health and best performance. This invigorating and experiential session will explore the opportunities that nursing leaders face today, the science of mindfulness and just how mindfulness stands to enhance personal and professional performance – including leadership enrichment. More than 30 years of empirical study demonstrates that mindfulness practices positively impact clinical and

non-clinical populations and also has the potential to potentiate the effectiveness of nurse leaders and cultivate higher quality care delivery. Participants will experience mindfulness through a variety of simple techniques aimed at improving attentional focus, enhancing compassion and empathy, improving communication, while enhancing self-care. By the end of the session, participants will be prepared to initiate his or her personal mindfulness practice and be knowledgeable about the resources and support available to sustain positive change.

Upon completion of this program, nurse participants will be able to:

- Describe the challenges and opportunities that leaders face in today's complex health care environment
- Explain the science of mindfulness and the link to emotional intelligence and performance
- Demonstrate basic mindfulness practices

**11:00 am – 12:00 pm**Exhibit Hall, Beale Street Theater  
Southwest Hall**NBNA Nursing Innovations Theater****Reducing Lung Cancer Mortality in Disparate Populations through Cancer-Community Awareness Access Research and Education (c-CARE)**

Lung cancer is the leading cause of cancer death in the US. Disparities exist among racial/ethnic minorities and the medically underserved. The National Lung Screening Trial confirmed that screening individuals at high risk for lung cancer with an annual low-dose computed tomography reduced lung cancer mortality by 20%. The US Preventive Services Task Force now recommends lung cancer screening for high-risk asymptomatic adults. The purpose of this c-CARE project is to increase community awareness of lung cancer risk factors and screening criteria, and to connect high-risk individuals to lung cancer screening and tobacco cessation services. The approach was Community-based Participatory Research (CBPR). Formative development involved vetting the study design with the Community Advisory Board (CAB) to ensure community priorities and concerns were addressed. Curriculum development and intervention evaluation were guided by the Health Belief Model. Twelve community sites are enrolled. Four community health workers from within each site are trained to deliver a 4-session curriculum. Pre- and post-intervention outcome measures are collected with surveys to assess changes in participant knowledge, attitudes and beliefs regarding cancer, perceived barriers and self-efficacy to obtain lung cancer screening. Social media campaigns increase overall community awareness of lung cancer screening.

Upon completion of the program, nurse participants will be able to:

- Discuss the US Preventive Services Task Force lung cancer screening recommendation.
- Identify the individuals that meet the lung cancer screening criteria

- Describe a community awareness project that aims to increase community awareness of lung cancer risk factors and screening criteria

1:00 pm – 3:00 pm  
Room L11, Lobby Level

### **A COLLABORATIVE APPROACH TO ADVANCING HEALTHCARE PRACTICES**

#### **Community Needs Assessment: A Collaborative Approach to Advancing Healthcare Practices of a School-Base Primary Comprehensive Health Care Center within an Inner City Community**

According to the Center for Disease Control and Prevention in an article entitled “*Adolescence and Health*” (2014), health-related factors such as hunger, physical and emotional abuse, and chronic illnesses can lead to poor school performance. This fact becomes even more prevalent for youth of an inner city population of low-socioeconomic demographics. Utilizing a collaborative approach to conduct a community needs assessment, one university established a partnership with stakeholders of a community, public school board, and students, staff and administrators from a high school to identify and prioritize the healthcare needs of an inner city community.

The project mixed qualitative and quantitative data collection methodologies using focus groups and surveys of high school students, parents, teachers, and community members. The participants identified healthcare needs in the areas of mental health, obesity, substance abuse, chronic illnesses and consistent access to care.

The purpose of this presentation is to describe the initial scope of the community needs assessment project, the identification and prioritization of the inner city community healthcare needs, describe a logic model approach to meeting the needs identified within the project and effectively communicating the results to the School-Base Primary Comprehensive Health Care Center as well as other available community resources.

#### **Lessons Learned in Opening a High School Based Health Clinic while Advancing Nursing Practice through Diversity and Collaboration**

The purpose of this project was to develop an inter-professional school-based, family-centered, nurse-managed clinic to provide access to high quality primary care, and, enhance health outcomes for students and families in Liberty City, one of Miami’s poorest and most precarious neighborhoods. Our goal is to increase access to culturally-competent public health nursing interventions that focus on preventive health and environmental issues that affect the health of students and families while delivering team-based collaborative nurse led primary care. After outreach meetings occurred with local community leaders the authors of this grant established partnerships with Jessie Trice Community Health Centers and others led to submission and subsequent funding to open a nurse managed clinic at Miami Northwestern High School. Meetings among partners led to an implementation plan that is inclusive

and seeks to address not only the physical needs of the adolescent but their social, emotional and developmental needs. Currently, the implementation of a structure, process and outcomes focused evaluation plan that assesses the quality, safety, and effectiveness of clinic operations; its team-based collaborative environment; its public health focused interventions, and, related health outcomes for the Liberty City community is underway.

At the conclusion of this program, the nurse participant will be able to:

- Identify cultural competent collaborative strategies needed to execute an effective healthcare needs assessment
- Understand common social, emotional and physical healthcare needs as identified within a low socioeconomic population for a healthcare focus within a nurse managed school base community healthcare clinic
- Discuss challenges confronted by healthcare providers in a nurse managed school base community healthcare clinic
- Identify and address the multiple contexts of adolescent care in their individual practice
- Compare and contrast the components of successful community engagement partnerships and those with less success community engagement partnerships
- Discuss “common errors” in community engagement and implementation of primary care services in a high school based nurse managed clinic in an underserved area
- Discuss “best practices” in community engagement and implementation of primary care services in a high school based nurse managed clinic in an underserved area

1:00 pm – 3:00 pm  
Room L2, Lobby Level

### **CULTURAL COMPETENCY WORKSHOP**

#### **The Journey to Achieve Health Equity in Pennsylvania**

According to the Centers for Disease Control and Prevention (CDC) “health equity is achieved when everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.” In order for health professionals to successfully assist populations in achieving health equity, they must exhibit the essence of cultural competence. The Nursing Diversity Council (NDC) of the Pennsylvania Action Coalition in collaboration with the Robert Wood Johnson Foundation’s Executive Nurse Fellows Individual Leadership Project conducted a state-wide research study of Pennsylvania registered nurses to identify the level of cultural competence education/training, sources and availability of cultural competence information, access to cultural competence resources and extent to which culturally competent care are currently being provided within their organizations. The findings from this study identified four key themes: 1) Socio-demographic characteristics of the participants; 2) Sources and availability of cultural competence information; 3)

Cultural competency preparedness and education; and, 4) Culturally competent care currently being provided by RNs in Pennsylvania. This presentation will provide a discussion of the findings as well as steps being taken by the NDC to address the gaps in cultural competency across the state.

### **Big Data Approach to Develop Targeted Clinical Programs**

Individuals in specific geographic locations experience greater prevalence and the widest disparity in outcomes for chronic disease. There may be a disproportionate prevalence of diabetes based on sociodemographics, resources, and access to care. In addition, racial and ethnic minority populations have a higher risk of complications and other harmful effects of chronic disease. Disparities in general, especially disparities in health care, are often a result of environmental conditions, social and economic factors, insufficient health resources and poor disease management. Success in identifying critical gaps in care and reducing disparities can be realized by addressing these factors using big data.

### **Checking the Pulse of Cultural Competency: A Comparison of Pennsylvania Magnet and Non-Magnet Facilities**

Cultural competency has the potential to mitigate healthcare disparities and improve outcomes through increased access and full engagement of patients and families in their care. Culturally competent clinicians appreciate the uniqueness of each patient within the context of their illness, communicate respectfully, build trust, and maintain therapeutic relationships that promote optimal health outcomes. Despite recognition of the value of cultural competence, practice varies considerably among healthcare professionals and across healthcare organizations. Factors contributing to variations in the practice of cultural competence are skills, attitudes, and knowledge, the degree of personal desire to practice, differences in the appreciation of the impact on optimizing health outcomes, and the availability and/or limitations of organizational resources and policies. A systematic assessment of how these factors influence cultural competence practices among nurses was conducted across the state of Pennsylvania using the Cultural Competence Education and Awareness Survey. An analysis of the findings revealed opportunities for enhancing cultural competency in clinical practice of nurses in magnet and non-magnet hospitals across the state. This presentation will (1) describe the demographic composition of PA nurses that participated in the survey; (2) outline the strengths and opportunities for enhancing cultural competency in both magnet and non-magnet facilities in PA; and, (3) provide guidance for appropriate interventions to address gaps and bolster standardized cultural competence practices.

At the conclusion of this program, nurse participants will be able to:

- Describe the outcomes of the Pennsylvania Nursing Diversity Council and Robert Wood Johnson Foundation cultural competence study

- Discuss the cultural competency action plan developed by the Pennsylvania Nursing Diversity Council and Robert Wood Johnson Foundation cultural competence study team
- Identify associated risk factors and disparities associated with geographic locations using data analytics
- Discuss current state of Health and Disease Management Programs
- Describe the importance of payer/provider collaboration to deploy clinical care teams
- Discuss the impact of cultural competence relative to the mitigation of healthcare disparities
- Describe the results of the Cultural Competence Education and Awareness Survey (CCEAS) completed by nurses in magnet and non-magnet hospitals across PA
- Outline the strengths and opportunities for enhancing cultural competency in both magnet and non-magnet facilities across PA
- Discuss strategies to address gaps and bolster standardized cultural competency of practicing nurses across PA

**1:00 pm – 3:30 pm**

Room L4, Lobby Level

### **HIV/AIDS WORKSHOP**

#### **HIV and Black Mistrust of the Healthcare System**

The Black community experiences a disproportionate number of health care disparities, including HIV/AIDS. Blacks account for only 13% of the United States population, but almost 50% of new HIV infections. Also, Black people are often not included, or included in very small numbers, in most medical research related to HIV/AIDS. These issues are often times caused Black people's unwillingness to engage with healthcare providers and medical researchers since they feel that they cannot trust them, leading to poor health outcomes and lack of research inclusion.

Medical mistrust among Black people has also been identified as a barrier to engaging in routine health care, especially for those who are HIV-positive. Research shows that communication, trust, and a supportive patient/provider relationship are important factors in health care utilization, HIV medication adherence and involvement in research among Black people. For research, the Tuskegee Study and other historical research atrocities done to Black people have caused mistrust and impact health disparities in the Black community.

The goal of this session is to discuss Black mistrust of the healthcare systems and medical research, especially as it relates to HIV/AIDS. Suggestions will be provided about how to bridge the gap between Black people and their health care providers to facilitate better relationships and improved health outcomes. In addition, information will be presented about advancements in ethics and protection for research participants. Practical strategies for ensuring the protection of human subjects engaged in research

in clinical, research and/or academic settings while minimizing the effects of mistrust of the healthcare system will be discussed.

### **Sexual Risk-taking Behaviors across Cultures that Place Women at Risk for HIV**

This presentation will discuss the complexity of culture and risky sexual behaviors that place women at risk for HIV/AIDS, globally. Also included will be the discussion of theories that may explain the phenomenon. The presenter will present the results of a review of the nursing, public health, anthropology and psychology literature undertaken to explore how culture features prominently in human sexual practices. Peer reviewed articles related to sexual practices across cultures from 1975-2015 were included. Databases searched included AIDSInfo, the Cumulative Index of Nursing and Allied Health (CINAHL), Google Scholar, PsychInfo, and PubMed. Keywords used were sexual practices, theory, women, risk-taking behaviors and culture. The presentation will summarize findings of the search and highlight classical and contemporary explanatory theoretical frameworks for such behaviors and sexual practices. Findings suggest that cultural sexual practices are based on gender, socioeconomic power dynamics and social hierarchical structures that place women at risk for STIs. Contemporary theories deemed useful for explaining the phenomenon were also identified.

### **Treatment of HCV Infection in HIV/HCV-Co infected Patients in the PCMH Setting**

The presentation will address the rising number of complications of hepatitis C virus (HCV) infection among those living with human immunodeficiency virus (HIV). Updates on screening methods and implementation of highly effective antiviral therapy treatment in the primary care setting will be discussed. Interdisciplinary and patient centered practice strategies support treatment success.

### **Father 2 Son: African American Father-son Sexual Communication**

African American (AA) adolescent and young adult males face significant sexual health disparities. Research has demonstrated that parent-child sexual communication is an important factor in reducing sexual risk behaviors. However the literature on AA father-son sexual communication is limited. The goal of this presentation is to review the current statistics on STIs/HIV/AIDS, and sexual risk behaviors among AA males, discuss the current literature on parent-child sexual communication and present new research findings.

### **Needle Exchange Programs: The Time is Now**

On March 25, 2015, the Governor of Indiana declared a public health emergency related to an outbreak of human immune-deficiency virus (HIV). Prior to 2014, Scott County recorded five cases per year of new HIV cases. Within the first six months of 2015, 169 new cases were diagnosed. In addition, greater than 80% of the 169 persons were also infected with hepatitis C (HCV). This outbreak was the inspiration to rethink the need for needle

exchange programs (NSPs) in this country. The aim of this presentation is to examine health policy that can legally and financially support needle and syringe programs in the United States on state and federal levels. The participants will gain insight into the benefits of NSPs. Ethical concerns surrounding needle exchange programs will be highlighted. Additionally, economic and social benefits to implementing NSPs will be discussed.

**At the conclusion of this program, the nurse participant will be able to:**

- Discuss the incidence and prevalence to HIV/AIDS in the Black community.
- Discuss the historical issues in the healthcare system and medical research that have caused mistrust and adversely impacted the Black community.
- Discuss socio-contextual, economic, and political issues, related to mistrust and negative health outcomes among the Black community associated with HIV education, testing, medical adherence, and involvement in research.
- Identify strategies to move past mistrust and promote best practices in the Black community, integrating issues relevant to HIV education, testing and medical adherence.
- Discuss the complexity of culture and risky sexual behaviors that place women at risk for HIV/AIDS, globally.
- Identify classical and contemporary theories that explain sexual risk-taking behaviors across cultural groups.
- Describe cultural sexual practices that place women at risk for STIs
- Discuss complexities associated with the prevention of HIV/AIDS transmission.
- Discuss the prevalence of HIV/HCV co-infection
- Identify health promotion/disease prevention and considerations for treatment
- Describe collaborative practice in the patient centered medical home (PCMH) setting for implementation of treatment of HCV infection in HIV/HCV co-infected patients
- Describe the current statistics on STIs, HIV/AIDS and sexual risk behaviors among AA males
- Discuss the current literature on parent-child sexual communication
- Discuss the nurses' role in facilitating and supporting parent-child sexual communication process among AA parents and their sons
- Discuss impact of HIV on the public health in Indiana
- Identify benefits for the implementation of needle exchange programs
- Discuss the public health, economic and social benefit to enacting needle exchange programs
- Describe ethical concerns related to needle exchange programs
- Discuss the implications of needle exchange to nursing practice

1:00 pm – 3:00 pm  
Room L6, Lobby Level

## INNOVATIVE NURSING MODELS

### Confronting Issues of Poverty and Healthcare Disparities in Jamaica: An Interdisciplinary Experience

Jamaica is the largest English-speaking country in the Caribbean, situated 579 miles (932 km) from the southernmost tip of Florida. It has a population of 2.8 million. Despite its proximity to the United States (US), Jamaica shares more in common with neighboring Caribbean countries. According to the Pan American Health Organization (PAHO) 16% of Jamaicans live below the poverty level.

Health care is free to all Jamaican citizens and legal residents at government clinics and hospitals. Prescription drugs are also included in this plan, but not easy to obtain. A downside to the country's free healthcare system however is the long lines of waiting for care and the lack of adequate resources to meet the growing health needs. These problems are evident in the more rural parts of the island.

Each year Nova Southeastern College of Medicine (NSU COM) and the Women of Health Occupations Promoting Education (H.O.P.E.) conduct a medical mission trip to Jamaica to provide much needed healthcare to underserved communities. The team consists of personnel representing the medical, dental, physical therapy, occupational therapy, pharmacy, and nursing disciplines in addition to numerous community volunteers. The purpose of this presentation is to share the experience of the medical mission and the impact of teamwork and inter-professional collaboration on global healthcare.

### The Nurse's Role in Communities Experiencing Environmental Contamination

This presentation will help to identify the self-perceived physiological and psychosocial needs of persons who live in communities in which there has been environmental contamination and to understand how nurses can contribute to improved health in these communities.

Environmental surveys have consistently shown that environmental contamination is an important concern for Americans. It is reasonable to assume that if general surveys of Americans reveal such worries, individuals living in communities that have been contaminated also have substantial environmental health concerns. With increased understanding of the potential effects of environmental chemicals on humans, and with a greater desire to prevent rather than merely manage hazardous situations, environmental organizations and government agencies recognize the need for more environmental health care providers who can help protect and educate the public as nurses are the largest group of health care providers in the United States, and because they are in direct contact with individuals, families, and communities, their presence presents an opportunity for more of them to become involved in this healthcare area.

The cross-sectional quantitative study used a survey tool comprised of 27 closed-ended questions to participants selected through snowball and purposive sampling. One hundred ninety eight (198) persons over the age of 18 were selected from two communities in New York and New Jersey that were exposed to contamination. The participants lived within the exposure vicinity and were enlisted without regard to race, gender, socioeconomic status, or age. Nurses are sorely needed in environmentally contaminated communities. They would be able to fill an identified knowledge gap.

### and Collaborative Practice: A Student-Led Development of Self-Management Diabetes Tools for a Nurse Managed Clinic

Many health professions continue to train their students to function in silos. The Institute of Medicine (IOM) called for Interprofessional Collaborative Practice (IPCP) and Interprofessional Education (IPE) as a model for improving quality healthcare while decreasing costs. There is little opportunity where health professions can participate in IPCP/IPE. Nursing faculties have the unique opportunity in leading the way in the utilization of IPCP/IPE to integrate multiple competencies into healthcare profession programs that can provide a platform for faculty development and increase leadership skills among students. As part of a nationally funded National University Nurse Managed Clinic Project, faculties and students in a RN to BSN program developed self-management diabetes tools for comprehensive primary care services to the Watts community of Los Angeles (LA), California. To prepare for the experience, faculties and students attended eight IPE workshops consisting of a didactic, interprofessional-simulation and clinical component. One common theme leading to a successful experience included helping students to understand their own professional identity while achieving an understanding of other professional roles. The objectives for the project were to develop diabetes tools to reduce morbidity and mortality rates. Utilizing IPE/IPCP will prepare graduates to navigate successfully the complex, healthcare landscape throughout their careers.

At the conclusion of this program, the nurse participant will be able to:

- Discuss the issues of poverty and healthcare disparities in Jamaica
- Discuss the impact of teamwork and inter-professional collaboration in the delivery of global healthcare
- Identify two major health issues facing the citizens of Jamaica
- Discuss "environmental health" and "environmental contamination"
- Describe the intersection between "environmental health" and "environmental contamination" and community well-being
- Explain what contaminated communities need from health care providers and how nurses can address those needs

- Identify and explain at least two benefits of incorporating IPE/IPCP in nursing and other health professions education and curriculum
- Identify the three components associated with a successful IPE/IPCP academic model
- Explain what is meant by Benette et al. (2011) "innovation captures the interest and energy of faculty staff" and how might this quote be applicable to the successful development of students' projects within an IPE/IPCP academic model and practice

1:00 pm – 3:00 pm

Room 204

### Men's Health Workshop

#### What Women Need To Know About Men's Health

The workshop will focus on the engagement of women in efforts focused on men's health and social support. Women play key roles relative to preventing and managing of conditions and diseases common among the men in their lives. This presentation will highlight tools that may be used to address their general healthcare issues. The presenters will focus on how women may assist males identify and use resources for promoting healthy behaviors, managing stress, and promoting physical activity and wellness. Discussion and learning activities will highlight demographics, nutrition, movement, medical health, family and friends common among men. Also included will be discussion of how nurses can better address the health promotion and disease prevention needs of men within their practices and personal lives.

#### Barriers to Prostate Cancer Screening in African-American Men in South Central Kentucky

Prostate cancer has been identified as the most commonly diagnosed cancer in African-American men. This population has been noted to have higher diagnoses rates of prostate cancer in comparison to Caucasian men. However, African-American men are not engaging in prostate cancer screening. As a result, the mortality rates of prostate cancer in African-American men are elevated. A study was undertaken to test an educational intervention designed to improve knowledge about prostate cancer screening in African-American men in South Central Kentucky. The Health Belief Model was used as the theoretical framework for the study. A pre-test/post-test experimental design with a control group was implemented using The Health Belief Model Scale and the Knowledge of Prostate Cancer Screening Instruments. The findings indicate that the educational intervention increased knowledge about prostate cancer screening. An independent sample t-test demonstrated there was a significant increase in knowledge scores among those receiving the intervention versus those that did not. This finding demonstrated that an educational intervention is beneficial for enhancing the knowledge of African-American men about prostate cancer screening. Increasing knowledge about prostate cancer screening will thereby aid African American men to make informed decisions relative to benefits and limitations of prostate cancer screening.

#### The Feasibility of a Sexual Health Promotion Program for African American Male Youth In A Barbershop

This study explores the feasibility of a sexual health promotion barbershop program in the Black urban areas of a large mid-south city. A cross-sectional descriptive design was used with a random survey. The sample consisted of 56 barbers and adult community patrons of sample barbershops. A questionnaire assessed current barbershop topics, current opinions of barber reliability, and the desire for participation in a barber-led health promotion intervention. Barbers unanimously supported the need for such a program and reported willingness to participate in training to provide evidence-based information to teens. Findings suggest that a barber-led health promotion program will be facilitated by the facts that barbers serve as mentors, barbers resemble father figures, and the level of barber-client trust is high. Barriers consist of financial constraints, time constraints, and lack of parental consent. Future studies should focus on program development focusing on comprehensive health promotion activities in addition to sexual health.

#### Promoting Prostate Cancer Screening: Perception of African American Women

African American (AA) men are 60% more likely to develop prostate cancer and 2.4 times more likely to die as a result of the disease than Caucasian men. Yet compared to other racial groups, they are less likely to participate in prostate cancer screenings (PCS). AA women could be instrumental in communicating positive PCS behavior. However, it is unknown how AA women will perceive being actively involved in promoting PCS.

The aim of this presentation is to report findings from a qualitative exploratory study designed to address the following research questions: "Will AA women feel that they can be effective for promoting PCS to their husband or boyfriend?" and "What are the factors that AA women perceive as barriers and facilitators to promoting PCS to their husband or boyfriend?" The analysis of the data collected during the course of the study suggested varied perceptions of control. The reasons related to 4 major themes: "the man's attitude", "lack of knowledge" "desire to help" and "support system". The findings support the notion that AA women could be instrumental in communicating positive PCS.

At the conclusion of this presentation, the nurse participant will be able to:

- Discuss the roles that women play relative to men's health promotion and disease prevention
- Demonstrate an awareness of the general health and medication needs in men and its importance
- Identify strategies often used by men to manage stress
- Discuss variations in prostate cancer morbidity and mortality among African-American men and men of other racial/ethnic population groups
- Use the Health Belief Model to describe factors associated with the prostate cancer screening behaviors of African American men



- Discuss how community education programs can increase knowledge, enhanced informed decision making and enhance health behaviors
- Discuss health behaviors of AA male youth relative to sexual health and behavior
- Describe outcomes of a study undertaken to assess feasibility of implementing a barber-led health promotion program for Black male teens
- Describe the potential impact of a barber-led health promotion program for Black male teens
- Explain the rationale for AA women being actively involved in promoting prostate cancer screening
- Discuss methods used to explore the perceptions of AAW about prostate cancer screening
- Discuss perception of AAW about their ability to communicate the importance of prostate cancer screening to their significant male

**1:00 pm – 3:00 pm**

Chickasaw, Mezzanine Level

### **MENTORING WORKSHOP**

#### **The Importance of Mentoring in Nursing Diversity**

With the introduction of health care reform or “Obamacare” it is expected that more minority residents of Connecticut will have healthcare insurance. According to the Connecticut League for Nursing, Connecticut’s nursing workforce is 89% White, 3.5% Black, 3.4% Asian, 2.6% Hispanic, and 1.7% other (Connecticut League for Nursing, 2013). It is essential to increase the number of minority nurses to provide culturally competent care to the minority residents who enter or are currently seeking care in CT’s health care delivery system. It is critical that minority students who are either student nurses or are contemplating a career in nursing, have the opportunity to see, network and establish a relationship with other nurses who look like them, to gain a real sense of becoming a nurse. Perceived Barriers to Success for Minority Nursing Students: An Integrative Review (Loftin, Newman, et. al, 2012) identifies seven barriers to the academic success of minority students. This presentation will highlight the most common barriers experienced (i.e., mentoring, professional socialization, and providing emotional and moral support). Additionally, the presentation will highlight the goals of Northern Connecticut Black Nurses Association and describe how they align with the recommendations of the *IOM Future of Nursing, Advancing Health, and Leading Change* report.

#### **Student to Professional: Improving Workforce Diversity through Mentorship**

University of Pittsburgh Medical Center (UPMC), which employs more than 13,000 nurses, strives to foster a diverse workplace culture to include people of varied backgrounds and perspectives. According to the National League of Nursing, “Quality, safety, and diversity are intertwined. We must acknowledge that quality and safety are adversely affected by a lack of

diversity...”(2009). In review of internal data for people of color and gender, the UPMC Nursing Inclusion Council found opportunity for improvement. As a result, the UPMC Student Nurse Mentorship Program (SNMP) was developed. The purpose of the SNMP is to recruit, retain, and enrich the progression of diverse students through their education and ease their transition from a student to the professional nurse role. Prior to the program, students complete a survey to identify their expectations from the mentor/mentee relationship. The SNMP pairs students with a mentor through a “speed dating-like” process. Through mentorship, students have the opportunity to gain knowledge, grow and develop under the guidance of a mentor. Effectiveness is determined through an evaluation completed by the student and the number of students that successfully transition into a professional role.

#### **Mentoring Minority-Nursing Students: A Pathway for Improving Minority Health**

Mentoring is an essential component in the retention of minority students in nursing programs. Studies have shown a direct association between the retention of minority nursing students and decreasing health disparities. Faculty mentoring had proven to be a key component in minority students’ chances of success. This presentation will describe a case study which demonstrates the effects of informal mentoring on one minority nursing student’s success in graduate school. The components necessary for effective mentor minority nursing students will be discussed as well as the practical steps necessary for implementation.

**At the conclusion of this program, the nurse participant will be able to:**

- Discuss the importance of mentoring on the academic success of minority nursing students
- Discuss the importance of engaging minority health care professionals in efforts to address and/or decrease health disparities
- Describe the components of effective mentoring programs
- Discuss the benefits of mentoring minority students and its impact on health issues of minorities
- Describe the importance of increasing diversity in the nursing workforce
- Identify barriers to academic success commonly experienced by minority nursing students
- Describe strategies employed by the Northern Connecticut Black Nurses Association to provide mentoring and academic and social support to minority nursing students
- Discuss the benefits of student participation in NCBNA’s Mentoring Program
- Discuss the importance of diversity as it pertains to patient safety.
- Identify the key attributes of a successful mentor/student nurse mentee relationship
- Explain the role of mentorship in the student nurses’ transition into professional practice.

1:00 pm – 3:00 pm  
Room L10, Lobby Level

### Prevention and Outreach Workshop

#### Tobacco Use Disorders: A Chronic Disease That Should be Treated

Smoking is one of the most preventable chronic causes of death around the world. Cigarette smoking accounts for more than 480,000 deaths each year in the United States, which is nearly one in five deaths. Tobacco use has been linked to nearly all chronic conditions. It is imperative that clinicians address Tobacco Use Disorder as a chronic condition similar to diabetes and hypertension. Tobacco use disorder remains a very costly disease driving up the cost of healthcare from management of tobacco-related illnesses to lost productivity and premature death. Unfortunately, this is more prevalent in the secondhand smokers. This presentation will provide insights on best practices to address the disease. The learner will be able to understand and have a new perspective on tobacco use disorder.

#### Health and Our Faith: Engaging the Faith Community to Address Health Disparities Among African-Americans

"Faith without works is dead." For more than 27 years The Balm In Gilead has worked to be the bridge between the faith community and public health. There is a profound relationship between faith and health, particularly in the African-American population. Studies have found that African-Americans are one of the most "religious" racial and ethnic groups in the US. Through our partnerships and relationships with churches and faith institutions across the country, we have developed and implemented evidence-based programs aimed at helping organizations understand the vital role of faith for African-Americans and how to use this dynamic to address a variety of health disparities, social determinants of health, and health literacy. Nurses are in a unique position and often serve to be that same bridge between their clients, families, and other healthcare professionals. By gaining an understanding of how to connect the faith and spirituality of African-Americans and health, nurses can be better equipped to provide culturally-centered health education, care, and outreach. They are then able to leverage that understanding to identify strategies and new approaches to support behavior change, increased health awareness, and promote healthier minds, bodies, and spirits.

#### Health Care and the Homeless

Homelessness in the United States has been a longstanding issue with African Americans accounting for the largest percentage of homeless individuals nationally. Homeless individuals lack access to the basic means that are necessary to maintain health. These contribute to a homeless individual's ability to access health care and adhere to medical advice given by a clinician. The aim of this presentation is to discuss homelessness, barriers to health care experienced by homeless individuals, and nursing's role in goals of care discussions for these individuals.

At the conclusion of this program, the nurse participant will be able to:

- Understand the impact of tobacco dependence as a chronic disease
- Describe the 5A's Model for addressing firsthand and secondhand tobacco use
- Understand when to refer patients or initiate pharmacotherapy
- Understand the unique role and historical significance of faith among African-Americans
- Discuss relationship between faith, culture, and health behaviors among African – Americans
- Identify possible strategies to work with faith organizations to develop and implement local health literacy initiatives that combine faith and health messages
- Describe the importance of assessment data in planning health promotion activities
- List activities that could be implemented in their faith based community
- Identify community resources that will support and assist with health promotion activities
- Describe homelessness
- Identify barriers to health care experienced by homeless individuals
- Discuss nursing's role in goals of care discussions for homeless individuals

1:00 pm – 3:00 pm  
Room L10, Lobby Level

### PUBLIC HEALTH WORKSHOP

#### Healthy-Me – Healthy Community – Vaccination Project

The Healthy-Me Healthy Community project was conducted to ensure that homeless adults are protected against vaccine-preventable diseases in accordance with current recommendations approved by the Advisory Committee on Immunization Practice and the American Academy of Family Physicians; and to reduce the likelihood of outbreaks of vaccine-preventable diseases in large crowded group settings. Homeless populations are served by Outreach Centers located in medically underserved areas of South Florida. The specific aim of this project is based on a Healthy People 2020 goal: "to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death". The objectives of the project are to educate recipients on the burden of Community Acquired Pneumonia (CAP) among vulnerable populations; discuss how the disease is manifested and treated; and discuss the importance of applying the Advisory Committee's recommendation on the benefits and risks associated with vaccines, improving clinicians' ability to administer timely and appropriate vaccinations to adult homeless persons, and how to respond to missed opportunities by providers. To date, we have vaccinated over 144 homeless men and women residing in local shelters. For nurses to continue to meet this challenge, an interdisciplinary approach is required to increase health promotion and disease prevention in underserved populations.

### **Promoting a Culture of Health by Improving Healthy Food Access through Community-Supported-Agriculture-Farmshare Programs in a Food Desert: Lessons from San Bernardino City**

A recent report indicates that San Bernardino County/City is a “food desert”. This presentation will highlight a study undertaken to promote health and to improve healthy food access in the community of San Bernardino City. Following outreach via door to door canvassing, flyers distribution, and community meeting announcements, 182 residents from San Bernardino were enrolled in a community collaborative project. Participants in a low income housing Waterman Gardens community received weekly Farmshare produce, health education/materials, and physical activity for a Farmshare season while comparison group residents within 3-5 miles with similar socio-economics received physical activity and educational materials. The project aimed to assess, and describe the needs of community residents and to promote a culture of health among them by improving their access to healthy foods using Farmshare. Multivariable linear regression was used to predict individuals’ body mass indexes based on their ages, percentages of body fat, visceral fat, resting metabolism, and muscle. Data suggested that the Farmshare programs were viable alternatives to provide healthy foods in areas of food deserts. Education on healthy food choices, their direct impact on health as noted was limited and needed to be reinforced among these disadvantaged populations. The program, while fostering an agrarian awareness, and encouraging healthy lifestyles among individuals and families in San Bernardino City, has its limitations in affordability and sustainability as recipients reported.

**At the conclusion of this program, the nurse participant will be able to:**

- Describe the burden of Community Acquired Pneumonia among vulnerable populations
- Discuss the major clinical manifestations of pneumococcal disease among at-risk adults
- Apply the Advisory Committee on Immunization Practices recommendations for the pneumovax vaccine to adult homeless persons
- Explain how obesity and co-morbid problems can impact mortality and influence quality of life
- Discuss the influence of access to retail food environments (RFEI) in San Bernardino City on the community's health
- Describe the impact of limited access to healthy foods on the health promotion and maintenance of families in San Bernardino City
- Describe strategies undertaken to engage community residents in a community program aimed toward fostering a culture of health through healthy lifestyle choices

1:00 pm – 3:00 pm

Room L3, Lobby Level

### **TRANSITIONS TO CARE**

#### **Collaboration to Serve Diverse Populations: The Specialty Practice of Faith Community Nursing**

Faith community nurses are professionals with knowledge and expertise in nursing and spiritual care. Faith community nursing is a specialized practice of professional nursing that focuses on the intentional care of the spirit as well as on the promotion of wholistic health and prevention or minimization of illness within the context of a faith community. Participants attending this interactive workshop will gain insight and understanding of how the specialty practice of faith community nursing applies sound principles of nursing practice with wholistic care of body mind and spirit to diverse populations across the lifespan. Historical foundations, descriptions and development of various practice models and educational requirements for certification along with examples of congregational, community and professional collaboration to provide care to individuals, families, and groups will be included.

#### **Timely Discharge Initiative: The Patients’ Perspective**

Increasing demands for in-patients beds have resulted in ongoing pressures to decrease occupancy and increase efficiency through early discharge. In a busy surgical oncology unit, patients are being discharged at various times of the day, this impacts on patients waiting to be admitted. Anecdotal findings indicated that patients are not always aware of their expected date of discharge and time. Hence, there are delays in discharge. The aim of this presentation is to describe the method that was used to identify the reasons to timely discharge and to share strategies that were implemented to improve the discharge process. The learner will gain insights into the barriers to timely discharge and be able to apply some of the strategies that will enhance timely discharge.

**At the conclusion of this program the nurse participant will be able to:**

- Identify the core components and competencies of faith community nursing that delineate the specialty practice
- Describe how faith community nurses provide care across diverse populations
- Explain requirements to practice as a faith community nurse
- Gain a better understanding of the patient’s perspective about discharge
- State some of the barriers to timely discharge
- Describe strategies that were implemented to enhance the discharge process and timely discharge

1:00 pm – 4:00 pm

**BREAST CANCER SCREENING INSTITUTE AND PRACTICUM****Nurses Affecting Change Partner in Pursuit of the Promise: Breast Cancer Screening Institute and Practicum**

While Black women are less likely to be diagnosed with breast cancer than White women, Black women diagnosed with breast cancer die from breast cancer at higher rates than White women diagnosed with breast cancer. In spite of widespread campaigns focused on breast cancer detection and control more than one in three Black women have not been screened. The presentations in this Institute will provide an overview of the CDC Breast and Cervical Cancer Screening Program; the CDC Wise Woman Program, the CDC Inside Knowledge, and Partners in Pursuit of the Promise: Nurses Effecting Change (an evidence-based intervention developed and undertaken by a team of advance practice nurses, clinicians and survivors from the Milwaukee Chapter to improve breast awareness and breast cancer screening). In addition, the speakers and facilitators will present a didactic breast cancer etiology and epidemiology overview/update; and, a clinical breast examination and screening presentation and practicum using the MammaCare method. Included in the didactic presentation, clinical presentation and supervised practicum will be an overview of normal breast anatomy; techniques recommended by nurse specialists to examine the female breast, nipple and axilla; overview of features of breast abnormalities and signs and symptoms suggestive of breast cancer; a review of techniques used by nurse specialists to examine the axilla for lymphadenopathy; and, a supervised clinical practicum with standardized patients.

At the conclusion of this program, nurse participants will be able to:

- Identify epidemiology, risk factors, signs and symptoms, and screening guidelines for breast cancer
- Describe inequities experienced by Black women relative to breast cancer screening, diagnosis, treatment and symptom management
- Describe evidence-based strategies that may be used by advance practice nurses and nurse generalists to respond to the breast awareness and screening needs of women in the local community
- Discuss the components and outcomes of the "Breast and Cervical Cancer Screening", "Wise Woman", "Inside Knowledge" and "Partners in Pursuit of the Promise: Nurses Effecting Change" breast cancer awareness and screening programs

- Describe anatomy of the breast and chest and axillary lymph system
- Describe components of comprehensive clinical breast examination (as denoted by MammaCare<sup>1</sup>)
- Describe characteristics and/or features of a breast mass, nipple changes and chest/axillary lymph nodes that are often suggestive of breast cancer that should be documented in the medical record
- Identify factors impacting success and patient comfort during the clinical breast examination
- Demonstrate techniques for conducting a comprehensive clinical breast examination (as denoted by MammaCare<sup>1</sup>)

**SUNDAY • AUGUST 7**

12:00 pm – 1:00 pm

Grand Ballroom, Ballroom Level

**CLOSING SESSION****Nursing Advancing Healthcare Practices through Diversity and Collaboration**

In 2010, the Institute of Medicine released a landmark report titled, *The Future of Nursing, Leading Change, Advancing Health*. The authors suggested in the report that with the passage of the Patient Protection and Affordable Care Act (2010), there would be a need to be able to accommodate significant increases in demand for services especially for patients with chronic and mental health conditions. The authors also suggested that nurses were in a unique position to provide leadership in helping the nation to achieve these goals. Nurses were going to play a key role both as team members and leaders in this new health care system.

This presentation will focus on how nurses can lead, participate and help to advance healthcare outcomes through diversity and collaboration.

At the conclusion of this presentation, the nurse participant will be able to:

- Describe an overview of the Institute of Medicine (IOM) Future of Nursing Report
- Discuss the role of diversity and collaboration in advancing healthcare
- Identify potential action steps or solutions for the use of diversity and collaboration in advancing healthcare

# 2016 Conference Exhibitor Index

## **Booth # 404**

### **Accreditation Commission for Education in Nursing**

The Accreditation Commission for Education in Nursing (ACEN) is a specialized accreditor for all types of nursing programs, including clinical doctorate, master's/post-master's certificate, baccalaureate, associate, diploma, and practical nursing programs. The ACEN accredits nursing programs in secondary, postsecondary, and hospital-based governing organizations that offer certificates, diplomas, or degrees.

## **Booth # 401**

### **American Association of Nurse Practitioners**

AANP is the oldest, largest and only full-service national professional membership organization for nurse practitioners (NPs) of all specialties. Through individual and organization memberships, AANP represents the interests of approximately 205,000 nurse practitioners in the country. Email: [admin@aanp.org](mailto:admin@aanp.org), Website: [www.aanp.org](http://www.aanp.org)

## **Booth # 609**

### **American Heart Association and American Stroke Association**

Visit the AHA/ASA booth to receive information on all AHA/ASA services including professional membership, scientific publications, AHA's focus on quality patient education, community programs and much more. Learn how you can join more than 30,000 professional members and enhance your career as well as become an EmPowered to Serve Ambassador and transform your community. Join us as we work together to create a culture of health in all communities!

## **Booth # 1505**

### **Amira's Closet**

Women's accessories. ...including handbags, clothing, jewelry etc

## **Booths 1504 - 1510**

### **Book Sellers Market Place**

## **Booth # 229**

### **Atlas MedStaff**

Atlas MedStaff has embraced the responsibility of assisting minority nurses in meeting their needs as a travel nurse. Diversity, as we have envisioned it, acknowledges, accepts and appreciates the differences in attitudes, beliefs, and priorities in the healthcare community. Welcome to the Atlas Family!!!

## **Booth # 600**

### **Augusta University**

Established in 1943, Augusta University College of Nursing has a proud history of excellence and innovation. We offer nationally ranked graduate and online programs that are fully accredited by the Commission on Collegiate Nursing Education as well state-of-the-art facilities, integration of simulated learning, and opportunities to engage in cutting-edge research.

## **Booth # 402**

### **Baptist Memorial Health Care**

At Baptist Memorial Health Care, we are dedicated to carrying out Christ's three-fold ministry- healing, preaching, and teaching. We have proudly been serving the Mid-South since 1912. We are actively seeking Registered Nurses, PCAs, Nursing Interns, and so much more!! Come be a part of the Baptist Team!

## **Booth # 1306**

### **Betty Irene Moore School of Nursing**

The Betty Irene Moore School of Nursing at UC Davis advances health and ignites leadership through innovative education, transformative research and bold system change. The school offers five graduate degrees: master's degree programs for nurse practitioner, physician assistant, leadership and entry-level nursing as well as a Doctor of Philosophy.

## **Booth # 108**

### **Boston Children's Hospital**

Boston Children's Hospital (BCH) is a 404-bed comprehensive center for pediatric health care. As one of the largest pediatric medical centers in the United States, BCH offers a complete range of health care services for children from birth through 21 years of age, with several programs continuing to see adult patients.

**Booth # 503****CAREFREE TRAVEL & ENTERTAINMENT**

CAREFREE TRAVEL & ENTERTAINMENT is owned by Vicki Lundy-Revels a 28+-years travel industry veteran who specializes in luxury travel for individuals, couples (destination weddings & honeymoons), families (generational) and small groups to destinations worldwide. Focus is on carefree and worry-free details for discerning clientele - just pack and relax...

**Booth # 709****Cedars-Sinai Medical Center****Booth # 706****Centers for Disease Control and Prevention**

(HIV Screening, Standard Care.(TM)

*HIV Screening. Standard Care*<sup>TM</sup> is part of CDC's Act Against AIDS campaign. Because HIV crosses the boundaries of sexual orientation, gender, age, and ethnicity, CDC recommends HIV screening for everyone in all health care settings. Stop by our booth to learn about incorporating HIV testing into your practice.

**Booth # 807****Celgene Corporation**

Celgene Corporation (Nasdaq:CELG) is a global biopharmaceutical company that is helping healthcare providers turn incurable cancers into chronic, manageable diseases, as well as manage serious inflammatory conditions through innovative therapies. This dedication to medical progress goes hand-in-hand with our industry-leading patient support and access programs. Together, these aspects form the core of our commitment to patients worldwide. For more information, visit [www.celgene.com](http://www.celgene.com)

**Booth # 607****Chamberlain College of Nursing**

Chamberlain College of Nursing offers flexible online degree options that allow registered nurses to advance their degree in a program that fits their lifestyle while they continue to work. Current options include RN to BSN option, Master of Science in Nursing, Doctor of Nursing Practice, and Graduate Certificate programs.

**Booth # 501****Children's Healthcare of Atlanta**

The Children's Healthcare of Atlanta Inpatient Rehabilitation Program offers therapy to pediatric patients, birth to age 21, after a traumatic and life-changing injury or illness. Our team can evaluate patients on site to assess the medical appropriateness for our CARF-accredited program.

**Booth # 707****Children's Hospital Los Angeles**

At Children's Hospital Los Angeles, we believe every child deserves to enjoy all those special moments that childhood has to offer. If you want to help create more special moments for children where you're empowered to deliver the highest quality of care, this is the place to do it.

**Booth # 220****Children's Mercy Kansas City**

Children's Mercy Kansas City has been ranked by *U.S. News & World Report* as one of "America's Best Children's Hospitals" and received Magnet<sup>TM</sup> recognition four times for excellence in nursing services. Our leadership in clinical care, research and medical education is transforming outcomes for children here and around the world.

**Booth # 223****Christopher & Dana Reeve Foundation Paralysis Resource Center**

The Paralysis Resource Center (PRC) promotes the health and well-being of people living with all types of paralysis as well as their caregivers and families by offering a host of FREE services. This includes several forms of peer support, comprehensive information resources and referral services and grants to nonprofits.

**Booth # 207****Church Health Center**

Guided by our mission, the Church Health Center produces resources on health and healing for you and your faith community. As the home of the Westberg Institute for Faith Community Nursing, we are a leader in faith community nurse (FCN) education, consultation, and research, serving FCNs worldwide.

**Booth # 126****Coloplast**

Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. Our business includes ostomy care, urology, continence care, and wound and skin care.

**Booth # 1299****Correct Care Solutions**

Correct Care Solutions (CCS) is an international leader in public healthcare with nearly 11,000 professionals working in 38 states across the U.S. and Australia. We provide medical and behavioral health services for nearly 250,000 patients located in correctional facilities, state psychiatric hospitals, residential treatment centers and more.

**Booth # 1107****CU (University of Colorado)  
College of Nursing**

The University of Colorado College of Nursing has been educating high-quality nurses since 1898. Our students are working toward the following degrees both online and on-campus: Bachelor of Science, Master of Science, Doctor of Nursing Practice, or Doctor of Philosophy. Additionally, the CON offers continuing education post-master's certificate programs and postdoctoral studies.

**Booth # 120****CVS Health**

"As a MinuteClinic or Specialty Nurse, CVS Health offers rewarding alternatives to traditional practice. MinuteClinic treats patients in a retail setting; Specialty Nursing provides home infusion for chronic conditions; Nurse Advisors support health plan partners. We seek individuals who are passionate about healthcare and redefining the way it is delivered."

**Booth # 605****Department of Veterans Affairs**

Abraham Lincoln created the Department of Veterans Affairs with the most noble of missions: To care for him who shall borne the battle and for his widow and his orphan. More than 6.3 million Veterans and their families turn to the Veterans Health Administration for care every year, and it is our duty to provide them with the best health care available. Our team of 250,000 full-time employees and 90,000 health professional trainees work together on interdisciplinary care teams to deliver critical services to our Nation's Veterans.

From Iraqi Freedom service members to those who survived WWII, our Veterans need us. We've renewed our focus on increasing access to care by beginning one of our largest hiring initiatives ever.

**Booth # 306****Directors of Health Promotion  
and Education**

The Directors of Health Promotion and Education has partnered with the American College of Rheumatology to increase the awareness, promotion and education of lupus among nurses by offering free online trainings for providers. Free lupus education materials will be provided and a lupus patient will share patient communication tips.

**Booth # 1199****DiversityNursing.com**

DiversityNursing.com is a Career Job Board, Community and Information Resource for Nurses regardless of age, race, gender, religion, education, national origin, sexual orientation or disability. Check out Employers; Participate in our Blog and Social Media; and Register online for our Annual \$5,000 Education Award. Please visit us at Booth 1199.

**Booth # 1304****Dream Center-Disparities Equalizing Access  
for Minorities**

The DREAM Center is dedicated to generating and disseminating knowledge to equalize access and eliminate disparities in health status for minorities through research, education, and community outreach. Please visit us to see how you can take part in our research exploring the experiences of African American registered nurses.

**Booth # 704****Duke Health**

Duke Nurses are valued partners in interprofessional efforts to transform health care and enhance patient outcomes. They are innovative leaders in our Magnet®-designated health system, which is comprised of three hospitals and a variety of outpatient settings, and have achieved certification in more than 120 specialties. Apply today at [www.dukenursing.org](http://www.dukenursing.org).

**Booth # 302****Ecumen**

Ecumen is one of the nation's top 20 largest non-profit providers of senior housing and aging services, and operates in 38 cities in 7 states. Founded more than 150 years ago, Ecumen was named "Best Places to Work" nine times by the *Minneapolis/St. Paul Business Journal*. Visit [ecumen.org/careers](http://ecumen.org/careers) for opportunities.

**Booth # 1000****FDA Office of Women's Health**

The U.S. Food and Drug Administration Office of Women's Health addresses the health issues of the nation's women by funding scientific research, collaborating with national organizations to sponsor outreach efforts, and disseminating free publications on a variety of topics including diabetes, medication safety, hypertension, medicine and pregnancy, and health scams.

**Booth # 905****Food and Drug Administration –  
Office of Minority Health**

The Food and Drug Administration's Office of Minority Health (OMH) works to build a world where health equity is a reality for all. We aim to promote and protect the health of diverse populations through research and communication of regulatory science that addresses health disparities.

**Booth # 803****Frances Payne Bolton School of Nursing,  
Case Western Reserve University**

The Frances Payne Bolton School of Nursing (FPB) at Case Western Reserve University is a globally recognized leader in nursing education and research. We produce confident, dynamic health care professionals and are committed to the success of our students.

**Booth # 406****Fresenius Medical Care North America**

Fresenius Medical Care North America is proud that our unwavering commitment to our patients has made us the global leader in dialysis healthcare. We're the largest provider of renal care products and services in the nation, including state-of-the-art dialysis machines, dialyzers and pharmaceuticals.

**Booth # 400****Froedtert Health and the Medical College  
of Wisconsin**

Froedtert Health combines with the Medical College of Wisconsin to form eastern Wisconsin's only academic medical center and associated regional health network. The network's flagship hospital, Froedtert Hospital, is the primary adult teaching affiliate of MCW. The health network includes two community hospitals, a community-based medical group and more than 25 primary and specialty care health centers and clinics. The network's three hospitals have 781 staffed beds, nearly 40,000 annual admissions and more than 900,000 annual outpatient visits.

**Booth # 114****Frontier Nursing University**

Frontier Nursing University offers community-based distance education programs to nurses who wish to become nurse-midwives and nurse practitioners. FNU offers the Doctor of Nursing Practice degree, the Master of Science in Nursing Degree and/or post-master's certificates in advanced practice nursing specialties.

**Booth # 1302****Graceland University**

Graceland University is a top ranked pioneer in distance learning education. Graceland was founded in 1895 and the School of Nursing was established in 1969. We went entirely online in 2001. You can get your MSN-FNP, Nurse Educator, BSN, or DNP online for Midwest prices. Stop by and see!

**Booth # 705****Grand Canyon University**

Founded in 1949, Grand Canyon University is a premier, private Christian university that offers over 100 online and campus-based degree programs and concentrations. For more information, visit [gcu.edu](http://gcu.edu).

**Booth # 1200****Haiti Nursing Foundation**

Haiti Nursing Foundation is a nonprofit based in Ann Arbor, MI that has supported the advancement of nursing education in Haiti since 2005. The focus of this support is on the FSIL Nursing School in Léogâne, Haiti. FSIL is the first 4-year baccalaureate program of nursing in Haiti, and has graduated 8 classes.

**Booth # 1100****Holistic Urban Behavioral (HUB) Health**

Pre-teen and teen education counseling activity tools.

**Booth # 308****Hologic, Inc.**

Hologic, Inc. is a leading developer, manufacturer and supplier of premium diagnostic products, medical imaging systems and surgical products. The Company's core business units focus on diagnostics, breast health, GYN surgical, and skeletal health. With a unified suite of technologies and a robust research and development program, Hologic is dedicated to The Science of Sure.

**Booth # 227****Indiana University School of Nursing  
(IUSON)**

Indiana University School of Nursing (IUSON) is a nationally-ranked and well-respected leader in research and education. Nurses seeking advancement can choose from a variety of options: BSN-PhD & RN-MSN mobility options, 9 tracks in the MSN program, T32 pre- and postdoc fellowships, and distance-accessible PhD and DNP programs.



**Booth # 808****Johns Hopkins Health System**

At Johns Hopkins Health System, our employees work together to deliver the promise of health care to the communities we serve. From academic to community hospitals, our diverse work environments and wide range of roles define career opportunity. Discover what's possible when you bring your passion to Johns Hopkins Health System.

**Booth # 902****Johns Hopkins University School of Nursing**

The Johns Hopkins School of Nursing in Baltimore is a globally-recognized leader in education, research and practice and is ranked #1 among graduate schools of nursing by *U.S. News & World Report*. It ranks #1 among nursing schools for Federal Research Grants and National Institutes of Health funding. Visit [nursing.jhu.edu](http://nursing.jhu.edu).

**Booth # 1406****Jonathan's Jewels**

Sterling Silver & Finer Costume Jewelry

**Booth # 900****Mayo Clinic**

Mayo Clinic is the first and largest integrated, not-for-profit medical group practice in the world, with sites in Rochester, Minn., Jacksonville, Fla., and Scottsdale/Phoenix, Ariz. Mayo Clinic also serves over 70 communities through Mayo Clinic Health System with locations in MN, IA, GA, and WI. For more information visit [www.mayoclinic.org/jobs](http://www.mayoclinic.org/jobs).

**Booth # 1109****Mid-South Transport Foundation**

Mid-South Transplant Foundation is a non-profit organ procurement organization. They work closely with hospitals throughout the Tri-state area of East AR, North MS and West TN, helping to save lives and restore families through the miraculous process of organ and tissue donation and transplantation.

**Booth # 1099****Med-Trans Corporation**

Med-Trans provides air medical services through the rapid transport of the critically ill and injured. Renowned for its state-of-the-art helicopter equipment, Med-Trans has established itself as an industry leader in safe and successful missions. We take great pride in hiring the most talented Flight Nurses in the industry today!

**Booth # 1101****Mervyn M. Dymally School of Nursing**

The Mervyn M. Dymally School of Nursing offers the Master of Science in Nursing program in three areas: Entry Level Master's (ELM) Track, the Family Nurse Practitioner (FNP) Track, the Advanced Nurse Education Track and the AIM 2 Care Advanced Nursing Education Multiple Chronic Condition Training Grant.

**Booth # 1300****National Council of State Boards of Nursing**

NCSBN is an organization through which boards of nursing act and counsel together on matters of common interest and concern that affect public welfare. NCSBN develops the NCLEX Examinations and promotes uniformity in nursing regulation.

**Booth # 304****National Health Service Corps**

"The National Health Service Corps and NURSE Corps Scholarship and Loan Repayment Programs provide funding to primary care students and clinicians in exchange for their service commitment in underserved communities. These programs assist in removing financial barriers for health professionals interested in practicing as a primary care provider."

**Booth # 811****National Library of Medicine**

The National Library of Medicine, the world's largest medical library, provides FREE Internet access to its consumer health, medical literature, clinical trials, HIV/AIDS, and environmental health databases. These resources provide information for health care professionals, patient educators, consumers, and caregivers. For more information, visit [www.nlm.nih.gov](http://www.nlm.nih.gov).

**Booth # 800****National Library of Medicine**

The National Library of Medicine (NLM) is the world's largest medical library and is part of the National Institutes of Health, Department of Health and Human Services. This year the NLM will conduct self-directed database training during the conference to provide participants with information about and experience searching our medical information resources and online databases. Participants will learn how to search PubMed, NLM's premiere bibliographic database that contains over 26 million citations; AIDSinfo, that offers access to the latest, federally approved HIV/AIDS information; and HSDB, the Hazardous Substance Databank that offers comprehensive information on toxic substances.

**Booth # 403****New York University Rory Meyers College of Nursing**

NYU College of Nursing offers master's and advanced certificate programs in a broad range of focal areas, a Doctor in Nursing Practice (DNP) program, and a research doctorate (PhD) program. Leading the field in nursing graduate education, NYUCN offers an innovative curriculum that combines core population preparation with specialty expertise.

**Booth # 805****Novant Health**

Novant Health is a four-state integrated network of physician clinics, outpatient centers and hospitals that delivers a seamless and convenient healthcare experience to our communities. Novant Health consists of more than 1,200 physicians and 26,000 employees who make healthcare remarkable at nearly 500 locations, including 15 medical centers and hundreds of outpatient facilities and physician clinics. Headquartered in Winston-Salem, N.C., Novant Health is committed to making healthcare remarkable for patients and communities, serving more than four million patients annually. Novant Health is an IMS Health top 20 integrated delivery network with seven magnet-designated facilities.

**Booth # 116****Novartis Oncology**

Novartis Oncology is a global leader in improving outcomes for patients. We strive to transform cancer care through distinctive scientific and clinical strategies focused on developing targeted, immuno-oncology and combination therapies to create more effective options for patients. For more information, please visit [www.novartisoncology.com](http://www.novartisoncology.com).

**Booth # 903****Novartis Oncology US - CD & MA**

Novartis Oncology is a global leader in improving outcomes for patients. We strive to transform cancer care through distinctive scientific and clinical strategies focused on developing targeted, immuno-oncology and combination therapies to create more effective options for patients. For more information, please visit [www.novartisoncology.com](http://www.novartisoncology.com).

**Booth # 999****Novo Nordisk**

As a world leader in therapeutic proteins and specialized health care, Novo Nordisk does more than produce medicines. We work to close the gap between the number of people who need care and those who receive it, and help improve access to adequate health care for people with chronic conditions wherever they live. To learn more, visit [NovoNordisk-US.com](http://NovoNordisk-US.com).

**Booth # 508****Oakland University School of Nursing**

Oakland University's School of Nursing emphasizes research and leadership as we prepare future nurses using the best of evidence based nursing practices, education, leadership and research in all programs from the BSN, online RN to BSN degree completion, MSN (FNP, Adult/Gero NP, CRNA, Forensic Nursing) and DNP.

**Booth # 209****Patient Advocate Foundation**

Patient Advocate Foundation provides real-time help for patients facing critical illness as they encounter barriers in their healthcare. PAF delivers tangible assistance through personalized case management services, financial support towards medication copayments and the connection to vital community resources, all at no cost to the patient or their caregiver.

**Booth # 504****Premise Health**

We're Premise Health. We help some of the world's best companies keep their people at their best, with onsite health programs that align with client needs, goals and benefit strategies. We give organizations new ways to manage ever-rising healthcare costs and stay ahead of the competition.

**Booth # 221****Rush University College of Nursing**

Chicago's top rated Rush University College of Nursing offers MSN, DNP and PhD degree options. Known for its excellence in graduate nursing education, the DNP programs are ranked 5th among 519 nursing colleges with graduate programs in the most recent *US News and World Report* rankings.

**Booth # 603****Safe to Sleep Campaign – National Institute of Health**

As a nurse, you are in a unique position to help influence families' behaviors by modeling and teaching safe infant sleep practices.

Visit the Safe to Sleep booth to receive information on the Eunice Kennedy Shriver National Institute of Child Health and Human Development which offers a new FREE continuing education activity for nurses on ways to reduce the risk of SIDS and other sleep-related causes of infant death.

- The curriculum is
- Based on recommendations of the American Academy of Pediatrics
- Available as a FREE online activity
- Approved for 1.1 credit

**Booth # 106****SAMHSA MFP at ANA**

The Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program (MFP) at the American Nurses Association increases the number of mental health and substance abuse nurses who can provide culturally competent care and scholarship. The program supports a network of Master's, DNP and PhD nurses throughout the United States. For more information, visit Booth # 106.

**Booth # 606****Samuel Merritt University**

Samuel Merritt University has been educating health science practitioners who are committed to making a positive difference in diverse communities since 1909. The University offers a variety of nursing degrees, including an online Doctor of Nursing Practice for advanced practice nurses. Stop by our booth or visit us online: [www.samuelmerritt.edu/admission](http://www.samuelmerritt.edu/admission).

**Booth # 702****Seattle Children's Hospital**

For 100 years, Seattle Children's Hospital has specialized in meeting the unique physical, emotional and developmental needs of children from infancy through young adulthood. In 2016, *U.S. News & World Report* ranked Seattle Children's No. 1 west of the Rocky Mountains and No. 5 in the country overall.

**Booth # 1103****Springer Publish Company/Minority Nurse**

For over 21 years, *Minority Nurse* Publication by Springer Publishing Company has been the premier publication for reaching nurses, students, and faculty from under-represented populations. With in-depth articles on career opportunities, minority health issues, and outstanding role models, *Minority Nurse* Magazine and [MinorityNurse.com](http://MinorityNurse.com) are must-read resources and essential stops for health care and academic recruiters. [MinorityNurse.com](http://MinorityNurse.com) is the leading career resource for nurses and the largest dedicated diversity nursing jobs board.

**Booth # 610****St. Jude Children's Research Hospital**

St. Jude Children's Research Hospital is a premier center for research and treatment for children with cancer, sickle cell disease and other life-threatening illnesses. From our collaborative culture to a unique patient population and world-class facilities, we employ a diverse team of research professionals dedicated to finding cures.

**Booth # 1110****Strategic Behavioral Health (SBH)**

Based in Memphis, TN, SBH is a growth-oriented behavioral healthcare company with owned/managed psychiatric facilities. Currently operating 10 full service facilities with all age groups, we are anxious to speak with passionate Registered and Advanced Practice Nurses. Please visit <http://www.strategicbh.com/about-us/>.

**Booth # 1111****Susan G. Komen**

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit while providing real-time help to those facing the disease. Since its founding in 1982, Komen has funded more than \$889 million in research and provided \$1.95 billion in funding to screening, education, treatment and psychosocial support programs serving millions of people in more than 30 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life."

**Booth # 708****Sunetos Academy, Inc.**

Sunetos Academy utilizes a self-paced digital eLearning platform that allows our students, entrepreneurs, executives and healthcare professionals the flexibility to master their academic courses by taking courses at their own time and pace. We offer both accredited and non-accredited courses. Our award-winning academic content is powered by Pearson Education and the American College Education (ACE).

Our learning platform provides a great option to individuals who are not able to participate in other online eLearning models. Here at Sunetos Academy we believe our participants should have a flexible work-life balance in a virtual learning environment as they earn a professional certification or transferable college credits.

Our learning platform provides a great option to individuals who are not able to participate in other online eLearning models. Here at Sunetos Academy we believe our participants should have a flexible work-life balance in a virtual learning environment as they earn a professional certification or transferable college credits.

**Booth # 701****Texas Tech University Health Sciences Center School of Nursing**

**Booth # 703****The Children's Hospital of Philadelphia**

About The Children's Hospital of Philadelphia: The Children's Hospital of Philadelphia was founded in 1855 as the nation's first pediatric hospital. Through its long-standing commitment to providing exceptional patient care, training new generations of pediatric healthcare professionals and pioneering major research initiatives, Children's Hospital has fostered many discoveries that have benefited children worldwide. Its pediatric research program is among the largest in the country, ranking third in National Institutes of Health funding. In addition, its unique family-centered care and public service programs have brought the 430-bed hospital recognition as a leading advocate for children and adolescents.

**Booth # 506****The Robert Wood Johnson Foundation Clinical Scholars Program**

The Robert Wood Johnson Foundation is seeking applications for the **Clinical Scholars Program** health equity leadership development program. Apply in inter-professional teams to resolve "Wicked Problems" in local communities. Program confers \$105,000 grant per scholar for over three years plus extensive executive leadership development. Visit [www.clinical-scholars.org](http://www.clinical-scholars.org) for more info.

**Booth # 608****The University of Arkansas – Global Campus**

The University of Arkansas offers three nursing programs online: the RN to BSN, MSN (nurse educator and executive leader concentrations), and the DNP (adult/geriatric acute care nurse practitioner and family nurse practitioner concentrations). Online Students pay in-state tuition. No campus attendance is required for the RN to BSN and MSN programs.

**Booth # 1399****The University of Michigan School of Nursing**

The University of Michigan School of Nursing offers Master's, post-Master's certificates, PhD, and post-Master's DNP programs. Our commitment to excellence is demonstrated through our educational innovations, clinical Scholarship, diverse research, faculty accomplishments, and partnerships that extend throughout the nation and around the world.

**Booth # 500****Thomas Jefferson University and Jefferson Health**

Thomas Jefferson University and Jefferson Health representing our academic and clinical entities. Together, the people of Jefferson, 19,000 strong, provide the highest quality, compassionate clinical care for patients,

educate the health professionals of tomorrow, and discover new treatments and therapies that will define the future of healthcare. Jefferson Health comprises 8 hospitals, numerous outpatient and urgent care locations, as well as physician practices and everywhere we deliver care throughout the city and suburbs, Philadelphia, Montgomery and Bucks Counties in Pennsylvania and Camden County in New Jersey.

**Booth # 122****UC Schools of Nursing**

The University of California, Schools of Nursing prepare nurses and scholars to lead and transform nursing care in a rapidly changing, diverse and complex healthcare environment through academic excellence, innovative research, superior clinical practice, strong community partnerships, and global initiatives.

**Booth # 128****UCLA Health**

UCLA Health defines greatness by the quality of the patient experience we are able to deliver. Each and every time. To every single patient. If that's where your ambitions lie, UCLA is where you belong. We offer unequalled challenges and opportunities to further your education, training and career.

**Booth # 602****UW Health**

UW Health is the integrated health system of the *University of Wisconsin-Madison* and consists of 6 hospitals and 80 outpatient sites, including Magnet® designated *University Hospital* and *American Family Children's Hospital*, as well as *UW Health at The American Center*. Our expert providers, nurses and staff serve the health needs of Madison, Wisconsin, and beyond.

**Booth # 1001****University of Alabama Medicine**

UAB Medicine is an academic medical center located in Birmingham, Alabama. We pride ourselves on being the premier medical facility in the state and region. Patients look to us for hope when in medical distress, and our nurses and clinical staff exceed expectations in providing the highest quality of care.

**Booth # 601****University of Alabama School of Nursing**

The UAB School of Nursing offers innovative bachelor's, master's, and doctoral programs, including Alabama's only PhD in Nursing program, a Doctor of Nursing Practice program, numerous nurse practitioner and dual degree options, as well as an Accelerated Master's in Nursing Pathway program.

**Booth # 122****University of California School of Nursing**

The UCLA School of Nursing is a significant force in developing nurse leaders to inspire individuals across the lifespan to achieve health, wellness, and quality of life, by transforming nursing care through academic excellence, innovative research, and superior clinical practice. The school offers two pre-license BS & Master's Entry, along with two post-license Advance Practice & PhD programs.

**Booth # 1002****University of Illinois at Chicago College of Nursing**

The University of Illinois at Chicago College of Nursing remains one of the largest, most prestigious sources of nursing leadership and research. Offering degrees of RN-BSN online completion, BSN, MS, DNP, and PhD in nursing sciences, we have what you need to help you advance your nursing career. Discover more at <http://www.uic.edu/nursing>.

**Booth # 211****University of Kansas School of Nursing**

The University of Kansas School of Nursing is located on the KU Medical Center campus in Kansas City, KS. Designated a Center of Excellence by the National League for Nursing, it has built an international reputation for outstanding academic programs and as a place for innovative research. The School of Nursing provides a resource-filled and student-centered environment for every level of a nurse's career, offering the BSN, RN to BSN, MS, DNP and PhD degrees.

**Booth # 130****University of Miami School of Nursing & Health Studies**

The University of Michigan School of Nursing offers Master's, post-Master's certificates, PhD, and post Master's DNP programs. Our commitment to excellence is demonstrated through our educational innovations, clinical scholarship, diverse research, faculty accomplishments, and partnerships that extend throughout the nation and around the world.

**Booth # 809****University of Michigan School of Nursing**

The University of Michigan School of Nursing offers Master's, post-Master's certificates, PhD, and post-Master's DNP programs. Our commitment to excellence is demonstrated through our educational innovations, clinical scholarship, diverse research, faculty accomplishments, and partnerships that extend throughout the nation and around the world.

**Booth # 110****University of Missouri St. Louis College of Nursing**

The UMSL College of Nursing proudly prepares nurse clinicians, educators and scientists that shape the future of nursing and healthcare locally, regionally, nationally and globally through innovative baccalaureate DNP and PhD programs. We are committed to innovation in education and research, and enhancing health care through leadership and evidence-based practice and policy.

**Booth # 112****University of Pittsburgh Medical Center**

A world-class health care system with over 62,000 employees, Pittsburgh-based UPMC operates more than 20 academic, community, and specialty hospitals (including four awarded MAGNET recognition), plus over 500 doctors' offices, outpatient sites, rehabilitation, retirement, and long-term care facilities. UPMC also insures over 2.9 million people through the UPMC Health Plan.

**Booth # 225****University of San Francisco School of Nursing**

University of San Francisco School of Nursing

The School of Nursing & Health Professions at the University of San Francisco advances the *mission of the university* by preparing health professionals to address the determinants of health, promote policy and advocacy and provide a moral compass to transform health care in order to further equity and positively influence quality, delivery, and access.

**Booth # 213****University of St. Augustine for Health Sciences**

The University of St. Augustine for Health Sciences (USAHS) is an accredited graduate-level institution with an innovative approach to health science education through individualized curriculum. Along with distance education programs, USA has state-of-the-art campuses in California, Florida and Texas. For more information visit: [www.USA.edu](http://www.USA.edu) or call (800) 241-1027.

**Booth # 505****University of Texas Health Sciences Center at San Antonio**

The UT Health Science Center San Antonio School of Nursing is at the forefront of nursing education. The over 9,000 nursing graduates of the UT Health Science Center San Antonio School of Nursing are shaping the healthcare practices of today and transforming the future of nursing care for tomorrow.

**Booth # 1108****University of Tennessee Health Science Center College of Nursing**

At the College of Nursing at the University of Tennessee Health Science Center we dedicate ourselves to preparing excellent nurse leaders for today and the future. We educate individuals to deliver patient care with essential knowledge needed for practice through research and clinical analysis. Visit Booth 1108 to learn more.

**Booth # 1308****University of Virginia Health System**

UVA Health System includes a level I trauma center, nationally recognized cancer center, heart and vascular, primary/specialty clinics throughout Central Virginia.

Ranked among the nation's top hospitals as our caregivers are consistently recognized for excellence by *U.S. News & World Report*, Best Doctors in America, America's Top Doctors and more.

**Booth # 502****U. S. Army Health Care Recruiting**

An integral component of the U.S. Army Health Care Team, the Army Nurse Corps continues to distinguish itself from the traditional nursing field in both purpose and composition. Visit our exhibit for educational programs, including post-graduate opportunities and continuing education and specialty courses.

**Booth # 604****U.S. Army Medicine Civilian Corps**

Vast Opportunities. Exceptional Benefits. Rewarding Careers. The U.S. Army Medicine Civilian Corps provides health care at over 70 facilities worldwide. Come meet our career consultants and explore your opportunities.

**Booth # 901****Vanderbilt University School of Nursing**

Vanderbilt School of Nursing offers MSN, DNP and PhD programs. The MSN program has entry options for ASN, BSN and MSN applicants. The MSN program offers nine nurse practitioner specialties and nurse-midwifery.

**Booth # 300****VITAS Healthcare®**

VITAS HealthCare®, a pioneer in the hospice movement since 1978, is the nation's leading provider of end-of-life care. More than 12,000 hospice professionals provide care to over 15,000 terminally ill patients daily in private residences, VITAS inpatient hospice units, hospitals, nursing homes and assisted living communities. VITAS (pronounced VEE-tahss) cares for patients in Alabama, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kansas, Missouri, New Jersey, Ohio, Pennsylvania, Texas, Virginia, Wisconsin and the District of Columbia. [www.VITAS.com](http://www.VITAS.com).

**Booth # 1004****Walden University**

Walden University is an accredited institution that has been serving the higher education needs of professionals for more than 40 years. Offered online, areas of study range from health and education to management and public administration. Walden programs help students achieve their goals so that, as graduates, they can help advance the lives of others.

**Booth # 124****Western Governors University**

Western Governors University is an online, non-profit university with a mission to expand access to higher education through competency-based degree programs. WGU offers the innovative RN to BSN and MSN degree programs. Founded by the governors of 19 U.S. states, WGU is regionally accredited, our nursing programs have CCNE accreditation.

**Booth # 205****Otto Trading, Inc.****Booth # 310****BlueCross BlueShield of Tennessee**

BlueCross BlueShield of Tennessee's mission is to provide its customers and communities with peace of mind through better health. Founded in 1945, the Chattanooga-based company is focused on serving more than 3 million members in Tennessee and across the country. For more information, visit the company's website at [bcbst.com](http://bcbst.com).

**Booth # 312****Aurora Health Care****Booth # 1106****CHI St. Vincent/The Exeter Group**

The Exeter Group is a talent management firm that offers full life-cycle recruitment services for healthcare and professionals of various disciplines. Our clients include public, private and teaching hospitals throughout the U.S.

CHI St. Vincent is the largest integrated and community-based physician organization in Arkansas. We also are the first and only in the state to achieve the Pathway to Excellence designation, an honor that recognizes exceptional working environments for nurses.

CHI St. Vincent and The Exeter Group have partnered to identify and recruit a diverse pool of highly-skilled nursing candidates for employment in the CHI St. Vincent system.

# NBNA *National Office Staff*



**EXECUTIVE DIRECTOR**  
Millicent Gorham, PhD (Hon),  
MBA, FAAN



**ADMINISTRATIVE ASSISTANT**  
Gessie Belizaire, MA



**CONFERENCE SERVICES MANAGER**  
Dianne M. Mance



**ADMINISTRATIVE SUPPORT**  
Frederick George Thomas



**MEMBERSHIP SERVICES MANAGER**  
Estella Lazenby, CMP

# NBNA *Past Executive Directors*



**FIRST NBNA EXECUTIVE DIRECTOR**  
1983-1994  
Sadako S. Holmes

**1994-1995**  
Patricia Tompkins



**1995-PRESENT**  
Millicent Gorham,  
PhD (Hon), MBA, FAAN

# Sapphire Exhibitors



## Recognizing 17 Years or More of Partnering with NBNA

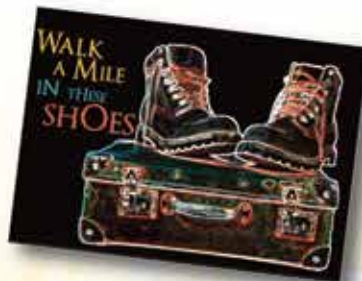
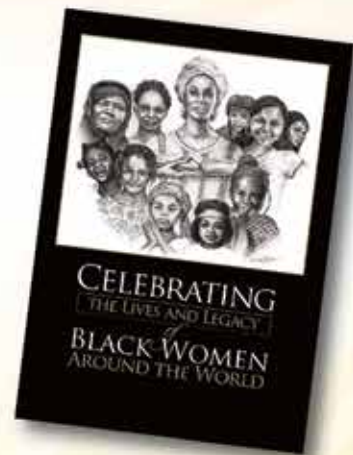
Agency for Healthcare Research and Quality  
American Nurses Association/  
SAMHSA Minority Fellowship Program  
Case Western Reserve University,  
Francis Payne Bolton School of Nursing  
Cedars-Sinai Medical Center  
Children's Hospital of Philadelphia  
Children's Hospital of Pittsburgh  
Christopher & Dana Reeve Paralysis Resource Center  
Department of Veterans Affairs  
Emory University School of Nursing  
Johns Hopkins University School of Nursing  
Kaiser Permanente  
Mayo Clinic  
Minority Nurse Magazine & Minority Nurse.com  
National Library of Medicine  
Pennsylvania State University School of Nursing  
Rush University School of Nursing  
South Carolina Hospital Association  
Tennessee State University School of Nursing  
Texas Health Resources  
U.S. Navy/U.S. Naval Reserve  
U.S. Army  
UCLA School of Nursing  
University of Illinois at Chicago College of Nursing  
University of Phoenix Online  
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University of Maryland School of Nursing  
University of Virginia School of Nursing  
University of Washington School of Nursing  
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# Deborah Andrews, MSHSA, RN

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Linda Burnes Bolton, DrPH, RN, FAAN

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At Cedars-Sinai, we're proud to have Linda Burnes Bolton as part of our team, and congratulate her on the National Black Nurses Association recognizing her career-long contributions to the field of nursing with a Lifetime Achievement Award. From her commitment to care and passion for patients to her efforts for excellence in education, she's an innovator and inspiration, and represents the very best in nursing in everything she does.

Congratulations!



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