

NATIONAL BLACK NURSES ASSOCIATION

NBNA

NEWS



NBNA 2017 CONFERENCE



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BOTH PARTIES
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NBNA NEWS

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

INSIDE THE ISSUE



Dr. Eric J. Williams, NBNA President (far right), Quita Stephens, President, BNA of Greater St. Louis (middle) at chapter's Scholarship Luncheon



Dr. Eric J. Williams, NBNA President; Quita Stephens, President, BNA of Greater St. Louis and Lyda Krewson, Mayor, St. Louis, MO



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



Dr. Eric J. Williams receiving the American Association of Men in Nursing Award.

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Mentoring Nurses to Serve on Boards

Dr. Eric J. Williams

President, National Black Nurses Association



The 45th Annual Institute and Conference of the National Black Nurses Association (NBNA), Inc. was a resounding success. From July 30th through August 4th, 2017, the Mandalay Bay Resort and Casino was host to a grand affair. From the impressive pre-conference sessions to the amazing opening ceremony and grand exhibit, the awesome array of seminars and presentations, and the delightfully wonderful after-hour activities, conference attendees were stimulated intellectually and entertained. The 45th Annual Institute and Conference was spectacular in all respects. I would like to thank the members of the Board, the Executive Director, membership, staff, speakers, sponsors, and hosts for making this celebration one of our most successful and memorable.

Of the many wonderful seminars, presentations and reports, this year's Presidents Leadership Institute was especially relevant and timely. A major goal of the Presidents Leadership Institute is to nurture leadership skills development and enhancement that will ultimately lead to responsive practices that promote equal opportunities for all people to be healthy. This goal directly aligns with the Nurses on Boards Coalition. The coalition consists of national nursing organizations working together to increase nurses' presence on corporate and non-profit health-related boards of directors throughout the country. The effort is supported

by the Robert Wood Johnson Foundation and AARP as part of their collaborative effort to implement the recommendations of the IOM report through the Future of Nursing: Campaign for Action.

The call for nurses to serve on boards is important because nurses provide a unique perspective in the healthcare arena. Exposure to the knowledge and skill set required to successfully serve as a leader advocate may be more fully developed among nurses who have mentors. The limited number of role models and mentors from diverse backgrounds oftentimes significantly impact the potential growth and appointment of future nurse decision-makers on various health-related boards.

The benefits of nurses and healthcare stakeholders mentoring other nurses is critical for the future health of our nation. The NBNA will persist in providing opportunities and platforms that support mentoring and thus, advancement toward a national healthcare culture of wellness and inclusivity. It is important for nurses and student nurses at all levels to consider being a part of the NBNA Collaborative Mentorship Program. This is a wonderful initiative that will help NBNA members gain the skill set that will propel them in the profession of nursing and hopefully onto to boards where their voices can be heard. I would like to thank each member for all you do in supporting the mission of our great organization.

Health Equity and Healthy People



The NBNA 45th Annual Conference was a great success. The Mandalay Bay Resort and Casino in Las Vegas, NV was filled with NBNA members, presenters and sponsors from across the nation. All of whom are passionate about improving health across America. Workshops and education sessions devoted to framing a dialogue of promoting the principle facets of health equity: (a) access to care, (b) affordable health coverage, (c) positive health outcomes, and (d) the elimination of health disparities, were presented by leading authorities. The subsequent dialogue was spirited, substantive and lent itself to expansion beyond conference boundaries.

Given the current political climate, consumers of healthcare face challenges that are typically counterproductive to advancing health equity. Front-line healthcare clinicians also face significant systems challenges that may lead to inequitable health outcomes. Nurses represent the largest and most trusted group of healthcare providers in the U.S. As both consumers and providers of healthcare, nurses are uniquely suited to actively participate in shaping and implementing healthcare policy. The importance of including nurses on boards, commissions and other relevant healthcare working groups is critical to assuring that healthcare decisions are determined with considerations for consumer and provider perspectives.

The NBNA collective recognizes that inequities in health oftentimes further disadvantage the socially disenfranchised. This Annual Conference provided a platform for leaders, researchers, administrators, educators, and other interested parties from the healthcare and non-healthcare sectors to discuss how the industry of health might be improved through a diversity of actions that best meet the needs of our communities. The collection of works in this issue supplement and highlight the impact of informal and formal politics, advocacy, and science discussed during the conference proceedings.

Through our many collaborative efforts, the NBNA will continue to help our country move toward a spirit of grace and understanding that facilitates an eradication of health inequality and inequity. I look forward to working with each of you as we continue to fulfill our mission of quality health and well-being for all within our communities.

Respectfully,

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

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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

NBNA 2017 Election Results

NATIONAL BLACK NURSES ASSOCIATION 2017 ELECTIONS RESULTS

Eligible Voters:	2,186
Paper Ballots:	453
Web Ballots:	482
Duplicate - Paper Removed:	2
Duplicate - Web Removed:	5
Final Paper Ballots:	451
Final Web Ballots:	477
Total Returns:	928
Percent Returned:	42.45%

President	Votes	Percent
Eric J. Williams	829	94.2% DECISION
(Write-in)	51	5.8%

Secretary	Votes	Percent
Kendrick Clack	463	50.2% DECISION
Ronnie Ursin	458	49.7%
(Write-in)	1	0.1%

Student Representative	Votes	Percent
Shenelle Tate	609	67.2% DECISION
Sydney Bryant	295	32.6%
(Write-in)	2	0.2%

Board of Directors	Votes	Percent
Katherine Tucker	580	62.9% DECISION
Kim Scott	508	55.1% DECISION
Thomas Hill	438	47.5% DECISION
Audwin Fletcher	402	43.6%
Maria Dudley	384	41.6%
Vivian Murphy	316	34.3%
(Write-in)	4	0.4%
(Write-in)	2	0.2%

Nominations Committee	Votes	Percent
Rebecca Harris-Smith	591	64.7% DECISION
Rowena Trim	554	60.7% DECISION
Ethelene Wilmore	486	53.2% DECISION
(Write-in)	12	1.3%
(Write-in)	4	0.4%

NBNA Conference – 2017



Southern Nevada Black Nurses Association, the host chapter for the NBNA 2017 Conference



Dr. Eric J. Williams, NBNA President at the Opening Ceremony.

NBNA Conference – 2017



NBNA Members at the Opening Ceremony

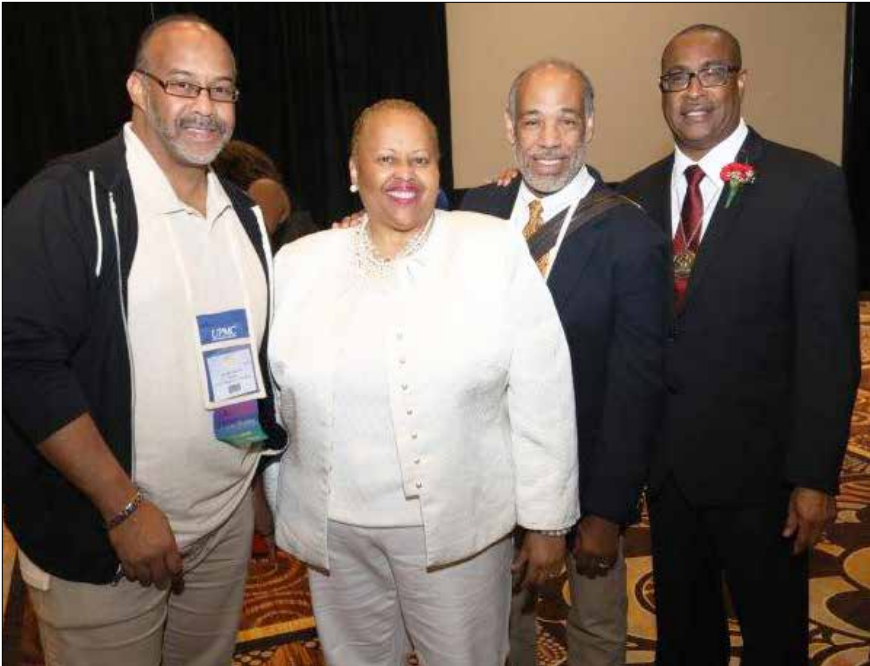


Brain Health Workshop with Tiffany Deas, Patricia Lane and Erica Davis of Bon Secours NeuroScience



NBNA Past Presidents: Dr. Debra A. Toney, Dr. Betty Smith Williams, Dr. Linda Burnes Bolton, Dr. Eric J. Williams (president), Dr. C. Alicia Georges, Ophelia Long, and Dr. Carrie Frazier Brown

NBNA Conference – 2017



Dr. Sheldon Fields, Dean, School of Health Professions, New York Institute of Technology, Dr. Millicent Gorham, NBNA Executive Director, Dr. Randolph Rasch, Dean, Michigan State University School of Nursing, and Dr. Eric J. Williams, NBNA President



Dr. Sandra Millon Underwood demonstrating breast exam in the Breast Health Forum

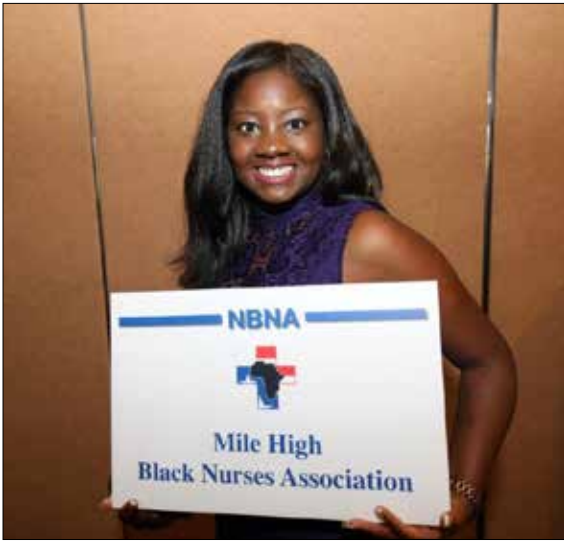


Simmons College Nursing Students Kanish Louis Jean and Vasthi Deroches with NBNA President Dr. Eric J. Williams



Attendees in the Breast Health Forum learning the appropriate breast exam techniques

NBNA Conference – 2017



Yumuriel Whitaker, Mile High Black Nurses Association



Greater St. Louis Black Nurses Association. Dr. Leonora Muhammad, Mia Glover, Dawn Patrick, Quita Stephens (Chapter President), Crystal Bailey, Edith Cole



Downtown Baltimore SON Black Nurses Association
Lauren Hinson, Ashley Foster, Jasmin Shivers (Chapter President)



Middle Georgia Black Nurses Association Yvette Yeager, Vice President; Debra Mann, President; and, Wendy Salter, Treasurer.

NBNA Conference – 2017



NBNA Emerging Leaders Institute
NBNA Board Member Yvonne Olusi Ogadi (far left), Dr. LaDonna Christian, speaker, (middle) and NBNA Student Representative Dorothy Kinniebrew (5th from right)



Southern Nevada Black Nurses Association, host chapter, Dr. Debra A. Toney, NBNA National Conference Chair (far right); Marcia Evans, Local Conference Chair (5th from right)

NBNA Conference – 2017



Forty and Under Forum “NBNA Leadership” Team, sponsored by VITAS Healthcare



Luncheon with Dr. Sheldon Fields, Bethsheba Johnson, keynote speaker, hosted by Gilead Sciences



Students Kanisha Louis Jean and Vasthi Deroches with NBNA Board Member Sasha DuBois, a Simmons College Nursing Alumni



Melissa Edwards, Director of Medical Surgical Services, Dr. Shirley Evers Manly, Chief Nursing Officer and Ashika Williams, Director of Care Coordination, Howard University Hospital.

NBNA Conference – 2017



NBNA Board of Directors with Dr. Debra A. Toney, Conference Chair, (far left) and Dr. Eric J. Williams (middle) at the Opening of the Exhibit Hall



NBNA Second Vice President Dr. Birthale Archie, and Michael Dominguez, Chief Sales Officer and Dzidra Junior, Director Global Sales, MGM Resorts International



U.S. Army Nursing Exhibiting

NBNA Conference – 2017



American Beverage Association Exhibiting



Correct Care Solutions Exhibiting



Cedars Sinai Health System Exhibiting



AHRQ Exhibiting

NBNA Conference – 2017



UC Davis School of Nursing Exhibiting



Northern New Jersey Black Nurses Association Members Martins Akhibi, Tiffany Rivers-Wilks, Dr. Larider Ruffin, Chapter President, Dr. Melissa Richardson, 1st VP and VITAS Healthcare Representative Patrick Bullock



Nurses of the Year with Peggy Pettit (far left) and Diane Deese of VITAS Healthcare, (far right), Alicia Nicole Bethel, Community Service Nurse of the Year; Ardis Jenkins Bush, Administrative Nurse of the Year; Mack Parker, Staff Nurse of the Year

NBNA Conference – 2017



Red Dress Day at NBNA Conference



Newly chartered Downtown Baltimore SON Black Nurses Association NBNA First Vice President Lola Denise Jefferson, Jazmin Shivers, President, Ashley Foster, Lauren Hinson, and Dr. Eric J. Williams, NBNA President



NBNA Motown Review Cast

SAVE THE DATE

NOVEMBER 10, 2017

NBNA NEWSLETTER

The articles may focus on:

- nursing practice
- innovations in nursing
- nursing leadership
- 21st Century Cures
- Cancer Moonshot
- diversity and inclusion
- medication adherence
- quality nursing care
- clinical trials
- being a faculty member
- getting tenure
- mentorship
- preparing the 21st century workforce
- the need for lifelong learning
- research
- any clinical focus
- the benefits of online learning
- use of technology
- EHRs
- case management
- a foreign mission
- any public policy issue

This issue will focus on articles written by male nurses and other health care providers and men's health care. The sky is the limit. You may share this email with other nursing colleagues who you think may like to submit an article.

The article should be 500-750 words, title of the article, resources where appropriate, author's name and credentials, headshot photograph (minimum 3" x 5", 300 dpi jpeg), 3-5 line biographical sketch. Three to five highlights that can be placed on the NBNA Facebook are helpful too.

Send your items for Members on the Move and Chapters on the Move. Please send clear pictures with captions.

The article is due **November 10, 2017**. Please send the article to nbnanews@aol.com and millicent@nbna.org.

Thank you for sharing your expertise with your nursing colleagues.

Sincerely,

Yolanda Powell-Young, PhD, RN

Editor-in-Chief

NBNA Newsletter

National Black Nurses Association

All About NBNA

Chapter and Individual Pictures

Please send 4-6 pictures of your chapter event with caption to millicent@nbna.org and nbnanews@aol.com. Send the pictures one at a time; not all in one email. Make sure that the pictures are clear and the faces can be seen.

Your pictures may be placed on the NBNA Face Book Page.

Do you have pictures of you and the NBNA President? Please send with a caption, event and the date of the event.

Social Media Corps

Calling all NBNA members who are on Face Book, Twitter, LinkedIn and Live!!!! We would like for you to take the NBNA messages and send out to your networks. We are hoping to get more nurses and corporate entities engaged with NBNA. Send your name and email address to millicent@nbna.org if you are interested in joining the Social Media Corps.

NBNA Membership Campaign

Give a gift of a NBNA membership for graduation, Mother's Day, Father's Day, birthday or "Just Because". Go to the NBNA website at www.nbna.org and click membership for the application and chapter information. Or, contact Estella Lazenby at elazenby@nbna.org.

NBNA Mentorship Program

NBNA launched its Mentorship Program in 2016. Go to the NBNA website at www.nbna.org and click programs for the mentorship program overview and applications for mentors and mentees. In 2018, NBNA will be pairing up mentors and mentees at the NBNA Conference so that they can spend time together getting to know each other and helping each other enjoy the educational and networking opportunities.

NBNA Scholarship Program

We want nursing students at every level to complete their education. You may want to sponsor a scholarship in your name, the name of your parent, or a nursing icon. Sponsorship begins at \$1000. You may determine the name of the scholarship and the criteria. Please call Dr. Millicent Gorham at 301-589-3200 if you would like to sponsor a scholarship. Scholarship checks are made out to the school of nursing and are sent to the nursing student before the NBNA conference. The scholarship application deadline is April 15 annually.

Positive Collaboration Around Non-Violence in Pittsburgh

Diane Powell

National Outreach Co-Chair & Chair, Pittsburgh Chapter
Black Women for Positive Change



Diane Powell resides in Pittsburgh, PA, and is the National Outreach Co Chair for Black Women for Positive Change. In addition to her work with BW4PC, she serves on the Advisory Committee for the newly formed Allegheny County Health Department Advisory Board.

Change begins with you” and “Violence is a Public Health Issue,” were themes of the day, at a 2016 Week of Non-Violence, Justice and Opportunities” workshop held in Pittsburgh, Pennsylvania. The workshop co-sponsored by Black Women for Positive Change, in collaboration with the Pittsburgh Chapter of the National Black Nurses Association, and the National Organization of Black Law Enforcement (NOBLE) generated discussion between a group of teens, police officers and nurses, about strategies to prevent violence.

A group of African American male teens met at the Manchester Youth Development Center, on the North Side of Pittsburgh, to discuss violence prevention and their personal experiences. This highly interactive exchange provided the youth with shocking statistics about the numbers of deaths that occur by gun violence each day throughout the country, and in Pittsburgh. They were also told about the disproportionate impact of violence on African American males. The message that, “Youth between the ages of 15-24 are likely to be targeted by gun violence as opposed to other forms of violence,” struck a somber chord with the thoughtful young men.

The representatives from NOBLE counseled the youth on “the Dos and Don’ts” of behavior when and if they are stopped by police. The NOBLE representatives presented entertaining and provocative role plays that showed how young people sometimes “act out” when they encounter police officers. It was great to see the teens engage in light-hearted banter with the officers, and to enjoy themselves with police officers and professional nurses as they learned important life lessons about what to do and what not to do when engaged in police encounters.

Honest feedback from the teens revealed the challenges they face on a day-to-day basis. One young man referred to the “struggles they face growing up black in urban neighborhoods,” while others referred to “peer pressure” and “grappling with hyper masculinity and sexual identity issues.” The youth seemed to appreciate the opportunity to discuss the issues they face.

The Pittsburgh workshop was one of the forums sponsored by Black Women for Positive Change during the “2016 Week of Non-Violence, Justice and Opportunities. Additional workshops were held throughout the week in Pittsburgh and around the nation. Other workshops focused on topics like “Inter Community Violence” and love triangles that can lead to violence. For example, a film screening of ‘On 2nd Thought,’ a socially responsible film produced by BW4PC, was shown at the Rankin Christian Center and a Procedural Justice Workshop was held at the Rodman Street Missionary Baptist Church. This film highlights complicated relationships and the impact of violence on youth, those around them, and the negative consequences of violent actions. The “On 2nd Thought” film can be seen free on YouTube.

In 2017, plans are underway to convene the Fifth Annual Week of Non-Violence, Justice and Opportunities. Black Women for Positive Change looks forward to working with National Black Nurses Association Chapters across the nation, as collaborators to sponsor events in various cities. In 2016, the collaboration with the NBNA and other national sponsors resulted in 58 events, in 26 cities, with over 6,000 participants. The purpose of these non-violence events was to highlight the importance of violence prevention, mediation and conflict resolution.

Black Women for Positive Change is a national, volunteer network of women and men of all backgrounds, who work to “Change the Culture of Violence in America, and the World,” and to “To Strengthen and Preserve the American Middle/Working Class.” NBNA members are invited to view our latest film DROP: A Story of Triumph,” dedicated to discouraging school drop-outs at: For more information about BW4PC and other upcoming activities, visit website: www.blackwomenforpositivechange.org

NBNA Helps to Stop the Violence

NBNA Secretary Kendrick Clack was a panelist for a videoconference discussion titled, "Keeping It Cool: Pathways to Opportunities, Justice and Equity", during the week of Non-Violence, October 15-23, hosted by the Black Women for Positive Change. The discussion about de-escalation of violence included panelists Julian Britton, Actor and Millennial Representative; Durham Police Chief Cerelyn.J. Davis; and Kendrick Clack, NBNA National Secretary. The national live discussion included eight (8) Downlink sites across the USA.

"Many thanks to the National Black Nurses Association, who organized outstanding violence-prevention activities across the nation, during the 2017 Week of Non-Violence, Justice and Opportunities. NBNA is demonstrating amazing national leadership by educating the public about de-escalation of violence and presenting violence as a public health issue. NBNA events included film screenings of the film DROP: A Story of Triumph--a film designed to stop dropping out of school--a pathway to prison. Other NBNA chapters hosted discussions about "De-Escalation of Violence," and held youth forums with law enforcement at middle and high schools. Cities where NBNA held events were: Bellwood, Illinois; Birmingham, Alabama; St. Louis, Missouri; Chicago, Illinois; Baltimore, Maryland; Gray, Louisiana; Pittsburgh, Pennsylvania; Durham, North Carolina; Jacksonville, Florida; Los Angeles, California; Fresno, California; Atlanta, Georgia; Detroit, Michigan; Phoenix, Arizona; Kalamazoo and Muskegon, Michigan. Thanks to the leadership of Dr. Eric J. Williams, Dr. Millicent Gorham, the NBNA Board of Directors and NBNA members, there are thousands of people in various states who now understand more about violence prevention. We all hope this will bring down violence everywhere," said Dr. Stephanie Myers, National Co-Chair, of Black Women for Positive Change, national organizers of the annual Weeks of Non-Violence, Justice and Opportunities.



Dr. Daisy-Harmon Allen, immediate past president, Chicago Chapter NBNA



Students and the Peace Pledge at Bellwood School District 88, in Bellwood, Illinois

Birmingham Black Nurses Association, Inc.



STOP THE VIOLENCE SAVE OUR FAMILIES, SAVE OUR YOUTH AND SAVE OUR COMMUNITIES

What: Party with a Purpose and Prayer/Stop the Violence Walk
Sponsored By: Birmingham City Councilman Steven Hoyt and the Birmingham Black Nurses Association, Inc.

Walk: October 6, 2017, 6:00P.M.

Party: October 7, 2017, 11:00A.M.-3:00P.M.

Where: Ensley Park, 2800 Avenue K, Birmingham, AL 35218

For More information contact: Birmingham Black Nurses Association at info@birminghambna.org

The Nurses' Role in Public Policy: Advocating for a Malnutrition Prevention Commission

Pauline Zarrieff

MSN-Ed, RN, CLNC, CAPTAIN (retired, U.S. Army)



Pauline Zarrieff is Chief Executive Officer, Preventive HealthCare Services, Columbus, Ohio; Adjunct Nurse Faculty, American Institute Alternative Medicine - Nursing Program; and Statewide Community Outreach Coordinator for the Ohio Sickle Cell and Health Association.

She earned her Master Degree in Nursing (Education) from Capital University, Columbus Ohio. She is a U.S Army Reserve Nurse Corp veteran with 26 years nursing experience including Certified Medical-Legal Nurse Consultant. She is a public policy advocate. In 2016, Pauline testified to the Ohio Health and Human Services Committee, highlighting NBNA's "Malnutrition Resolution" in support of Senate Bill 245, an Act to form the Ohio Malnutrition Prevention Commission.

It is the burden of each state to work to resolve malnutrition in the older adult population. I would like to thank NBNA for giving me the opportunity during the 2017 NBNA Day on Capitol Hill to showcase strategies of how the Columbus Chapter, Black Nurses Association (CBNA) collaborated with other organizations to advocate for the passage of the Ohio Malnutrition Prevention Commission to address malnutrition among Ohio's older adults.

NBNA passing a malnutrition resolution in 2012 and again in 2015 helped form the basis for CBNA's involvement in advocating for the prevention of malnutrition in older adults. Many other groups also showed interest. A social media awareness campaign kicked off activities to conceptualize Ohio's malnutrition crisis. Letters to state lawmakers increased the chances of getting the malnutrition issue on the policy makers' agenda. Community outreach was initiated and conference calls to stakeholders during Malnutrition Awareness Week™ (a week sponsored by the American Society for Parenteral and Enteral Nutrition (ASPEN) helped educate law makers on the burden of malnutrition.

In 2015, State Senator Gayle Manning introduced SB245, an act to establish a Malnutrition Prevention Commission. Fifteen third-party organizations formed a coalition of supporters and worked with the Senator's office to educate and increase awareness about the need for a commission to study, investigate and develop strategies on combating malnutrition in Ohio. The specific responsibilities are defined in the law that created the Commission to: study the impact of malnutrition on seniors in all health care settings in Ohio; investigate strategies for reducing the incidence of malnutrition

among seniors; monitor the influence of malnutrition on older adults' health care costs and outcomes, quality indicators, and quality of life measures; develop strategies for improving data collection and analysis regarding malnutrition risks, health care costs, and protective factors for older adults; develop strategies for maximizing the dissemination of proven, effective malnutrition prevention intervention models, including community nutrition programs, medical nutrition therapy, and oral nutrition supplements; identify strategies that raise public awareness of malnutrition among seniors, such as education materials, social marketing, and statewide campaigns; identify evidence-based malnutrition prevention intervention models, including community nutrition programs, that reduce the rate of malnutrition among older adults and reduce the rate of readmissions due to conditions caused by malnutrition and identify barriers to those intervention models; and identify models for integrating the value of malnutrition care into health care quality evaluations across health care payment models.

CBNA, the Ohio Academy of Nutrition and Dietetics, the Ohio Academy of Family Physicians, the Ohio ASPEN Chapter, the Health Disparities Collaborative of Ohio, Inc., and the African American Alzheimer and Wellness Association formed the Ohio Malnutrition Education and Advocacy Network which created dialogue around malnutrition and became the impetus for collaborators to investigate, educate, define, and provide ongoing information for patients at risk for chronic and acute malnutrition. Members from

these organizations also provided testimony during hearings for the bill, which passed the Ohio Senate in May 2016. The bill passed the Ohio House of Representatives during the lame duck session as part of House Bill 580, and was finally signed into law at the end of 2016 (Ohio Legislature, 2017).

Implementation of the policy begins with the appointment of Commission members by April 2017. The Commission will be comprised of a mix of government and organizational representatives, with the Governor appointing the organizational representatives, including two nurses working in home health (Ohio Legislature, 2017).

The final phase of policy will include Commission members examining the components and key elements of malnutrition prevention and intervention initiatives, considering their applicability in Ohio, and developing strategies for testing, implementing, and evaluating the initiatives. The specific actions of the Commission are outlined in the law and include preparing a report of their findings and recommendations. This final report will be submitted to the Ohio Governor within 12 months of the Commission being established.

What was learned during this two-year process is that policy makers lack complete information and knowledge of medical issues like malnutrition. Nurses can play an advocacy role in this policy process using Ohio's example as a model for multidisciplinary engagement.

CBNA's advocacy efforts assisted policymakers in passing the only two pieces of malnutrition legislation, for Malnutrition Prevention Commissions, signed into law in 2016; Ohio and Massachusetts.

Members of CBNA demonstrated advocacy efforts through scholarly inquisitions, partnerships, and public and media outreach.

References

Ohio Legislature 132nd General Assembly (2017) <https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA131-HB-580>, accessed 2/8/2017.

NBNA, Member of the Better Medicare Alliance, Joins Forces to Support S. 870, CHRONIC CARE ACT

The National Black Nurses Association is supporting the Senate-passed CHRONIC Care Act (S. 870, which would advance a broad range of new policy options for improving the way care is delivered to Medicare beneficiaries with chronic conditions. The bill is aimed at lowering costs by improving disease management and streamlining care coordination services. The Better Medicare Alliance is joining a diverse group of 60+ health care organizations signing a letter in support of the bill

Here is a Senate Finance Committee press release on passage of the CHRONIC Care Act, with summaries and background materials on the bill:

<https://www.finance.senate.gov/chairmans-news/senate-unanimously-passes-chronic-care-act>

And here is U.S. Senator Ron Wyden's (D-OR) Senate floor speech on passage of the CHRONIC Care Act:

<https://www.finance.senate.gov/ranking-members-news/wyden-senate-floor-remarks-on-the-passage-of-the-chronic-care-act>

Addressing the Rise of STI in Diverse Populations

Victoria Jean-Calixte, MSN, APRN, FNP-C
Mary McCormack, MSN, APNC, MPH;
CVS Health

The Centers for Disease Control and Prevention (CDC) reports that sexually transmitted infections (STI's) are rising at an unprecedented rate in the United States. According to data gathered, the total combined cases of STIs including Gonorrhea, Chlamydia and Syphilis are growing rapidly. The issue does not only lie within the biological forces that cause the contraction and spread of these infections. Rather, the issue at the core of these growing rates is related to a decrease in healthcare accessibility for detection and prevention of these infections. Due to budget cuts at both the local and state level, the economic burden to our healthcare system is estimated to be a staggering 16 billion dollars a year. These budget cuts pose both immediate and, more importantly, serious long term threats to the health of our population. References

Incidences of STI and HIV infections in the US are disproportionately higher amongst racial and ethnic minority groups including Black and Hispanic communities (CDC 2015). Within these groups, the rate of STIs are 2% to 9% higher than rates in the white population. In 2015, the CDC reported that rates for Chlamydia, Gonorrhea and Syphilis cases per 100,000 popular are as follows:

	Chlamydia	Gonorrhea	Syphilis
Black	1,097.6 cases	372.7 cases	21.4 cases
Hispanic	372.7 cases	80.5 cases	9.1 cases

According to the 2010 United States Census, only 14% of the total US population are African American. Yet 45% of HIV diagnoses in 2015 were in the African American community. Hispanics follow this trend by accounting for 24% of the estimated 44,784 new HIV diagnoses in the US.

Chlamydia and Gonorrhea may be asymptomatic contributing to the spread of infection. If symptomatic, women with Chlamydia or Gonorrhea may report abnormal vaginal discharge, dyspareunia, lower abdominal pain and abnormal vaginal bleeding. Symptomatic men may report penile discharge, dysuria, and testicular pain. Symptoms of primary syphilis are a single lesion (chancre) or multiple oral sores. The chancre is firm, round, and painless. It is often overlooked by the patient because it is painless. Secondary syphilis symptoms include skin rashes and/or mucous membrane lesions. The rash typically manifests as rough, red, or reddish brown spots on the palms of the hands and the bottoms of the feet. It can also appear on other areas of the body. Patients with latent syphilis are asymptomatic. Tertiary syphilis symptoms differ depending on the organ system affected.

Patients with untreated syphilis and gonorrhea are at higher risk of contracting HIV. Therefore, treating STI's successfully may help reduce the incidence of HIV infection (Cuffe, et al. 2017). Budgetary cuts at the state and local level have made access to STI screening and treatment facilities difficult. CVS Health's retail medical clinic, MinuteClinic, provides confidential consultations and treatment for many of these STI's and follow-up through insurance coverage or low cost out of pocket fees. The convenience of MinuteClinic allows patients immediate access to STI screening and treatment for many of these infections including Gonorrhea and Chlamydia. The locations provide a familiar space to those not comfortable with a traditional clinical office setting. MinuteClinic nurse practitioners and physician assistants are able to screen and treat many STI's while also providing follow up care referrals to patients. Appointments can be conveniently scheduled or patients may walk in seven days a week for those seeking convenient access to STI screening.

In all communities, lack of awareness contributes to higher risk of infection. It is essential for people to be screened who are sexually active and/or whose racial groups are at higher risk. Black and Hispanic populations account for higher rates of STI/HIV diagnoses. Available testing sites can be found at www.Minuteclinic.com or www.GetTested.CDC.gov.

CVS Health is seeking licensed professionals in a variety of nursing disciplines and levels of patient engagement. For more information, and to research opportunities in your career field or location, visit <http://jobs.cvshealth.com/NBNA>.



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OCTOBER IS NATIONAL RSV AWARENESS MONTH

In 2010, The National Black Nurses Association and the National Medical Association convened a Consensus Panel to define the key needs in the area of Respiratory Syncytial Virus (RSV) with respect to African Americans and other minorities.

[Click Here](#) to Access “Respiratory Syncytial Virus and African Americans: A Peer-Reviewed Consensus Panel Paper”

[Click Here](#) to Access RSV Resources

Also, the National Coalition for Infant Health has launched a [change.org petition](#) in conjunction with RSV awareness month to urge the American Academy of Pediatrics to change its policy to follow the FDA label of the RSV preventive treatment. To sign the petition: [Click Here](#)



Health Care Providers' Hands Are Tied in Protecting Against RSV

Suzanne Staebler, DNP



Suzanne Staebler, DNP, has been a Neonatal Nurse Practitioner for 25 years. She currently practices in Atlanta, GA, is on faculty at Emory University's Nell Hodgson Woodruff School of Nursing, and is health policy advisor to the National Coalition for Infant Health.

As another RSV season begins, nurses and health care providers have again experienced the frustration of seeing bureaucracy and cost-cutting tactics stand in the way of quality and safe care. Three years ago, state Medicaid officials and private payers began blocking premature infants' access to palivizumab, which provides protection against respiratory syncytial virus (RSV). Over the past months, infants and their families have felt the impact of that decision first hand.

RSV is the contagious seasonal virus that leads to respiratory distress and bronchiolitis. It's the leading cause of hospitalizations in children under age one¹ and the second leading cause of infant mortality worldwide outside the neonatal period.²

Lack of protection stems from a surprising source: 2014 guidelines issued by the American Academy of Pediatrics. Citing several studies, the AAP made the controversial determination that only preterm infants born before 29 weeks gestation were eligible to receive preventive treatment. These guidelines eliminate the providers' ability to individually assess each patient for cumulative risk for severe RSV disease and provide therapy when warranted. Subsequently, state Medicaid offices and private insurers then adopted AAP's guidelines into their payment policies for palivizumab.

Limiting preventive treatment to infants born before 29 weeks gestation undoubtedly saves thinly-stretched Medicaid dollars. But it does so by drastically limiting the number of infants protected, with premature infants bearing the higher burden of disease.

¹ Nair H, Nokes DJ, Gessner BD, et al. Global burden of acute lower respiratory infections due to respiratory syncytial virus in young children: a systematic review and meta-analysis. *Lancet* May 1, 2015.

² Drysdale SB, Green CA, Sande SJ. Best practice in the prevention and management of pediatric respiratory syncytial virus infection. *Therapeutic Advances in Infect Disease*. 2016 Apr; 3(2): 63–71.

Over 70 percent of premature infants are born between 30 and 35 weeks gestation, after the AAP's cut-off gestational age. That's a significant number of vulnerable infants, whose underdeveloped lungs and fragile immune systems put them at a higher risk to contract RSV. Worse, AAP's eligibility guidelines disproportionately affect African American and low-income families, whose babies are more likely to be born prematurely and suffer from other disparities.

Data from the [SENTINEL 1 study](#) underscores the impact of access restrictions. During the 2015-2016 season of the study, 678 preterm infants were hospitalized for RSV. Of these infants, 48 percent were admitted to the ICU and 19 percent required intubation and mechanical ventilation.

In years past, the effect of palivizumab decreased this risk in preterm infants. A monthly injection of palivizumab gives premature babies enough passive antibodies to fight off RSV. Monthly injections throughout the RSV season decrease the risk of RSV and related hospitalizations and need for escalated care by up to 80% (IMPACT trial, 1996).

But now, Medicaid and commercial health insurance [data](#) analysis (including 2.2 million infants) reveals that palivizumab treatment in 2014–2015 was down between 45–94 percent for commercial patients and 65-95 percent for Medicaid populations. During the same time span, RSV-related hospitalizations increased by 170 percent for commercially insured patients and 40 percent for Medicaid patients. Once infants contract RSV, the opportunity for immune-prophylaxis therapy is gone. Parents rush their babies to the pediatrician's office or the emergency room with severe respiratory distress. At that point, providers can do little more than put the infants on a ventilator to support breathing and then empathize with their families.

Yes, preventative therapy is costly. Yet, given the hundreds of thousands of dollars it costs to care for preterm infants in the NICU, it only makes sense to offer preventative therapies to maintain the respiratory health of these babies after discharge. We should not reduce health care expenditures at the expense of our preemies.

The Fear of Violence is Real!

Reverend Evelyn Collier-Dixon, RN, MS, MDIV

As I travel throughout the city, I'm finding more vacant playgrounds and play areas! What is wrong, why are the children not running around having fun on such beautiful days? Could it be that the children are afraid to go out side and play? Could it be that parents fear what will happen to their children in play areas?

As I sat on my back porch with my three grandchildren and a neighbor's child, I was so surprised and hurt at the same time. The children ranged from ages 2–9 years old. The two nine year old children hear a noise in the alley. They ran to the porch and left the two younger children behind. I asked, what happened? Panicking with fear that noise they heard could have been someone with a gun made them run to the porch! My heart suddenly stopped because I could not image what would have happened if this would have been true; what would of happened to the younger ones who could not run?

The older children stated, "they have learned how to take cover because they are afraid and know that there are so many bad people here in Chicago." They remembered the story of how a Chicago man was arrested and charged with murder after police said the 27-year-old gang member helped lure 9-year-old Tyshawn Lee into alley on the city's South Side and shoot him in the head in an apparent gang retaliation against Tyshawn's father. Tyshawn was one of their friends. He had been to one of their birthday



Rev. Evelyn Collier-Dixon, RN, BSN, MS, MDIV Active member of the Chicago Chapter NBNA. A Past President of the Chicago Chapter NBNA 2000-2004. A Past Board member of NBNA 2005-2008. Currently serves as NBNA Ecumenical Services, Chair.

parties and they remembered him and what was so cruelly done to him. They hear and see the daily stories of violence!

They also remembered last year as we sat on the front, a man came through gangway with a gun and shot at some young children walking down the streets!

It hurts so much to know that our children are so afraid and can not live normal lives because of the violence that plague our cities and country. How do we get to the bottom of this and resolve this disease of violence and fear? We have tried almost everything! What is it going to take? Please no more town hall meetings, no more broken promises from our legislatures. Our children are at stake! We all know the problem but where is the solution! How can I explain to my grandchildren that nothing or very little is being done to resolve these issues and they will have to continue to live in fear!

Please believe me when I tell you that children are not the only victims of this epidemic of violence and fear. We are all affected both old and young, teens and tweens!

Seniors can no longer go out for their daily walks to keep their healthy routine but are afraid to even open their doors. All age groups are affected by this epidemic!

The beating and robbery of a 94-year-old World War II veteran inside her Southwest Side home in December 2016 cast renewed light on the distinct experiences of seniors, a group sometimes overlooked as victims in Chicago's often-gang-driven violence that kills scores of young men.

We as black nurses said last year, "**Enough is Enough!**" We said it again this year! When will it really be Enough? **Please help me understand so I can tell my children!**



Preparing the 21st Century Workforce

Ellen Durant, MS, BS, RN

President

Chicago Chapter National Black Nurses Association
(Community Health Nurse Retired)

Based upon the fact that the term *population health* is much more widely used now than in 2003, when it was first introduced (Kundig, D., 2015), the 21st Century Healthcare Workforce must be fully prepared to understand and competently use the terms *public health* and *population health*, because while similar, they are defined differently and have different meanings and uses.

Compared with the conventional term, *public health*, the term *population health* is concerned with both the definition of measurement of health outcomes and the pattern of such healthcare determinants as “medical care, public health interventions, genetics and individual behavior, along with components of the social (e.g., income, education, employment, culture) and physical (e.g., urban design, clean air, water) environments” (Falk, L.D., N.D.), whereas *public health* is concerned more broadly with what “we as a society do collectively to assure the conditions in which people can be healthy” (Institute of Medicine, 1988). Clearly, as illustrated by these contrasting points, public health and population health are not the same.

According to the Center for Disease Control, *Public health* is “the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world.” (Center for Disease Control, 2017).

As a retired community health nurse, it is interesting to observe that due to many recent policy changes in healthcare (changes brought on for the most part by an increasingly strong influence of politics on the healthcare industry), a new “buzz” term, “population health management,” has been coined by the political and healthcare “powers that be.” Rationale, ostensibly justifying these changes,

have been argued as 1) providing greater access to healthcare for all segments of the population, and/or 2) improving the quality of healthcare services, while 3) lowering the cost of healthcare delivery.

To better understand the term and the relevancies of these points, it is necessary to consider the prevailing definition of *population health*. It is defined by industry researchers as being “a cohesive, integrated, and comprehensive approach to health care that considers the distribution of *health outcomes* within a population, the health determinants that influence the distribution of care, and the policies and interventions that impact and are impacted by the determinants” (Nash, D.B., et al., 2016, p. 4).

Essentially, what this means is that specific *health outcomes* have been identified and associated with specific segments of the population, and that the outcomes may be achieved through the proper management, namely, the *distribution*, of outcome determinants, i.e., outcome determining factors such as *healthcare interventions*, to include, professionally prescribed interventions, such as, professionally managed treatment therapies and pharmaceutical prescriptions, and of late *self-care* interventions, such as behavioral change strategies and other self-managed treatment strategies.

For example, the utility of self-care interventions relating to the diabetic population, shows that these interventions may be easily achieved by teaching members of this population to become involved with their medical/healthcare providers in identifying care strategies for implementation, then effectively managing these strategies themselves. Clearly, the overall diabetic population, as well as the public, in general, will benefit from the effective management of diabetic self-care strategies, as it will help to reduce the demand for follow-up care through greater compliance with health promoting behaviors and reduce their healthcare risks through ongoing communications with their primary care providers.

Similarly, as related to *behavior change* strategies, it is relatively easy to see that *population health outcomes* can be achieved by patients who modify interventions, such as physical and mental determinants, and habitual and cultural considerations, that affect their behavior, which have been paired with usual health care and reinforced through an inter-disciplinary approach implemented by non-physicians who will educate patients, support them, provide follow-up and evaluate the efficacy of efforts.

In the end, whether it has more utility than the term *public health*, or not, the term *population health* certainly provides a more discernable scientific, thus empirical, basis for addressing specific healthcare issues by *population* and, on this basis, is a more precise term and, clearly, a 21st Century healthcare term that is here to stay.

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NBNA Supports Bill on Polycystic Ovary Syndrome

The National Black Nurses Association is supporting a bipartisan resolution, **H.Res.495** to designate the month of “September as PCOS Awareness Month”. NBNA joins with The National Polycystic Ovary Syndrome Association with 45,000 members to let women know about **polycystic ovary syndrome** (PCOS). There will also be a Senate version of the resolution introduced shortly.

PCOS is the most common endocrine disorder in women which can lead to lifelong complications, infertility, type 2 diabetes, cardiovascular disease, endometrial cancer and other life-threatening diseases. PCOS affects 10-15% of women and more than 50% of women with the disorder are going undiagnosed or misdiagnosed. Additionally, there is an increased prevalence of PCOS among Black women and Black women with PCOS are at increased risk of diabetes compared to other women with PCOS.

Attachments & Links

You will find a copy of the resolution and the sign-on letter directed to additional potential cosponsors at the links below:

Short PCOS Overview Video - <https://vimeo.com/156341857>

Sign-On Letter for Your Review - <https://www.pcoschallenge.org/pcos-coalition-letter-nbna.pdf>

H. Res.495 Resolution - <https://www.congress.gov/115/bills/hres495/BILLS-115hres495ih.pdf>

Abuse of 340B Program Impacts Patient Care

Ted Okon



Ted Okon is executive director of the Community Oncology Alliance, the only non-profit organization dedicated solely to preserving and protecting access to community cancer care, where the majority of Americans with cancer are treated. Learn more at www.CommunityOncology.org

As nurses, you are at the front lines of patient care in your communities—administering medications, answering questions and providing your patients with the best guidance on treatment. This is a fact that I am reminded of on a regular basis as the proud husband of an oncology nurse. Indeed, having access to providers and medicines is crucial to treating disease, increasing life expectancy and improving quality of life. But for low-income patients, visiting a doctor and taking medication to complete necessary treatment is often weighed against other competing, higher-priority needs, like feeding the family and paying rent.

That is one of the reasons why the 340B drug discount program was established. This little-known federal program was created to help vulnerable or uninsured patients access valuable medications by providing certain hospitals and safety net clinics with discounted medicines. It is a critically important program for patients in need. Unfortunately, abuse of the 340B program has veered it way off track. A lack of transparency and clear program requirements has allowed some hospitals in the system to take advantage of the program for tremendous profit. For example, a recent government investigation found that many 340B hospitals require patients who fill prescriptions at the hospitals' contract pharmacies to pay full price for their prescriptions. For nurses, this means that while hospitals' bottom lines have grown larger under 340B, you might not always see the benefits of the program trickle down to the patients you care about.

It is time to fix the 340B program to make sure it actually helps patients in need, not large hospital corporations. Given the nature of your work, nurses can play a constructive role in improving this important program.

Several studies show that 340B hospitals' community charity care rate has decreased in recent years while hospitals' revenue has increased. A recent investigation showed that the nation's top seven ranked hospitals' charity [care fell by 35 percent](#) between 2013 and 2015 while hospital revenue increased by \$4.5 billion, more than half of those hospitals are 340B facilities. And an analysis by Avalere Health that looked specifically at 340B entities found that 64 percent of 340B hospitals have charity care rates below the national average for all hospitals.

Designed to help make care more affordable to the neediest patients, 340B has turned into a program of financial payoffs for hospital corporations. Nurses see patients choose to sacrifice their own health and wellbeing every day to save money for their children and families. We need to remind hospitals of the original intent of the 340B program: helping to ensure access to affordable prescription drugs for vulnerable or uninsured patients. Fixing the 340B program to make it sustainable in the long-term is critical to helping patients in need.

Preparing for an Active Shooter in a Healthcare Setting

David Griffiths
Senior Vice President,
Nurses Service Organization



David Griffiths is senior vice president of Nurses Service Organization (NSO), where he develops strategy and oversees execution of all new business acquisition and customer retention for the group's allied healthcare professional liability insurance programs. With more than 15 years of experience in the risk management industry, he leads a team covering account management, marketing and risk management services. More at www.nso.com.

Active shooter incidents throughout the country have prompted individuals and organizations, including hospitals and other healthcare facilities, to consider response plans for an “active shooter”. An “active shooter” is defined by the [U.S. Department of Homeland Security](http://www.dhs.gov) as “an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.”

Nurses should be aware if their workplace has a plan for how to handle an active shooter and they should be prepared to protect themselves and their patients.

A Deadly Problem

A [2012 Johns Hopkins' study](#) found that 154 hospital-related shootings occurred from 2000 to 2011, with 91 occurring inside the hospital and 63 outside, on hospital grounds. Although rare, these shootings can be deadly, particularly to the perpetrator, who was the victim in nearly half (45 percent) of cases. Nurses and physicians accounted for 5 percent and 3 percent of victims, respectively.

Most perpetrators (91 percent) were men, and motivations included a grudge, suicide, euthanizing an ill relative, and prisoner escape. Keep in mind, however, that according to the U.S. Department of Homeland Security, active shooters typically have no pattern or method for selecting their victims. Because of this, shooting events are often unpredictable and difficult to prevent. However, that doesn't mean there aren't steps nurses can take to be prepared to react in the event a shooting incident occurs where they work.

Stay Vigilant

An active shooter could be an employee, a patient or client, a physician, or someone else. Nurses should remain alert to people

acting suspiciously, for example appearing nervous when asked simple questions. Some people may exhibit signs of potentially violent behavior such as depression or withdrawal, repeated violations of a facility's policies, explosive outburst of anger, previous incidents of violence, etc. Report any concerns and document objective observations in the medical record.

[The Health Insurance Portability and Accountability Act \(HIPAA\) Privacy Rule](#) does not prevent a nurse from disclosing necessary information about a patient to law enforcement, family members of the patient, or other persons, when it is believed the patient presents a serious danger to himself or other people. HIPAA recommends clinicians be aware of state laws related to disclosure of patient information to prevent or lessen the risk of harm.

An active shooting is typically over within 10 to 15 minutes, so advance preparation on how to react quickly is essential. Having an emergency plan that covers active shooters and includes areas of responsibilities, emergency phone numbers, and response plans is crucial. The Emergency Nurses Association's [workplace violence resources](#), although hospital-focused, has several principles that also may be helpful in clinic settings:

- Have a code specific to these situations, such as “Code Silver”, which prevents people rushing to the scene to help and being placed in harm's way.

- Set up a command center to establish clear lines of communication, including how to notify people when the crisis is over. In some cases, social media may be appropriate for public updates.
- Participate in training exercises, and prepare to recognize the sound of gunshots, how to react, and how to adopt a survival mind set. Ideally, security in a facility and local law enforcement will participate in the training.

Nurses—and their patients—could easily be in the line of fire should an active shooter enter their facility. By being prepared and alert, nurses can help mitigate a tragic situation.

Nurses can visit the following websites for more resources on how to prepare for an active shooting situation.

Homeland Security, Active Shooter Preparedness: <http://www.dhs.gov/active-shooterpreparedness>

FEMA Emergency Management Institute, Active Shooter: <http://training.fema.gov/is/courseoverview.aspx?code=IS-907>

FBI, Active shooter planning and response in a healthcare setting: https://www.fbi.gov/file-repository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf/view

This risk management information was provided by Nurses Service Organization (NSO), the nation's largest provider of nurses' professional liability insurance coverage for over 650,000 nurses since 1976. INS endorses the individual professional liability insurance policy administered through NSO and underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company. Reproduction without permission of the publisher is prohibited. For questions, send an e-mail to service@nso.com or call 1-800-247-1500. www.nso.com.

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Both Parties Can Agree on Working to Solve the Looming Nurse Shortage



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The nation is rapidly growing grayer and more ethnically diverse. Today, about one in seven Americans is 65 or older. In less than 15 years, one in five Americans will be there, a percentage that will continue to rise. Meanwhile, the Census Bureau projects that by 2044, more than half of all Americans will belong to an ethnic group other than non-Hispanic white, and by 2060, nearly one in five Americans will be foreign born. These massive demographic shifts will put enormous strain on a healthcare system ill-prepared for it. Case in point: America's looming nurse shortage.

The largest component of the healthcare workforce, nurses play an indispensable role in the provision of healthcare. But in the years to come, the demand for nursing services will dramatically outstrip the supply -- all the more so because of the 20-plus million people who gained access to healthcare under the Affordable Care Act.

In this new healthcare environment, the skills of nurses -- and specifically, advanced practice nurses -- will be especially valuable. Averting any shortfall will require policies from Washington aimed at making the most of those who enter the nursing profession. Advanced practice nurses, a professional category that includes nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists, possess a higher level of medical expertise, training, and decision-making authority than traditional registered nurses.

These advanced practice nurses are able to run primary care clinics and manage the treatment of medical issues from sinus infections to diabetes and hypertension. When medical facilities employ advanced practice nurses, physicians are able to reserve their time for specialty and complex cases. The quality of care

these nurses provide is consistently excellent. In one recent study, the health outcomes of primary care patients treated by advanced practice nurses were just as good as those for patients treated by physicians. In many cases, patient satisfaction was actually higher for those who were treated by advanced practice nurses.

Moreover, the versatile skill set of these nurses, ranging from diagnosing patients to record-keeping, case-management, and conducting physical exams, makes them well-suited to provide healthcare services to populations that would otherwise be underserved. Clinics staffed by a nurse practitioner can make a huge difference in poor urban or rural areas where the nearest physician is a long way away.

Unfortunately, shifting demographics won't just increase the demand for nurses -- it will also reduce the supply. The average age of a working registered nurse is over 50, and nearly half of our 2.7 million nurses will reach retirement age within the next 15 years. Nursing schools aren't producing nearly enough graduates to provide the 1.2 million new nurses our nation will need by 2030. A lack of faculty, classroom space, and other resources forced nursing schools to turn away more than 64,000 qualified applicants in the 2016-17 academic year.

Without an effort to train enough nurses to meet the needs of an older, more diverse nation, America's health system may be pushed past the breaking point. On this front, there's much that lawmakers in Congress can do, starting with providing healthcare and educational institutions with the resources to train the next generation of nurses. For one, they can allocate more funding towards Title VIII Nursing Workforce Development programs, which support nurses practicing in rural and medically underserved communities, nursing

diversity grants, the National Nurse Service Corp, nurse faculty loan forgiveness, and geriatric education. Lawmakers could also expand the Graduate Nurse Education demonstration initiative, a program that currently reimburses qualifying hospitals for the cost of training advanced practice nurses.

Congress should also seek to remove regulatory barriers that prevent advanced practice nurses in many states from making full use of their knowledge and skills. In Alabama, for instance, a nurse practitioner must have a physician present 10 percent of the time in order to practice. When nurse practitioners in Missouri treat a new patient, that patient is required to see the collaborating physician within two weeks.

There's ample precedent for rolling back such outdated regulations. Just last year, the Department of Veterans Affairs amended its rules

to allow advanced practice nurses to do everything their training and certification empowers them to do in any VA facility in any state. Congress should follow the VA's lead and override onerous state restrictions, allowing advanced practiced nurses full practice authority.

Not all healthcare reforms need to inspire bitter partisan conflict like the one happening in Washington. Commonsense reforms to avert a nursing shortage deserve the support of both parties -- and are essential to cope with our coming demographic upheaval.

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Faculty-Student Mentorship and Professional Assimilation

Miracle Reese, MSN, BSN, RN
Martha A. Dawson, DNP, MSN, RN, CNL, FACHE

As the oldest child of a single parent home, I am looked to by my siblings for advice and considered the responsible one. My mother was a very supportive and allowed her three daughters to explore various interests, such as dance, cheerleading, and acting. As a big sister, I did not have an older sibling to teach and guide me; I was the role model. Knowing that I also needed guidance beyond the shadow of my mom, I began to talk to older, more mature people and found myself using their life advice to stay focused and strive for excellence

I recognized my passion for nursing at five years old. When I entered college, I received the wise advice to seek a mentor relationship with someone that could contribute to my growth as a young person aspiring to become a registered nurse (RN). This instructor, a strong advocate for Bachelor of Science in nursing (BSN) introduced me to the value of having a professional mentor. Therefore, while completing my first year of college, I sought an opportunity to participate in an undergraduate nursing mentorship program through University at Birmingham Medical Center (UABMC) and UAB School of Nursing. It was through the UAB program that I met Dr. Jean Ivey, an advanced practice pediatric nurse, and she became my mentor. Seeking and accepting a professional mentor was scary, and it created a fear about how I would interact with this professional person and learn from her. The Studer Group (2010) recognizes mentorship as a “process for the informal transmission of knowledge...as it relates to work, career, or professional development...between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé) (p. 95). Therefore, I had to learn to build relationships, accept advice from others and put into action new lessons learned from my mentors. The undergraduate mentorship program gave me a closer look into the professional world of nursing and inspired me to search for my true passion and purpose as a young aspiring professional.

My next and most influential mentor relationship began after becoming a very new nurse at UABMC when I began to give back and became a mentor to new nursing students that were participating in the Enrichment for Academic Nursing Success (EANS) program. This program was funded by a Health Resources and Services Administration (HRSA) grant. During the EANS mentorship orientation, I met Dr. Martha Dawson and she would later become a great mentor to me as a novice nurse. This relationship has continued throughout my nursing journey until present. It took a small nudge from a peer to become actively involved in professional organizations and attend seminars and events that would help to expand my personal and professional development. I quickly joined the Birmingham Black Nurses Association (BBNA) where I knew no one besides the co-worker that invited me. At my first BBNA meeting, I saw Dr. Dawson and discovered she was an active member at the state and national levels.

Encouragement for the Mentee

My advice to anyone seeking a productive mentor relationship to help create advantage in his or her personal and professional life would be:

1. Do not be shy about approaching a potential mentor; simply show up to events that interest you and explore projects to support and engage,
2. If there is no one around you that you recognize as a potential mentor, join an organization that places you in a network of people that are doing things that interest you,
3. Become willing to express your need of wanting someone to guide you,
4. Look for positive, experienced leaders that will foster your growth and development; it is not about what you want to hear, but what you need to learn, and
5. Do not forget to give back to someone else by offering yourself as a mentor.

Mentorship and Personal Development

My mentorship experience has positively affected my life. Having a mentor not only taught me how to build relationships, but it also influenced my personal development. As mentee, you have to schedule that one-on-one time, but it does not have to be in person. It is the mentee's responsibility to learn the hard lessons and accept the advice that you may not want hear. The mentor



Martha A. Dawson, DNP, RN, FACHE, Assistant Professor and MSN Specialty Coordinator for the Nursing and Health System Administration (NHSA) track, University of Alabama at Birmingham School of Nursing (UABSON). Dr. Dawson served as the NBNA National Secretary and currently serves as the NBNA Historian.



Miracle Reese, MSN, BSN, RN, is a recent graduate of the Nursing and Health Systems Administration track at UAB at Birmingham Medical Center. She is employed at the Birmingham VA Hospital.

much be someone with knowledge, expertise and experience. The person must be willing to motivate and help the mentee set and achieve goals and strive for success. Faculty can become mentors to their students. I experienced this while in undergraduate school and in my graduate program at UAB School of Nursing. Dr. Martha Dawson and the team of faculty in the Nursing and Health System Administration (NHSA) program have successfully designed a program that embeds self-reflection, professional growth, coaching and one-to-one mentorship. Each student has open access to faculty for mentorship and advice. Dr. Dawson has taken time to explain various nursing paths to students that she calls her student colleagues. She encouraged me to pursue and complete my master's degree in the NHSA program. According to Bob Rosen (2014), "healthy leaders foster productive relationships in a variety of ways." It took Dr. Dawson's willingness to reach out to others and me, and her generosity has added benefits to my life and to the profession of nursing.

Summary

My philosophy of life has truly changed through balancing personal decisions and career choices. I continue to learn of specific success paths through my nursing career. A combination of authentic leadership, as well as mentorship, has set a high mark and a positive example for minority women like myself. One article recognizes the power of retaining African American students through mentoring when the author suggests how mentoring allows empowerment by "helping students navigate through a multifaceted world of nursing by enhancing reflective abilities in the learning process" (Davis-Dick, 2009). My mentors have served as resource people that can speak to various processes of life. These include career planning, community connection, and spiritual influence. Each of them can

and are willing to share successes and failures throughout their own life paths so far. I look to them to seek guidance towards my personal development and career goals. Personally, I never knew on an individual level how extensive the nursing profession could be until I became a mentee. I have found true connections to a larger world that cultivates friendships and promote building a legacy through mentoring.

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THINGS YOU SHOULD KNOW ABOUT NBNA:

1. **NBNA places great information on its Facebook Page.** Send your resources and pictures of chapter and individual achievements to info@nbna.org. We need you to go to the NBNA Facebook Page often and click “like” and “share”.
2. **The NBNA President holds quarterly meetings with Chapter Presidents.** Thank you to the chapter presidents who took part in a teleconference with the NBNA President, Dr. Eric J. Williams on September 20. Stay tuned for the next meeting. If you have ideas that you would like for the President to address send an email to info@nbna.org.
3. **Start now identifying a stellar nurse who is doing exemplary things and nominate them for the NBNA 40 and Under Award.** Applications will go out in February 2018.
4. **Have you been appointed or elected to a board of directors?** Let us know by sending the name, organizational name and the title of your appointment.
5. **Did you know that NBNA was instrumental in the development of CE courses hosted by the Movement is Life Caucus?** Please take advantage of the free CE webinars that are offered to NBNA. Go to the NBNA Resources page on the website at www.nbna.org for a list of the webinars.
6. **For all NBNA leaders, NBNA needs your one page biographical sketch.** This will help NBNA identify the appropriate members to serve on advisory boards, for speaking engagements, interviews. Send your bio to info@nbna.org.
7. **Who is listening to you?** NBNA would love to let the media know about the wonderful things that you are doing. Please send your media contact with an email address to info@nbna.org.
8. **NBNA wants to celebrate NURSES.** Let us know about special nurse days: NBNA Day on Capitol Hill, National Nurses Week, National Nurse Certification Week, National Nurse Anesthetist Week. Give us the name of the special day and the dates.
9. **Are you looking for a job or a career change?** Check out the NBNA job postings at www.nbna.org. If you have a job posting, consider placing with NBNA.
10. **Did you know that NBNA has over 100 exhibitors at its conference?** They are looking for you to join them as employees or as students. Bring your resume with you or have it on your device to email it to the exhibitor.
11. **NBNA Conversations on Facebook.** Send your question or idea that we can put on Facebook to generate conversation. Like, what is your favorite health app? Besides NBNA, what conference do you attend that has the “WOW” factor? We are looking for 52 conversations for 2018. Send to info@nbna.org.

Wishing you a GREAT AUTUMN!!!

Have You Considered Applying To Become An American Academy of Nursing Fellow?

Fellowship is bestowed in recognition of your expertise and in expectation that your expertise will enhance that of other fellows to advance health policy and practice. Each year a new talented cohort of nurse leaders become fellows, signaling their commitment to contribute to improving the health of the nation and making nursing's contributions more visible.

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The 2018 application will be available later this summer. Get started by clicking here: <http://www.aannet.org/about/fellowship-application>



Chapters in Service

NEW ENGLAND REGIONAL BLACK NURSES ASSOCIATION



Member Sharon Callender and volunteer cooking eggs for 150 women



Member Ruth Hines steaming broccoli



Member Diana Gist cutting butter for the hominy grits



Nursing Students making banana pudding



Chapter President Tarma Johnson taking a "selfie" with the cooks

On behalf of NERBNA I would like to submit this wonderful news about our Board Member Gaurdia Banister. She has been honored as the inaugural incumbent of the Connell-Jones Endowed Chair in Nursing and Patient Care at Mass General Hospital (MGH)!

This week we celebrated the establishment of the Connell-Jones Endowed Chair in Nursing and Patient Care Research, and saluted **Gaurdia Banister, RN, PhD, NEA-BC, FAAN**, executive director of the MGH Institute for Patient Care and director of the Yvonne L. Munn Center for Nursing Research, as the inaugural incumbent. The chair – the second



All the volunteers after a great brunch and clean up

Chapters in Service

NEW ENGLAND REGIONAL BLACK NURSES ASSOCIATION (cont.)

endowed chair in the Department of Nursing and Patient Care – is named for **Margot Connell** and her family who have demonstrated extraordinary generosity not only in funding this important effort but also for their longtime support of MGH Nursing with the Connell Research Scholars and Connell Ethics Fellows, two programs that have highlighted the important role of nurse-scientists. The chair also honors **Dottie Jones, RN, EdD**, a friend of the Connell family who is the first director and senior nurse scientist of the Munn Center and professor of nursing at Boston College's William F. Connell School of Nursing.

At the ceremony, Gaurdia gave special thanks to **Jeanette Ives Erickson, RN, DNP**, MGH senior vice president for Patient Care Services and chief nurse, for recruiting her to the MGH. Through the chair, Gaurdia will advance her research in optimizing team performance by exploring innovative models of interprofessional education for students and practicing clinicians. She also will continue examining challenges for culturally diverse nursing students.

NORTHERN NEW JERSEY BLACK NURSES ASSOCIATION

Larider Ruffin, DNP, APN, RN, ANP-BC, GNP, CRNP, CTTS, President, Northern New Jersey Black Nurses Association; Adult and Gerontological Nurse Practitioner & Certified Tobacco Treatment Specialist

Dr. Ruffin's research study was recently published in the July 2017 issue of the *Journal of the National Black Nurses Association*. **Ruffin, L. (2017). Health Coaching Strategy to Improve Glycemic Control in African-American Adults with Type 2 Diabetes: An Integrative Review. *Journal of the NBNA*, 28(1), 54-59**

Dr. Ruffin received the honorary nomination for the 2017 **"Best in Nursing Award"** from the American Health Council (AHC). The AHC's "Best in Nursing" awards recognizes the individuals and institutions that have contributed significantly to nursing, as well as the training and education of nurses.

Dr. Ruffin presented at the NBNA 45th convention in Las Vegas on **"Innovation in Smoking Cessation: NBNA Recognizing Nicotine Dependence and Tobacco Use Disorders as a Chronic Disease"** at the Presidents Leadership Institute. And, he presented on **"The Nurse's Roles in Addressing Nicotine Dependence as a Chronic Disease"** in the nursing practice workshop.

Dr. Ruffin's poster entitled, **"Health Coaching Strategy to Improve Glycemic Control in African-American Adults with Type 2 Diabetes: An Integrative Review"** has been selected for presentation at the 2017 New Jersey State Nurses/Institute for Nursing Professional Annual Convention at Bally's Casino and Resort in Atlantic City, New Jersey.

Dr. Ruffin was appointed to the position of **Assistant Professor of Nursing at Stockton University**.

COLUMBUS BLACK NURSES ASSOCIATION

Columbus Black Nurses Association student members Dayion Bange and Burton Solomon are two of our male student nurses that have recently completed their Associates Degree in Nursing programs. Both have served as student members of our local

chapter since 2016. They have focused on helping to mentor young minorities, especially males, to aspire to success and education. Both members have decided to continue educational pursuits with Family Nurse Practitioner as their goal.

Chapters in Service

SOUTH EASTERN PENNSYLVANIA AREA BLACK NURSES ASSOCIATION



In April, Monica Harmon, SEPABNA president, attended the conference “Building on the Campaign for Action Pillars to Create a Healthier America” in an effort to advance a culture of health. She went as a part of the Pennsylvania Action Coalition working to partner for a healthy Pennsylvania.



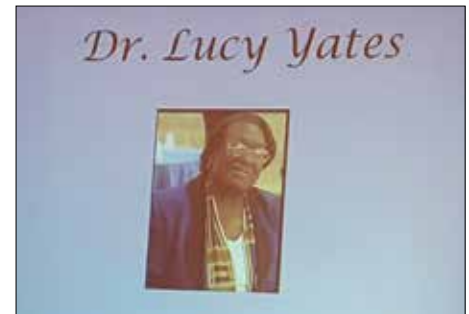
On April 22, 2017, SEPABNA collaborated with VITAS Healthcare to help with the “Missing Our Mothers, Daughters Remember” annual breakfast. This event provides an opportunity for daughters to remember and celebrate the lives of their mothers whom they have lost. VITAS also had a memorial for the late Dr. Lucy Yates, the mother and founder of the SEPABNA chapter.



The Q Show (a local television show on the Fox 29 channel) invited SEPABNA to appear on its show on May 8, 2017 to celebrate National Nurses Week and Student Nurses Day.



The Philadelphia College of Osteopathic Medicine’s Diversity Office invited SEPABNA to their semi-formal Awards ceremony in honor of the Rev Dr. Martin Luther King, Jr. and the legacy of William M. King, D.O., ‘62.



Dr. Lucy Yates, the mother and founder of the SEPABNA chapter.

Michelle Young-Stevenson is working as the Treasurer of the Neighborhood Block Association. This association is a community group which meets monthly to focus on the needs of the Mt. Airy (a region of Philadelphia) community.

On May 17, 2017, Arlene Branch and Pamela Mack-Brooks participated in a health fair at Enon Tabernacle Baptist Church. Pamela was one of the speakers for the event.

Chapters in Service

SOUTH EASTERN PENNSYLVANIA AREA BLACK NURSES ASSOCIATION (cont.)



The members of SEPABNA gleaned valuable information from the HIV lecture and dinner with Dr. Helena Kwakwa regarding “Transgender Sex Workers and People Who Inject Drugs” on April 29, 2017.



On May 1, 2017, a few members traveled to New York to attend the lecture “Keeping Alive the Memories of Lost Loved Ones for Healing and Resilience: A Conversation with Henry Louis Gates, Jr., Soledad O’Brien and Allison Gilbert”.

Chapters in Service

COLUMBUS GEORGIA METRO BLACK NURSES EXCELLENCE IN NURSING LUNCHEON MAY 6, 2017



Columbus Georgia Metro Black Nurses Annual Xcellence in Nursing Luncheon. Dr. Eric Williams speaker. May 6, 2017. Back row: Shirley Shavers, LaTanya Wheeler, Dr. Williams, Eileen Albritton, Hilda Govan-Harris, Louise Cofield, Junie Christian. Seated: Florence Miller, Pamela Rainey, Georgia Stampley and Agnes Shelton



Jerry (Pop) Barnes, Dr. Eric J. Williams and Florence Miller. Dr. Williams was given Proclamation and May 6 was designated Dr. Eric J. Williams Day in Columbus, Georgia.



Agnes Shelton, Marvin Broadwater, Chandra Wilson,



Deloris Doleman (middle) was given the Chapter's Service Award

Chapters in Service

SOUTHEAST TEXAS BLACK NURSES ASSOCIATION ANNUAL SCHOLARSHIP BANQUET



Members on the Move

Dr. Eric J. Williams, NBNA President, conducted a webinar for the AARP Center to Champion Nursing on “Mentorship: A Pillar for Success in Creating the Next Generation of Nurses”.

Dr. Eric J. Williams attended the National League for Nursing Annual Conference in San Diego, September 14-15.

Dr. Eric J. Williams received the Luther Christman Award at the annual meeting of the American Association of Men in Nursing on Thursday, September 21, 2017 in Las Vegas. Luther Christman was the founder of AAMN.

Dr. Eric J. Williams was the keynote speaker at the Northwest Indiana Black Nurses Association Scholarship Luncheon on September 23.

Dr. Eric J. Williams was inducted into the American Academy of Nursing on October 7, 2017, in Washington, DC.

Dr. Eric J. Williams was the keynote speaker at the Greater St. Louis Black Nurses Association Scholarship Luncheon on October 21.

Dr. Eric J. Williams will be the keynote speaker at the New Orleans Black Nurses Association Future of Nursing Summit, November 4, 2017

Lola Denise Jefferson, NBNA First Vice President, received The National Women of Achievement Award on September 30, 2017. The fundraiser celebrates women who have made outstanding contributions to the Houston Area and to the world.

Kendrick T. Clack, NBNA Secretary, was on a panel for a live streamed session on non-violence, on October 17, 2017, at the North Carolina Central University School of Law, Durham, NC. This is a part of the Black Women of Positive Change annual week of Non-Violence, October 15-23.

Dr. Barbara Nichol's received NYU's College of Nursing highest award, the Helen Manzer Award, and was the Keynote Speaker at the NYU Rory Meyers College of Nursing Graduation on May 22, 2017.

Dr. Barbara Nichols was honored by the Commission on Graduates of Foreign Nursing Schools at its 40th Annual Meeting on September 17 in Philadelphia. She was given The International Distinguished Leadership Award. Dr. Nichols previously served as the CEO of CGFNS.

Walter Perez, MSN , RN , CEN, CCRN, (under 40 NBNA member), published **Endocrine Emergencies**, chapter 14, in the textbook *Emergency Core Curriculum, 7th Edition*. He is a member of the Council of Black Nurses, Los Angeles.

Shirley Evers-Manly, PhD, RN, FAAN, Chief Nursing Officer, Howard University Hospital Senior Managing Director, Clinical Development, Paladin Healthcare Management, represented NBNA and spoke on a panel at the National Medical Association Professional Development Series during the Congressional Black Caucus Foundation Legislative Week on September 20, 2017.

Chapter Websites

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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

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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

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Northern Connecticut BNA (84) www.ncbna.org

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

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FLORIDA

BNA, Miami (07) www.bna_miami.org

BNA, Tampa Bay (106) www.tbna.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

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Honolulu BNA (80) www.honolulublacknurses.com

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

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Western Massachusetts BNA (40) www.wmbnurses.org

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Lansing Area BNA (149) labna.nursingnetwork.com

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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

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

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*Only if there is no Chapter in your area

