

National Black Nurses Association, Inc. NBNA NEWS

Continuing the Legacy



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NBNA Newsletter

NBNA NEWSLETTER CRITERIA FOR SUBMITTING ARTICLES:

- 500-750 Word Article
- Title of Article, Author’s Name and Credentials (Alison Brown, MSN, RN)
- Three-line biographical sketch & author’s headshot photograph (high res)
- Resources where appropriate
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8630 Fenton Street, Suite 330
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Editor-in-Chief

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Dr. Deidre Walton, President
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President's Message

The National Black Nurses Association (NBNA) continues its legacy in making an impact both in our communities and nationally. Throughout its history the NBNA has been guided by the principle that African American nurses have the understanding, knowledge, interest, and expertise to make a significant difference in the health care status of African American communities across the nation.

NBNA has moved into a position of national prominence in health care and public policy arenas. We celebrated our 25th Anniversary of NBNA Day on Capitol Hill on Thursday, February 7, 2013, at the L'Enfant Plaza Hotel, Washington, DC. NBNA applauds Dr. C. Alicia Georges for her visionary leadership and translating her vision into reality, establishing the NBNA Black Nurses Day on Capitol Hill.

NBNA was excited to salute the architects of NBNA Day on Capitol Hill Day during the luncheon, The Honorable Louis Stokes, former Chairman of the Congressional Black Caucus and member of the Budget and Appropriations Committees; Dr. C. Alicia Georges, NBNA Past President and William "Larry" Lucas, representing PhRMA. We also honored The Honorable Donna Christensen, Chair of the Congressional Black Caucus Health Brain Trust, who has been our Congressional host for 17 years.

The Health Policy Committee Chair, Deborah Jones; Co-Chair, Dr. Beulah Nash-Teachey; and NBNA Health Policy Committee members made this milestone in history a memorable day. There was a record attendance at this year's program and the room was filled with excitement. The Capitol Hill Day Legislative Agenda was presented by committee member Kenya Haney, which included four legislative topics: Malnutrition (NBNA Resolution); Title VIII, Dr. Janice Phillips; Mental Health, Dr. Janice Phillips; and Hypertension, Patricia Lane. Health Policy Committee member, Patricia Lane provided highlights from the American Heart Association and "Million Hearts Changing the Heart Health of the Nation Together." The attendees were provided a Capitol Hill Legislative Toolkit.

NBNA membership requested expanding federal appropriations to support federal funding for mental health programs and initiatives while visiting their Legislators. NBNA is committed to advocating for mental health funding, thus providing recommendations to Legislators.

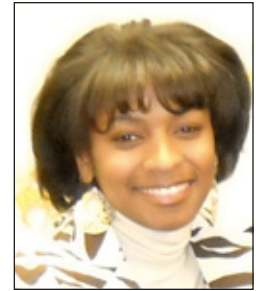
NBNA membership also requested expanding federal appropriations to support professional nursing education and nurse faculty loan repayment programs. The Nursing Workforce Development Programs (Title VIII, Public Health Service Act) enacted in 1964, was created in response to a shortage of health care providers. NBNA supports the education and training of qualified nurses needed to provide high quality care to diverse communities, especially racial minority and underserved communities.

Corporate Sponsors spoke on health and wellness issues. A debriefing and reception was held in the evening at the L'Enfant Plaza Hotel. The membership shared their visits with their Legislators.

NBNA and its membership continue to be recognized as leaders in transforming health care. We have demonstrated that we are well informed of relevant and pertinent legislation and critical issues in the US but also global issues that encompass a global perspective. NBNA leadership and its membership are sought after for their invaluable source of knowledge in education, research, administration and evidenced based practice. We must continue to champion for our communities. We must stay united in ensuring access to high quality, patient centered care for our communities. We must partner and join forces in implementing strategies that will contribute to increasing the number of baccalaureate prepared nurses as well as nurses with advanced degrees. NBNA will continue its legacy and will stay committed to developing leaders at the hospitals, board rooms and within the political arena.

A Student's Perspective of the 25th NBNA Day on Capitol Hill

Tarice Williams, SN, Senior Nursing Student, Bowie State University



THIS YEAR'S 25th Anniversary of the National Black Nurses Day on Capitol Hill was such a memorable experience. While attending school at Bowie State University's (BSU) BSN program in Bowie, MD, the invitation to attend this event was extended to me, and I was not quite sure what to expect. Out of curiosity and not knowing if I had missed the deadline, I contacted my BSU professors Ms. Wilks & Ms. Gall requesting that my name be added to the list, and I am so glad that I did!

Upon entering the L'Enfant Plaza Hotel Ballroom on February 7th and seeing the faces of so many Black successful nursing professionals spanning over multiple generations, I felt a sense of pride and was eager to see what the day had in store. I knew that I wanted to take full advantage of this opportunity by sitting at a table with a majority of individuals that I did not know, so I chose an open seat at a table with two of my BSU colleagues, Kourtney Miah and Paschal Ukachi, and seven nurses of whom we had the pleasure of meeting for the first time. I know that God works in mysterious ways, but He REALLY showed up and showed out on this day!

The seven nurses that I sat with all hailed from beautiful, sunny Florida, where my husband, two children and I recently moved, and where I intend to serve as a licensed Registered Nurse upon graduation this year. I would be remiss if I did not take the time to mention the names of these wonderful women that henceforth will be referred to as "My Angels", because for the next 10 hours they took me under their wings and opened my eyes to a world of opportunity. My Angels include the following NBNA Members: Dr. Lenora Yates, President of the Miami Black Nurses Association (BNA); Dr. Annette Gibson, Parliamentarian and Chair of the Bylaws Committee for Miami BNA; Dr. Debbie McGregor, Miami BNA; Dr. Marie Etienne, Historian & Public Relations Chair for Miami BNA; Dr. Louise Aurelien, President of Palm Beach BNA; Nahomie Mirville, Miami BNA; Marjorie Lozama, Miami BNA; and Hester O'Rourke, President of Big Bend BNA.

It was an honor to witness NBNA pay homage to The Honorable Louis Stokes, Dr. C. Alicia Georges, Mr. William "Larry" Lucas and The Honorable Donna Christensen for serving as trailblazers that led the way for NBNA Day on Capitol Hill to be established and upheld. I understand that because of their vision and efforts, NBNA is recognized and has a voice in legislative initiatives on Capitol Hill. The various speakers' presentations in their area of expertise were enlightening and thought provoking. Furthermore, no one in attendance will ever forget the entertaining testimonials from audience members such as Ms. O'Rourke, who gave witness as to how they are staying young, aging with grace and moving on to bigger and better things in life.

Then came the moment for the reason of this significant occasion. Together, "My Angels" and I visited the offices of the United States House of Representatives members Frederica Wilson, Lois Frankel and Steve Southerland, II. One by one, I watched as each member of my group boldly highlighted some of the key NBNA platform issues to their respective legislators' correspondents and advisors. Issues that were discussed include, but were not limited to, The Nursing Workforce Development Programs (Title VIII Public Health Service Act), mental health & substance abuse funding, the DNP Program, health disparities and hypertension. There was no written script or rehearsing of lines, but each of the nurses spoke from her heart about the concerns and issues that matter most to our patients and to our profession.

We trekked up and down the hallways, navigating from one office to the next, being certain to pose for photographs along the way to document our historic visit. It was delightful to see the faces of so many Black nurses gracing the corridors of the Rayburn and Longworth House Office Buildings. We were all on a mission to let our voices be heard and our presence be felt as a unified front, pushing forward the NBNA platform issues to improve the health and wellness of our country. Needless to say, I walked away from this experience with a newfound sense of boldness and confidence, because the intimidation and doubt melted away in the presence of such strength and collective unity.

This experience and the guidance of "My Angels" from the great state of Florida will live on forever in my memory. I feel emboldened, empowered and reassured that when I become a Registered Nurse, I too can effect change on a state and national level. Not by sitting back and waiting for others, but by taking the initiative to confidently speak up and by holding firmly on my convictions. Finally, being surrounded by such accomplished black nurses at the NBNA Day on Capitol Hill, who are not just talking the talk but walking the walk, has made me all the more determined to pursue higher levels of education and explore multiple advanced degrees, because learning is a lifelong process.

A special thank you to the NBNA Health Policy Committee, who spent countless hours in planning and making this conference possible and available to students. I have saved the date, and I am looking forward to seeing all of you again in New Orleans for the NBNA 41st Annual Institute & Conference!

Pre-Nursing School: Some Helpful Insights

Bria Shanae Thomas



WHEN A PERSON thinks about becoming a registered nurse, there are many thoughts that can run through their head. Some may believe that being a nurse is too difficult, some may consider a nursing job as stressful, and some would have no worries at all. I am not a nurse yet, but I am in the process of getting accepted in a nursing program. There are some challenges faced while trying to reach that goal. There are the challenges of meeting deadlines, making A's and B's in courses that are detailed and are on the college level, maintaining a 3.0 grade point average, and staying grounded and humble through it all so the stress will not wear a person out. To successfully complete nursing school, there are three things that one should have: faith, a nursing mentor, and a positive circle.

I am a strong believer in faith and God and with him all things all possible. Even though I read my bible and have a relationship with God, I also know that I have to do some work myself. When I make an A or B, I become happy, but I have to remember that I did not make that grade by myself, that I had some assistance and guidance. Also, when I do not make the best grades, he constantly reminds me that in the end he is still God and not to worry especially if I put forth my best effort. With nursing being a competitive major, intimidation is something that tries to keep my spirit down, but every time I start feeling a certain way God sends someone through my path to remind me that everything will be okay and to never give up. I have even had people that do not know me personally come and speak a word of encouragement over my life including registered nurses. They will tell me some of the struggles they encountered and that it was not easy for them which becomes inspiring for me since they have already been through nursing school. Through it all, God keeps me humble and reminds me whether good or bad, He is still in control.

Another important asset to have while in nursing school is a nursing mentor. This is not just any mentor, but someone who is already a nurse and has taken the classes you have taken. It should also be someone who you aspire to be. Nursing mentors and advisors are physically there to guide the students through the program with picking the appropriate courses, an ear to listen, and reasonable advice for the student. My nursing mentor is my advisor, Kathy Morris. She is very helpful and understanding when it comes to my concerns about the program.

Last but not least, a positive circle is a must-have throughout nursing school. Being around people that are trying to get where you are going or being surrounded with people that are where you want to be is encouraging and gives hope. Sometimes the people that we call our friends are not really our friends and are negative assets to our lives which can be detrimental to someone trying to successfully complete nursing school. College is a place where you survive or you do not; surviving consists of that positive group of friends and associates that want the best for themselves but have your best interest at heart as well.

Overall, it has been a privilege to be halfway done with school. It has not been as easy as it looks, but in the end it will definitely be rewarding. Becoming a registered nurse is something I aspire to be and nothing less. Through it all, my faith in God, my nursing mentor, and surrounding myself with positive people has helped me these past two years with my core subjects and will help me get through the next two years of the nursing program.

Bria Shanae Thomas is a native from Augusta, GA. She graduated from Cross Creek High School in 2010. She is currently a Junior at Armstrong Atlantic State University in Savannah, GA. Bria aspires to become a registered nurse. She has a commitment and enjoys volunteering.

The Patient Protection and the Affordable Care Act: Transforming the Nursing Curriculum



Eric J. Williams, DNP, RN, CNE

FLORENCE NIGHTINGALE, founder of modern day nursing, was committed to health promotion and disease prevention with emphasis on nursing in the public's domain. However, over the years, nursing has lost focus on health promotion and disease prevention due to a focal point on acute care. On March 23, 2010, President Barack Obama signed into law a federal statute, The Patient Protection and Affordable Care Act (PPACA or ACA) legislation. President Obama demonstrated his commitment to health care along with many nurses who have advocated for health promotion and disease prevention in their individual practice for decades.

Currently, an additional 32 million Americans will have access to health care services in the United States with the passage of the PPACA. The PPACA is a timely dream that has come true for those uninsured, underinsured, and underrepresented. The legislation ensures access to a wide array of health care services which will facilitate optimal health care for consumers. Nurses' work with consumers daily and are often first line responders who witness a lack of health care resources in our communities, hospitals and families. Also, nurse educators have a significant role in meeting the needs of a global society by transforming nursing curriculums.

PPACA and transforming the nursing curriculum. As nurse educators prepare graduates to meet the needs of a global society through transforming curriculums, these changes are viewed as contemporary and reflect the needs of an ever changing environment. The implications for nursing education is to transform nursing curriculums across the nation which will require collaboration, partnership linkages, advocacy, and research to ensure a better educated health care consumer. Curriculum transformation will focus attention on critical information produced by the Institute of Medicine, and professional nursing organization's statements which will assist in redesigning nursing education based upon competencies. The impetus for quality care decisions will involve redesigning nursing education based upon competencies, clinical training, use of technology, and evidenced based data (Hassmiller, 2010).

The Institute of Medicine/Robert Wood Johnson Foundation Report on "The Future of Nursing" encourages schools of nursing to transform the nursing profession by assessing current needs of patients across the life span. This concept should result in a "Call to Action". A "Call to Action" for discussions by nursing faculty, state boards of nursing, accrediting and professional organizations and many other stakeholders to actively engage in increasing our efforts to promote health and wellness by maximizing the utilization of the PPACA. Aspects of the PPACA can be integrated throughout the nursing curriculum based upon recommendations from stakeholders. Being actively engaged as stakeholders regarding the PPACA will

enable nurses to promote better access to care, reduce errors, and promote favorable health outcomes (Hassmiller, 2010).

From licensed practical/vocational to doctoral nursing programs, nursing faculty will be compelled to strengthen their efforts to facilitate health promotion and disease prevention with outcome data that reveals a decrease in morbidity and mortality. As a result of the PPACA, millions Americans will be insured and have access to health and wellness coverage. Nursing schools must have curriculums that focus on outpatient education, health promotion and disease prevention. Such outpatient programs will include vaccinations, cancer screening, annual physicals, public health education, rehabilitation services (physical and mental) and preventive medicine. The health promotion and disease prevention curriculum content can be interwoven in all nursing courses by:

- Discussion of public policy issues which address concerns such as income, food, employment, and work conditions.
- Utilizing community partners which can expand clinical experiences and service learning with a focus on health promotion and disease prevention models (health fairs, workshops and seminars).
- Identifying best practices to incorporate into nursing students patient families' plans of care that emphasizes health promotion and disease prevention with self-reflection.
- Course and program objectives that measures deliverables on health promotion and disease prevention.

An evaluation of the effectiveness of the integration of health promotion and disease prevention into the nursing curriculum can be examined by several methods. Some are:

- Student and faculty feedback through surveys can serve as a mechanism to gather data and facilitate future directions for transforming nursing curriculums.
- Obtain feedback from practice industry leaders (nursing administrators in all settings) that employ new graduates (hospitals, clinics, etc), and governmental organizations to measure outcome deliverables.

The faculty, student, and practice industry leader entities can all be brought together by using an advisory committee. The advisory committee will begin to strengthen the concept of health promotion and disease prevention as an integral concept in nursing curriculums. These entities could review PPACA programs and recommend curriculum changes to incorporate health promotion and disease prevention elements to better ensure the delivery of quality health care services. Nursing schools need to maximize our collective efforts to promote health and prevent diseases through transforming nursing curriculums across the nation. The nursing profession is experiencing exciting times with the implementation of the PPACA.

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Dr. Eric J. Williams is the 1st VP of NBNA and Professor of Nursing at Santa Monica College, Santa Monica, CA. Dr. Williams currently teaches in the Medical-Surgical Nursing and Nursing Leadership courses.



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Fighting Painful Misconceptions About Sickle Cell Disease in the ER

Beryl Lieff Benderly

WHEN SICKLE CELL patients arrive at emergency rooms, they often have great difficulty getting the treatment they need. Paula Tanabe, an associate professor at the Duke University School of Nursing, is making it her mission to change that.

Sickle cell disease, an incurable genetic blood disorder most common among people of African descent, affects 100,000 Americans. It causes normally disc-shaped red blood cells to take the form of pointed crescents or sickles. Common complications—which often bring death by the mid-40s—include strokes, anemia, severe infections and damage to blood vessels, kidneys, eyes, and other organs. Treatment can also be complicated because many patients are unable to work and that can lead to a lack of health insurance.

Acute and unpredictable pain, severe enough to require large doses of narcotics, is a well-documented feature of sickle cell disease. But Tanabe has found that too often patients in sickle-cell agony are not handled properly by doctors and nurses in the emergency department because they erroneously think the patients may be running scams, seeking drugs.

Patients suffering recurrent episodes know what works for their pain, but health care personnel widely believe that knowledge is a sign of addiction. Patients with sickle cell pain wait an average of 30 minutes longer for pain medication than people with other extremely painful conditions, such as kidney stones, Tanabe's research shows.



Paula Tanabe

Paula Tanabe believes stereotyping is the number one barrier behind that wait: “After being cute little kids with sickle cell that everybody felt bad for when they had pain, now they become this African American 20-year-old asking for high doses of opioid narcotics.”

Tanabe says better training of health providers and changes in emergency room procedures can improve the care that sickle cell patients receive. She spoke recently with KHN, and here is an edited transcript of the interview.

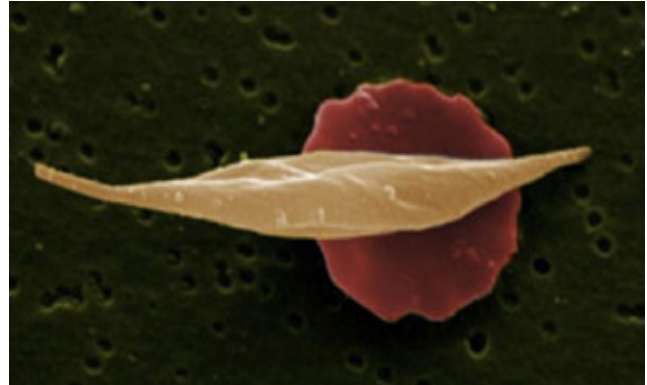


Photo by Wellcome Images via Flickr

Q. What do patients typically experience during pain crises?

What brings people to the emergency room is a crisis in which the blood can't deliver oxygen to the extremities. It is a sudden onset of severe, excruciating pain, which people describe as feeling as if all their bones are breaking. Others describe it as an hourglass and their blood is “stuck.” The pain is so bad and sudden that people require high doses of opioids. Patients who have a regular health care provider and have chronic pain are usually prescribed oral opioids to have at home. They take pain pills by mouth. [But] at the time of a really bad crisis, the pills don't work anymore. People need to come in for intravenous pain medication. They usually try to avoid coming into the ER at all costs because they just have to wait a long time.

Q. Are people with sickle cell likely to be addicted?

There are no data to support that sickle cell patients have any more likelihood of being addicted than anybody else.

Q. You compared the treatment in emergency rooms of patients with kidney stone pain and with sickle cell disease. What did you find?

A lot of white people get kidney stones and that pain is really, really horrible. Even though sickle cell patients had higher pain scores and were triaged appropriately higher, they still waited longer.

Racism and the disease stigma itself are two barriers that you just can't get away from. Clearly we can't pretend that racism doesn't play some part in this. If this were a white disease, people still wouldn't be dying in their forties. That's the bottom line. Sickle cell was discovered 102 years ago and there is only one drug, hydroxyurea, and blood transfusions to treat it.

Black Nurses Embracing the Genetics/Genomic Revolution

Bernice Coleman, PhD, ACNP-BC, FAAN
Ida J. Spruill, PhD, RN, LISW, FAAN



AFRICAN AMERICAN NURSES in health behavior research; health education and clinical practice can play a pivotal leadership role in the integration of genomics advances to improve public health in genomics and health outcomes. Although the Human Genome Project (HGP) has provided some opportunities to reduce health disparities in genetics/genomics, African Americans and other ethnic minorities, are the last to benefit from medical advances in genetics. Yet despite these rapid advances in genetic/genomics discoveries, very few nursing organizations are addressing the need for genetic awareness and widespread dissemination of genetic/genomic information to its membership.

The National Black Nursing Association (NBNA) has been a pioneer in promoting genetic awareness among its membership since 2004. Over the past several years, NBNA has sponsored over five genetic awareness workshops during the annual conferences. NBNA members (Spruill, Coleman) also conducted the first pilot survey to explore the knowledge, interest, and practice of Black nurses toward, genetics, /genomics. This survey was administered among the BOD and chapter presidents (n= 77) in 2006. Results indicated that over half self-reported poor or fair genetic knowledge, however, 93% were interested additional genetic awareness training (GAT), which justified the continuation of the annual genetic workshops. The results of the survey were published in JNBNA, (Spruill, Coleman & McNeil, 2009).

The survey was refined, with additional questions added and self-administered (paper format) in 2009. Over 300 (n=384) nurses completes the survey, making it the largest survey conducted among AA nurses toward genetics/genomics. Essentially, the results were the same, but of interest was that a majority of the nurses felt that genetic test could be used to discriminate. Results from this study was accepted for publication into the International Journal of Nursing Scholarship, (Y.P. Young & I. Spruill, 2012)

The survey was combined with other instruments from Dr. Jean Jenkins NIH, and Dr. Kathy Calzone NCI. In 2008, the National Coalition of Ethnic Minority Nurses (NCEMNA) Board of Directors comprised of five Member organizations, National Black Nurses Association (NBNA) Asian American/Pacific Islander Nurses Association, Inc. (AAPINA), National Association of Hispanic Nurses, Inc. (NAHN), Philippine Nurses American Association (PNAA) and The National Alaska Native American Indian Nurse Association (NANAINA) became interested in this survey for their membership. The NCEMNA BOD approved participation in this web-based on-line cross sectional genetic assessment study. The aim of the study was

to determine genomic attitudes, receptivity, confidence, competency, knowledge, decision, adoption, and use of race/ethnicity in practice among ethnic minority nurses. While the full analysis is still underway, we will share preliminary data obtained from the participating Member organizations of NBNA, AAPINA, NAHN and PNAA.

The results of NBNA web-based survey was 108 (n=108) Again similar to other findings, 36.4% of NBNA nurses were employed in a hospital setting, 15% in outpatient practice, 20.6% in nursing education, 0.9% in extended care facility, 13% in community health and remaining report "other" as their work environment. The majority reported over 10 years of experiences, 42.5% followed by 3 to 5 year experience 21.7%. Half of NBNA nurse sample were Masters prepared 50.5% with 26.6% having a baccalaureate degree and 14.7% holding a doctorate degree. Overwhelming, number of respondent 87% believed that genetic family history (FH) can identify families at risk and the 79.8% of the sample felt that FH can be used to teach patients and families regarding the importance of genetics, genomic disease prevention. New item to survey indicated that Respondents felt it was very important (88.1%) or somewhat important (11.9%) for nurses to become more educated about the genetics of common disease. The majority felt there were significant advantages to integrating genetics of common disease into their practice including: better decisions about recommendations for preventative services (84.4%); better treatment decisions (82.6%); and improved services to patients (73%).

While (78%) indicated they know how to complete a family health history, only 56.2% reported collecting the age at diagnosis of the condition which is a critical component needed to accurately assess the family information provided. Most (56.9%) indicated their understanding of the genetics of common diseases was poor or fair. Ninety-six percent indicated they wanted to learn more about genetics, however 62.5% specified that there are no genetic courses available to them. Overall, 97.2% would encourage NBNA to support a genetics/genomics awareness initiative and 92.5% felt NBNA should have a visible role in genetics/genomics within their community. Additionally, 84.3% indicated they would attend genetic/genomic training at the NBNA annual conference if it were offered. These data provide clear justification of the need for a genomic education effort in with focus on African American nurses.

CDC recommends HIV screening for all patients ages 13 to 64



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

- More than 1.1 million people in the United States now have HIV, and nearly 1 in 5 (18.1%) are unaware of their infection.
- Blacks represent approximately 12% of the U.S. population, but account for 46% of HIV diagnoses.
- Unless the course of the epidemic changes, an estimated 1 in 16 Black men and 1 in 32 Black women will be diagnosed with HIV infection in their lifetime.

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

Source: CDC. HIV Surveillance Report [Internet]. 2011; vol. 23. Available from:
<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/general/index.htm>. Published February 2013.



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SICKLE CELL DISEASE (cont. from page 6)

Q. So you believe racism has discouraged progress in treating sickle cell?

It is a rare disease. However, there are other rare genetic diseases that get a lot more attention and people are not afraid to talk about. Cystic fibrosis is a good example, and way more rare than sickle cell. It's a white disease. There is some attention to sickle cell, but it needs more dollars and more research. There are very few hematologists, very few providers across the country, who specialize in it. Patients do need a good hematologist or sickle cell expert to take care of their disease.

There has been progress. People didn't used to live to be adults. Kids would die of stroke or of really bad infections before they were 20, and in some countries they still do. The fact that we have adults is a good thing. All kids are screened at birth in the United States. Once you identify a child, they go on penicillin until they're five, and then they don't get the really bad infections and die from that.

Q. You have done research that documents the problem. Your current research involves methods of improving treatment. What does that involve?

We are implementing some education and some analgesic protocols. We hope this will help lower the time needed for patients to get analgesia, or pain control, and admission rates. We've administered a baseline attitude survey to providers. We will administer it again. We'd like to see improvement in clinician

attitude. We're really looking at patient satisfaction, provider attitudes, and then a lot of efficiency outcomes. Another aim of our grant is to put a toolbox together of all the protocols and the educational materials that we've developed and make it available.

Reprint from Kaiser Health News (KHN) from <http://www.kaiserhealthnews.org/stories/2013/january/24/sickle-cell-misconceptions-and-the-er.aspx?referrer=search>

GENETICS/GENOMIC REVOLUTION (cont. from page 7)

Based upon these data, Dr. Bernice Coleman, (PI) Cedars Sinai Medical Center, Dr. Ida Spruill, Medical University of South Carolina, Dr. Cathy Calzone and Dr. Jean Jenkins from National Institute of Health (NIH), have designed an IRB approved study to further explore dissemination of genetic/genomic information to African American Nurses. A call for participation in this exciting research will be forth coming. For questions, email Dr. Bernice Coleman at Bernice.coleman@cshs.org.

Spruill, I., Coleman, B., McNeil, J. (2009). Knowledge, beliefs, and practices of African American nurses regarding genetics/genomics. *JNBNA*, 20(2), 20-24.

Young, Y.P., Spruill, I. (2012). Perceptions of Black Nurses regarding genetic /genomics testing, *International Journal of Nursing Scholarship* (In Press).



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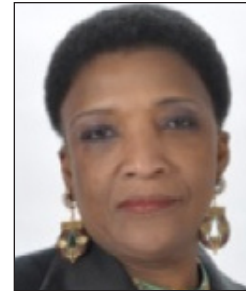
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Youth Gun Violence Impact on Chicago

Daisy Harmon-Allen, PhD, RN



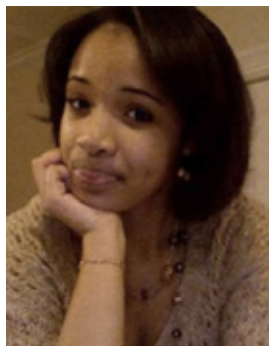
HADIYA PENDLETON is the face of Gun Violence; she was shot to death while waiting for shelter from the rain at a park. First Lady Michelle Obama attended the funeral. Also, President Barak Obama brought the Hadiya parent's to the State of the Union Address. Their presence helped highlight needed policies on gun violence. This high media case received an extensive attention. However, there are five hundred children who have been killed over the period five of time years, but they have been forgotten; only their families and communities are left to answer "why"? The entire nation is searching for reasons for youth violence.

The Chicago Chapter National Black Nurses Association (CCNBNA) is searching for answers too. There are a host of possibilities why youth gun violence is so high in Chicago. Are the youth replicating mass murders like Columbine, Virginia Tech, Tucson, and Sandy Hook? The headlines were vivid and most of the perpetrators got their five minutes of fame. The leadership in Chicago is placing an emphasis on increasing law enforcement. This is not an upstream approach; it does not address primary prevention. CCNBNA members see the aftermath of gun violence: we see it in emergency units, surgical suites, rehabilitations units, and the mental health facilities.

HADIYA PENDLETON, age 15

According to, Dr. Carl C. Bell's Seven Principles for Changing At-Risk Behavior and Cultivating Resiliency among Youth, in his book is called *Sanity of Survival*, he encourages all practitioners to:

- Rebuild the village; reweave the social fabric; recreate a sense of community; and reestablish the community by bringing together churches, schools, and families to create networks, organize resources and establish programs that provide support, safety and security for our youth. A sense of community also reinforces cultural identity.
- Provide access to ancient and modern technology to provide practical systems for the application of knowledge Providing models, tools, skills and techniques to facilitate implementation of the concept or program (for example, mentoring, multi-family groups, how to cultivate resiliency, wellness and manualized family interventions).
- Provide a sense of connectedness Creating situations, programs and relationships that foster a sense of connection,



attachment, and belonging to a larger group or a common goal. This counters feelings of alienation, helps provide feelings of security, and increases self-esteem. Again, reestablishing the village reinforces cultural identity and can be a platform for the delivery of cultural education. Well thought out rites of passage (e.g. the belt system of progression in Japanese martial arts) programs have been very effective in actualizing this principle.

- Provide opportunity to learn social & emotional skills providing social and emotional skills that people need to interact and communicate with each other. This not only increases self-esteem but effectiveness in relationships as well. These include parenting skills, refusal skills, negotiating skills, the capacity to remain calm in a crisis, and more.
- Provide opportunities to increasing self-esteem giving our children a sense of power (self-efficacy) by showing them they can do things for themselves and positively influence their own lives.
- Provide an adult protective shield providing an adult protective shield and monitoring speaks to providing supervision, discipline, and a caring adult presence. These foster a sense of safety and security. The concept of the village with multiple adult figures taking responsibility for the nurture and well-being of the village children is a concept that connects us to our culture and our spirituality. Wellness is also important in this respect. A child can be severely stressed by the illness of a caretaking adult, so it is in the best interest of the adult to adopt behaviors that promotes wellness, both personally, and as a model for children to emulate.
- Minimize trauma – Develop and individual's spirituality, a person's sense of self-efficacy, helping create a sense of safety, and providing stress management skills as well as psychological first aid. (carlcbell@pol.net)

"Let the children come"

"Our children are being murder by gun violence every day, Let the children live, let the children live.

For of such the Kingdom of Heaven shall come one day, Let the little children live.

Jesus has gathered them and folded them in His arms; Let the children come, let the children come.

Safe from every danger and from all harm, Let the children come."

Dr. Daisy Harmon-Allen is the President of the Chicago Chapter National Black Nurses Association & Vice President of School Board District 88, Bellwood, IL

Bureau of Clinician Recruitment and Service, National Health Service Corps and NURSE Corps

THE HEALTH RESOURCES and Services Administration's Bureau of Clinician Recruitment and Service administers several loan repayment and scholarship programs as part of the National Health Service Corps (NHSC) and NURSE Corps. These programs provide funding to primary care clinicians and students in exchange for service in underserved communities experiencing critical shortages of health care providers, known as Health Professional Shortage Areas (HPSAs); and assist in removing financial barriers for health professionals interested in practicing a primary care discipline, enabling them to pursue a fulfilling, mission-driven, community-based career.

As a result of historic investments by Congress and the Obama Administration through the Affordable Care Act and the American Recovery and Reinvestment Act, the number of NHSC providers serving in the field has nearly tripled from 3,600 since 2008, providing care for millions of more patients than the Corps was able to serve just over three years ago.

Today, the NHSC consists of nearly 10,000 primary care medical, dental, and mental and behavioral health professionals who build healthy communities by providing care to approximately 10.4 million medically underserved individuals at nearly 14,000 NHSC-approved sites in urban, rural, and frontier areas throughout the U.S. and its territories. Corps members are practicing in all 50 states, Washington, D.C., and U.S. Territories, making an impact that lasts a lot longer than their loan repayments—more than four out of five continue to serve even after their obligation is over.

The number of nurses represented in the NHSC has increased more than 360 percent over the last four years: nurse practitioners quadrupled from 402 to 1,631; and certified nurse midwives nearly doubled, from 88 to 162. According to self reports, African American nurse practitioners represent 15.4 percent of NHSC nurse practitioners, and African American certified nurse midwives represent 17.7 percent of NHSC certified nurse midwives.

The NHSC Loan Repayment Program provides an initial, tax-free award of up to \$60,000 for two years of full-time service in an underserved community, and the opportunity to pay off all health professional student loans with continued service. The NHSC Loan Repayment Program made 4,267 awards (both new and continuation contracts) totaling \$169 million in Fiscal Year 2012. The NHSC Loan Repayment Program application cycle is expected to open later this month.

The NHSC Scholarship Program provides tuition, required fees, other reasonable educational costs, and a monthly living stipend. Participants provide one year of service for each school year of financial support received, with a minimum two-year service commitment. The Scholarship Program made 222 awards (both new and continuation contracts) totaling \$42 million in Fiscal Year 2012. The NHSC Scholarship Program application cycle will open later this spring.

HRSA offers loan repayment and scholarships to nurses

who work in health centers, rural health clinics, hospitals and other types of facilities currently experiencing a critical shortage of nurses, through the NURSE Corps—formerly the Nursing Education Loan Repayment Program and Nurse Scholarship Program. As a result in investments in the NURSE Corps programs, as of September 30, 2012, over 2,900 nurse practitioners, certified registered nurse anesthetists, certified nurse-midwives, registered nurses, nurse specialists and other advanced nurses are working in communities where they are needed most; of which 8 percent self-reported as African American.

The NURSE Corps Loan Repayment Program offers loan repayment assistance to registered nurses and advanced practice nurses, such as nurse practitioners, working in a Critical Shortage Facility, or nurse faculty employed by an accredited school of nursing. Program participants receive 60 percent of their total outstanding qualifying educational loan balance (incurred while pursuing an education in nursing) in exchange for two-years of full-time service at an eligible facility. Qualifying participants may be eligible to receive additional loan repayment for an additional third year of service. There were approximately 1,500 NURSE Corps Loan Repayment Program awards made in 2012. The NURSE Corps Loan Repayment Program accepted application through February 28, 2013. Application information is normally available online at: www.hrsa.gov/loanscholarships/repayment/nursing.

The NURSE Corps is helping to train the next generation of nurses through the NURSE Corps Scholarship Program, which offers scholarships to students attending accredited registered nurse training programs located in the U.S., in exchange for at least two years of service. A funding preference is given to qualified applicants who have an Expected Family Contribution between \$0 - \$5,550, and are enrolled as full-time students in an undergraduate nursing program. There were 263 NURSE Corps scholarships made in 2012. The NURSE Corps Scholarship Program application cycle will open later this spring.

For more information on the National Health Service Corps and NURSE Corps loans and scholarship programs, go to: <http://www.hrsa.gov/loanscholarships/index.html>

Dr. Gloria Smith, NBNA Co-Founder and International Nursing Icon Remembered

GLORIA R. SMITH, PhD, RN, FAAN, NBNA Co-Founder lived a notable life. Dr. Smith was recognized as a pillar in the international health community as she served as the vice president for programs at the W.K. Kellogg Foundation in Battle Creek, Michigan. “It is with profound sadness that NBNA has learned of the passing of one of this world’s most ardent supporters of the profession of nursing and supporter of the elimination of health care disparities”, said Reverend Dr. Deidre Walton, President, National Black Nurses Association. “NBNA Co-Founder Dr. Gloria Smith was an institution within the NBNA community who provided unwavering support to nurses, nursing students and nursing faculty. She loved the Black nurses.”

During her tenure at the W.K. Kellogg Foundation from 1991 - 2002, Dr. Smith was responsible for program development and administration as well as program/project evaluation and dissemination. “Dr. Smith was a visionary. She believed in finding ways to negotiate solutions and strategies and fix the problems that were ‘right’ for specific communities”, stated Dr. Walton.

Before joining the Foundation, Dr. Smith served as the dean of the College of Nursing at Wayne State University, Detroit, Michigan and the dean of the College of Nursing at the University of Oklahoma, Oklahoma City. She served as the director of the Michigan Department of Public Health, Lansing, Michigan. She served on the faculties of Tuskegee University, Tuskegee, Alabama and Albany State College, Albany, Georgia.



Dr. Smith received numerous awards for her service to the profession of nursing and health care in general. Dr. Smith was elected to the membership in the Institute of Medicine of the National Academy of Sciences in 1997. In 2000, the National Black Nurses Association honored Dr. Smith with its Trailblazer Award in recognition of her professional achievements and commitment to improving health. Dr. Smith received the 2003 Commission on Graduates of Foreign Nursing School’s International Distinguished Leadership Award. The American Academy of Nursing honored her as a Living Legend in 2007. She was the 2008 recipient of the Mary Starke Harper Distinguished Leadership Award by the National Hartford Centers of Gerontological Nursing Excellence.

Dr. Gloria Smith was a phenomenal supporter of the National Black Nurses Association. She spoke at several NBNA conferences including the plenary sessions in Washington, DC in 1995 and New York City in 1997. In 2004, through the W.K. Kellogg Foundation, the National Black Nurses Foundation was awarded a grant to address the nursing shortage and the effect on African American communities. In 2009, through the Foundation, the National Black Nurses Association was awarded a grant to conduct sessions for the NBNA leadership on leadership, governance and fund development. Dr. Smith was a member of the American Nurses Association, Sigma Gamma Rho Sorority and The Links, Incorporated. Dr. Walton stated, “Dr. Smith leaves an indelible mark on the National Black Nurses Association, the profession of nursing worldwide and is an invaluable treasure for future nurse leaders.”

Together to End Stroke

American Heart Association, American Stroke Association & Covidien

The American Heart Association/American Stroke Association and Covidien are launching Together to End Stroke to educate people about stroke, the No. 4 killer of Americans and the No. 1 cause of preventable disability. Ironically, research shows that 93 percent of Americans don't think of stroke as a major health concern, yet about half of Americans personally know someone who has suffered from stroke. Chances are you may know someone, too.

Through the Together to End Stroke initiative, we are making stroke awareness a priority across the nation and are encouraging health care providers, nurses and emergency medical teams to come "together" with us to help educate people and communities about stroke. To make it easy, patient education resource materials are available for professionals to download and share with their patients and communities. The materials include the FAST acronym as an easy method to remember stroke warning signs.

Please contact Toiya Honore at 241-706-1456 or toiya.honore@heart.org to share your level of interest in covering this story, and to request medical professional and/or stroke survivor interviews.



Request from the Office of Public Engagement

The Department of Health and Human Services needs your help getting information out about the new marketplaces (or exchanges) where individuals and small businesses can get access to information about insurance coverage.

Powerpoint:

<http://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/012413HIMMaterials.pdf>

Resources Toolkit:

<http://marketplace.cms.gov/index.html>

We want to hear from you! Let us know: If you have any questions about these materials; how your agency is utilizing these resources; and/or if you would like to find out more about partnering with CMS, by submitting comments and inquiries at partnership@cms.hhs.gov or Barbara Cebuhar, CMS Office of Public Engagement, 202-260-1020.

America's High Blood Pressure Burden

67 million American adults (31%) have high blood pressure—that's 1 in every 3 American adults.

69% of people who have a first heart attack, 77% of people who have a first stroke, and 74% of people with chronic heart failure have high blood pressure. High blood pressure is also a major risk factor for kidney disease.

More than 348,000 American deaths in 2009 included high blood pressure as a primary or contributing cause.

High blood pressure costs the nation \$47.5 billion annually in direct medical expenses and \$3.5 billion each year in lost productivity.

About half (47%) of people with high blood pressure have their condition under control.

Almost 30% of American adults have prehypertension—blood pressure numbers that are higher than normal, but not yet in the high blood pressure range. Prehypertension raises your risk of developing high blood pressure.

Reducing average population sodium intake from 3,300 mg to 2,300 mg per day may reduce cases of high blood pressure by 11 million and save 18 billion health care dollars annually.

Knowledge is Power

Go to <http://www.cdc.gov/bloodpressure/facts.htm> for more information

Dr. Deidre Walton, NBNA President

Dr. Deidre Walton received an appointment as a liaison and member of the American Heart Association's National Diversity Leadership Committee. Dr. Walton's role includes facilitating inclusiveness at all levels of the Association, including involvement of all segments of the community in Association activities at all levels and participation of women and minorities in leadership positions.

Dr. Deidre Walton, NBNA President, is pictured at the Council of Black Nurses, Los Angeles Annual Gala and Installation of Officers. She is pictured with **Yolanda McMillan**, Community Health Chair.



Dr. Walton was one of the featured National Community Leaders for the University of Phoenix Black History Program "Inspired". She can be seen in this online video taking part in the University of Phoenix Black History Month campaign. <http://www.youtube.com/watch?v=N2o8ZDVch20>.

Dr. Walton received the following recognitions:

A Certificate of Honor and Recognition from the Columbus (Ohio) City Council; a Certificate of Recognition from the Office of the Mayor - Columbus, OH; and a Certificate of Official Recognition of National Black Nurses Day and Welcome from the Governor and Lieutenant Governor of OH.

Dr. Walton was recognized with a Senatorial Citation for tireless work in the field of healthcare on behalf of African Americans. The recognition was given by Ohio State Senator, Charleta B. Tavares, 15th Senatorial District.

Dr. Walton was appointed to the National Medical Association African American Summit Task Force.

President Calendar

- | | |
|----------------|---|
| April 26, 2013 | Lexington Chapter of the NBNA
1st Annual Scholarship Program and
Dinner – Keynote Speaker
University of Kentucky, Lexington,
Kentucky |
| May 4, 2013 | Eliza Pillars Registered Nurses of
Mississippi
Annual Conference – Keynote Speaker,
Jackson, Mississippi |

Direct Members

Rosie Lee Calvin, DNS, RN, direct member from Jackson, MS, received the 2012 Lifetime Achievement in Education and Research Award from the Association of Black Nursing Faculty, Inc. at its annual conference held in Honolulu, Hawaii. Dr. Calvin is a retired tenured professor from the University of Mississippi Medical Center, School of Nursing, in Jackson, Mississippi. She is currently an adjunct professor in the Health Services Administration graduate program at Mississippi College in Clinton, Mississippi.

Council of Black Nurses, Los Angeles (CBNLA)

Dr. Lovene Knight was elected President of CBNLA for 2013-14. Dr. Knight is currently the 1st Vice President of Chi Eta Phi Sorority, Inc.

Maria Dudley, RN, Past President CBNLA, was elected the 41st President of Alpha Gamma Omega Chapter of Alpha Kappa Alpha Sorority, Inc. for 2013-14. She is the second nurse to hold the position in the 85-year history of the chapter.

Eric J. Williams, DNP, RN, CNE, NBNA 1st Vice President, was the Keynote Speaker for the Commencement Ceremony at Casa Loma College of Nursing and Allied Health. The theme was, "Navigating in a Sea of Change: The Future of Nursing." Dr. Williams also represented the Council of Black Nurses, Los Angeles, at the Initiative to Immunize Families. The coalition of health care providers serves to get information to families regarding the importance of immunizations in underserved populations in the Los Angeles Community.

Acadiana Black Nurses Association (ABNA)

The Acadiana Black Nurses Association held its President's Gala in January 2013.



Dr. Deidre Walton, NBNA President and **Dr. Keneshia Bryant**, NBNA Board Member are pictured with **Jeanine Thomas, RN**, President, Acadiana Black Nurses Association.



Dr. Deidre Walton, NBNA President and **Dr. Keneshia Bryant**, NBNA Board Member are pictured with **Cheryl Martin, RN**, President, Little Rock Black Nurses Association of Arkansas.

Central Carolina Black Nurses Council (CCBNA)

Erma Smith-King, PhD, RN, is congratulated for completion of the Doctor of Philosophy program from North Carolina A&T State University in Greensboro, NC. Her Doctoral focus was in Leadership Studies. Dr. Smith-King completed a Dissertation entitled, "Psychological Empowerment and Its Influence on Nurse Faculty Job Satisfaction."

Black Nurses Association of Greater Washington, DC Area (BNAGWDCA)

Julia Ugorji, MSN, RN, will be presented a paper on, "The Role of Faith-Based Organizations in Combating Chronic Illness with focus on Hypertension Prevention and Management at the National Association of Nigerian Nurses in North America and Canada (NANNNA) Conference in November 2012.

Commander Brenda M. Ross, RN, with the United States Public Health Service Commissioned Corps, was promoted to Chief of Operations & Customer Care of Federal Occupational Health Service (FOH). CDR Ross is responsible for the overall management and coordination of clinical services and associated customer service activities, including managing relationships with customer senior level Federal managers, coordinating with other division customer service leads to address cross – divisional customer issues, and oversight of major clinical contracts. In addition, CDR Ross oversees delivery of all clinical services at the FOH occupational health center, development of clinical policies for service delivery, and also serves on the Customer Advisory Board.

Margaret Pemberton, RN, was honored by the Washington DC Alumni Chapter of Dillard University (New Orleans, LA) at the Scholarship Jazz Brunch held November 10, 2012. Margaret was honored for her philanthropic contributions to five student musicians who received \$5,000 scholarships. Margaret generously donates to Dillard University National Scholarship Fund raisers.

Northern Connecticut Black Nurses Association (NCBNA)

Comalita Elliott, RN, CDE, accepted a position as the Diabetes Care Program Coordinator with Connecticut Children's Medical Center in Hartford, CT. Comalita's role will include assessing, creating, and evaluating processes to improve outcome measures, as well as provide direct patient care as it relates to diabetes management and education. Her focus will be on the high-risk population—those with very poorly controlled diabetes. Comalita will also be involved in community activities such as lectures, presentations and fundraiser activities such as annual walks to prevent diabetes.



Birmingham Black Nurses Association (BBNA)

Deborah Andrews, MSHSA, RN, Immediate Past President of the BBNA, is the chair of the American Heart Association "My Heart My Life" Community Teams Committee for the 2013 Birmingham Heart walk. The kickoff breakfast was held in January and well attended by several members of BBNA, including **Tammy Davis**, **Candace Grimes**, and **Deborah Zimmerman** who serve on the Community Team Executive Committee. Several community organizations' and business leaders as well as heart survivors were in attendance. The speakers for the event were Bobby Humphrey, former University of Alabama and NFL running back, P.J. Rossi, a heart survivor, and Counselor, Steven Hoyt, Council President Pro Tempore and District 8 Representative. In 2010, the American Heart Association adopted a goal to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular disease and stroke by 20% by the year 2010. Alabama ranks 47th in obesity, 49th in cardiovascular deaths and 43rd in youth obesity. Statistics predict that roughly 1 in every 3 deaths in our state this year will be due to cardiovascular disease. The Heart walk is the finale for the efforts of many committed individuals who raise funds and awareness for the mission of the Heart Association. BBNA is an avid supporter of AHA and the Heart walk; we will be walking in the Heart walk, on June 22nd. BBNA is a proud and active supporter of the AHA "My Heart My Life" campaign.



Tri-County Black Nurses Association, of Charleston, SC (TCBNA)

Ida J. Spruill, PhD, RN, FAAN, was invited to serve on the American Diabetes Association Diversity & Inclusion Committee.

Black Nurses Association of Baltimore (BNAB)

Ronnie Ursin, DNP, MBA, RN, NEA-BC, NBNA Board Member and President of BNAB, was appointed as a member of the Advisory Board of the Minority Nurse Magazine.

Southern Connecticut Black Nurses Association (SCBNA)

Nezbile Thomas, DNP, APRN, FNP-BC, completed the Doctor of Nursing Practice program at Oakland University.

KYANNA Black Nurses of Louisville, KY (KYANNA)

Vicki Hines-Martin, PhD, RN, FAAN, Member, Co-founder, KYANNA Black Nurses Association of Louisville, KY, is currently a Professor and Director of the Office of Health Disparities and Community Engagement in the University of Louisville School of Nursing and was appointed as the Acting Associate Vice President in the University of Louisville Office of the Vice President for Community Engagement. Dr. Hines-Martin is a member of the American Academy of Nursing Expert Panel which developed a position paper on Addressing the Needs of Diverse, At-Risk & Disenfranchised Populations Across the Life Span focused on mental health. The position paper was presented at the Fall 2012 AAN Conference.

She was presented with the Melva Jo Hendrix Award by the International Society of Psychiatric Mental health Nurses for her work with underserved populations in 2012 and will be the invited speaker at the 15th Annual ISPN conference in San Antonio Texas in April 2013 at which time the award will be presented. Dr. Hines-Martin is co-investigator (W. Nash, Principal Investigator) on the University of Louisville School of Nursing and School of Dentistry Interprofessional Education Initiative funded by the Department of Health and Human Services, Health Resources and Services Administration, in the amount of \$1,100,000; awarded in fall 2012.

Members of NBNA can review research by Dr. Hines-Martin at the following:

Hines-Martin, V. (2012). *Cultural, ethnic and spiritual concepts*. In V. Rodgers, J. Jones & J.J.

Fitzpatrick (Eds) *Psychiatric-Mental Health Nursing: An Interpersonal Approach to Professional Practice*. New York NY: Springer Publishing.

M L. Rowland, V. F Jones, V Hines-Martin, & L H Lewis. (2013, February). Cultural Competency in the Trenches. *Journal of Health Care for the Poor and Underserved*, 24(1), pp. 6-10, DOI: 10.1353/hpu.2013.0024.

Kalamazoo-Muskegon Black Nurses Association (KMBNA)

KMBNA and First Community AME Church Guild Ministry sponsored their annual Blood Drive on March 5, 2013. The chapter partners with the American Red Cross, Marie Catrib and WZZM Channel 13 TV.

KMBNA is working with Blue Cross Blue Shield of Michigan to do training for the "Health Action Network (HAN)." The training is one of the chapter's community initiatives to improve the health and wellness of the community.

KMBNA is planning to host the KMBNA Ninth Annual Scholarship Awards Dinner Dance Gala and Silent Auction on Saturday, May 4, 2013 at the Amway Grand Plaza Hotel in Grand Rapids, MI. The evening opens at 5:30pm with the Silent Auction/Reception, 6:30pm dinner followed by the Scholarship program and dance. At least three one-thousand-dollar scholarships will be awarded to qualified nursing students.

Birthale Archie, MSN, RN, President, KMBNA, participated in the inauguration of President Barack Obama. Birthale was called upon by the 57th Presidential Inauguration Committee on behalf of President Obama to serve as a Volunteer Greeter at the Swearing-in Ceremony on January 21, 2013 in Washington, DC. Birthale received an invitation reading:

Birthale —

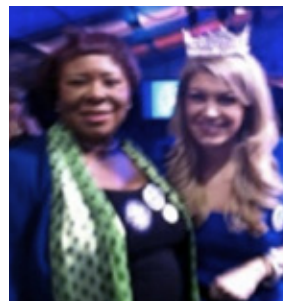
Congratulations! You've been selected to serve as a volunteer at the 57th Presidential Inauguration. Thank you for your continued support of President Obama and for taking the time to volunteer — we're excited to have you on board.

Based on your skills and interest, you have been selected to serve the President at the Swearing-in Ceremony on January 21st, 2013 in Washington, D.C.

Birthale can be viewed giving remarks through Senator Debbie Stabenow's office: <http://www.stabenow.senate.gov/?p=video&id=942>



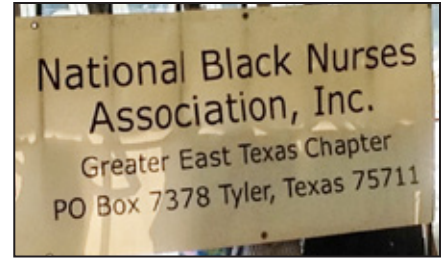
Birthale at the National Day of Service on January 19, 2013.



Birthale poses with Mallory Hagan, the 2013 Miss America on the Washington National Mall for the National Day of Service

Greater East Texas Black Nurses Association (GETBNA)

GETBNA participated in health screenings at a local barbershop (Cuttin Up) in the month of September 2012. Members set up blood pressure and glucose screening stations and distributed information on men's health. Members **Pat Jessie** and **Melody Hopkins** also represented the chapter by holding voter's registration.



GETBNA hosted a scholarship and community recognition dinner at Cascades Country Club in Tyler, TX on Sunday, October 12, 2012. Councilman Donald Sanders and Chief Deputy Bobby Garmon were recognized for their years of tenure as public servants. Retired Judge Cynthia Kent was the keynote speaker and local news anchor Anthony Austin was the master of ceremony. Our National Health Policy Chairman, and Regional Liaison, **Deborah Jones**, was also present to help the GETBNA celebrate the occasion.



GETBNA Member Glenda McCloud, Member, Deborah Jones, NBNA Health Policy Chair, & Pauline Barnes, President GETBNA



Left to Right: GETBNA President Pauline Barnes, News Anchor Anthony Austin, Chief Deputy Bobby Garmon, GETBNA Member Cheryl Garmon, Retired Judge Cynthia Kent, GETBNA Member Glenda McCloud, and Student Member, Demonica Banks.

Chief Deputy Bobby Garmon





Pictured above: 2nd Lt. Irma Dryden with ABNA members at honorary membership installation.

Atlanta Black Nurses Association (ABNA)

During the month of December, ABNA ended the year with a very special holiday celebration dinner by officially admitting '**Pete, Dryden, RN**, as its first honorary member. Mrs. Dryden, who resides in Canton, Georgia, was also a special guest at the 2012 NBNA Annual Institute and Conference. **Dr. Darlene Ruffin-Alexander**, ABNA Founder and President Emeritus, conducted Mrs. Darden's installation with approximately 30 members in attendance. Nurse Dryden was one of the first nurses to arrive at Tuskegee Army Airfield from her training at Harlem Hospital in 1943. "We would see to it that they got the best possible care," Dryden, 92, has said in many interviews. ABNA is proud to call Mrs. Dryden, nurse, colleague and member.

Congratulations to **ABNA** as it embarks on a new mentoring initiative: Membership to Mentorship, a program designed to increase membership among NBNA, ABNA and students; provide mentorship to students who are most in need; and encourage professionalism in the areas of scholarship, appearance, work ethic and personal growth. The concept and idea is the brain child of **Betsy L. Harris** and **Rev. Dr. Darlene Ruffin-Alexander** and is in collaboration with Georgia Perimeter College. Eleven students are enrolled in the program and ABNA members are excited to serve as mentors and role models.

ABNA, in collaboration with the Southern Alliance for Clean Energy and the West Atlanta Watershed Alliance, hosted a Social Justice, Environmental Justice and the Impact on Minority Health Inaugural Symposium. Discussions focused on the built environment, social environment, social inequities, air quality impact, clean water, integrating diesel emissions reduction in hospital sustainability and the public health and environmental health impacts. A monumental task led by **Laurie Reid**, **Karen Rawls**, **Lynn Houston Bell**, **Mary Dawson** and **Pat Johnson Gunder**; the event provided insight to social justice issues important to both health providers and public health officials.

Ora D. Williams, **Lynn Houston-Bell** and **Karen Rawls**, also President-Elect of the Metro Atlanta chapter, Georgia Nurses Association, attended the Jan. 24, GNA Day on Capitol Hill.

President **Laurie Reid** represents ABNA at the Emory University Hospital Partnership/Patient Advocacy Coalition responsible for Governmental and Community related affairs.

Evelyn Miller, **Pauline Zulu Sikangezile** and **Laurie Reid** conducted BP screenings and provided health information at the Dominique Wilkins Foundation's recent Human Highlight Initiative designed to promote Diabetes Awareness.

ABNA works closely with Medicare Diabetes Screening project and is a new partner with the American Heart Association's, Get to Goal campaign designed to reduce High Blood Pressure disparities in the Black Community.

Rev. Dr. Darlene Ruffin-Alexander was named to the Fourteenth Who' Who in Atlanta along with other notable Atlanta's; served as guest preacher at the WMU Summit held at Christian Fellowship Baptist Church in College Park, GA; and was the leadership speaker at National Women of Achievement, Inc. MWS Institute, in Houston, TX.

New Nurses in the Pipeline! ABNA salutes our member **Sandra Priest, RN**, a new Adjunct Clinical Faculty (Instructor) for Community Health at Kennesaw State University Wellstar School of Nursing.

BELOW: Betsy L. Harris, RN, is pictured with Regina M. Benjamin, MD, US Surgeon General



Northern New Jersey Black Nurses Association (NNJBNA)

Northern New Jersey Black Nurses Association held its Annual Awards and Scholarship Brunch in November 2012 at the Newark Marriott Hotel. The theme was, "The Politics of Healthcare: The Role and Responsibility of Nursing." **Dr. C. Alicia Georges** was the Keynote. Outstanding nurses and students were honored and received the following awards: Nurse Educator Award: **Gloria Essoka, PhD, RN, PNP**; Professional Leadership Award: **Tracey J. Morales-Wright, RN**; Community Service Award: **Debbie Skeete-Bernard, MSN, RN**; Nurse of the year Award: **Sheltry G. Ward, RN**. Scholarship Recipients: **Amirah White, SN**, Sophomore, Rutgers University; **Glenda Gordon, SN**, Junior, Bergen Community College; **Shamirah Tucker, SN**, Junior, Rutgers University.



Dr. Bobbie Perdue, PhD, RN, is the recipient of the Estelle Osborne Award. Dr. Perdue is a nurse educator who has developed programs and curriculum for educating minority and underserved nursing students for nearly four decades. She is currently a professor of nursing at South

Carolina State University. Her research activities have focused on health outcomes in vulnerable families such as children of chronically, physically ill women; self-management of African American diabetic workers; African American women with osteoporosis; and coping behaviors of African American men with prostate cancer and African American women with adult children with HIV. Dr. Perdue's publications have appeared in *Nursing Clinics of North America* and the *Journal of the Association of Black Nursing Faculty*.



Rosemary Allen-Jenkins, MSN, RN, President, Dr. C. Alicia Georges, and Sandra Baker, MSN, RN, Immediate Past President

Dr. Ronnie Ursin, NBNA Parliamentarian, brings greetings on behalf of the National Black Nurses Association



(below) Northern New Jersey Black Nurses Association





The Honorable Louis Stokes, First Congressional Sponsor of Black Nurses Day on Capitol Hill and Rev. Walton, NBNA President



William "Larry" Lucas and NBNA President Rev. Deidre Walton

Chicago Chapter National Black Nurses Association (CCNBNA)

The Chicago chapter announces the implementation of its Facebook page and Twitter account. Connect with us.

Emily Jones, RN, was elected Sergeant-at-Arms of The Women Auxiliary of The American Legion, Post # 500, Bellwood, IL.

Little Rock Black Nurses Association of Arkansas (LRBNA)

Members of **LRBNA** have been actively involved with the Arkansas Action Coalition. Members were on the planning committee of the 7th Annual HIV/AIDS prevention and awareness symposium for World AIDS Day (December 1st) in Little Rock, AR.

Marcella Gardner, ADN, graduated from the University of Arkansas-Little Rock with her Associates Degree in Nursing.

Tina Streeter, RN, graduated from the University of Phoenix with her Masters in Nursing Education.

New England Regional Black Nurses Association (NERBNA)

Qudrat Sonuyi, BSN, RN, graduated from Simmons College, School of Nursing and Health Sciences, Boston, MA in December 2012 and passed the NCLEX.

Allyssa Harris, PhD, RN, Program Chair, presented at the Brigham and Women's Hospital regarding Women's Health Issues in May 2012.

Margaret Brown, MS, PMHCNS-BC, President, and Deborah Washington, PhD, RN, Diversity Chair, were honored with the Outstanding Community Service Award at the 20th Annual Dr. Martin Luther King, Jr. Luncheon, sponsored by the North Shore Black Women's Association, Inc. on Saturday, January 19, 2013.

NBNA Office Staff

Millicent Gorham, HD, MBA, FAAN, NBNA Executive Director, is pictured with William T. Lecher, MS, MBA, RN, NE-BC, President of the American Assembly for Men in Nursing at the AARP Center to Champion Nursing Meeting for the State Action Coalitions.





Deborah Jones NBNA Board Member, A NBNA Member; Dr. Eric Williams, NBNA 1st Vice President; Dr. Irene Daniels Lewis, NBNA Historian; Susan Sanders, The Coca-Cola Company; Rev. Deidre Walton, NBNA President; Sandra McKinney, NBNA Board Member; Maria Dudley, NBNA Member; Dr. Beulah Nash-Teachey, NBNA Treasurer



The Architects of the National Black Nurses Day on Capitol Hill: The Honorable Louis Stokes, Dr. C. Alicia Georges, William "Larry" Lucas and The Honorable Donna Christensen. (not pictured)



Dr. Millicent Gorham, Executive Director, Rev. Deidre Walton, President; Dr. C. Alicia Georges, Awardee and Past NBNA President

ALABAMA

Birmingham BNA www.birminghambna.org

ARIZONA

Greater Phoenix BNA www.bnaphoenix.org

CALIFORNIA

Bay Area BNA www.babna.org

Council of BN, Los Angeles www.cbnlosangeles.org

Inland Empire BNA www.iebna.org

San Diego BNA www.sdblacknurses.org

South Bay Area of San Jose BNA www.sbbna.org

COLORADO

Eastern Colorado Council of BN (Denver) www.coloradoblacknurse.org

CONNECTICUT

Northern Connecticut BNA www.ncbna.org

Southern Connecticut BNA www.scbna.org

DELAWARE

BNA of the First State www.bnaoffirststate.org

DISTRICT OF COLUMBIA

BNA of Greater Washington DC Area www.bnaofgdca.org

FLORIDA

BNA, Miami www.bna-miami.org

BNA, Tampa Bay www.tampabaynursesassoc.org

Central Florida BNA www.cfbna.org

First Coast BNA (Jacksonville) www.fcbna.org

St. Petersburg BNA www.orgsites.com/fl/spnbna

GEORGIA

Atlanta BNA www.atlantablacknurses.com

Concerned NBN of Central Savannah River Area www.cnofcsra.org

Savannah BNA www.sb_na.org

HAWAII

Honolulu BNA www.honolulublacknurses.com

ILLINOIS

Chicago Chapter NBNA www.chicagochapternbna.org

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BNA of Indianapolis www.bna-indy.org

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KYANNA BNA (Louisville) www.kyannabna.org

Lexington Chapter of the NBNA www.lcnbna.org

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Baton Rouge BNA www.mybrbna.org

Shreveport BNA www.sbna411.org

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BNA of Baltimore www.bnabaltimore.org

MASSACHUSETTS

New England Regional BNA www.nerbna.org

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Greater Flint BNA www.gfbna.org

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MINNESOTA

Minnesota BNA www.mnbna.org

MISSISSIPPI

Mississippi Gulf Coast BNA www.mgcbna.org

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Greater Kansas City BNA www.gkcblacknurses.org

NEVADA

Southern Nevada BNA www.snbna.net

NEW JERSEY

Concerned BN of Central New Jersey www.cbncnj.org

Concerned BN of Newark www.cbnn.org

Northern New Jersey BNA www.nnjbna.com

NEW YORK

New York BNA www.nybna.org

Queens County BNA www.qcbna.com

Westchester BNA www.westchesterbna.org

NORTH CAROLINA

Central Carolina BN Council www.ccbnc.org

OHIO

Cleveland Council of BN www.ccbninc.org

Columbus BNA www.columbusblacknurses.org

Youngstown-Warren (Ohio) BNA www.youngstown-warrenobna.org

OKLAHOMA

Eastern Oklahoma BNA www.eobna.org

PENNSYLVANIA

Pittsburgh BN in Action www.pittsburghblacknursesinaction.org

Southeastern Pennsylvania Area BNA www.sepabna.org

SOUTH CAROLINA

Tri-County BNA of Charleston www.tricountyblacknurses.org

TENNESSEE

Nashville BNA www.nbnanashville.org

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BNA of Greater Houston www.bnagh.org

Metroplex BNA (Dallas) www.mbnadallas.org

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WASHINGTON, DC AREA (04)
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LARGO BNA (39)
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AREA



Guidelines for Authors

The *Journal of the National Black Nurses Association* (JNBNA) is published twice a year (Spring/Summer and Fall/Winter). Articles are considered on a continuing basis.

JNBNA publishes scholar papers, research reports, critical essays, resource listings, documents and review focusing on issues related to factors affecting Black health care and nurses.

JNBNA has as its purposes to: 1) provide a forum for critical discussion of relevant issues related to Black health care (these issues may include discussions of educational, social, economic, and legislative topics); 2) be a vehicle for the exchange of scholarly works of Black nurses; and 3) disseminate knowledge about critical practices, research, education, and health-care management which affects the Black community. Each paper is accepted with the understanding that it is to be published exclusively with the JNBNA. A written copyright release form must be returned for the file before an article is accepted for final publication. No materials published in the JNBNA may be reprinted or published elsewhere without the written permission of the JNBNA. The journal prefers to receive information by electronic submission. A letter should be in the body of the email document. Manuscripts should be attached to the e-mail in *Word 2000 or higher along with a pdf of the document*. Dr. Giger's e-mail address is: JGiger@auhs.edu; joygiger@aol.com. E-mail documents must follow all of the guidelines below with the exception of the number of hard copies submitted (should you choose to mail your manuscript). Should you choose to mail your manuscript, please address all editorial materials to:

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Dr. Joyce Newman Giger, Editor
The Journal of the National Black Nurses Association
President
American University of Health Sciences
1600 East Hill Street
Building 1
Signal Hill, CA 90755

Manuscripts and Abstracts. If you choose to mail your manuscript, please submit an original and three copies of your manuscript, and retain a copy for your files. Regardless of method of submission, you must include an abstract of 150 words or less with the manuscript with clearly identified indexing words at the bottom of the abstract. If you choose to submit via mail or an express service, copies will not be returned. In addition, a copy of the manuscript in *Word 2000 or higher and a pdf of the document* must be submitted on a CD ROM. The abstracts should summarize as completely as possible the objectives of the article and the facts and conclusions contained in the article.

Preparation of Copy. The manuscript (including references, tables, and appendices) should be double-spaced and typed on 8 1/2 x 11 inch paper with margins of 1 inch on all edges. The name of the article should appear on the first page of the manuscript. A separate cover should indicate the title of the article, name, address, position, institutions, and should be made only on the cover page so that the manuscript may be reviewed confidentially. No more than a three-sentence biosketch should be included.

Length of Manuscript. Although the importance of the article will in large part determine length, it is recommended that research articles, critical essays and in-depth interviews should not exceed 5,000 words, or approximately 16 double-spaced, typewritten pages, including references, tables, and appendices. Reviews, resource listings, and documents should not exceed 6 typed, double-spaced pages.

Style. JNBNA utilizes the APA format. Therefore, authors should consult the Publication Manual of the American Psychological Association, Sixth Edition, 2009 for details as to format. These guidelines should be followed for all citations and references. Double-spaced references should be used.

Editorial Process. A blind review process is used. Each manuscript is reviewed by at least three members of the Editorial Review Board. JNBNA reserves the right to edit as needed, in accordance to space limitations and guidelines, in consultation with the author.

The following are the criteria which reviewers use in judging the work submitted and are rated on the scale of 1 to 5: appropriateness of publication for JNBNA; the focus of the article; the relative importance of problems addressed in the paper; the adequacy of presentation (i.e., methodology/concept base, description of practice, etc.; and clarity of presentation (writing style, grammar, organization, conciseness, readability, etc.).

Additionally, reviewers list the strengths and weaknesses of the paper. Comments will be shared with authors upon request.

Nursing Research and Practice

Special Issue on Health Disparities in Genomics and Genetics

Call for Papers

In 1990, with the promise to revolutionize the science of medicine, the Human Genome Project (HGP) was launched to (among other objectives) map and sequence the human genome. The resounding success of the HGP and its successor initiatives (the International HapMap project and the 1000 Genomes Project) has brought clinical translation closer than ever. Yet skepticism remains as to the best strategies for therapeutic interventions, utilization of genetic services, and dissemination of information, especially among “racialized” populations (i.e., people who are self-described as a visible minority on the 2006 Census). Although some prevention programs now exist to reduce disparities by targeting specific genetic disorders, ethnic minorities remain underrepresented in genetic research and are the last to benefit from the resulting medical advances.

We invite investigators to contribute original research articles as well as review articles to stimulate discussion about health disparities in genetics, genomic research, and genomic medicine among racialized populations. Improving the health of racialized populations in the context of genetics requires careful consideration of the systemic issues, health disparities, and public policies that serve as the background of individual risk factors. Potential topics include, but are not limited to:

- Best practices to recruit and retain “racialized” populations in genetic/genomic research
- Public health policies to reduce/eliminate health disparities in genomic medicine
- Ancestry and “race” as proxies for disease risk
- The impact of genetic diversity and differentiation on disease risk in different population groups
- Examining health disparities in genetic screening and counseling
- Epigenetics and its impact on diseases among racialized populations
- The impact and outcome of integrating genetic/genomics into nursing curricula
- Identifying best practice to stimulate and increase interest in genetics/genomics among practicing ethnic minority nurses

- Identifying the best social marketing strategies for improving awareness and use of pharmacogenomics in the clinic

Before submission authors should carefully read over the journal’s Author Guidelines, which are located at <http://www.hindawi.com/journals/nrp/guidelines/>. Prospective authors should submit an electronic copy of their complete manuscript through the journal Manuscript Tracking System at <http://mts.hindawi.com/submit/journals/nrp/geng/> according to the following timetable:

Manuscript Due	Friday, 7 June 2013
First Round of Reviews	Friday, 30 August 2013
Publication Date	Friday, 25 October 2013

Lead Guest Editor

Ida J. Spruill, Medical University of South Carolina, Charleston, SC, USA; spruilli@muscc.edu

Guest Editors

Jacquelyn Taylor, Nurse Faculty Scholar, Robert Wood Johnson Foundation and School of Nursing, Yale University, New Haven, CT, USA; Jacquelyn.taylor@yale.edu

Irma B. Ancheta, School of Nursing, Brooks College of Health, University of North Florida, USA; i.ancheta@unf.edu

Adebowale A. Adeyemo, Center for Research on Genomics and Global Health National, Human Genome Research Institute, Bethesda, MD, USA; adeyemoa@mail.nih.gov

Yolanda Powell-Young, Center for Minority Health and Health Disparities Research, Dillard University and LSU Health Sciences Center Collaborative, New Orleans, LA, USA; ypyoung@dillard.edu

Willa Doswell, Department of Health Promotion, School of Nursing, University of Pittsburgh, USA; wdo100@pitt.edu



Diabetes Advocacy in the African American Community

State of the Diabetes Epidemic in the United States

- Diabetes is an epidemic in the United States. Nearly 26 million children and adults in the United States have diabetes and an additional 79 million have prediabetes, placing them at an increased risk for developing type 2 diabetes and its complications.
- Unless we take action, as many as one in three adult Americans will have diabetes by 2050.

State of the African American Diabetes Epidemic

- 4.9 Million non-Hispanic African Americans aged 20 years or older have diagnosed diabetes.
- Non-Hispanic African-Americans are 77% more likely to have diabetes compared to Caucasians.
- Diabetes was the 5th leading cause of death for African Americans in 2006.

How can you advocate to Stop Diabetes in the African American community?

The Eliminating Disparities in Diabetes Prevention, Access and Care Act

This legislative provision promotes diabetes research, treatment and education in minority populations. It tasks federal agencies with improving research, prevention and treatment of diabetes within minority populations. This provision is included in the Health Equity and Accountability Act, comprehensive legislation to address health disparities.



The National Diabetes Prevention Program (N-DPP)

Prevention is essential to reducing the impact of diabetes on the African American population. If implemented nationwide, the N-DPP will provide a low-cost, highly-successful diabetes prevention intervention in local communities. American Diabetes Association is advocating for federal funding and implementation of this program.

The Gestational Diabetes Act

The African American population is hit especially hard by gestational diabetes (GDM), but there is little public health research or monitoring done on GDM. The Gestational Diabetes Act of 2011 provides for the development of a multisite gestational diabetes research project at CDC to track mothers and support who have had gestational diabetes to keep these women from developing type 2 diabetes later in life.





New Orleans 2013

**NATIONAL BLACK NURSES
ASSOCIATION 41ST ANNUAL
INSTITUTE & CONFERENCE
HYATT REGENCY HOTEL | JULY 31-AUGUST 4**

C O N F E R E N C E R E G I S T R A T I O N



Welcome to the 41st Annual Institute and Conference of the National Black Nurses Association, Inc.!

Advancing the Profession of Nursing Through Education, Practice, Research and Leadership

Dear NBNA Members and Attendees,

We are delighted that you will be joining us at the 41st Annual Institute and Conference in New Orleans, July 31 through August 4, 2013, at the Hyatt Regency New Orleans. Please review the registration materials carefully as there are several changes and additions to the conference schedule and we don't want you to miss a single activity. Our goal is to continue to offer you the very best in continuing education, career development and networking opportunities during the conference.

Plans are well underway to ensure that you will have a productive and memorable experience at this year's conference. If you attended the 2012 Conference in Orlando Florida, we thank you for joining us.

Deidre Walton

*Reverend Dr. Deidre Walton, President
and the NBNA Board of Directors*

**REQUEST TO ATTEND THE 2013 NBNA ANNUAL
INSTITUTE AND CONFERENCE**

Go to **www.nbna.org/conference** to download a template letter for request approval to attend the conference. This letter should be addressed to your institution and supervisor and signed by you.

2013 Conference Highlights

TUESDAY, JULY 30

12:00 pm - 4:00 pm

Local Chapter Health Fair

(TBD)

WEDNESDAY, JULY 31

8:00 am - 12:00 pm

NBNA Professional Writing Workshop

Pre-Registration is preferred.

This workshop is designed to help novice and advanced writers who wish to learn and refine the skills of writing and increase the likelihood of publication in the Journal of the National Black Nurses Association, the acceptance of abstracts for presentation and enhance the opportunities for grantsmanship. Participants may bring a document they are currently working on or one that they would like to have reviewed.

8:00 am - 6:00 pm

VITAS ELNEC — Geriatric Curriculum

2-days, workshop continues on Thursday, August 1, 8:00 am - 5:00 pm. *Pre-registration is required and you must attend both sessions.*

The ELNEC-Geriatric curriculum was developed to address the needs of geriatric patients facing life-threatening illnesses as well as meet the special needs of patients and families facing the end of life across various geriatric settings. The curriculum contains nine modules addressing critical aspects including: Principles of Palliative Care; Non-pain Symptoms at the End of Life; and, Goals of Care and Ethical Issues at the End of Life.

The ELNEC-Geriatric curriculum also includes several common threads integrated throughout, including:

- The family as the unit of care.
- Critical financial issues that influence end-of-life care.
- The importance of culture as an influence at the end of life.
- The critical need for attention to special populations such as children, the elderly and the uninsured.

8:00 am - 6:00 pm

Mental Health First Aid USA

The Mental Health First Aid program will provide nurses with knowledge to equip community residents to help persons with mental illness connect to care. This two day seminar will introduce nurse participants to risk factors and warning signs of mental health problems, provide an understanding of the impact of mental health problems on the community and provide an overview of common treatments.

Mental Health First Aid USA (continued)

OBJECTIVES: The nurse participants will be able to:

- identify the potential risk factors and warning signs for a range of mental health problems
- gain an understanding of the prevalence of mental health disorders in the US and the need for reduced stigma relating to mental health disorders
- provide a 5-step plan to intervene and connect the individual in crisis with appropriate professional care
- identify community based resources to help the individual with a mental health problem.

Certification will be provided at the end of the 12 hour program. Pre-Registration is preferred.

Program continues on Thursday, August 1, at 8:00 am

THURSDAY, AUGUST 1

8:00 am - 5:00 pm

VITAS ELNEC — Geriatric Curriculum (part 2)

8:00 am - 5:00 pm

Mental Health First Aid USA (part 2)

1:30 pm - 4:30 pm

Exhibit Hall Opening Ceremony

6:00 pm - 8:00 pm

Opening Ceremony

FRIDAY, AUGUST 2

8:00 am - 12:00 pm

NBNA Student Forum

Students must be registered for the conference to attend this session.

8:00 am - 4:00 pm

NBNA Summer Youth Enrichment Institute “Developing the Next Generation of Nurses”

At the completion of the program participants will be able to:

- Describe the role of the nurse in the health care system
- Identify two healthy life style behaviors
- Identify 2 test taking strategies that will increase the participants success in science and math
- Participate in a community service activity

Open to children ages 8 to 18. Each participant will receive a back pack and a certificate of completion. Please register your child on the attached form. Consent forms will be sent with your registration confirmation letter.

HOTEL INFORMATION

Hyatt Regency New Orleans • 601 Loyola Avenue • New Orleans, LA 70113

The Hyatt Regency Hotel has been totally revitalized. After 6 years of planning and construction it is the city's premier destination for conventions, meetings and leisure visitors alike. The "New Hyatt" offers sophisticated guest rooms and luxurious amenities.

Take a virtual tour at www.neworleanshyatt.com

MAIN PHONE: 504-561-1234

HOTEL DIRECT RESERVATIONS NUMBER: 1-800-233-1234

This number will connect you with the Hyatt Central Reservation System. When calling in the guest should just ask for the *National Black Nurses Association Conference*.

ONLINE RESERVATION:

Visit the dedicated booking website that has been created for NBNA <https://resweb.passkey.com/go/nbna2013>. You can also find the reservation booking site at: www.NBNA.org

ROOM REGISTRATION

The deadline date for making reservations at the Hyatt Regency is 5:00 pm. Eastern Time, **Friday, July 5, 2013**. After that date, reservations will be accepted on a space and rate availability basis. If the Group rate is not available, the Hotel's rack rate will apply.

ROOM RATES

ROOM RATES: Room rates are \$139 USD for a single or double room. The room rate for triple occupancy is \$164. The rate for quadruple occupancy is \$189. The Hyatt Regency New Orleans will honor these dates three days pre- and post- the conference dates. There is no additional charge for children under age 18 sharing with a parent using existing bedding. Sales and occupancy taxes of 13% and a \$3.00 service fee will be applied to all sleeping rooms on a daily basis.

SUITES: The conference rate for suites per night: Deluxe Suite: \$264; and Superior Suite: \$389. The prices quoted are for one bedroom suites. Please call the reservation number to confirm the availability of suites or the charges for a second connecting bedroom.

If you have any special needs or health conditions, please notify the hotel when making your reservations. The Hyatt does offer ADA compliant King bedrooms with a tub and Double/Double rooms with an ADA compliant shower. See NBNA.org for scooter information.

CHECK IN: 3:00 pm **CHECK OUT:** 12:00 pm

LATE CHECK OUT: 1:00 pm (Complimentary, based on availability and should be requested 24 hours in advance.)

ROOM GUARANTEE

The Hyatt Regency **DOES NOT** require the first night's room and tax be paid in advance to guarantee your reservation. **You will be asked to provide a valid credit card to hold your reservation.** The credit card guarantee shall serve to confirm the reservation for the dates requested. We strongly suggest that you do **NOT** use a debit card to guarantee your room or incidentals at check-in.

CANCELLATIONS: Must be made 72 hours in advance of your scheduled arrival date. If you canceled your reservation after the 72-hour deadline, your credit card will be charged for one night's stay. To cancel your reservation with no penalty, you must cancel at least 72 hours prior to arrival, request a cancellation number and retain for your records.

HOTEL AMENITIES

- 8 Block Kitchen & Bar: full service restaurant with private dining rooms and 70 seat bar
- Vitascope Hall: 210 seat media bar with 42 flat screen TVs
- Borgne Restaurant by James Beard
- Live jazz and delectable dessert buffet Friday and Saturday nights in the 8 Block Kitchen & Bar
- Whole Hog Café' (right next door)
- 24 hour fresh market
- Starbucks
- Regency Club®
- Double rooms have two queen beds
- In-room refrigerator
- Coffee maker by request
- Complimentary 24 hour StayFit™ fitness Center
- Heated outdoor pool with fabulous lounge deck
- Crib and rollaway beds are available
- High speed internet access
- Free wireless in public areas
- Wireless internet in guest rooms: \$9.95 per day
- In and out Valet Parking: \$40 per day
- Parking in the Entergy Building: \$25 per day
- FedEx Office

AIRLINE TRAVEL: All major airlines have flights into The Louis Armstrong International Airport. Book early for the best rates!

AIRPORT TRANSPORTATION

- Shuttle service to and from downtown hotels every day, vans depart every 30 minutes. No service between 2:00am and 3:30am. To make a reservation before you arrive in New Orleans call: 866-595-2699 after booking your flight. All major credit cards are accepted. If you plan to purchase your tickets after you arrive in New Orleans, claim your baggage first. Proceed to the Airport Shuttle Ticket Desk which is located across from baggage claim areas 3, 6 and 12.
- Shuttle from airport to the hotel: \$38 round trip or \$20 one way. (Allow 30 to 90 minutes)
- The first 3 averaged sized bags per passenger are free. Oversized or additional luggage is subject to an additional fee.
- You must bring your own child car seat or booster seat.
- Handicap accessible vehicles are available. Reservations must be made 1- week prior to arrival.
- Tickets are non-refundable.

New Orleans Airport Shuttle: www.airportshuttleneworleans.com



IMPORTANT INFORMATION

CONFERENCE REGISTRATION THE ELITE HALL FOYER – LEVEL ONE

Registration for all attendees will begin on Tuesday, July 30 from 3:00 pm – 7:00 pm.

Attendees who registered in advance may check in at the registration desk and pick up all meeting materials, including badges, special session tickets and conference program. On-site registration and individual ticket purchases will end at 2:00 pm on Thursday, August 1, 2013.

FIRST TIME ATTENDEES

Welcome! If you are a new member or this is your first time attending the conference this is the session for you. Learn more about NBNA and how to make the most of your attendance at the conference. It is all about networking, continuing education, and meeting new friends. You will also learn how to make the most of the exhibit hall experience, see what is new in nursing, meet the top health care providers in the country, and learn how you can earn your next degree at one of the finest nursing programs in the country. **Bring your business card and resume!**

WHAT TO WEAR

The attire for business sessions and educational sessions is business casual. Always bring a sweater or wrap, meeting rooms can be chilly and New Orleans will be hot!

Friday, August 2: Show solidarity with women and heart health by wearing a **RED** item of clothing or a red accessory.

NBNA REGISTRATION PAYMENT AND CANCELLATION POLICY

Payments by CHECK must be received by Friday, June 28, 2013. **NO CHECKS WILL BE ACCEPTED AFTER JUNE 28, 2013.** Payments may be made by money order or credit card (MasterCard or VISA) ONLY. You may register on-line at NBNA.org. *Should it become necessary for you to cancel your registration, WRITTEN notification must be received (not postmarked) by June 21, 2013.* Refunds will be made 90 days following the conclusion of the NBNA Conference. A \$50 administrative fee will be deducted from the total amount refunded. *No request for refunds will be granted after June 21, 2013.*

NOTE: For Conference Registration: "GUESTS" are defined as "Non-Nurses". A RN/LPN/LVN cannot register for the conference as a GUEST. Guest Registration includes: Sessions open to the public, conference institutes and workshops, refreshment breaks, exhibits, special activities, scheduled receptions, President's Gala, and Sunday Brunch. Guests are considered FULL conference attendees. Ticket purchases are available to all interested parties and are restricted to the event indicated.

PRE-CONFERENCE REGISTRATION TICKETING

- ALL members, guests, VIPs, honorees, awardees, exhibitors, speakers, sponsors, spouses and children **MUST** have a ticket with a table assignment to attend the Gala.
- Chapter tables will be designated based on the number of registered members and registered guests that have purchased tickets to the Gala by **June 15, 2013.**
- Gala tickets with your table number will be included in the REGISTRATION PACKET of all Conference Attendees and Registered Guests. Individually purchased tickets will also be included in the packet of the Registered Attendee.
- Individual ticket purchases to the President's Gala **MUST** be purchased by **June 15, 2013** AND the NBNA Member/Guest relationship must be clearly identified at time of purchase in order to guarantee appropriate seating.
- Tickets will be collected at the door. NBNA Members and their guests will be guaranteed seating with their chapter if their registration form and payment are received in the National Office by **June 15, 2013.**

ON-SITE REGISTRATION TICKETING

(REGISTRATIONS OR TICKETS PURCHASED AFTER JUNE 15)

- Every attempt will be made to seat you with your chapter and accommodate your guests at the chapter table. After the June 15 deadline, seating will be assigned on a space availability basis.
- Ticket sales at the conference (ON-SITE) will end at 2 pm, Thursday, **August 1, 2013.**
- For your convenience, a floor plan of the banquet seating will be on view prior to the day of the Gala. On the night of the Banquet, hostesses will have a list of each attendee's table assignment. Tickets will be collected at the door.

PRESIDENT'S GALA & BRUNCH SEATING PROCEDURES

- Ticket sales at the conference (ON-SITE) will end at 2:00 pm on **Thursday, August 1, 2013.**
- All members, guests, VIPs, honorees, awardees, exhibitors, speakers, sponsors, spouses and children **MUST** have a Gala or Brunch Ticket. There will **NOT** be assigned seating for the Sunday Brunch.
- Tickets will be collected at the door.
- All tickets will be placed in your Registration Packet and will be available on-site at the REGISTRATION DESK.

REGISTRATION FORM PAGE 1

PAGE 1.

NAME: _____ **PHONE:** _____

1. REGISTRATION INFORMATION (EXHIBITORS AND SPONSORS DO NOT USE THIS FORM)

PLEASE PRINT CLEARLY OR TYPE. ONE REGISTRATION PER FORM. COPY FORM FOR MULTIPLE REGISTRATIONS.

NAME _____ CREDENTIALS _____
FIRST MIDDLE LAST MUST PROVIDE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE (_____) _____ HOME PHONE (_____) _____

FAX _____ E-MAIL _____

NBNA ID # _____ RN/LPN/LVN LIC. NO. _____ SOCIAL SECURITY # _____

NAME OF CHAPTER (REQUIRED INFO): _____

EMERGENCY CONTACT: _____ PHONE _____

I AM A DIRECT MEMBER (do not belong to a chapter) NUMBER OF VEGETARIAN MEAL REQUIRED: _____

ARE YOU UNDER AGE 40? YES NO ARE YOU A NURSE PRACTITIONER? YES NO

2. REGISTRATION FEES (PLEASE CIRCLE THE APPROPRIATE FEES)

MEMBER	EARLY BIRD THRU 3/31/13	PRE-CON 4/1- 6/15/13	ON SITE AFTER 6/15/13	NON-MEMBER	EARLY BIRD THRU 3/31/13	PRE-CON 4/1- 6/15/13	ON SITE AFTER 6/15/13
RN/LPN/LVN	\$375	\$450	\$575	RN/LPN/LVN	\$550	\$625	\$775
Student (NON-Licensed)	\$230	\$280	\$405	Student (NON-Licensed)	\$305	\$355	\$505
Retired	\$300	\$375	\$500	Retired	\$375	\$470	\$550
INCLUDES (1) Gala ticket (1) brunch & closing session ticket (1) general raffle ticket (1) CEU program, business meeting (MEMBERS ONLY)				INCLUDES (1) Gala ticket (1) brunch & closing session ticket (1) general raffle ticket (1) CEU program			

I am a New Member SUB-TOTAL \$ _____

This is my first NBNA Conference SUB-TOTAL \$ _____

3. INSTITUTE REGISTRATION (ONLINE REGISTRATION NOT ACCEPTED AFTER JULY 15, 2013)

To receive the full compliment of Continuing Education Units, you MUST attend the institute and/or workshop of your choice IN ITS ENTIRETY. Institutes will be held on **FRIDAY, AUGUST 2**. NOTE: topics subject to change. Please choose ONE of the following:

Cancer Cardiovascular Disease Research Diabetes Women's Health Obesity Diversity

VITAS: ELNEC - Geriatric Curriculum 2-Day Session
(Pre-registration required)

PART I: Wednesday, July 31 / 8:00 am - 6:00 pm
PART II: Thursday, August 1 / 8:00 am - 5:00 pm

Mental Health First Aid USA 2-Day Session
(Pre-registration required)

PART I: Wednesday, July 31 / 8:00 am - 6:00 pm
PART II: Thursday, August 1 / 8:00 am - 5:00 pm

Presidents' Leadership Workshop (Chapter presidents, vice presidents or designated delegate ONLY)
Wednesday, July 31 / 8:00 am - 3:00 pm

NBNA Summer Youth Enrichment Institute (1-day / consent forms will be sent with registration confirmation letter.) register my:

RELATIONSHIP TO ATTENDEE CHILD'S NAME AGE OF CHILD GENDER

I will attend the **NBNA Professional Writing Workshop**

I will attend the **APRN Workshop**

I will attend the **Chapter Development Workshop**

I will attend the **Student Forum**

I am a LPN/LVN and will attend the **LPN/LVN Workshop**

I want to **volunteer:** Registration Workshop Monitor

I will attend the **Under Forty Forum**

Moderator Exhibit Hall (Friday)

REGISTRATION FORM PAGE 2

PAGE 2.

NAME: _____ **PHONE:** _____

4. GUEST REGISTRATION*

NON-NURSE ADULTS: _____

Address: _____

(IF DIFFERENT FROM REGISTRANT'S)

CHILDREN:

_____ (age) _____

_____ (age) _____

_____ (age) _____

_____ (age) _____

OF GUESTS: _____ **X \$275 =** _____ **SUB-TOTAL**

* NON-NURSE GUEST(S) REGISTRATION (ADULTS OR CHILDREN) \$275 EACH. REGISTRATION INCLUDES: EDUCATIONAL SESSIONS OPEN TO THE PUBLIC, EXHIBIT AREA, PRESIDENT'S BANQUET, AND SUNDAY BRUNCH.

5. PURCHASE ADDITIONAL BANQUET, BRUNCH OR INSTITUTE OF EXCELLENCE CEREMONY AND LUNCHEON TICKETS

Banquet & Brunch tickets are NOT refundable after JULY 25, 2013.

NBNA INSTITUTE OF EXCELLENCE LUNCHEON 8/2/13 \$75 ea X No. of tickets _____ **SUB-TOTAL \$** _____

PRESIDENT'S GALA & BANQUET 8/3/13 \$85 ea X No. of tickets _____ **SUB-TOTAL \$** _____

BRUNCH & CLOSING SESSION 8/4/13 \$50 ea X No. of tickets _____ **SUB-TOTAL \$** _____

6. PAYMENT INFORMATION (NBNA ACCEPTS ONLY MASTERCARD AND VISA CREDIT CARDS.)

Check Enclosed Check has been requested/ PO# _____ Money Order MasterCard VISA

AMOUNT ENCLOSED \$ _____ (SUB-TOTALS FROM 2, 4 & 5)

Credit Card # _____ Exp. Date: _____ Sec. Code: _____

Cardholder Name (please type or print): _____

Signature _____

(ALLOW 2 WEEKS PROCESSING TIME IF PAYING BY CHECK)

NO REQUEST FOR REFUNDS WILL BE GRANTED AFTER JUNE 21, 2013.

THERE ARE **THREE** WAYS TO REGISTER:

1. FAX your completed form with credit card information to: **301.589.3223**

2. ON-LINE @ www.NBNA.org

3. MAIL your completed form with payment to:
(Please allow 2 weeks for check processing)

NBNA
8630 Fenton Street, Suite 330
Silver Spring, MD 20910

JOIN NOW AT
www.NBNA.org



2013 CONFERENCE SCHEDULE AT-A-GLANCE

SUNDAY, JULY 28

2:00 pm - 5:00 pm Bag Stuffing

TUESDAY, JULY 30

3:00 pm - 7:00 pm Registration
12:00 am - 4:00 pm Local Chapter Health Fair
2:00 pm - 4:00 pm Board of Directors Meeting

WEDNESDAY, JULY 31

7:00 am - 5:00 pm Registration
8:00 am - 12:00 pm Professional Writing Workshop
8:00 am - 3:00 pm Presidents' Leadership Institute
8:00 am - 6:00 pm **NEW for 2013!**
Geriatric Curriculum (part 1)
More course information will be coming soon.

8:00 am - 6:00 pm **NEW for 2013!**
Mental Health First Aid USA (part 1)
1:00 pm - 5:00 pm Workshop TBD
3:30 pm - 4:30 pm Credentialing
3:30 pm - 4:30 pm New Members/First Time Attendees Workshop
3:30 pm - 4:30 pm Moderators / Monitors Workshop
3:30 pm - 5:00 pm Chapter Development Workshop

THURSDAY, AUGUST 1

6:00 am - 7:00 am Exercise Class
7:00 am - 5:00 pm Registration
8:00 am - 10:00 am Business Meeting (Chartering of New Chapters)
8:00 am - 5:00 pm Geriatric Curriculum (part 2)
8:00 am - 5:00 pm Mental Health First Aid USA (part 2)
10:30 am - 12:30 pm Plenary Session
12:30 pm - 1:30 pm Lunch on Own
1:30 pm - 4:30 pm Exhibit Hall Grand Opening
5:30 pm - 6:00 pm Chapter Line-Up
6:00 pm - 8:00 pm Opening Ceremony

FRIDAY, AUGUST 2

6:00 am - 7:00 am Exercise Class
6:30 am - 7:45 am NON-CEU Breakfast (2)
7:00 am - 5:00 pm Registration
8:00 am - 12:00 pm Institutes (6)
8:00 am - 12:00 pm Student Forum
8:00 am - 12:00 pm Diversity Institute
8:00 am - 4:00 pm NBNA Youth Enrichment Institute
8:00 am - 4:00 pm NBNA Founders Leadership Institute
12:00 pm - 3:00 pm Exhibit Hall
12:30 pm - 3:00 pm NBNA Nursing Innovations Theater
12:30 pm - 2:30 pm Institute of Excellence Awards and Luncheon
1:00 pm - 3:00 pm LPN Forum
3:30 pm - 4:30 pm Plenary Session
4:30 pm - 6:00 pm Under Forty Forum

SATURDAY, AUGUST 3

6:00 am - 7:00 am Exercise Class
6:30 am - 7:45 am Non CEU Breakfast Sessions (2)
8:00 am - 10:00 am Business Meeting (chapter awards)
10:00 am - 11:00 am Candidates Forum
11:00 am - 1:00 pm Exhibit Hall
11:00 am - 12:00 pm NBNA Nursing Innovations Theater
12:00 noon Grand Raffle
1:00 pm - 3:00 pm Workshops (6)
3:00 pm - 4:00 pm Member Speaks
6:00 pm - 7:00 pm Board and Lifetime Member Photo
7:00 pm - 11:00 pm President's Gala

SUNDAY, AUGUST 4

8:00 am - 9:30 am Ecumenical Service
10:00 am - 12:00 pm Brunch and Closing Session
Keynote Speaker

THERE ARE THREE WAYS TO REGISTER:

1. **FAX** your completed form with credit card information to: 301.589.3223
2. **ON-LINE AT** www.NBNA.org
3. **MAIL** your completed form with payment to:
NBNA / Registration • 8630 Fenton Street, Suite 330 • Silver Spring, MD 20910



*(Please allow two weeks
for check processing)*