

NATIONAL BLACK NURSES ASSOCIATION

NBNA

NEWS

NBNA to Charter New Chapters!



Also inside this issue:

20

HIV
SUBSTANCE
USE AMONG
YOUNG BLACK
MEN WHO
HAVE SEX
WITH MEN

22

...A BLACK
NURSE'S
JOURNEY
THROUGH
THE MILITARY
AND NURSING
RANKS

30

EMOTIONAL
INTELLIGENCE:
A SOFT SKILLS
DEVELOPMENT
FOR
PRECEPTORS

NBNA NEWS

The NBNA News is printed quarterly; please contact the National Office for publication dates.
NBNA News • 8630 Fenton Street, Suite 910 • Silver Spring, MD 20910 • www.NBNA.org
Yolanda M. Powell-Young, PhD, PCNS-BC, CPN, Editor-in Chief

INSIDE THE ISSUE



NBNA celebrated National Nurse Practitioner Week, November 12-18, 2017. Keisha Pressley, MSN, RN, FNP-C, CVS Minute Clinic Senior Practice Manager supporting nurse practitioners and physician assistants, as well as serving patients who are 18 months and older, based in North Carolina.

NBNA to Charter New Chapters

Southeastern Louisiana Black Nurses Association newest recruits with Chapter President left to right: Rhonda Jackson, LPN; President, Rachel Weary, RN; Margaret Smith, RN and Alexis Jackson, Student Nurse.



Dr. Sheldon Fields, Dr. LaRon Nelson, Dr. Eric J. Williams and Kendrick Clack (Far Right) at the Induction Ceremony at the American Academy of Nursing.



Derrick C. Glymph, DNAP, CRNA, ARNP, (middle), recently promoted to Colonel United States Army Reserves, ARMY NURSE CORP

ON THE COVER

Nursing Students and Steven Jackson, Jr., president, Louisiana Capital BNA with Dr. Eric J. Williams, NBNA President. Jimmie Miller, Lorne Abby, Steven Jackson, Jr., Dr. Eric J. Williams, and Adeyemi Wheeler

FEATURES

NBNA President's Letter	4
Letter From the Editor-in-Chief	5
NBNA 2017 Conference Highlights	12
HIV and Substance Use Among Young Black Men Who Have Sex With Men	20
Private First Class To Colonel A Black Nurse's Journey Through The Military And Nursing Ranks	22
Heeding the Call, Leading the Charge: Help Your Community Achieve Better Health	23
Teachable Moments from 2017's Natural Disasters	25
One Size Does Not Fit All: New USPSTF Cervical Cancer Screening Recommendations Put Black Women's Lives at Risk	26
Brain Health Matters to NBNA	27
The Importance of the Reverse Sequence Screening for Syphilis Treatment	28
Emotional Intelligence: A Soft Skills Development for Nurse Preceptors	30
Thirteen Critical Lessons Learned During A Nursing Program Accreditation Process	32
An Opportunity for More Choice and Competition: Growing Medicare Advantage	35
SRT-100, Game Changer for Keloid Treatment	36
Chapters In Service	38
NBNA Board Members in Service	48
Members On the Move	50
NBNA To Charter New Chapters	51
Chapter Websites	59
Chapter Presidents	61

NBNA's 2017 Reflections: A Call to Action for 2018



Eric J. Williams, DNP, RN, CNE, FAAN
President, National Black Nurses Association

As I reflect on 2017 and look onward to Christmas and New Year's, I am overwhelmed with appreciation and growth we have made this past year as an organization. The support and loyalty of our NBNA members to move the organization forward and embrace the mission of NBNA is a great gift to mankind. Our mission has become a hallmark of who we are as a professional organization. We share common goals that brings many people together. The common goals allow us to focus on the elimination of health disparities. If you are committed to the goals of NBNA, I would be delighted to appoint you to a committee to further the work of NBNA.

While we have had so many who have given generous support to our Friends of NBNA Campaign and student support for scholarships, the need continues. If you feel the impulse to share your talents, skills and fiscal resources at this season of the year, please consider the following needs:

1. Friends of NBNA donations which supports three programs: Violence Reduction, Global Health and Mentorship.
2. The establishment of new chapters will increase our visibility around the globe. If you know of a nurse who lives where there is no NBNA chapter, a great gift to the community would be the establishment of a NBNA chapter. Feel free to connect us with that individual.
3. Endowments, both general scholarship endowments and donations for NBNA programs in specific areas, continue to promote minorities in the pipeline.

I look forward to a prosperous New Year and our 2018 Conference and Institute in St. Louis, MO.

Merry Christmas and Happy New Year!

Eric J. Williams, DNP, RN, CNE, FAAN
12th NBNA President

Upward and onward: Toward health equity and equality in the New Year



Merry Christmas!, Happy Kwanzaa!, God Jull!, Hyvää Joulua!, Gledelig Jull!, Froehliche Weihnachten!, Feliz Navidad!, Joyeux Noël!, Buon Natale!, Srozhdestvom Kristovym!, and Kala Christouyenna! Many across the nation and around the world will soon participate in an array of celebratory traditions surrounding what may arguably be the most renowned holiday season in the world. The picturesque, jolly and unique customs of observance are a reflection of our diverse cultures and beliefs. Although the details of observance may differ, most will agree, the values to which we aspire, such as of kindness, faith, hope, love, gratitude, compassion, and caring, serve as the foundation for our holiday season celebrations.

This holiday season also marks our forward advance into the year 2018. Another year where we, as individuals and, as a community of nurses, will continue to honor our values through our advocacy efforts. Values like caring, integrity, human dignity, and social justice. These are not unlike the values we aspire to live by as people of worth each and every day. Members of the National Black Nurses Association (NBNA) have long recognized the interconnection between values and advocacy and, their critical importance as components that are used to influence positive health care transformation and political actions that benefit all. But, perhaps most importantly, our collective values and actions toward guiding change, no matter the season, should consistently include considerations for inequalities and inequities visited on our society's less fortunate and marginalized: the sick, the poor, the hungry, and the persecuted.

According to the Chinese Zodiac, 2018 is identified as the year of the Dog and, its characteristic word is ACTION! It is therefore apropos that the NBNA and its members will continue to work "actively and doggedly" toward improving access to care, promoting nursing leadership, transforming nursing education, and building healthier communities. By, for example, becoming more actively involved in NBNA programs such as the collaborative mentorship program, global health campaign or the ProGENE institute. Engaging platforms with similar goals, like the Future of Nursing: Campaign for Action initiative. As we have for nearly a half century, the NBNA and its stakeholders will continue to work diligently in 2018 to ensure we continue to move the NBNA mission.

It has been a pleasure to work with you and for you in service toward realizing the goals and mission of the NBNA. I look forward to our many successes in 2018. Wishing you all -- Joy and Peace this Holiday Season and throughout the New Year!

Respectfully,

Yolanda M. Powell-Young, PhD, PCNS-BC, CPN
Editor-in-Chief

NBNA NATIONAL OFFICE STAFF:

Dr. Millicent Gorham
Executive Director and Associate Editor

Dianne Mance
Conference Services Manager

Estella A. Lazenby
Membership Services Manager

Frederick George Thomas
Administrative Assistant

Crystal Barney-Harold
Administrative Assistant

Yanina Maysonet
Administrative Assistant

BOARD OF DIRECTORS:

Dr. Eric J. Williams
President, Los Angeles, CA

Lola Denise Jefferson
1st Vice President, Houston, TX

Dr. Birthale Archie
2nd Vice President, Kentwood, MI

Kendrick Terrill Clack
Secretary, Fort Bend County BNA, Missouri City, TX

Trilby Barnes-Green
Treasurer, New Orleans, LA

Reverend Deidre Walton
Immediate Past President, Phoenix, AZ

Dr. Martha Dawson
Historian, Birmingham, AL

Dr. Patricia McManus
Parliamentarian, Milwaukee, WI

MEMBER:

Shenelle Tate
*Student Representative, New Orleans BNA
New Orleans, LA*

Dr. Angela M. Allen
BNA of Greater Phoenix, AZ, Phoenix, AZ

Kim Cartwright
Black Nurses of Southern Maryland, Temple Hills, MD

Sasha DuBois
New England Regional BNA, Boston, MA

Dr. Sheldon D. Fields
Council of Black Nurses, LA, Hollis, NY

Dr. C. Alicia Georges
Ex-Officio, New York BNA Bronx, NY

Thomas Hill
New Jersey Integrated BNA, Plainfield, NJ

Deborah Jones
Galveston BNA Texas City, TX

Joni Mae Lovelace
Atlanta BNA, Atlanta, GA

Kim Scott
Bay Area BNA, Oakland, CA

Dr. Katherine Tucker
Northern CT BNA, New Haven, CT

Dr. Millicent Gorham
Executive Director

Save The Date



Annual Institute and Conference

2018

Tuesday | July 31 – Sunday | August 5

St. Louis Union Station Hotel

St. Louis, MO

www.nbna.org



NATIONAL BLACK NURSES ASSOCIATION

In the News

Robert Wood Johnson Foundation *Clinical Scholars Program*

Melissa Green, MPH

Applications for the Robert Wood Johnson Foundation *Clinical Scholars Program* open January 12th.

The program provides up to \$525,000 in funding and additional support in leadership training to health care professionals to help leverage their ideas to improve health outcomes in communities across the country. NBNA Nurses are leaders and understand the range of complex issues that impact the health of individuals and their families. NBNA Nurses working in community, clinical, and academic settings know quality of care and patient, family, and community centered care delivery models. Clinical Scholars provides critical support and training to teams with nurses like you who work across disciplines to help families thrive in the same communities you live, work, and play. In addition to program funds for your ideas, Clinical Scholars provide executive level leadership training at no cost to you or your organization. We want to see NBNA members in our next cohort. Apply to Clinical Scholars to leverage your desire to make a difference. Encourage your NBNA colleagues and mentees to apply to the Clinical Scholars Program or one of the other leadership programs supported by the Robert Wood Johnson Foundation.

Clinical Scholars applications are due March 14th. Sign up for notifications for the release of applications and applicant webinars to strengthen your submission at <http://clinical-scholars.org>

RWJF Clinical Scholars are health care professionals in their community and motivated to leverage their passion and ideas to improve health beyond the clinical setting. Fellows identify complex health equity issues further challenged by social, political, and environmental factors and propose novel interdisciplinary approaches to improve health beyond the clinical setting. Potential fellows apply in multidisciplinary clinical teams (> 2) and may represent the range of health care professions: dentistry, medicine, nursing, pharmacy, physical therapy, social work, and/or veterinary medicine. The currently funded team projects are focused on a range of complex health issues: oral health, mental health and opioid abuse, behavioral health, immigrant health, community violence, and the foster care system (<http://clinicalscholarsnli.org>).



Melissa Green, MPH is the Deputy Director for Communication and Recruitment for the Clinical Scholars Program. The program is supported by the Robert Wood Johnson Foundation and led by the University of North Carolina at Chapel Hill. She has nearly 20 years of experience managing health equity programs which engage communities as partners.

In the News

Pfizer RxPathways – 30 Years of Helping Those in Need

As the health care landscape continues to shift, and questions about the future of health care reform persist, Pfizer's commitment to assisting patients with their prescription needs is stronger than ever.

This year actually marks the 30th anniversary of Pfizer providing patients with help accessing their medicines. Today, that help is provided through Pfizer RxPathways®, a service designed to connect patients to assistance programs that offer insurance support, co-pay assistance, and medicines for free or at a savings. Patients can visit www.PfizerRxPathways.com or call the toll-free number 1-844-989-PATH (7284) to speak with one of Pfizer's Medicine Access Counselors. These counselors are specially trained to work with each patient to understand their unique situation and guide them to the Pfizer programs or resources that can best help.

Pfizer believes that all patients – regardless of their income or insurance situation – should have access to the medicines they need. This is why Pfizer recently launched a digital advertisement campaign to help raise awareness of Pfizer RxPathways. The digital advertisement seeks to reassure patients that in America's maze-like and constantly changing health care environment, Pfizer is here to help.

Pfizer is committed to continually evolving its programs and offerings to meet the evolving needs of its patients. For instance, in response to the ongoing challenges patients face in paying out-of-pocket costs for their prescriptions, Pfizer doubled the income eligibility level in 2015 to be able to help even more patients seeking assistance through the *Pfizer Patient Assistance Program*.

Additionally, in an effort to make sure Pfizer is able to reach the patients and populations who need their help the most, Pfizer has maintained a strong partnership with Federally Qualified Health Centers (FQHCs) to help administer the *Pfizer Institutional Patient Assistance Program* (IPAP), which provides eligible uninsured patients with access to nearly 30 free Pfizer medicines through more than 300 health centers, free clinics, and hospitals across the country. In fact, this year also marks the 25th anniversary of Pfizer's partnership with FQHCs and the National Association of Community Health Centers (NACHC) to raise awareness of the IPAP.

In just the past 5 years (2012-2016), Pfizer has helped 1.6 million patients receive 19 million Pfizer prescriptions for free or at a savings through its range of robust assistance programs. This company practice established over three decades has become part of Pfizer's culture of corporate responsibility. While millions of people have gained health care coverage over the last several years, Pfizer continues to help those who remain uninsured, who face financial hardship affording their medicine, or who simply need assistance navigating through the health care system to gain access to needed medication.

In these uncertain times, Pfizer remains a stable force committed to its patients, partnerships, and to improving prescription access for all.

Click [here](#) to see the new ad OR go to www.PfizerRxPathways.com to see the new ad online.

PP-PAT-USA-0659

In the News

8630 Fenton Street, Suite 910, Silver Spring, MD20910 • Phone: (301) 589-3200 • Fax: (301) 589-3223



President
Dr. Eric J. Williams

1st Vice President
Lola Denise Jefferson

2nd Vice President
Dr. Birthale Archie

Treasurer
Trilby Barnes-Green

Secretary
Kendrick Clack

Immediate Past President
Rev. Dr. Deidre Walton

Historian
Dr. Martha Dawson

Parliamentarian
Dr. Patricia McManus

Ex-Officio
Dr. C. Alicia Georges

Board Members
Dr. Angela M. Allen
Kim Cartwright
Sasha Dubois
Dr. Sheldon Fields
Thomas Hill
Deborah Jones
Joni Mae Lovelace
Kimberly Scott
Shennelle Tate
Katherine Tucker

Executive Director
Dr. (Hon) Millicent Gorham

National Black Nurses Association, Inc.

August 15, 2017

Dear NBNA Membership:

On Saturday, August 12, 2107, Americans experienced another horrific incident of violence in Charlottesville, Virginia. We are all distressed by the ferocious protests in Charlottesville, Virginia; and Seattle, Washington, supported by the Alt-Right, White Supremacists, Nazis and the Ku Klux Klan. As a result of this tragedy, three individuals have died and dozens were injured. The National Black Nurses Association condemns violence of all types. We are committed to eradicating the epidemic of violence in America and views violence as a public health crisis. This is another tragedy to only remind us that collaborative strategic interventions are imperative.

We are saddened over these senseless fatalities and the lack of respect for individuals regarding race, ethnicity, gender, religion and sexual orientation and identity. The audaciousness and openness of many people to think that by participating in hate and racial activities on any level will make America great again only validates that we have much more work to do from public health policy and social justice viewpoints. We are self-assured that hate will fail and collectively our efforts will promote equity for all individuals

Please join NBNA as we partner with the Black Women for Positive Change to eliminate violence during the Week of Non-Violence, October, 15 – 23, 2017. Activities will be held in cities throughout the Nation. I am asking all of the 101 NBNA chapters to participate in activities that they may host on their own, in collaboration with the Black Women for Positive Change or with other local organizations.

President Trump's statement that violence "on many sides [must end]" does not address the epidemic of Violence in America. WE will continue to not only mobilize nurses but educate our communities that hate is not acceptable.

We offer thoughts and prayers with condolences to the victims, their families and friends, of the pointless hate-inspired violence that we observed on Saturday in Charlottesville, VA.

NBNA will continue to work with organizations and leaders across our Nation who are battling the epidemic of violence, racism and intolerance with love and non-violence activities to educate others and to help build a Culture of Health.

Sincerely,

Dr. Eric J. Williams
President

VITAS Healthcare Supports National Black Nurses Association's End-of-Life Care Resolution

AUGUST 01, 2017 01:17 PM EASTERN DAYLIGHT TIME

MIAMI--([BUSINESS WIRE](#))--VITAS Healthcare, the nation's leading provider of end-of-life care, and the National Black Nurses Association will present a joint resolution entitled "End-of-Life Care: Transitioning Patients with Dignity and Family Support" on Tuesday, August 1, 2017, during the NBNA's 45th Annual Institute and Conference in Las Vegas, Nevada.

"End-of-Life Care: Transitioning Patients with Dignity and Family Support"

The resolution specifies the need to provide End-of-Life Nursing Education Consortium (ELNEC) training, administered by the American Association of Colleges of Nursing and City of Hope, for all nurses. It also expresses support for palliative and hospice care funding as part of national and international health care plans for providers and systems, including funding for education and research.

"VITAS is a long-time supporter of the NBNA, working together to promote the importance of end of life care and to bring hospice services to underserved communities," said Diane Deese, VP of Community Affairs for VITAS Healthcare. "This resolution is a declaration that all patients are entitled to appropriate culturally sensitive end-of-life care options, and nurses have a significant role to play in providing that care."

Even though minority communities carry an equal or higher incidence of chronic and terminal illnesses that are appropriate for end-of-life care referrals, many patients and caregivers are not receiving the physical, emotional, social and spiritual support available through palliative and hospice care. According to the National Hospice and Palliative Care Organization, only 24 percent of the 1.7 million patients who received hospice services in 2014 were patients of color.

"We are proud to have VITAS' support as a corporate partner for the past 14 years, and agree that providing nurses with end-of-life education will help more patients transition life with dignity, respect and family support," said Dr. Millicent Gorham, PhD, MBA, FAAN, Executive Director of the NBNA. "Together we've provided ELNEC training to more than 1,000 NBNA members across the country, and we look forward to making this educational offering available to thousands more."

Other collaborations between the two organizations include the establishment of the NBNA's Greater Fort Lauderdale Broward Chapter (GFLBC), the first chapter in the organization's history to be chartered exclusively by hospice nurses. Located in one of Florida's most diverse counties, the chapter represents a workforce of professional nurses who reflect the values and cultures of the communities they serve.

As part of its efforts to support the mentorship and guidance of younger nurses, VITAS is also co-hosting the conference's *40 and Under Forum* scheduled for Wednesday, August 2, 2017, from 4:30 p.m. to 6:30 p.m. For more information or to register, contact Admin@NBNA.org.

About VITAS Healthcare

VITAS® Healthcare, a pioneer and leader in the hospice movement since 1978, is the nation's leading provider of end-of-life care. Headquartered in Miami, Florida, VITAS (pronounced VEE-tahs) operates 45 hospice programs in 15 states and the District of Columbia. (Alabama, California, Connecticut, Delaware, Florida, Georgia, Illinois, Kansas, Missouri, New Jersey, Ohio, Pennsylvania, Texas, Virginia and Wisconsin). VITAS employs 11,606 professionals who care for terminally ill patients daily, primarily in the patients' homes, but also in the company's 32 inpatient hospice units as well as in hospitals, nursing homes and assisted living communities/residential care facilities for the elderly. At the conclusion of the first quarter of 2017, VITAS reported an average daily census of 16,319. Visit www.vitas.com.

Listed on the New York Stock Exchange and headquartered in Cincinnati, Ohio, Chemed Corporation (NYSE:CHE) operates two wholly owned subsidiaries: VITAS Healthcare and Roto-Rooter.

Contacts

VITAS Healthcare
Claudia Quintana, 305-350-4359
Director of Media & Public Relations
Claudia.Quintana@vitas.com

In Remembrance

Terry Lynn Lee, PhD (C): Nurse Exemplar, Nurse Leader, Nurse Extraordinaire

Terry Lynn Lee, PhD (C), the founding president of the Mile High BNA and Inaugural President of the Eastern Colorado Council of Black Nurses, passed away on August 29, 2017 after a long and valiant struggle against an aggressive form of breast cancer. Yet, through it all, she pressed forward. Through it all, she studied, she practiced and she continued the pursuit of a doctoral degree. Through it all, she never forgot the importance of lifting others as she tried to forge ahead. Through it all, she never wavered in her effort to contribute, collaborate and mentor. Through it all, her persona embodied strength radiated preparation, determination and integrity. Through it all, she was an exemplary and extraordinary nurse leader.

Terry Lynn Lee made significant contributions to the nursing profession and the local community. Among them were affiliations and sustained engagement with the National Black Nurses Association (NBNA), the Mile High Chapter of the NBNA, the Eastern Colorado Council of the NBNA, Sigma Theta Tau International Honor Society, the National Association for the Advancement of Colored People (NAACP), and the Phenomenal Women of Colorado.

From 2013 to 2015, Terry Lynn Lee served with distinction as a member of NBNA's Research Committee. The members of the Committee assert — "Our research endeavor was to explore and determine the needs of nursing students matriculating in programs of nursing (LPN and RN). Terry was an active member of the committee from the onset. Terry was most instrumental in convening a research team that had the knowledge and expertise needed to conduct the national nursing research initiative. The team she convened served as facilitators, trained and provided support to committee members. In addition, she assisted in the collection and analysis of data obtained from greater than 900 matriculating students nurses from across the country."



Terry's resolve during the final season of her life may best be summarized as does the lyrics of a song that is often raised by the NBNA membership, 'Let the work I've done, speak for me. Sometimes the work seems so small, that it seems like I've done nothing at all. Let the work I've done, speak for me. When there's nothing more to be said, Let the work I've done, speak for me.'

Terry Lynn Lee's death is a tremendous loss to the nursing community and the nursing profession. Yet we celebrate her life, her vision, her passion, her works and her legacy!



***We remember, we celebrate
and we salute our colleague,
our sister and our friend —
Terry Lynn Lee, PhD (C),
nurse exemplar, nurse leader,
and nurse extraordinaire!***

NBNA 2017 Conference Highlights



Front row – left-to-right: Lionel Phillips, Dr. Eric J. Williams, NBNA President, Dr. Debra A. Toney, NBNA Conference Chair, Antonio Lopez, MD (Amgen)
Back – Bola Sogade, MD, Felix Sogade, MD, Kristine Baffo, Michelle Albert, MD, Dr. Cheryl Taylor, Keith Ferdinand, MD, Cassandra McCullough (Association of Black Cardiologists) at the Presidents Leadership Institute



Howard University Hospital nurse representatives Ashika Williams, Melissa Edwards and Dr. Shirley Evers Manly, Chief Nursing Officer and NBNA 2017 Trailblazer Awardee and Dr. Millicent Gorham, NBNA Executive Director

NBNA 2017 Conference Highlights



Chapter Presidents at the Presidents Leadership Institute with Dr. Eric J. Williams, NBNA President



Rowena Trim, President, Southern Nevada Black Nurses Association and Lauren Edgar, Co-Chair, Local Conference Committee



Lola Denise Jefferson, NBNA First Vice President, Trilby Barnes Green, NBNA Treasurer accepting the TECH EBN Chapter Charter from NBNA President Dr. Eric J. Williams

NBNA 2017 Conference Highlights



Dr. Carrie Rogers Brown, NBNA Past President, Dr. Jonnie Hamilton and Rowena Trim



Chapter Presidents Thomas Hill and Dr. Colleen Kilgore with Dr. Eric J. Williams, NBNA President



Dr. Felix Sagade, Chairman of the Board, Association of Black Cardiologists, NBNA President Dr. Eric J. Williams and Dr. Keith Ferdinand of the Association of Black Cardiologists



Lauren Hinson and Jasmin Shivers of the Downtown Baltimore SON Black Nurses Association with NBNA Executive Director Millicent Gorham (middle)

NBNA 2017 Conference Highlights



Lola Denise Jefferson, NBNA First Vice President, Amore Tu and Thomas Hill, receiving the New Jersey Integrated Black Nurses Association Chapter Charter from Dr. Eric J. Williams, NBNA President



Dr. Debra A. Toney, NBNA Past President and National Conference Chair addresses the NBNA Business Meeting.

NBNA 2017 Conference Highlights



New Orleans BNA Members, Opal Walker, Sheila Ferdinand, Dr. Karen Green Moore, Voncile Lyons.



Keynote Speaker Dr. C. Alicia Georges, Dr. Martha Dawson, Dr. Carrie Rogers Brown, Dr. Patricia McManus, Reverend Deidre Walton

NBNA 2017 Conference Highlights



Scholarship and Awards Committee Members, Dr. Lenora Yates, Chair, Marcia Evans, Dr. Eric J. Williams, Linda Mitchell present Uniformed Services Nurse of the Year Award to Captain Celeste M. Singletary



Members having fun at the White Party and NBNA Motown Revue

NBNA 2017 Conference Highlights



Dr. Eric J. Williams, NBNA President, Keynote Speaker Dr. C. Alicia Georges, NBNA Past President and President-elect AARP, First Vice President Lola Denise Jefferson and Treasurer Trilby Barnes Green at the Opening Ceremony



Participants of the Women's Health Institute on "Red Dress Day" in support of heart health in women.

NBNA 2017 Conference Highlights



Heart Health Institute attendees with NBNA Board Member Deborah Andrews (far left), Dr. Katherine Tucker (middle) and Dr. Jean Straker (far right).



Southern Nevada BNA members, Leah Lott, Keisha Davis, Dr. Birthale Archie, NBNA Second Vice President, Joni Young, Rowena Trim, Chapter President and Darnell Caldwell.

HIV and Substance Use Among Young Black Men Who Have Sex With Men

Austin Nation, PhD, RN, PHN



Austin Nation, PhD, RN, PHN is a graduate of the University of California, San Francisco – School of Nursing, Community Health Systems. He has been a nurse for over 30 years and is currently an Assistant Professor at California State University (CSU), Fullerton. His research interest is with understanding substance use and HIV among young Black men who have sex with men (MSM), funded by the Substance Abuse Mental Health Services Administration (SAMHSA)/ American Nurses Association (ANA) Minority Fellowship Program.

Thirty years into the AIDS epidemic, more than 1.2 million people in the United States are living with HIV infection. Youths 13 to 29 years old account for approximately 20,000 new HIV infections every year, meaning 55 new young people are infected with HIV every day. According to the National Institute on Drug Abuse, about one of every six new HIV infections occurred among 13- to 25-year-olds and, an estimated 40,000 young people in the United States have gone from being HIV-infected to having AIDS. HIV-positive youth are largely racial and ethnic minorities who reside in poor urban neighborhoods. They are typically unemployed, have limited education, and are vulnerable to health-risk behaviors and higher rates of sexual risk behaviors.

Black Americans are the racial and ethnic minority group most affected by HIV. Despite representing only 13 percent of the U.S. population, black people disproportionately account for 51 percent of new HIV infections—eight times the number of new infections among whites, based on population size. At some point in their lives, an estimated 1 in 16 black men and 1 in 32 black women will be diagnosed with HIV. More than any other racial or ethnic group, black people are more likely to have sexually transmitted infections, which put them at risk for acquiring HIV. The primary transmission category for all HIV-infected black men in the United States is sexual contact with other men (72 percent), comparable to rates among the general population in the developing world.

Young black men who have sex with men (MSM) between ages 13 and 29 account for more than 50 percent of new HIV infections. This group has the highest rates of HIV infection in the United States

(three to four times higher than white MSM who are HIV-positive). Between 2001 and 2006, there was a 93.1 percent increase in the incidence of HIV infections among young black MSM.

In 2004, the HIV infection rate for black MSM between ages 13 and 19 was 19 times (23.5 percent) higher than the rate for white MSM (1.2 percent). Moreover, young black MSM were more likely to become infected at a younger age (13 to 29) than white MSM, who were 30 to 39 at the time of HIV infection.

Between 2006 and 2009, the incidence of HIV infections increased 48 percent among this population. Minority men ages 13–24, predominantly from the South, experienced the greatest increase (53 percent) in HIV infections of all groups studied over the 3-year period.

The underlying causes of these statistics are a major public health concern. Although this population has a lower age of sex initiation, fewer sexual partners, less substance abuse, and lower sexual-risk behaviors compared with white and Latino MSM in the same age group, young black MSM have become some of the newest faces of the AIDS epidemic.

Among young black MSM, research indicates a strong association between substance use and HIV infection. Sexual promiscuity and experimentation, usually under the influence of drugs or alcohol, often causes this group to seek out sex in high-risk venues, such as

public cruising areas, e.g., parks, public toilets, adult movie houses, bathhouses and bookstores.

Young black MSM have also shown a lack of judgment to make sound decisions regarding condom use under the influence of drugs or alcohol. With lowered sexual inhibitions, young black MSM who have substance use issues risk acquiring HIV/AIDS and knowingly or unknowingly passing it along to their partners. Substance use during sex remains underexplored among young black MSM in the United States. From the limited extant literature, it is difficult to pinpoint the specific role substance use has in this population's experiences.

Our narrative qualitative study aims to address gaps in knowledge about the perceptions and experiences of young black MSM regarding substance use and HIV. Twelve participants were recruited; the majority (n = 8) were 22 to 29 years old. Nine men identified as gay, and nine were also HIV-positive. Although marijuana was the most frequently identified drug of choice, the majority of participants (n = 7) also used methamphetamine.

Participants were individually interviewed, and all sessions were recorded. The interview consisted of participants' personal stories. Themes that emerged from the preliminary analysis included 1) issues with family because of sexual orientation, 2) early exposure to drugs within their families, 3) leaving home, moving to San Francisco, and surviving homelessness, 4) methamphetamine exposure, prevalence, and access in San Francisco, 5) drug use for emotional numbing, 6) drug use for sexual enhancement, 7) transactional sex, 8) youth sex power, and 9) sense of resignation about HIV diagnosis.

As more participants were recruited for the study, the themes surrounding each of the research aims became even clearer. With the first aim—understanding the roles substance use plays in the lives of young black MSM—the themes were broken down as follows: 1) early substance use exposure and initiation in family, 2) to cope with being gay and for gay sex, 3) peer pressure to fit in with others in new community, 4) exposure to a great deal of methamphetamine in San Francisco, 5) to numb feelings, and 6) sexual enhancement and survival sex. Most themes that continued to emerge were identical with those in the preliminary analysis.

Themes that emerged with the second aim—describing the perceived risks among young black MSM for acquiring HIV— included 1) historically were tested regularly for HIV, 2) knew or didn't know about HIV before arriving in San Francisco, 3) don't care about condoms when under the influence, 4) inability to negotiate sex and condom usage, and 5) sense of anticipation, resignation, and acceptance about acquiring HIV.

I believe we can have a significant impact in reducing substance use and HIV sexual-risk behaviors among young black MSM. There is an urgent need for increasing education among this group to minimize initial substance use (harm reduction), establishing places of support to deal with feelings of same-sex attraction and sexual orientation, understanding the importance of condom use and sexual negotiation (particularly when under the influence of drugs or alcohol), and ensuring certain agencies provide easy access to HIV education, testing, and sexual health counseling. Most important, everyone should know their HIV status and test regularly if at high risk.

Private First Class To Colonel: A Black Nurse's Journey Through The Military And Nursing Ranks



Derrick C. Glymph,
Colonel, United States
Army Reserves, Army
Nurse Corps
Clinical Associate
Professor
Department of Nurse
Anesthetist Practice
Florida International
University
Nicole Wertheim College
of Nursing & Health
Sciences

Derrick C. Glymph, DNAP, CRNA, ARNP

My military career began with not knowing what I wanted to do in the military; like many youth today, I had no idea what I wanted to do after high school. My father who served in the Navy for 22 ½ years wisely advised me to choose a marketable career field that I could be in after I leave the military. That advice with God's guidance would set me on a course to ascend to the highest field grade office in the military. I started my military enlisted career in basic training at Fort Knox, KY after I graduated from high school. I then started my training as a medic in San Antonio, TX. It was here that I received my foundation. I graduated from medic school and then went up the hill to 91 C school; this was the first phase in which I would begin my training as a Licensed Practical Nurse. I then completed my phase II training in Fort Gordon, GA. It was here where I gained my nursing fundamentals with patient care and medicine administration. My original driving force for this career choice was to select a school program that was long enough that I had time to save up to buy a car. Little did I know that I would fall in love with nursing. This 2 ½-year experience as a LPN student would shape my paradigm of what nursing was for me as a military nurse. I finished my training and had to find a job as a LPN. I was first hired at a nursing home on the night shift. It was here that I was shaped and molded by the Certified Nursing Assistants and nurtured by the Nursing Supervisor who encouraged me and assisted me. Her encouragement pushed me to go back to school to become a registered nurse.

I was able to bridge into a nursing program and complete it in 2 years. I then received a direct commission in the Army as a 2nd

Lieutenant. I had served for 5 years as an enlisted soldier and now was able to get my commission. Little did I know that my career clock was reset. I then worked my way up to supervising in the nursing home. I then left and took a position at the hospital. I discovered that every time I transferred to a higher-level acuity floor I received a raise. I started in med-surge, followed by surgical, surgical ICU step-down, and surgical ICU at the VA hospital. During this transition, I completing my military education as well. I was promoted to 1st LT and then Captain. I was also accepted into a Nurse Anesthesia Program. My thirst for more knowledge drove me to pursue this career. I finished Nurse Anesthesia School and passed my certification board. I started practicing and I received a call that told me I was going to go to Iraq. I was at a loss for words and quickly reflected what I was going to do with my family. I ended up going to Afghanistan; however, it turned out to be one of the most rewarding experiences I had ever had. The Afghanistan experience would shape and mold my career. I operated as a sole anesthesia provider on a Forward Surgical Team. I made it home safely and not soon later enrolled in the first ever Doctor in Nurse Anesthesia Practice program. I was a Major now. I enrolled at the same school that I received my Masters and I completed my DNAP. My mentor who does not look like me encouraged me to go into academia. I located an academic job, and at the same time did a military command, and was promoted below the zone to LTC. In the same year that I was promoted to a Clinical Associate Professor on my job, I became a below the zone promoted Colonel. I have learned to respect the process. My journey from PFC to Colonel is one of perseverance and encouragement and faith in GOD that you can achieve anything if you work hard.

Heeding the Call, Leading the Charge: Help Your Community Achieve Better Health

Griffin P. Rodgers, M.D., M.A.C.P



Dr. Griffin P. Rodgers has served as director of the National Institute of Diabetes and Digestive and

Kidney Diseases (NIDDK) at the National Institutes of Health since 2007. Dr. Rodgers received his undergraduate, graduate, and medical degrees from Brown University, and an M.B.A. from Johns Hopkins University. As a research investigator, Dr. Rodgers is widely recognized for his contributions to the development of the first effective—and now FDA-approved—therapy for sickle cell anemia.

Move more, eat better. It's a simple call to action that, if followed, can profoundly influence health. With this message, the NIDDK—with input from black women and other partners, including Harvard University and Tufts University—launched Sisters Together: Move More, Eat Better, a national campaign to inspire adult black women to improve their health through regular physical activity and healthy eating.

As a fellow health care professional, you know the greater risk of health problems people with overweight and obesity may face: problems that include [diabetes](#), [kidney disease](#), and heart disease. And while about 70 percent of U.S. adults are overweight or have obesity, that number increases to about 80 percent for adult black women. Sisters Together aims to address these health issues head on by encouraging black women to reach and maintain a healthy weight.

Reaching Women in Their Communities

Interested individuals or groups can develop Sisters Together programs to help black women:

- set and achieve goals for healthy behaviors
- support and motivate one another
- recognize and overcome barriers to healthy living

Programs organize activities such as walking groups, healthy cooking demonstrations, and healthy recipe exchanges in popular locations such as places of worship, community centers, and members' homes.

When the [Center of Wellness for Urban Women](#) decided to take action to improve women's health in Indianapolis, the group chose the Sisters Together program because it met the needs of the center's audience and provided a complete curriculum to build on. By partnering with other community organizations, including universities, the public health department, and the YMCA, the center has sustained its Sisters Together program for the past decade, offering women such activities as

- yoga classes, supported by a donation of 40 yoga mats
- women's health workshops
- Zumba classes
- weight assessments, to measure and track progress

Six Steps to Success

The Sisters Together Program Guide includes information and resources for starting a program to help health care professionals, community educators, and anyone else with an interest in improving their community's health. With their intimate knowledge of the community and its health needs, nurses can play a vital role in participating in, or helping to launch, a Sisters Together program. Starting a program involves six steps:

- **Step 1:** Get Started
- **Step 2:** Set Goals, Create a Budget
- **Step 3:** Identify Community Resources
- **Step 4:** Plan Activities
- **Step 5:** Spread the Word about Sisters Together
- **Step 6:** Measure Success, Keep Your Program Going

Although Sisters Together's main audience is adult black women, you can adapt the program to different audiences. In fact, another Sisters Together partner, the Lexington-Fayette County Health Department in Lexington, Kentucky, started a Brothers Together program after many years of operating a successful Sisters Together program. The department later combined the two programs to form the Sisters and Brothers Together Weight Loss Challenge.

If you're interested in starting a Sisters Together program in your community, you can listen to our [Sisters Together webinar](#) and download the [Sisters Together Program Guide and additional resources](#).

Small Steps Add Up

In the meantime, the approaching holiday season provides a great opportunity for nurses to reinforce the importance of healthy eating and regular physical activity among patients. Despite the many temptations to overindulge and put healthy habits on hold this time of year, you can encourage your patients to take small steps to watch what they eat and work some physical activity into their daily routines. Even small changes like swapping sugar-sweetened drinks for water or unsweetened tea, or taking a brisk walk at lunch or before dinner, can add up and make a difference.

The NIDDK has [information and tools](#) about weight management and related issues for health professionals and their patients. For more information and health tips, you can go to [NIDDK's home page](#) and search "[Healthy Moments](#)" to check out my weekly Healthy Moments radio broadcast. You also can follow us on [Facebook](#) and [Twitter](#).

Reference

¹ Obesity and African Americans. U.S. Department of Health and Human Services, Office of Minority Health website. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=25>. Updated August 25, 2017. Accessed September 20, 2017.

Keywords: Sisters Together, Sisters Together Program, community health program, community health initiative, weight-management program, obesity and black women, overweight and obesity, nutrition and physical activity program, overweight and obesity in black women, overweight and obesity program

Meta Description: Sisters Together: Move More, Eat Better is a national program to empower black women to improve their health through physical activity and healthy eating.

Teachable Moments from 2017's Natural Disasters

Ora Strickland, Ph.D., R.N., F.A.A.N.



Ora Strickland, Ph.D., R.N., F.A.A.N. is Dean of the Florida International University Nicole Wertheim College of Nursing & Health Sciences.

When Hurricane Irma brought a major natural disaster to our shores, healthcare providers here in Miami and across the state were overwhelmed with real emergency situations. One of the few silver linings from this crisis was the learning opportunity it created for nursing and medical students, including those at [Florida International University](#). These students helped hospital emergency teams meet demands thanks to FIU-FAST, a program that teams healthcare educators and students with health providers in times of great need.

In fact, for all of us involved in the healthcare and first responder communities, disaster situations like these recent hurricanes can, and should, be looked at as learning opportunities. Knowing that hurricanes, floods, tornadoes and other such disasters are inevitable, it makes sense to have in place community alliances that both help the community in times of need and provide valuable learning experiences to aspiring health professionals, first responders and others who will be called to action in future disaster situations. The FIU Florida Advanced Surgical Transport Team (FIU-FAST) program is one such alliance that helped South Florida residents after Hurricane Irma, and is now helping our community care for some of those displaced by Hurricane Maria. Here is how it worked.

The all-volunteer professionals who serve on FIU-FAST came together from several medical disciplines. Both student and faculty representatives from nurse practitioner and certified registered nurse anesthetist programs at the FIU Nicole Wertheim College of Nursing & Health Sciences worked side-by-side with FIU Herbert Wertheim College of Medicine physicians, as well as paramedics and others, beginning in the immediate aftermath of the storm.

The FIU-FAST was asked by the Florida Health Department to assist with the large influx of patients in the wake of Irma. The team arrived at a crucial time, particularly because many other options for medical care in the community were still shuttered or closed due to lack of power.

When the FIU student and faculty team of six physicians, six nurses, and a paramedic arrived at West Kendall Baptist Hospital on September 11, 92 patients were waiting in the ER. Less than 3 hours later, only 30 remained, thanks in part to the extra expertise.

FIU deployed an 18-member team, also consisting of students and faculty members to assist at Jackson South Community Hospital. Two nurse practitioners and 10 registered nurses worked alongside three paramedics, two physicians and one physician assistant to alleviate the patient backlog in the hospital's emergency room. An outpouring of support from graduate nursing students was also strong through the volunteer clinical service with the U.S. Public Health Service Commissioned Corps (USPHS).

The goal of these missions was to treat less complex medical issues and free the hospital staff to focus on patients with more acute and serious medical emergencies.

Teamwork during a natural disaster response is also an unparalleled opportunity for graduate nursing students to gain important career skills. The faculty at the Nicole Wertheim College of Nursing & Health Sciences reported that this level of exposure to medical needs in the wake of hurricane Irma provided students with invaluable insight. The graduate nursing students themselves reported a very positive experience from collaborating and working side-by-side with their instructors.

And now, in the wake of Hurricane Maria, FIU-FAST has also deployed faculty and students to help volunteer staff at FIU hurricane shelters, which are now serving as a haven for people from Puerto Rico and St. Thomas. Many of these storm evacuees presented with special needs that require around-the-clock medical assistance. Approximately 60 to 70 shelter occupants were dialysis patients, diabetics and amputees. Our nurse practitioner students and faculty assisted the exhausted shelter staff and provided excellent clinical care in this time of need.

Although it's difficult to predict when the FIU-FAST team will deploy to assist in the aftermath of the next major natural disaster, one thing is certain – they will be ready. As a community, we should begin thinking now about what other teachable moments can be gleaned from supporting our communities in times of great need, and put in place the alliances and processes needed to pool our respective human resources when the time comes.

One Size Does Not Fit All: New USPSTF Cervical Cancer Screening Recommendations Put Black Women's Lives at Risk

Christy M. Gamble

Originally Published in The Hill, 10/09/17

While we have made tremendous strides with the Affordable Care Act, Black women in the United States are dying from cervical cancer, also known as “the silent killer”, at more than two times the rate of White women. Moreover, Black women are more likely to be diagnosed at later stages with more aggressive forms of cervical cancer than any other racial group. This is why access to the HPV vaccine as well as effective, affordable screening is imperative in ensuring the early detection and treatment of cervical cancer in Black women.

But, it is apparent that the United States Preventive Services Task Force (USPSTF), a government entity tasked with “improving the health of all Americans by making evidence-based recommendations about clinical preventive screenings”, did not take this dire evidence into consideration when it released its most current draft recommendations on cervical cancer screening. USPSTF decided not to include co-testing—combining the HPV test and Pap test—as the preferred screening option in its recent recommendations although it is considered today’s standard of care.

By not including co-testing, women over the age of 30 would be limited to either a Pap test or an HPV test. This is a significant departure from established current clinical practice and could not only risk reversing nearly 75 years of advances against cervical cancer diagnoses and deaths, but also widen the racial disparity gap for cervical cancer. Even more troubling, the USPSTF made this recommendation based largely on evidence acquired from international studies that did not include a sufficient number of women of color.

Not only would these draft recommendations be dangerous for women’s health, if implemented they would also have serious implications for health insurance coverage, as health plans would no



Christy M. Gamble, JD, DrPH, MPH is the Director of Health Policy and Legislative Affairs at the Black Women’s Health Imperative and an Allies Reaching for Community Health Equity Public Voices fellow at The OpEd Project.

longer be required to cover co-testing because it did not receive an A or B grade. A disruption in coverage and the subsequent confusion would only result in even less women, particularly women of color, getting the lifesaving screenings they need.

Co-testing has helped to save millions of women’s lives in the United States over the past several decades. Several large domestic studies have found that co-testing identifies more cervical cancer and pre-cancerous lesions than either test alone. And a recent study in Cancer Cytopathology found that the use of an HPV-only test could miss a cancer diagnosis in 20 percent of women. The fact that the draft USPSTF recommendations didn’t consider the merits of co-testing is concerning for all women – especially women of color.

Screenings are a proven public health tool that can save lives. And in this case, cervical cancer screenings can detect the disease at an early stage, which can save Black women from the morbidity and mortality that occurs when screenings are delayed or skipped. And it is not as if all Black women choose to forgo or delay screenings; oftentimes, it is an inevitable decision due to cost and/or lack of health care coverage.

Policymakers must understand that health care outcomes differ greatly across the races (and genders). And in understanding these differences they must recognize that health care recommendations and guidelines must be based on the lived experiences of individuals from different communities. In order for these needs to be met, they must be based on evidence from clinical trials which are inclusive of all racial and ethnic backgrounds.

At a time when we are fighting for everyone to have the ability to fully exercise their right to quality, comprehensive health care, we must remember care is not universal nor comprehensive unless it takes into consideration the health care needs of the individual. And because we are not all the same, we can’t use a “one size fits all” approach to health care and coverage.

USPSTF must reinstate an A grade for co-testing and allow cervical cancer screening decisions to remain, first and foremost, between a woman and her physician. It is only then that we will start to see the disparity reduced and less Black women dying silently and unnecessarily from this disease.

Brain Health Matters to NBNA

Patricia C. Lane, MBA, BSN, SCRNP
Chair of NBNA
Brain Health Initiatives Committee



Patricia is currently the Administrative Director for Bon Secours Virginia Health System in Richmond Virginia.

Pat received her Bachelor's of Science in Biology from Virginia State University, Bachelors of

Nursing from George Mason University, and her Masters of Business Administration from Regis University.

Pat served on the Board of Directors for American Association of Neuroscience Nurses and the National Black Nurses Association.

Pat serves on the National Hypertension Expert Panel and locally and is on the Board of Directors for AHA in Richmond Virginia. She serves on the National Hospital Accreditation Board for AHA.

The secret of knowing how to preserve and improve brain health is to first know exactly what brain health is. The Society of Neuroscience defines brain health as the ability to remember, learn, plan, concentrate and maintain a clear active mind.

Did you know that 3 out of 5 persons are at risk for developing a brain disease like Alzheimer's disease, dementia, stroke and vascular disease? And did you know the brain begins to show cognitive decline starting as early as age 20?

Interest in the brain is higher than it has ever been and brain prevention awareness and research are on the rise. NBNA is dedicated to impacting the brain health of our members and communities across the United States and internationally by actively participating, collaborating and engaging our members in brain health awareness initiatives.

In 2012, NBNA's Board of Directors made a commitment to initiate a Brain Health Neuroscience Institute at the 45th annual meeting. This summer there were eight Brain Health Institute sessions discussing topics ranging from Neuro Assessment, Stroke, Epilepsy, Mental Health, Dementia, Depression; and, ended with ways to enhance brain health. Each session was packed with standing room only and participants had a numerous questions for the speakers.

The enthusiasm of the Brain Awareness Institute was so palpable that President Dr. Eric J. Williams officially implemented the NBNA Brain Health Awareness committee. The committee is represented by nurses across the membership specializing in Neuroscience, Geriatrics, Research, Rehab, Mental Health, Advance Practice Nursing, Dementia and Primary Care. The team is developing a robust calendar and tool kit on brain health to be shared with our membership over the coming months. The committee members are forming strategic partnerships with organizations like AARP, AHA,

AANN and Alzheimer's Association to develop tactics to empower people on maximizing personal brain health.

Our preliminary work with all organizations illustrates a resounding correlation between cardiovascular disease with preserving brain health or cognitive function. For example, when looking at lifestyle changes, the Mediterranean diet, avoiding smoking and an exercise regime are vital. Controlling lipid panel, hypertension and diabetes also serve as vital regime to heart and brain health. By far social engagement, meditation, stimulating the brain for new learning and mindfulness such as yoga serve as essential tactics to brain health awareness.

As an organization there are numerous milestones that can help us spread the message leading to Brain Awareness Week, March 8–12 including World Stroke Day, October 29th. Utilize World Stroke Day to challenge your neurons in new learning by visiting <http://www.worldstrokecampaign.org/> to learn how stroke affects the world and how it is the leading cause of death and disability in the world. Learn the 10 risk factors of stroke across the world and share what you did for World Stroke Day with the NBNA Brain Health Awareness Committee send submissions to akanurse89@yahoo.com.

The Importance of the Reverse Sequence Screening for Syphilis Treatment

Tavell L. Kindall, DNP, APRN, FNP-BC



Dr. Tavell L. Kindall is a board-certified family nurse practitioner currently employed by the Greater Ouachita Coalition Providing AIDS Resources and Education (GOCARE) in West Monroe, LA. He provides primary and specialty care to adults living with HIV/AIDS; and provides education, screening, and prevention resources to individuals in elevated risk populations.

Dr. Kindall completed the Doctor of Nursing Practice (DNP) degree

in 2015 at the University of South Alabama College of Nursing, and is a gubernatorial appointee representing advanced practice to the Louisiana State Board of Nursing. He serves as contract faculty with the South Central AIDS Education and Training Center (SCAETC) at the Louisiana State University Health Sciences Center (LSUHSC) School of Public Health. He recently completed and submitted the certification examination for the HIV Specialist (AAHIVS) designation credentialed through the American Academy of HIV Medicine. He holds memberships in many professional nursing organizations.

Syphilis continues to be a prevalent sexually transmitted infection. According to the Center for Disease Control and Prevention (CDC) 2016 data, men accounted for the majority of cases of syphilis. Men who have sex with men accounted for 52% of primary and secondary syphilis cases, men who have sex with men and women account for 6% of cases, men who have sex with women accounted for 14% of cases, and men in which the sex of the partner is unknown accounted for 17%. Additionally, a growing health concern is rising cases of congenital syphilis. Providers may be confused regarding the use of the reverse sequence screening protocol to treat syphilis. As a result, cases of latent syphilis may be missed, resulting in perinatal transmission.

Many providers continue to use the traditional approach. The non-treponemal RPR or VDRL is ordered first which would then reflex to a treponemal-specific test for confirmation. Several critical limitations exist. If the RPR or VDRL is nonreactive, many laboratories will not reflex to a treponemal-specific test. This could be an issue because the non-treponemal tests are not very accurate in detecting untreated syphilis over time and may become nonreactive during latent syphilis. The RPR and VDRL are very useful to monitor treatment effectiveness. The treponemal-specific confirmatory tests such as FTA-ABS, TP-PA, or EIA will always be reactive and therefore would be a better test to use to detect latent syphilis cases. The current recommendation is for providers and laboratories to use the reverse sequence screening algorithm.

It is important for providers to know what to do in cases where no physical symptoms of primary or secondary syphilis are present, a

non-treponemal test is nonreactive, and a treponemal-specific test is reactive. There are several scenarios to consider, and it is very critical for the provider to interview the patient. Ask the patient have they ever been treated for syphilis or has anyone told them they have syphilis. If the answer is yes, the provider should ask when and where was the treatment rendered, and consult their local health department for assistance in verifying treatment. If treatment records can be found, no further action is needed; however, if there is no record of treatment, the patient should be treated for latent syphilis. Of course if the answer is no, the patient should be treated for latent syphilis.

Treatment for latent syphilis is very crucial for women of childbearing age because congenital syphilis can result from maternal latent syphilis. Primary and secondary syphilis have physical findings. Primary, secondary, and early latent syphilis in adults is treated with a single injection of benzathine penicillin G 2.4 million units via intramuscular injection if the patient is not allergic to penicillin. Late latent syphilis or latent syphilis of unknown duration is treated with three total injections of benzathine penicillin G 2.4 million units, once weekly for three weeks. Doxycycline and tetracycline remain

the alternative agents for penicillin-allergic patients; however, they have not been well studied, particularly in people living with HIV.

In conclusion, providers should be aware of the reverse sequence screening algorithm to treat syphilis, particularly for the detection of untreated latent syphilis cases. Evidence-based guidelines are available to guide clinical decision making and treatment. Effective identification and treatment of latent syphilis may reduce disease progression, morbidity, and mortality.

References

Centers for Disease Control and Prevention (CDC) (2017). STD surveillance 2016- syphilis. Retrieved from <https://www.cdc.gov/std/syphilis/stats.htm>.

Centers for Disease Control and Prevention (CDC) (2015). Sexually transmitted diseases treatment guidelines. Retrieved from <https://www.cdc.gov/std/tg2015/syphilis.htm>.

Theel, E. & Binnicker, M. (2014). Reverse sequence screening for syphilis. The advantages and limitations compared with the traditional algorithm. American Association of Clinical Chemistry. Retrieved from [Reverse Sequence Screening for Syphilis - AACC.org](#).

Emotional Intelligence: A Soft Skills Development for Nurse Preceptors

Anthony F. Young, MSN, RN



Mr. Young has over a decade of working experience as a Registered Professional Nurse. His experiences

span an array of settings including direct patient care, clinical research, nursing leadership, nursing education, case management, and quality management. In addition, Mr. Young has served his community through participation as an editorial board member for the International Journal of Healthcare Policy and as an advisor on the Advisory Board of a community health center.

Working in healthcare is both demanding and stressful for both nurse preceptors and new graduate registered nurses (Clipper & Cherry, 2015; Kaihlanen, Lakanmaa, & Salminen, 2013). These groups need the skills and abilities to be able to function effectively in their respective roles. These skills are important for all nurses to possess, especially nurse preceptors since they are training the next generation of nurses. Their ability to survive in complex work environments depends on their emotional intelligence (EI) level (Baltimore, 2004; Codier & Codier, 2015). In a mixed method, pre/post-test design by Codier, Freitas, and Muneno (2013), study findings suggest that interventions in clinical settings help in the development of EI. The incorporation of EI training into a nurse preceptor development program will help in the EI development process for nurse preceptors.

The Mayer-Salovey Model of Emotional Intelligence conceptualizes the construct of emotional intelligence. In the branch version of the model, the basic abilities are the foundation and proceed to the more sophisticated abilities (Khalili, 2012; Mayer, Salovey, & Caruso, 2008). The original definition of emotional intelligence is “the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions” (Salovey & Mayer, 1990, p. 189). This model is an ability model of emotional intelligence, which means that cognitive abilities required in the processing of emotional information (Clarke, 2010). The cognitive abilities, according to the Mayer and Salovey definition of emotional intelligence; include perceiving emotions, using emotions to facilitate thinking,

understanding emotions, and managing emotions in oneself and others (Clarke, 2010). The four dimensions of emotional intelligence, according to the Mayer and Salovey Emotional Intelligence Model, outline a sequence of events that occur during an interaction with others (Clarke, 2010; Joseph & Newman, 2010). First, perception of one’s own and emotions of others takes place. The perception made based on stimuli in the internal and external environments of the individual (Joseph & Newman, 2010; Rozell & Scroggins, 2010). Second, use the perception of emotions to facilitate thought prior to a response. The cognitive processing of the emotions takes place during stimuli processing (Rozell & Scroggins, 2010). Third, the individual develops an understanding of the emotions. The meaning of the emotions put into perspective based on the ability to understand (Rozell & Scroggins, 2010). Finally, emotion management/ regulation takes place. The individual now responds to the stimuli based on perception and processing of stimuli (Joseph & Newman, 2010). The soft skill of emotional intelligence is important in the relationship between the nurse preceptor and the new graduate registered nurse.

Nurse preceptors are important to the successful transition of new graduate registered nurses into the workforce (Baltimore, 2004; Clipper & Cherry, 2015). The new graduate registered nurse needs the support of a well-trained and competent nurse preceptor (Kaihlanen, Lakanmaa, & Salminen, 2013; Patterson, Bayley, Burnell, & Rhoads, 2010). Providing the needed EI training to nurse preceptors will help in their development and performance with the new graduate registered nurse.

References

- Baltimore, J. J. (2004). The hospital clinical preceptor: Essential preparation for success. *The Journal of Continuing Education in Nursing*, 35(3), 133-140. Retrieved from <https://www.medicalcenter.virginia.edu/therapy-services/2%20-%20Baltimore%20-%20Prep%20success-1.pdf>
- Clarke, N. (2010). Emotional intelligence abilities and their relationships with team processes. *Team Performance Management*, 16(1/2), 6-32. doi:10.1108/13527591011028906
- Clipper, B., & Cherry, B. (2015). From transition shock to competent practice: Developing preceptors to support new nurse transition. *The Journal of Continuing Education in Nursing*, 46(10), 448-454. doi:10.3928/00220124-20150918-02.
- Codier, E., & Codier, D. (2015). Do emergency room nurse have enough emotional intelligence? *Emergency Nurse*, 23(3), 26-29. doi:10.7748/en.23.3.26.e1388
- Codier, E., Freitas, B., & Muneno, L. (2013). Developing emotional intelligence ability in oncology nurses: A clinical rounds approach. *Oncology Nursing Forum*, 40(1), 22-29. doi:10.1188/13.onf.22-29
- Joseph, D. L., & Newman, D. A. (2010). Emotional intelligence: An integrative meta-analysis and cascading model. *Journal of Applied Psychology*, 95(1), 54-78. doi:10.1037/a0017286
- Kaihlanen, A. M., Lakanmaa, R. L., & Salminen, L. (2013). The transition from nursing student to registered nurse: The mentor's possibilities to act as a supporter. *Nurse Education in Practice*, 13, 418-422. doi:10.1016/j.nepr.2013.01.001.
- Khalili, A. (2012). The role of emotional intelligence in the workplace: A literature review. *International Journal of Management*, 29(3), 355-370. Retrieved from <https://www.questia.com/library/p61983/international-journal-of-management/i3103836/vol-29-no-3-september>
- Mayer, J. D., Salovey, P., & Caruso, D. R. (2008). Emotional intelligence: New ability or eclectic traits? *American Psychologist*, 63(6), 503-517. doi:10.1037/0003-066X.63.6.503
- Patterson, B., Bayley, E. W., Burnell, K., & Rhoads, J. (2010). Orientation to emergency nursing: Perceptions of new graduate nurses. *Journal of Emergency Nursing*, 36(3), 203-211. doi:10.1016/j.jen.2009.07.006.
- Rozell, E. J., & Scroggins, W. A. (2010). How much is too much? The role of emotional intelligence in self-managed work team satisfaction and group processes. *Team Performance Management*, 16(1/2), 33-49. doi:10.1108/13527591011028915
- Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition, and Personality*, 9, 185-211. Retrieved from <https://us.sagepub.com/en-us/nam/imagination-cognition-and-personality/journal202395>

Thirteen Critical Lessons Learned During A Nursing Program Accreditation Process

Stella O. Akpuaka, DNP, RN, MSc.HCA, FNP-BC
Andrea Doctor, RN, PhD (ABD), MSN, CCRN, CCRC

The main objective for accreditation of nursing schools is for the general public to identify the schools as having upheld a certain quality of education. There is a feeling that attending an accredited nursing program make the graduate feels competitive in search of employment because of the general belief that most employees will prefer graduates from an accredited nursing program. Additionally, most nursing education programs will desire that they admit students that previously graduated from an accredited nursing program. At the time of our experience, there were only two accrediting organizations; ACEN (The Accreditation Commission for Education in Nursing) which accredits master's, baccalaureate, associate's and diploma nursing education programs and Licensed Practical Nursing (LPNs) and the Commission on Collegiate Nursing Education (CCNE) which only accredits programs that offer baccalaureate and master's nursing degrees. Presently, the National League of Nursing Commission for Nursing Education Accreditation (NLN CNEA) has been added to the previous two accrediting bodies. It is important to note that some nursing schools operate fully with only approval from their state board of nursing and has no national accreditation from any of the named accrediting bodies. Whether a nursing school is accredited by a national organization or by their state's board of nursing, almost every nursing education unit functions with an established standard aimed at providing a quality education to students and preparing them to be eligible to challenge and pass the NCLEX-RN examination at first attempt.

Our nursing education unit is a 2-year AASN program. We underwent re-accreditation in 2012 and was given 2 years to meet compliance with standards 2, 4, & 6. In 2016, we lost accreditation because we were found to be in noncompliance with standards 2 & 6. This was an excruciatingly painful experience because we worked day and night (meeting every Monday) including working all summer to meet the expected accreditation requirements. Having undergone this process, we learned the following lessons:

Lesson # 1: Strong Nursing Leadership that has Currency and strong organizational skills

The Director of Nursing (DON) should have a wealth of knowledge about the accreditation process and be able to provide the nursing faculty members with a clear understanding of the accreditation standards. From the beginning, it is important that the DON develops a well-organized strategic plan that outlines the stages of the accreditation process and communicates the plan to all key stakeholders such as the students, faculty, university officials, and community as a whole. Each nursing education program, therefore, requires a strong leader with very meticulous organizational skills. By organization skill, we mean the ability to have the programs comprehensive assessment and evaluation documents, and data bank in a well-organized format. All documents about the nursing program must and should be readily available to all staff and the accrediting visitors. When it's hard to locate where documents or information is banked or stored, it will have an adverse impact on the overall management and outcome of the accreditation visit of the nursing education unit.

Lesson # 2: Strong need for University Administrative support

The nursing program is a significant part of the overall institution. Nursing students are also serviced by the university administration (financial aid, library, student services, human resources, etc.) Therefore, in telling the story of the nursing program, we felt that the university should make available staff from each of the departments that service nursing students to be among the team led by the nursing faculty. We received other strong administrative support that included nursing faculty members' attendance of various accreditation workshops sponsored by the accreditation agency. Faculty development support and funding was essential in helping us cultivate our roles in the accreditation process.

Lesson # 3: Establishment of standardized assessment method

It is important that all teaching learning activities within the nursing program have established methods of evaluation. It is also critical to understand the difference between assessment methods and evaluation methods. These two concepts constantly needed to be addressed throughout our nursing program accreditation process.



Stella O. Akpuaka, DNP, MS, MSc.HCA, FNP-BC is a board-certified family nurse practitioner; a tenured associate professor and the curriculum chairperson in the Division of Nursing, Allied Health, Life and Physical Sciences at the University of the District of Columbia Community College. Her research interest includes focus on male nursing students, prostate cancer, and HIV prevention, & early screening. Contact: sakpuaka@udc.edu



Andrea Doctor, MSN, RN, CCRN, CCRC was born and raised in Florida. She is an Associate Professor in the Division of Allied Health, Life and Physical Sciences at the University of the District of Columbia Community College. She received her Master Degree and Bachelor Degree from Chamberlain College and Associate Degree from the University of the District of Columbia. She is currently working on her Doctoral Nursing Philosophy in Nursing at the Catholic University of America. She has over 20 years in nursing.

Having a clear understanding of these two words can save you a whole lot of headaches. The faculty as a whole needs to choose assessment methods that evaluate all learning domains (Billings & Halstead, 2016). For instance, we opted to use simulation as an assessment method in the psychomotor domain for each nursing course. All nursing faculty must use the same grading rubrics, same grading scale, etc. The uniformity of assessment plan will yield better data on evaluation of end-of-program student learning outcomes and program outcomes.

Lesson # 4: Critical need for Nursing Department data banking - Garbage In Garbage Out (GIGA)

Data banking is imperative for a successful self-study. Each nursing program has a unique story even as they are all following the same national standard of teaching and learning. It is important to establish a way to collect data in a systematic way. It is equally important to know what data is needed, where to find the data, who is responsible for gathering and reporting specific data. The quality of data input determines the quality of output (analyzed data). If you collect and report incorrect data, (garbage in), you will yield incorrect results (garbage out). The accuracy of data is critical to a successful accreditation process (Rose & Fischer, 2011.). If all the nursing education unit activities are not well documented and banked, the program self-study will not meet the standard expected. If activities are done but not well documented, like the old saying goes: *If it is not documented, it is not done.* We learned

to create a step by step data collection operational manual of how to collect data for each standard. The operational manual is now placed on our nursing shared drive, so it can be available to faculty at any time.

Lesson # 5: Attend the Self-Study forum at least a year before your scheduled visit

It will be to a great benefit if all the nursing faculty attend the accreditation body self-study forum. The self-study forum provided excellent guidance on the accreditation standards and was vital to faculty understanding how to prepare the study report.

Lesson # 6: Hands on Faculty Development on Self-study

In addition to faculty attending the self-study forum offered by NLN and ACEN, the faculty that will write the self-study should be given a direct learning practice experience especially if the faculty has never written a self-study or they are new faculty.

Lesson # 7: Do not be afraid of frequent consultation with your state's board of nursing education staff

The states boards of nursing are a wonderful resource to nursing education programs. Our nursing program is so blessed to be next door to our state board of nursing. We had continuous communication and visits from the board staff who were willing to provide us constant guidance.

Lesson # 8: Open Communication between Nursing Administration, all members of the faculty and staff with full transparency

Communication is always a crucial tool in all aspects of professional and personal interaction. Open communication among faculty and administration regarding the nursing program status, activities progress, needs, faculty feelings, and expectation is vital. However, there were several critical times when faculty had a major disagreement due to lack of knowledge about the accreditation process and fear of possible failure.

Lesson # 9: Focused Nursing consultant that meets the specific nursing program needs and understands the program

If your nursing education and institution need to and can afford it, please take full advantage of a nursing consultant. It is important to consult with someone that will understand your program demographics. Our nursing program had the benefit of several professional nursing consultants.

Lesson # 10: Quality and Ample time release for faculty to focus on self-study assignment

The self-study should be strictly written by the nursing faculty. Our program is a small unit, and therefore, each faculty still was assigned a full-time teaching workload in addition to writing the self-study. It is our recommendation that faculty is provided adequate and ample time to focus on the self-study to have a positive outcome.

Lesson # 11: Assigned nursing department secretarial and editorial support services

Writing the self-study is a meticulous and tedious activity that requires effective documentation and filing of information. Our faculty was each assigned a specific standard to write, and when the final document was put together, one can tell that it was written by different people. It is, therefore, our strong suggestion that the nursing education unit has a professional editor or an English department faculty to edit the self-study report.

Lesson # 12: Reaching out to Accrediting bodies without fear of concerns, questions, and expectation

Our faculty had the false impression of the accreditation body as a “demigod” that you were forbidden to ask any questions to.

This was a myth that emanates the impression that reaching out to the accreditation body with a question will make faculty and the program appear weak and inadequate. We learned that this is not the case. Consulting your accreditation body does not make the nursing program and faculty appear unknowledgeable of the accreditation process. Nursing programs can reach out to the accrediting body through their DON with questions and receive answers (Dr. N. Ard-ACEN, personal communication, March 18, 2017). This was an important lesson learned.

Lesson # 13: Faculty should not be afraid to report any unprofessional behavior observed during a site visit

It is important that all faculty members be aware that the accreditation visitors are our peers; nothing more, nothing less, and we should respect them as well as them respecting us (Sameron, 2013). Accreditation visit is the time to showcase your nursing program accomplishments. Each nursing program is unique and should be treated as such. The site visitors mainly conduct accreditation visit to, “verify, clarify, amplify and NOT terrify” the nursing program (Dr. M. Stoll-ACEN, personal communication, March 18, 2017). Nursing faculty should not fear an accreditation site visitor. The site visitor’s duty is to report that the information and data in the self-study report are correct. They are not visiting to tell you what is wrong with your nursing program or that your teaching, assessment, and evaluation methods are inadequate. Any other unacceptable inquiry should be brought to the attention of your institution administration.

References:

Billings, D. M., & Halstead, J.A. (2016). *Teaching in nursing: A guide for faculty*. St. Louis, Mo: Elsevier.

Dunn, J. (2015). Why Accredited CNE?. *Nebraska Nurse*, 48(4),7.

Rose, L. T., & Fischer, K. W. (2011). Garbage In, Garbage Out: Having Useful Data Is Everything. *Measurement*, 9(4), 222-226

Sameron, L.L. (2013). NLNAC Program Evaluation Process: Giving and Receiving. *Oklahoma Nurse*, 58(2), 6.

An Opportunity for More Choice and Competition: Growing Medicare Advantage

As you all know, The National Black Nurses Association's mission is to serve as the voice for black nurses and diverse populations ensuring equal access to professional development, promoting educational opportunities and improving health." There are many exciting avenues and opportunities ahead of us in the medical field to advance programs that are especially aligned with our mission. One particularly exciting opportunity is to support and strengthen the Medicare Advantage (MA) program. MA programs are an alternative to traditional Medicare that integrates medical, dental, and prescription drug coverage into one. MA provides additional benefits such as out-of-pocket cost maximums which are not available anywhere else in the Medicare program. Today, MA provides high-quality, affordable health care coverage for over 19 million Medicare beneficiaries, and 30% of today's African American seniors choose MA to enroll in.

MA is popular with beneficiaries in Medicare because, unlike traditional Fee-For-Service Medicare, MA enables disease management programs and care coordination services that can be customized to fit the individual's distinctive needs. This feature of MA is its cornerstone characteristic and enables beneficiaries' unique clinical, behavioral, and socioeconomic makeup is adjusted. The flexibility of MA offers minority beneficiaries better quality care, better management of chronic conditions, additional benefits, and more affordability than traditional Medicare.

These benefits are especially important to African American men. 44% of African American men have hypertension¹ compared to 34% of White American men who have the chronic condition². Additionally, according to the Centers for Disease Control, African American men are over 2.5 times more likely to develop end stage

renal disease related to diabetes than White American men³. MA is an important tool to reign and to control both chronic conditions. A recent study from the University of Michigan found that MA plans were largely able to eliminate racial disparities for risk-control for hypertension, cardiovascular diseases, and diabetes as a result of their disease management programs⁴. In fact, that study's authors noted that the diseased management programs focused on developing targeted interventions to improve care and outcomes, and that the overall results led to a 62% reduction in serious heart attacks and a 42% decline in stroke mortality.

Additionally, in MA there is an increased focus on prevention and disease management through a wide range of proven activities to help beneficiaries become more likely to receive preventive and primary care services. We think we all can agree that men could use a little help with prevention and primary care services, right?

While MA enrollment has grown at about 8 – 10% annually since 2010, there is an opportunity before us today to grow and to strengthen the MA program even further. The most important single step that can be taken to increase knowledge about MA, and the opportunities that it provides to African American men in particular, is simply that of education. The U.S. Department of Health and Human Services (HHS) today has the authority to implement solutions that would strengthen the program and accelerate enrollment by supporting beneficiary education. This can be accomplished by creating a greater understanding of MA through a sustained, national HHS-led education campaign providing beneficiaries with information about the value of MA. If taken, this action will inform critical communities of beneficiaries of the simpler, integrated, high-value care the MA program delivers.

It is worth noting that HHS was successful in enrolling seniors in Part D in the first years of the new drug benefit because there was a dedicated effort focused on educating seniors about the Part D and making enrollment as easy as possible. A similar approach to MA would empower African American men and women who are eligible for Medicare to make informed decisions about their health care through enhanced awareness of the value, affordability, and availability of MA.

That's why the National Black Nurse's Association is proud to have partnered with the Better Medicare Alliance (BMA), which is a community of experts and advocates leading the way forward on health care, driven by the common goal to support Medicare Advantage. With BMA's over 90 allied organizations, we are asking HHS to kick-start a nationwide education campaign focused on MA. African American seniors, both men and women, deserve to know that they have access to the benefits, individualized care, and the quality that MA can provide.

¹Centers for Disease Control and Prevention; https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_aa.htm.

²Centers for Disease Control and Prevention; <https://www.cdc.gov/bloodpressure/facts.htm>

³Centers for Disease Control and Prevention; https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf

⁴University of Michigan; <http://www.nejm.org/doi/full/10.1056/NEJMsa1407273#t=articleBackground> http://www.npr.org/sections/health-shots/2014/12/17/371410622/managed-care-plans-make-progress-in-erasing-racial-disparities?utm_medium=RSS&utm_campaign=health

SRT-100, Game Changer for Keloid Treatment

Michael H. Gold, MD

Gold Skin Care Center, The Laser and Rejuvenation Center,
Nashville, TN



Dr. Michael H. Gold is a board-certified dermatologist and cosmetic surgeon and the founder of Gold Skin Care Center, Advanced Aesthetics Medical Spa, The Laser & Rejuvenation Center, and Tennessee Clinical Research Center located in Nashville, Tennessee.

Treating keloids is very frustrating, not only for the patient suffering from them, but also for the health care provider. A recurrence is fairly common in most therapies. There are many different options for treating keloids and many suggest that they have the magic formula for making keloids disappear. I have been involved in scar and keloid research for almost 30 years and have found that many of the so-called wonder cures for keloids are just here one day and gone the next. What I want to share with you may be the best thing that has happened to keloid therapy in a very long time.

Most dermatologists know that using intralesional (IL) steroids is one of the mainstays of keloid management. Steroids help shrink the lesions over time. We also know that IL steroids can be painful and if not done correctly, it can induce skin atrophy, broken blood vessels, and leave the skin looking abnormal. We also know that the use of topical silicones gels and sheets work well for hypertrophic, or raised scars, but most of the time they do little on their own. This means we need other therapies to make keloids better. We need to reduce the risk of recurrence, which in many cases mean bigger and more painful lesions.

Surgery has been used for years. The recurrence rate for surgery alone is high. It lowers when IL steroids are done after the procedure, but that recurrence number is still not acceptable.

Radiation therapy has also been used and alone, the recurrence rates still remains too high for one to use this modality alone. So what can we do?

Sensus, the leaders in Superficial Radiation Therapy, also known as SRT, recently developed the Sensus SRT 100. A superficial radiation device that has been approved by the US FDA for the treatment of keloids. Clinical studies have shown that if you perform a surgical procedure, to remove the keloid then use the Sensus SRT for three consecutive days after the surgical procedure (fractionating the radiation dose over three days), we can take the recurrence rate from the 60-70% range down to under 10%. It can possibly be even closer to less than 1-2% at one year, which is truly remarkable.

Our office treats lots of keloids and we are so excited to be able to offer to our patients the Sensus SRT procedure for the treatment of keloids. It has changed my mindset, for these were always the patients I knew I had nothing for therapy wise. Now when I see a patient with a keloid –especially those that are large and itchy and painful. I know I can work with my plastic surgical colleagues to remove the keloid and then perform SRT on three consecutive



Before



1 Month Post SRT



2 Months Post SRT

days. I know the patient is going to have a great result with a minimal chance of the keloid recurring.

The Sensus SRT has changed my approach to treating keloids. The patient in the picture is an example of someone that has horrific keloids and in the past. I had no clue what would work to make them go away. IL steroids would not work and surgery or radiation alone would mean a high chance of recurrence and more concerns,

so this patient was stuck. We used surgery and three fractional SRT treatments, almost 6 months after the procedure he still remains keloid free. I suspect he will not have a recurrence at this point out, in fact, he is so excited that he plans on having even more of his keloids removed in the near future.

The Sensus SRT is a game changer for us and should become standard therapy for all keloids at this time.



Chapters in Service

NORTHERN NEW JERSEY BLACK NURSES ASSOCIATION



Amore Tu and NBNA Board Member Thomas Hill at the Northern New Jersey BNA 25th Anniversary Scholarship Gala.

SAN DIEGO BLACK NURSES ASSOCIATION



San Diego Black Nurses Association celebrates National Nurse Practitioner Week by wearing blue ribbons. #blueribbonweek #NPWeek

Chapters in Service

BIRMINGHAM AND MOBILE BLACK NURSES ASSOCIATIONS

–ALABAMA STATE NURSES ASSOCIATION AWARDS BANQUET–

Cindajo Overton Outstanding Nurse Educator

This award is awarded to an outstanding nurse educator, defined as a person who demonstrates excellence in the academic setting by expanding the knowledge of students and the profession through teaching, scholarship, and service.

Dr. Jennifer Coleman



- Professor - Samford University
- Scholarly activities – grantsmanship, presentations, publications, and book chapters
- Visits St. Jude Children's Hospital every summer with students
- Mentorship Program Coordinator – Birmingham Black Nurses Association
- Reviewer – Virginia Henderson International Library Research Repository

Health Policy Award

This award is awarded to an outstanding legislator or active organizational member that promotes health policy in the state of Alabama.

Dr. Kathleen Ladner



- Adjunct Associate Professor – UAB
- 35+ years in leadership roles
- Fellow in the American College of Healthcare Executives
- Co-lead of application process for Alabama Health Action Coalition (AL-HAC) for a total grant awarding of \$300,000.
- Co-lead for planning of Alabama Health Summit
- Member of Health Literacy Partnership of Alabama

Chapters in Service

BIRMINGHAM AND MOBILE BLACK NURSES ASSOCIATIONS (cont.)

—ALABAMA STATE NURSES ASSOCIATION AWARDS BANQUET—

Lillian B. Smith Award

This award is awarded to an outstanding ASNA member, defined as a person who serves above and beyond in regards to active years of service in district and state ASNA, professional, and community activities.

Dr. Bobbie Holt-Ragler



- District 4 Member
- Past District 4 and state ASNA Treasurer
- ANA and ASNA Delegate
- Agency on Aging, BOD for Penelope House, USA Center of Excellence for Healthy Communities, American Cancer Society, American Heart Association, Gulf Coast Early Childhood Developmental Health Advisory Committee, BOD for People United to Advance the Dream
- "May the work and service I have done speak for me."

Lillian Holland Harvey Award

To be awarded to a member who has made significant contributions in one or more of the following areas: fostering transcultural relations, promoting advancement of minority groups, and upgrading health care services to those who are culturally and economically under-served.

Deborah Andrews



- Co-Chair ASNA Convention Committee 2017
- Past President and current Treasurer of Birmingham Black Nurses Association
- BOD and Global Health Committee of National Black Nurses Association
- Supporter of Haiti Nursing Foundation
- Established Mentor

Chapters in Service

BIRMINGHAM AND MOBILE BLACK NURSES ASSOCIATIONS (cont.)

–ALABAMA STATE NURSES ASSOCIATION AWARDS BANQUET–

Outstanding Advocate of the Year Award

To be awarded to an individual who actively supports ASNA and is directly involved in promoting nursing and healthcare issues in the state of Alabama

Gladys Amerson



- ASNA District 3, Co-Chair Convention Committee, Nurses Day attendee
- BOD and Webmaster for Birmingham Black Nurses Association
- Birmingham Heart Walk, Susan G. Komen Race for the Cure, National Violence Reduction Initiative, Brenda's Brown Bosom Buddies Community Forum, Walk to Remember Alzheimer's, multiple Health and Wellness Community Outreach events
- Author of children's biblical book

Outstanding New Member Award

To be awarded to an ASNA member who has been active for less than two years and has contributed significantly to ASNA on the local, state, and national level.

Deborah Thedford-Zimmerman



- ASNA District 3
- Co-Chair of Convention Committee, Delegate, Nurses Day attendee
- President-elect and Bylaws Chair - Birmingham Black Nurses Association
- Coordinator of Brain Awareness Month, Heart Health, & Sickle Cell events in community and church

Chapters in Service

BLACK NURSES ASSOCIATION OF GREATER ST. LOUIS



Black Nurses Association of Greater St. Louis Scholarship Luncheon on October 21, 2017. Dr. Eric J. Williams, NBNA President (far right) was the keynote speaker. Quita Stephens (middle) is the Chapter President.



Quita Stephens, St. Louis Chapter President, Lyda Krewson, Mayor, St. Louis and NBNA President Dr. Eric J. Williams



Dianne Mance, NBNA Conference Services Manager, Dr. Eric J. Williams, NBNA President and Dr. Millicent Gorham, NBNA Executive Director



Dr. Eric J. Williams, NBNA President, makes the keynote address.



Lyda Krewson, Mayor, City of St. Louis brings greetings at the BNA of Greater St. Louis Scholarship Luncheon

Chapters in Service

BLACK NURSES ASSOCIATION OF GREATER ST. LOUIS (cont.)



St. Louis Chapter Member, Dr. Robyn Drake made a presentation in support of Violence Prevention Week, October 15-23, 2017.



Program Chair Crystal Bailey and Scholarships & Awards Chair Dr. Wilma Calvert presenting Dr. Eric J. Williams with his Appreciation Award.



Membership Chair Mia Glover and Dr. Robyn Drake make awards presentations



St. Louis Mayor Lyda Krewson and Mia Glover

Chapters in Service

COLUMBUS GEORGIA METRO BLACK NURSES ASSOCIATION (CGMBNA)

Members of CGMBNA remain active in the tri-city area and participated in a variety of health fairs, educational offerings and domestic violence events over the last few months. Agnes Shelton (Treasurer) continues to provide monthly blood pressure, blood glucose screenings and education at St. Mary's Woods, a senior retirement community. On September 23rd, members participated in the Al Faruk Court Diabetes Health Fair where they provided blood glucose and depression screenings. On October 15th, Eileen Albritton helped coordinate a cancer awareness event at Spirit, Truth and Liberty Ministries where members were provided educational materials, a cancer survivor spoke about her journey and videos highlighting the impact of breast cancer on African American women and recommendations for cancer screenings were shared. Throughout the month of October, members Flo Miller (Vice President) and Agnes Shelton (Treasurer) participated in weekly Domestic Violence events held by the Domestic Violence Roundtable (DVR) to include the presentation of a proclamation from the Columbus Consolidated Government at a City Council Meeting October 3rd; a Candlelight Vigil and Walk in

observance of Domestic Violence Awareness Month on October 10th; a Domestic Violence Lunch & Learn on October 17th and a Teen Dating Violence workshop on October 24th. CGMBNA also partnered with Delta Sigma Theta Sorority Columbus Alumnae Chapter's Physical & Mental Health Social Action Committee to sponsor a small group workshop for teens and pre-teens on October 19th entitled Chosen – Domestic Minor Sex Trafficking at a local Boys & Girls Club. Fourteen students between the age of 12 to 16 participated in the workshop. A follow-up event has been requested for more discussion and to answer additional questions from the students. CGMBNA also provided 300 packets of tissues with the chapter's information on it to help stuff bags that were distributed in recognition of Domestic Violence Awareness month by Gwen McIntosh (President), Flo Miller and Agnes Shelton along with other DVR representatives on October 31st in a high-risk community. Members are also actively planning for their Annual Red Dress Ball which will be held November 11th. This event features live entertainment and is a major fundraiser for the chapter with a focus on heart health.



CGMBNA President Gwen McIntosh (2nd from left), Treasurer Agnes Shelton (7th from left) and Vice President Flo Miller (8th from left) at Oct 31st DVR's Awareness Event Along with other DVR volunteers.

Chapters in Service

GREATER EAST TEXAS BLACK NURSES ASSOCIATION

Sunday, October 8, 2017, The Greater East Texas BNA held their Annual Scholarship Luncheon. The theme was Honoring Community Leaders; Promoting Nursing Scholarship. Fort Bend County BNA joined in the celebration. Standing are both chapters, The Greater East Texas BNA and Fort Bend County BNA.



Seated from left, NBNA Lifetime Member Linda Isabella, Fort Bend County BNA President Marilyn Johnson, Greater East Texas BNA President Melody Hopkins, NBNA 1st Vice President Lola Denise Jefferson, and NBNA Lifetime Member Linda Hartsfield Dr. Eric Williams is the President of the National Black Nurses Association.



Fort Bend County BNA President Marilyn Johnson, NBNA 1st Vice President Lola Denise Jefferson, and Greater East Texas BNA President Melody Hopkins after the successful Scholarship Luncheon.

Chapters in Service

SOUTH EASTERN PENNSYLVANIA BLACK NURSES ASSOCIATION



Monica Harmon and Pamela Mack-Brooks presented at the American Public Health Association Annual Conference on November 6, 2017. The information was well received and connections were made. The ladies had an opportunity to meet former Surgeon General David Satcher. Monica Harmon, MSN, MPH, RN and Pamela Mack-Brooks, MSN, NEA-BC at the APHA Conference.



Monica Harmon at the American Association of Colleges of Nursing Faculty Development and Baccalaureate Education Conference on November 16, 2017. Monica Harmon at Faculty Development and Baccalaureate Education Conference.



Monica Harmon, MSN, MPH, RN and Pamela Mack-Brooks, MSN, NEA-BC at the APHA Conference. Monica Harmon, former Surgeon General David Satcher and Pamela Mack-Brooks.



SEBABNA in partnership with Penn Medicine at Destination Paradise: How to Reclaim Your Heart Health and Wellness Fair at Masjidullah on October 28, 2017. Monica Harmon and Pamela Mack-Brooks were present for the event. (left to right) Monica Harmon, MSN, MPH, RN and Pamela Mack-Brooks, MSN, NEA-BC.

Chapters in Service

SOUTH EASTERN PENNSYLVANIA BLACK NURSES ASSOCIATION (cont.)

Patricia Slayton-Gregory, MSN, RN joined the Town Meeting call with Congressman Dwight Evans on November 14, 2017. Mr. Evans is a member of the Agriculture Committee and is working on “food insecurity”. He has visited other states to find out what they are doing in an effort to push for vocational schools. She was able to ask him about poverty in Philadelphia. “Small Business” funding is another initiative as well as, increasing funding for “public housing”. A letter was directed to the Pa. Attorney General to revisit gun control.

Monica Harmon, MSN, MPH, RN co-authored the article “The Global Health Nursing Imperative: Using Competency-Based Analysis to Strengthen Accountability for Population Focused Practice, Education and Research” in the Annals of Global Health (<http://dx.doi.org/10.1016/j.aogh.2017.05.006>). The article is very impressive. Congratulations Monica!



Our members Monalisa Henry and Tina Supplee provided a presentation to the Mya School students for Violence Prevention Week on October 20, 2017. (left to right) MonaLisa Henry, MYA students, and Christine Supplee.



Monica Harmon, MSN, MPH, RN with the Alliance of Nurses for Healthy Environments advocating for climate health on November 6, 2017. Monica advocating for climate health!

NBNA Board Members in Service

GIVING PREEMIES

The Best Chance to Grow Strong Together.



Carolyn TenEyck (Prolacta) (far left), Dr. Millicent Gorham, NBNA Executive Director, Dr. Martha Dawson, NBNA Historian, and Scott Elster, Prolacta CEO (far right) at the Prolacta Prematurity Awareness Month Tour and Education Day.

NBNA Board Members in Service



NBNA Executive Director Dr. Millicent Gorham and NBNA Historian Dr. Martha Dawson present Human Donor Milk Resolution to Prolacta CEO Scott Elster.



VITAS CEO Nick Westfall, NBNA Treasurer Trilby Barnes-Green, Diane Deese, VP of Community Affairs, NBNA Board Members Dr. Sheldon Fields and Dr. Martha Dawson and VITAS President David Wester accepting the NBNA End-of-Life Resolution.



Each member of the VITAS leadership team received a "Key to the NBNA New Orleans Chapter." The engraving said, "Action is the foundational key to all success."



NBNA Treasurer Trilby Barnes-Green, VITAS CEO Nick Westfall, Board Member Dr. Sheldon Fields, NBNA Board Member Dr. Martha Dawson presenting the NBNA End-of-Life Resolution to VITAS Healthcare.

Members on the Move

Central Carolina Black Nurses Council



July 31 – August 4
NBNA Convention, Las Vegas, Nevada. Seven members from CCBNC attended the conference - **Helen Horton, Willie Gilchrist-Stanfield, Bertha**

Williams, Betty Borden, Lily Richardson and new member Wanda Waiters.

Helen Horton and Willie Gilchrist-Stanfield served as delegates for voting events.



August/September
Connie Kelley-Sidberry and Helen Horton served on the planning committee for Pleasant Grove Church Alzheimer's Summit with other community

organizations. The event will take place on September 23, 2017

August 26, 2017

Helen Horton & Connie Levister volunteered at the Popular Springs Health Fair – CCBNC provided health education on Cardiovascular Disease using the Jeopardy game and distributed health information.



September 6, 2017
Connie Levister & Connie-Kelley-Sidberry represented CCBNC at NCCU School of Nursing's first Resource and Organization Fair – members provided information to students, faculty and others about CCBNC.

September 12, 2017

Helen Horton is a member of St Augustine University planning committee to provide community-wide summit on Health Disparities in Wake County. The event is planned for December 2, 2017.

September 23, 2017

CCBNC members, **Connie Kelley-Sidberry, Gracie Gaskins, and Erma Smith-King** attended the Alzheimer's Summit sponsored by the Pleasant Grove Church in Cary, NC. The summit had national speakers to discuss diverse topics related to Alzheimer's, Dementia, caring for the caregiver and available resources. Numerous vendors were also available to showcase available resources.

Connie Kelley-Sidberry and Helen Horton served on the planning committee for the summit.

June – August 2017

Barbareta McGill was actively involved in the following activities during the summer

1. Promoted No Menthol Sunday - dangers of menthol cigarettes and smoking in general presentation:
2. Sabbath Rest: Commandment to Opportunity for Blessing;
3. Prepared and provided two health newsletters for the Western District, Western NC Conference of the A.M.E. Church - health issues
 - a. summer safety
 - b. hydration
 - c. health screenings
 - d. know your numbers



September 30 & October 1, 2017
Betty Borden, Edena Thomas, Gloria Anderson and Tiffany McMillian

volunteered to assist with the Men's Health Initiative which included prostate screening at Lincoln Community Health Center and the Duke Croasdaile Clinic.

They participated in blood pressure and blood glucose screening as well as assisted with the check-out process.

Members on the Move

Walter Perez, MSN, APRN has been a member of the Council of Black Nurses of Los Angeles since he was a student nurse. Last year he was honored as an Under 40 Future Leaders award at the NBNA conference. He is nurse practitioner for Los Angeles County in the urgent care and former emergency nursing nurse. He helped contribute to the Emergency Nursing Core Curriculum by Emergency Nurses Association chapter on endocrine emergencies that was published this fall.



Walter Perez, MSN, APRN

Immediate Past President, Rev. Dr. Deidre Walton was the speaker for the Greater Phoenix Area Black Nurses Association's Annual Scholarship Luncheon. She was a panelist for the Black Medical Students Association at their 4th Annual HealthCare Panel. The event was held on the Tempe Campus of Arizona State University. Dr. Walton was a presenter for the Banner Population Health Management Educational Event, speaking on the Multigenerational Workforce: A New Diversity. Deidre Walton, JD, MSN, RN was a contributing author for 21st Century Leadership published by Oncology Nursing Society 2017. Chapter 21: Professional Nursing Association Membership and Board Leadership.

Scharmaine L. Baker, FNP, FAANP, FAAN, is the new Chief Medical Officer at Common Ground Health Clinics, New Orleans, LA.

NBNA To Charter New Chapters

TARRANT COUNTY BLACK NURSES ASSOCIATION

On October 14, 2017, Tarrant County Black Nurses Association (TCBNA) was founded by Andrea Clack. NBNA 1st Vice President Lola Denise Jefferson was the organizer and advisor for TCBNA. An inaugural meeting and a two hour continuing education on Jurisprudence was convened.



NBNA members attending the Tarrant County BNA conference. Fort Bend County BNA President Marilyn Johnson, Metroplex BNA (Dallas) President Dr. Karla Smith-Lucas, Tarrant County BNA President Andrea Clack, NBNA Secretary Kendrick Clack, and NBNA 1st Vice President Lola Denise Jefferson

NBNA To Charter New Chapters

TARRANT COUNTY BLACK NURSES ASSOCIATION (cont.)



Founder and President Andrea Clack giving instructions at the symposium.



Founder and President Andrea Clack welcoming everyone to the first meeting of the Tarrant County Black Nurses Association which hopefully will be chartered at the National Black Nurses Association 2018 Conference in St. Louis. Dr. Eric J. Williams is the National President.



Patrick Bullocks, Community Liaison of VITAS Healthcare, receiving words of gratitude from President Andrea Clack for his outstanding support.



Dr. Doris Jackson providing a 2 hour Continuing Education lecture on Jurisprudence which is a nursing requirement in Texas.



NBNA Lifetime Member and Texas Board of Nurses Board Member, Dr. Doris Jackson lecturing on Jurisprudence.

NBNA To Charter New Chapters

TARRANT COUNTY BLACK NURSES ASSOCIATION (cont.)



Tarrant County Black Nurses Association, Seated Founder & President Andrea Clack



Standing is the Tarrant County BNA and Fort Bend County BNA members. Sitting from Left: Patrick Bullocks of VITAS, Fort Bend County BNA President Marilyn Johnson, Tarrant County BNA President Andrea Clack, NBNA Secretary Kendrick Clack, and NBNA 1st Vice President Lola Denise Jefferson

NBNA To Charter New Chapters

GREATER NEW YORK CITY BLACK NURSES ASSOCIATION

Greater New York City Black Nurses Association first annual outing at the performance of the Alvin Ailey Dance Company in New York City. Dr. Sheldon Fields is the chapter president.



NBNA To Charter New Chapters

LOUISIANA CAPITAL BLACK NURSES ASSOCIATION

Dr. Eric J. Williams, NBNA President at the initial meeting of the Chapter. Steven Jackson is the Founding President.



Louisiana Capital BNA Meet and Greet with the NBNA President. Adeyemi Wheeler, Jennifer Harden, Nicole Scott, Jimmie Miller, Nadia Rogers, Dr. Eric J. Williams, NBNA President, Tanjanika Thomas, Lorne Abby, Rachel Weary, Steven Jackson, Jr., and Kimberly Johnson-Morris.



Nursing Students and Steven Jackson, Jr., president, Louisiana Capital BNA with Dr. Eric J. Williams, NBNA President. Jimmie Miller, Lorne Abby, Steven Jackson, Jr., Dr. Eric J. Williams, and Adeyemi Wheeler



Dr. Eric J. Williams, NBNA President, visits Southern University and A&M College in Baton Rouge, LA. Steven Jackson, Jr., Dr. Luria Young- Vice Chancellor of Academic Affairs/ Provost, Dr. Eric J. Williams, Shenelle Tate- NBNA Student Representative, and Robyn Merrick- Executive Associate to the President of the Southern University System.

NBNA To Charter New Chapters

SOUTHWEST MICHIGAN BLACK NURSES ASSOCIATION



Dr. Eric J. Williams, NBNA President and the attendees at the first meeting.



Debra Johnson, Vice President and Chief Experience Officer of Lakeland Health and Dr. Eric J. Williams.



Dr. Eric J. Williams leading our first meeting explaining what we can look forward to as part of the NBNA.

NBNA To Charter New Chapters

OKLAHOMA CITY BLACK NURSES ASSOCIATION



Freddie, Dr. Eric J. Williams AND Simone



Tiesha, Dorothea, Irene, Freddie, Dr. Eric J. Williams, Simone, Linda, and Dr. Carol Mannahan



OKCBNA group



OKCBNA group



OKCBNA Officers Simone Guthrie, Irene Phillips, Dr. Eric J. Williams, Sheila Harbert, Dorothea Houston

NBNA To Charter New Chapters

SOUTHEASTERN LOUISIANA BLACK NURSES ASSOCIATION



Southeastern Louisiana Black Nurses Association first Meet and Greet. Left to right: Jackie Kennebrew, LPN; Tameka Jones, LPN; Brenda Peters, LPN; Dr. Williams, President Rachel Weary, LaTunya Magee, LPN; Erika Martin, RN; Rene Fister, RN and Jamia Bolton, LPN.



Southeastern Louisiana Black Nurses Association Chapter President, Rachel Weary, RN, BSN, MSN and Dr. Eric Williams in Bogalusa, Louisiana



Dr. Williams and first Founding member, Erika Martin, RN

Chapter Websites

ALABAMA

Birmingham BNA (11) www.birminghambna.org

ARIZONA

BNA Greater Phoenix Area (77) www.bnaphoenix.org

ARKANSAS

Little Rock BNA of Arkansas (126) www.lrbnaa.nursingnetwork.org

CALIFORNIA

Bay Area BNA (02) www.babna.org

Council of Black Nurses, Los Angeles (01) www.cbnlosangeles.org

Inland Empire BNA (58) www.iebna.org

San Diego BNA (03) www.sdblacknurses.org

South Bay Area BNA (San Jose) (72) www.sbbna.org

COLORADO

Eastern Colorado Council of BN (Denver) (127) www.eccbn.org

Mile High BNA (156) www.denverbna.org

CONNECTICUT

Northern Connecticut BNA (84) www.ncbna.org

Southern Connecticut BNA (36) www.scbna.nursingnetwork.com

DISTRICT OF COLUMBIA

BNA of Greater Washington, DC Area (04) www.bnaofgwdc.org

FLORIDA

BNA, Miami (07) www.bna_miami.org

BNA, Tampa Bay (106) www.tbbna.org

Central Florida BNA (35) www.cfbnaoforlando.org

First Coast BNA (Jacksonville) (103) www.fcbna.info

St. Petersburg BNA (28) www.orgsites.com/fl/spnbna

GEORGIA

Atlanta BNA (08) www.atlantablacknurses.com

Concerned National BN of Central Savannah River Area (123) www.cnofcsra.org

Savannah BNA (64) www.savbna.org

HAWAII

Honolulu BNA (80) www.honolulublacknurses.com

ILLINOIS

Chicago Chapter NBNA (09) www.ccnbna.org

Greater Illinois BNA (147) www.gibna.org

INDIANA

BNA of Indianapolis (46) www.bna-indy.org

Northwest Indiana BNA (110) nwibna.nursingnetwork.com

KENTUCKY

KYANNA BNA, Louisville (33) www.kyannabna.org

LOUISIANA

Shreveport BNA (22) www.sbna411.org

MARYLAND

BNA of Baltimore (05) www.bnabaltimore.org

BN of Southern Maryland (137) www.bnsmd.org

MASSACHUSETTS

New England Regional BNA (45) www.nerbna.org

Western Massachusetts BNA (40) www.wmbnurses.org

Chapter Websites

MICHIGAN

- Grand Rapids BNA (93) www.grbna.nursingnetwork.com
- Greater Flint BNA (70) www.greaterflintbna@gmail.com
- Kalamazoo-Muskegon BNA (96) <https://kmmbna.nursingnetwork.com>
- Lansing Area BNA (149) labna.nursingnetwork.com

MISSOURI

- BNA of Greater St. Louis (144) www.bna-stlouis.org
- Greater Kansas City BNA (74) www.gkcblacknurses.org

NEVADA

- Southern Nevada BNA (81) <https://snbna.nursingnetwork.com>

NEW JERSEY

- Concerned BN of Central New Jersey (61) www.cbncnj.com
- Concerned Black Nurses of Newark (24) www.cbnn.nursingnetwork.com
- Mid State BNA of New Jersey (90) msbna.nursingnetwork.com
- New Jersey Integrated BNA (157) <https://njibna.nursingnetwork.com>
- Northern New Jersey BNA (57) www.nnjbna.com

NEW YORK

- New York BNA (14) www.nybna.org
- Queens County BNA (44) www.qcbna.com

NORTH CAROLINA

- Central Carolina Black Nurses Council (53) www.ccbn@nursingnetwork.com

OHIO

- Cleveland Council BNA (17) www.clevelandcouncilofblacknurses.org
- Columbus BNA (82) www.cbnaohio.org
- Youngstown Warren BNA (67) www.youngstown-warrenobna.org

OKLAHOMA

- Eastern Oklahoma BNA (129) www.eobna.org

PENNSYLVANIA

- Pittsburgh BN in Action (31) www.pittsburghbna.nursingnetwork.com
- Southeastern Pennsylvania Area BNA (56) www.sepabna.org

SOUTH CAROLINA

- Tri-County BNA of Charleston (27) www.tricountyblacknurses.org

TENNESSEE

- Nashville BNA (113) www.nbnanashville.org

TEXAS

- Fort Bend County BNA (107) www.fcbna.org
- Metroplex BNA (Dallas) (102) <https://mbna.shutterstock.com/>

VIRGINIA

- Central Virginia BNA (130) bnacv.nursingnetwork.com

WISCONSIN

- Milwaukee BNA (21) www.milwaukeebna.org

Chapter Presidents

ALABAMA

Birmingham BNA (11) Dr. Lindsey Harris Birmingham, AL
Montgomery BNA (125) Katherine Means Montgomery, AL

ARIZONA

BNA Greater Phoenix Area (77) LaTanya Mathis Phoenix, AZ

ARKANSAS

Little Rock BNA of Arkansas (126) Yvonne Sims Little Rock, AR

CALIFORNIA

Bay Area BNA (02) Gregory Woods Oakland, CA
Central Valley BNA (150) Dr. Jeanette Moore Fresno, CA
Council of Black Nurses, Los Angeles (01) Pastor Chadwick Ricks Los Angeles, CA
Inland Empire BNA (58) Kim Anthony Riverside, CA
San Diego BNA (03) Ethel Weekly-Avant San Diego, CA
South Bay Area BNA (San Jose) (72) Sandra McKinney San Jose, CA

COLORADO

Eastern Colorado Council of BN (Denver) (127) Elerie Archer Denver, CO
Mile High BNA (156) Yumuriel Whitaker Aurora, CO

CONNECTICUT

Northern Connecticut BNA (84) Florence Johnson Hartford, CT
Southern Connecticut BNA (36) Dr. Katherine Tucker New Haven, CT

DELAWARE

BNA of Northern Delaware (142) Tracy Harpe Wilmington, DE
BNA of the First State (133) Kenneth Brayboy Dover, DE

DISTRICT OF COLUMBIA

BNA of Greater Washington, DC Area (04) Dr. Pier Broadnax Washington, DC

FLORIDA

Big Bend BNA (Tallahassee) (86) Katrina Rivers Tallahassee, FL
BNA, Miami (07) Dr. Linda Washington-Brown Miami Gardens, FL
BNA, Tampa Bay (106) Rosa Cambridge Tampa, FL
Central Florida BNA (35) Lois Wilson Orlando, FL
Clearwater/ Largo BNA (39) Audrey Lyttle Largo, FL
First Coast BNA (Jacksonville) (103) Sheena Alexander-Hicks Jacksonville, FL
Greater Fort Lauderdale Broward Chapter of the NBNA (145) Deborah Mizell
Fort Lauderdale, FL
Greater Gainesville BNA (85) Voncea Brusha Gainesville, FL
Palm Beach County BNA (114) Avis Brown West Palm Beach, FL
St. Petersburg BNA (28) Janie Johnson St. Petersburg, FL

GEORGIA

Atlanta BNA (08) Seara McGarity College Park, GA
Columbus Metro BNA (51) Gwendolyn McIntosh Columbus, GA

Chapter Presidents

Concerned National BN of

Central Savannah River Area (123)	Theresa Brisker	Martinez, GA
Middle Georgia BNA (153)	Dr. Debra Mann	Dublin, GA
Okefenokee BNA (148)	Tanya Renee Burse	Waycross, GA
Savannah BNA (64)	Cheryl Capers	Savannah, GA

HAWAII

Honolulu BNA (80)	Linda Mitchell	Aiea, HI
-----------------------------	--------------------------	----------

ILLINOIS

BNA of Central Illinois (143)	Rita Myles	Bloomington, IL
Chicago Chapter NBNA (09)	Ellen Durant	Chicago, IL
Greater Illinois BNA (147)	Jacinta Staples	Bolingbrook IL

INDIANA

BNA of Indianapolis (46)	Sallye Morris	Indianapolis, IN
Northwest Indiana BNA (110)	Michelle Moore	Gary, IN

KANSAS

Wichita BNA (104)	Linda Wright	Wichita, KS
-----------------------------	------------------------	-------------

KENTUCKY

KYANNA BNA, Louisville (33)	Alona Pack	Louisville, KY
Lexington Chapter of the NBNA (134)	Jennifer Hatcher	Lexington, KY

LOUISIANA

Acadiana BNA (131)	Dr. Nellie Prudhomme	Lafayette, LA
Bayou Region BNA (140)	Salina James	Thibodaux, LA
New Orleans BNA (52)	Georgette Mims	New Orleans, LA
Northeast Louisiana BNA (152)	Lisa Smart	Monroe, LA
Shreveport BNA (22)	Bertresea Evans	Shreveport, LA
Teche BNA (158)	Theleisha Nelson	New Iberia, LA

MARYLAND

BNA of Baltimore (05)	Barbara Crosby	Baltimore, MD
BN of Southern Maryland (137)	Kim Cartwright	Temple Hills, MD
Downtown Baltimore SON BNA (154)	Jasmin Shivers	Baltimore, MD

MASSACHUSETTS

New England Regional BNA (45)	Tarma Johnson	Roxbury, MA
Western Massachusetts BNA (40)	Anne Mistivar	Springfield, MA

MICHIGAN

Detroit BNA (13)	Nettie Riddick	Detroit MI
Grand Rapids BNA (93)	Aundrea Robinson	Grand Rapids, MI
Greater Flint BNA (70)	Juanita Wells	Flint, MI
Kalamazoo-Muskegon BNA (96)	Shahidah El-Amin	Kentwood, MI
Lansing Area BNA (149)	Meseret Hailu	Lansing, MI

Chapter Presidents

MISSOURI

BNA of Greater St. Louis (144) Quita Stephens St. Louis, MO
Greater Kansas City BNA (74) Iris Culbert Kansas City, MO

NEBRASKA

Omaha BNA (73) Shanda Ross Omaha, NE

NEVADA

Southern Nevada BNA (81) Rowena Trim Las Vegas, NV

NEW JERSEY

Concerned BN of Central New Jersey (61) Sandra Pritchard Neptune, NJ
Concerned Black Nurses of Newark (24) Dr. Lois Greene Newark, NJ
Mid State BNA of New Jersey (90) Tracy Smith-Tinson Somerset, NJ
Middlesex Regional BNA (136) Cheryl Myers New Brunswick, NJ
New Jersey Integrated BNA (157) Yolanda Jackson Lyons, NJ
Northern New Jersey BNA (57) Dr. Larider Ruffin Newark, NJ
South Jersey Chapter of the NBNA (62) T. Maria Jones Williamstown, NJ

NEW YORK

New York BNA (14) Nelline Shaw New York, NY
Queens County BNA (44) Darlene Barker-Ifill Cambria Heights, NY
Westchester BNA (71) Altrude Lewis-Thorpe Yonkers, NY

NORTH CAROLINA

Central Carolina BN Council (53) Helen Horton Durham, NC
Sandhills North Carolina BNA (138) LeeAntoinette Moore Fayetteville, NC

OHIO

Akron BNA (16) Cynthia Bell Akron, OH
BNA of Greater Cincinnati (18) Marsha Thomas Cincinnati, OH
Cleveland Council BNA (17) Stephanie Doibo Cleveland, OH
Columbus BNA (82) Pauline Bryant-Madison Columbus, OH
Youngstown Warren BNA (67) Carol Smith Youngstown, OH

OKLAHOMA

Eastern Oklahoma BNA (129) LaMaria Folks Tulsa, OK

PENNSYLVANIA

Pittsburgh BN in Action (31) Dr. Dawndra Jones Pittsburgh, PA
Southeastern Pennsylvania Area BNA (56) Monica Harmon Philadelphia, PA

SOUTH CAROLINA

Tri-County BNA of Charleston (27) Jannie Brown Charleston, SC
Upstate BNA (155) Dr. Colleen Kilgore Greenville, SC

TENNESSEE

Memphis-Riverbluff BNA (49) Betty Miller Memphis, TN
Nashville BNA (113) Shawanda Clay Nashville, TN

Chapter Presidents

TEXAS

BNA of Austin (151)	Janet VanBrakle	Austin, TX
BNA of Greater Houston (19)	Angelia Nedd	Houston, TX
Fort Bend County BNA (107)	Marilyn Johnson	Pearland, TX
Galveston County Gulf Coast BNA (91)	Lillian Mcgrew	Galveston, TX
Greater East Texas BNA (34)	Melody Hopkins	Tyler, TX
Metroplex BNA (Dallas) (102)	Dr. Karla Smith-Lucas	Dallas, TX
San Antonio BNA (159)	Karen Celestine	San Antonio, TX
Southeast Texas BNA (109)	Stephanie Williams	Port Arthur, TX

VIRGINIA

BNA of Charlottesville (29)	Dr. Randy Jones	Charlottesville, VA
Central Virginia Chapter of the NBNA (130)	Tamara Broadnax	North Chesterfield, VA
NBNA: Northern Virginia Chapter (115)	Joan Pierre	Woodbridge, VA

WISCONSIN

Milwaukee BNA (21)	Dr. Melanie Gray	Milwaukee, WI
Racine-Kenosha BNA (50)	Gwen Perry-Brye	Racine, WI

Direct Member (55)*

*Only if there is no Chapter in your area

