

National Black Nurses Association, Inc.

NBNA NEWS



THE NBNA AND CORPORATE PARTNERS



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NBNA NEWS

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Dr. Deidre Walton, President
National Black Nurses Association

Message from President

THE NATIONAL BLACK Nurses Association (NBNA) wishes to thank its partners and corporate roundtable members for their continued support of its mission. Since its inception, improving the health of African Americans through the provision of culturally competent health care services in community based health programs has been the cornerstone of NBNA. NBNA is proud of its Collaborative Community Health Model developed by Dr. Linda Burnes Bolton and Dr. C. Alicia Georges, NBNA past presidents. This model is the basis for the collaborative partnerships and health programs that are the hallmark of the National Black Nurses Association.

One of the eight recommendation of the Institute of Medicine (IOM) Future of Nursing states that private and public funders, health care organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems. These entities should also provide opportunities for nurses to diffuse successful practices (Robert Wood Johnson Foundation, 2010). NBNA has continued working in partnership with community based organizations, corporations and other organizations to lead change and make a difference in our communities.

Critical to successful establishment of collaborative partnership is being mindful of the diverse stakeholders. Diverse stakeholders provide valuable insight to collaborative partnerships. These partnerships give organizations a blueprint for strategic planning to achieve outcomes through organized goal setting and the measurement of outcomes over time. Networking with community leaders is a critical element of effective collaborative partnerships.

Nursing can learn from business acumen in establishing collaborative partnerships. Collaborative partnerships between nursing faculties and health service providers are the cornerstone of successful clinical experience for nursing students (Brown, 2006).

NBNA's vision and leadership will continue to impact the transformation of health care. As an organization, its continued networking with community leaders is a critical element that will develop and sustain effective collaborative partnerships.

Deidre Walton, JD, MSN, RN-PHN
President

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Dr. Deidre Walton, NBNA President, Board of Directors, and members would like to recognize and thank the national office staff for their collective efforts in maintaining the day-to-day functions of the organization in collaboration with the executive director, Millicent Gorham. The following staff play an important role in the success of NBNA and we take this opportunity to recognize their contributions.

Dianne M. Mance

Conference Services Manager



DIANNE MANCE Conference Services Manager, began her tenure with the National Black Nurses Association, Inc. (NBNA) in May of 2000. Dianne is responsible for managing the annual and regional conferences, National Black Nurses Day on Capitol Hill, board meetings and the NBNA continuing education program. Her vision and creativity have greatly enhanced the scope and programming at the NBNA meetings and conferences.

Dianne introduced the First Annual NBNA Student Career Fair in 2011 to encourage high school and junior college students to pursue a career in nursing. She developed the Exhibitors Roundtable to increase exhibitors' participation in NBNA scholarship and educational programs. She designed the NBNA Nursing Innovations Theater. And, she was instrumental in the development of the NBNA Exhibit Hall Passport initiative which will launch at the NBNA 2014 Conference.

Prior to joining NBNA, Dianne was an Event Management Consultant to the National Black Chamber of Commerce. From 1991 to 1995, she was a Special Assistant to the Mayor of the District of Columbia, Sharon Pratt Kelly. As Director of Special Projects, Dianne coordinated numerous city wide public events which were hosted by the Mayor. In addition, Dianne served as the Mayor's Representative to the District of Columbia Bicentennial Commission and successfully organized the three day city-wide celebration that included activities sponsored by government agencies, local businesses and community organizations. She also coordinated numerous interagency meetings, retreats, constituent events, and the official entertainment for the Mayor. Dianne was the Mayor's representative to the National Cherry Blossom Festival Committee and represented the Mayor on two goodwill trips to Japan.

Throughout her career Dianne has managed corporate, political and social events. She was one of the organizers for the first Annual Gala of the Black Civil War Memorial Gala, served on the Planning Committee for the Africare Annual Dinner and was a committee member for The Mayor's Arts Awards.

Dianne received a Certificate in Event Management from the George Washington University and Bachelors of Arts Degree in

Gessie Belizaire

Administrative Assistant



GESSIE BELIZAIRE, MA, is a young professional. She did her academic training at Howard University and at the University of Rhode Island. Belizaire won numerous awards, gained a Master degree, and found along with herself a philanthropy based student organization whose name, Students about the Business of Change embodies their overall mission. Belizaire brings a refreshingly positive take on commitment and works to apply it to her relationships both professionally and personally. Coupled with her positive take on commitment both professionally and personally are her 'can do' attitude on life. According to Belizaire's philosophy, "In life you will find there is nothing that you cannot do, if you first will your mind to do it."

She is currently the Administrative Assistant of the National Black Nurses Association. She works closely with the president, board of director, and national office staff to bring about innovative practices to catapult the association to greater heights. Among the innovative practices are the new NBNA website, introduction to the utilization of webinar series to showcase health and wellness, easing NBNA's standing and non-standing committees to utilize a new system for conferencing, and the start of a new means of communication through email marketing. When Belizaire is not busy at work she can be found tutoring children with special needs to read and write.

Dianne Mance (continued)

Early Childhood Education from the University of the District of Columbia. She is a member the American Society of Association Executives and the National Coalition of Black Meeting Planners. In 2009, she received the Meeting Planner of the Year award from the National Association of Black Meeting Planners.

Dianne is the Chair of the Special Events Committee of the Thomas and Birdie Smith Arts Foundation; she is a member and immediate past president of the Washington, DC Chapter of Links, Inc. and is a former president of the Washington, DC Chapter of Jack and Jill, Inc.

Estella A. Lazenby

Membership Services Coordinator



ESTELLA A. LAZENBY joined the NBNA staff in April 2009 in the temporary position of Administrative Assistant while providing direct support the Executive Director. Estella was able to develop a clear understanding the structure of NBNA while working in this capacity while meeting the mandates set forth in the NBNA mission statement. In 2010, when the Membership Services Coordinator retired, Estella was appointed Interim Membership Services Coordinator and in January 2012 made the official move into the position as Membership Services Manager. In this role, Estella has restructured the accessibility of the office to more readily address the needs and/or concerns of NBNA members.

Originally from Atlantic City, NJ, Estella met her husband Howard while attending Strayer College in Washington, DC. In 2005, after completing the scholastic and experience requirements, Estella was awarded the designation of Certified Meeting Professional.

When not engaged in NBNA business or activities, Estella enjoys working with the Washington Humane Society, S.O.M.E. (So Others May Eat) and assisting senior citizens in the Silver Spring, MD community with their needs. Estella and Howard, along with their dog, "Buddy," have a residence in Columbia, SC, where Howard provides consulting services for individuals and businesses that require assistance in promotional products marketing.

Frederick G. Thomas

Office Assistant



FREDERICK GEORGE THOMAS is NBNA Office Assistant. George helps the national office to function in a smooth manner on a daily basis. George is responsible for providing new membership packets, updating all NBNA Chapter information, and doing verification of individual member within a chapter or a direct member. George is also responsible for developing financial records and statement on a monthly basis.

George is instrumental in preparing for one of NBNA's signature programs, NBNA Institute and Conference and NBNA Day on Capitol Hill. George says, "Months before any NBNA Institute and Conference there is support work at various levels; chapter signs, printed copies, along with keeping track of conference attendees. Preparing shipments for advanced delivery to the conference site is critical for a success conference start. Capitol Hill Day has its own demands for preparation. As it is a one day event, planning ahead is the key. Placing items for use long ahead before members arrive into the meeting hall. We try to be around for any needed assistance.

George stated, "Telephone communication is such a vital component in the national office." He believes NBNA members, as well as those interested in NBNA activities, like to know we could assist them with any question. "The ability to anticipate the full extent of this office comes in handy at times," says George.

George is a military man. Most of his military experience was spent in the US Navy. His first tour of duty took place in central Scotland. Shortly after leaving the service, George became enrolled in college at the College of Southern Idaho in Twin Falls, ID. George then headed to Hunter College in the city of New York. George says, "Small town to very bright lights. I enjoyed both places with its cultural diversity."

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.
- Hispanics/Latinos account for 16% of the U.S. population but for 21% of HIV diagnoses.
- Unless the course of the epidemic changes, an estimated 1 in 50 Hispanics/Latinos will be diagnosed with HIV infection at some point 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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Missing our Mothers: VITAS Partners with NBNA to Remember, Honor Moms!

Peggy Pettit, Executive Vice President
VITAS Innovative Hospice Care

Visit Booth 601 at the
NBNA Conference

MY MOTHER... widow at 49, mother to nine children, teacher, God's servant, artist, heart attack survivor, sister to 12 siblings, literacy volunteer, pacifist, and, in the end, cancer patient who didn't survive. My Mother, giver of milk and honey... the milk, the food that nourished and sustained me; the honey, the sweetness and joy of life that emanated from my Mother at all times.

When my Mom died, I was a young mother myself, and I was thrown off balance for at least a year after her death. My teacher, my adviser, my friend was gone from my sight forever. But as time went by, I realized the love she shared and the lessons she taught me would live forever in my heart. All I had to do was call up the memories, and there she was, smiling, sending her love my way, giving me confidence to face life's tough challenges. No one can come close to replacing the importance she had in my life, and although the acuity of the pain of loss has lessened, I often think of how differently things might be if she had stayed with us a while longer. My children would know the love of their wonderful Grandmother, my siblings would continue to be touched by her goodness and love, and all those she met would be enriched by her beauty of spirit.

I often felt that only those who have also lost their Mothers could understand the sense of sadness and feelings of being alone that linger. In her book, *Motherless Daughters*, Hope Edelman writes, "ask any woman whose Mother has died at an early age (or any age) and she will tell you that her life is irrevocably altered; that this one fact forever changes who she is and who she will become." Being a grown woman does not make us any less a motherless child. Grief exists because we have loved and have lost. Because you have loved, you also grieve. You don't "get over" the death of your Mother, however, you can process that sorrow, deal with the grief and connect in a healthy way with the Mother who lives within you.

"Missing Our Mothers, Daughters Remember" is an opportunity to come together with others to honor and celebrate the lives of your Mothers. Motherless, adult daughters gather to share their thoughts and memories, recapture those intangible gifts, and commemorate their Mothers' legacies.

VITAS Innovative Hospice Care, the nation's leading provider of end of life care, is the proud partner/sponsor with the National Black Nurses Association in presenting, "Missing Our Mothers," events across the country. VITAS has more than 35-years experience providing hospice care and bereavement grief counseling and has cared for millions of individuals (patients and their families) since 1978. When medical treatments cannot cure disease, the VITAS team of dedicated professionals provide physical, emotional and spiritual care for terminally ill patients. This care continues for at least a year after the patients' death, through bereavement, grief and other support services.

VITAS is very proud of its 10-year history of collaboration with the NBNA and appreciates the NBNA for its support in offering these extraordinary events!

VITAS and NBNA partnered to provide the following "Missing Our Mothers, Daughters Remember" events in 2014:

April 12 - Philadelphia, PA
The SE Pennsylvania Area Black Nurses Association

April 19 - New Orleans, LA
The New Orleans Black Nurses Association

April 26 - Birmingham, AL
The Birmingham Black Nurses Association

May 3 - Atlanta, GA
The Atlanta Black Nurses Association

If your chapter is interested in partnering to offer Missing Our Mothers, Daughters, please contact Diane Deese, VITAS Director of Community Affairs at Diane.Deese@vitas.com. At the VITAS.com website, you will find invaluable resources that can assist in the bereavement process at www.vitas.com.

Launch of Pfizer RxPathways™

Visit Booth 518 at the
NBNA Conference

AS NURSES WORKING to improve the quality of life for others, you have witnessed firsthand how difficult it can be for uninsured and underinsured patients to access quality health care. Your role is significant – these patients rely on health care professionals like you to inform them about resources that can help them afford their medications and stay healthy. While the Affordable Care Act has already helped millions of uninsured patients get access to insurance coverage, projections show that even after full implementation, there may still be patients who need help. That's why the National Black Nurses Association (NBNA) has partnered with Pfizer for the sixth consecutive year to spread the word about its patient assistance programs.

As you may know, on April 1st Pfizer consolidated all of its patient assistance programs into one comprehensive program that is now called Pfizer RxPathways™. Pfizer RxPathways offers many of the same services to eligible patients that Pfizer Helpful Answers did, including insurance counseling, co-pay help, providing Pfizer medicines for free or at a savings, and more.

More specifically, Pfizer RxPathways offers programs that provide assistance for varying patient needs and based on the medicine they are prescribed. For uninsured patients, Pfizer RxPathways offers Pfizer medicines for free or at a savings. For underinsured patients, Pfizer RxPathways offers co-pay help, alternate funding support or free medicines. And for insured patients, Pfizer RxPathways offers insurance counseling and other reimbursement support services.

If you have patients who are currently receiving their medicines through Pfizer Helpful Answers, they do not have to take any action to continue receiving their medicines – these patients have already been automatically enrolled into Pfizer RxPathways. The enrollment period and enrollment dates will stay the same; when patients re-enroll, they will apply to Pfizer RxPathways.

If you have patients in need of medicines made by other companies, Pfizer RxPathways can refer them to the Partnership for Prescription Assistance (PPA), a service sponsored by the pharmaceutical industry that connects patients to more than 475 public and private patient assistance programs, including Pfizer RxPathways.

Pfizer also has dedicated a section of the website to helpful resources for patient advocates like you. The "Advocate Corner" at www.AdvocateCornerPHA.com includes information about the uninsured landscape, how Pfizer is reaching uninsured populations and training tools to help you spread the word about Pfizer RxPathways to your patients in need.

As the health care landscape continues to undergo significant changes, the road ahead remains uncertain for many. Pfizer remains committed to helping eligible patients in need get access to their Pfizer medicines. If one of your patients has been prescribed a Pfizer medicine and is in need of prescription assistance, visit www.PfizerRxPath.com to learn more.

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Attend Pfizer's NBNA Nursing Innovations Theater Friday, August 8, 2014



Connecting Health Professionals

Sumit Virmani, Director, Health for Microsoft Worldwide Public Sector

IT'S NOT ALWAYS easy for health professionals to connect with the right person or information when and how they need to—to say the least. But in order to improve the efficiency and quality of care in the highly collaborative world of health today, it's more essential than ever that they do.

In talking with customers around the world, I repeatedly hear that they need better ways for their people to be able to communicate and collaborate within and beyond their organization. This is especially true because of the mobile and multidisciplinary nature of healthcare today. The recently released IDC white paper “The Mobile Professional in Healthcare: Improving Care Team Collaboration through Unified Communication and Collaboration (UC&C)” (commissioned by Microsoft) can help toward that end. Authored by Lynne Dunbrack, research vice president and lead healthcare industry analyst for IDC, it discusses the communication and collaboration challenges that health organizations face and provides great guidance on how they can address those challenges with today's technologies for UC&C.

A couple of the key findings are about productivity challenges related to electronic health records (EHRs). According to the white paper:

EHRs, as they are architected today, lack true collaboration capabilities, resulting in clinician inefficiencies and dissatisfaction. A recent IDC Health Insights survey indicates that the top two reasons for physician job dissatisfaction are related to being less productive, either because more time was spent on documentation (85%) or because physicians were not able to see more patients (66%).

Nearly half (49.1%) of dissatisfied or neutral physicians report that EHRs do not follow their workflows well, suggesting that healthcare organizations will need to invest in true UC&C and personal productivity tools to support effective clinician communication and collaboration.



In other words, by providing their people with easy-to-use UC&C tools to use in conjunction with their EHR, health organizations can realize significant productivity gains.

The white paper explains that enterprise UC&C goes beyond just unified communications to include collaboration and productivity workflows. It broadly defines enterprise UC&C as a highly integrated communications environment that combines text, voice, video, and data communications in innovative ways to provide process and productivity improvement along with opportunities to collaborate. The white paper further explains that UC&C enables real-time communications and collaboration based on the preferred method and location of the recipient and facilitates the incorporation of all information sources pertinent to the communication.

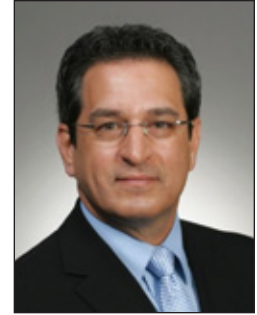
Dunbrack also discusses the benefits of cloud-based UC&C—such as making it easy to collaborate across organizational boundaries and devices, as well as lowering costs. And she outlines a step-by-step roadmap for how health organizations can use Microsoft Office 365 to support operational and clinical workflows within and beyond their organization. What's more, the white paper offers practical advice for health organizations on which use case scenarios to start with to achieve the fastest, highest impact with UC&C technologies.

No matter what stage of deployment your health organization may be in with regard to UC&C or your EHR, the IDC white paper provides invaluable guidance to help you get the most out of your investments.

Nurses, Eating Your Young Will Result in Nausea!

Curtis Weber, BSN, RN, CPN
Talent Discovery & Outreach Manager
Children's Mercy Kansas City

Visit Booth 402 at the
 NBNA Conference



SO LET'S TALK a little about bullying. We have all witnessed it, perpetrated it or been the victim of bullying at one time or another in our lives. Certainly bullying is not unique to nursing. Yet you never hear the phrase "Respiratory Therapists Eat Their Young" or "Social Workers Eat Their Young". Maybe they do. If so, they certainly have managed to keep it from being associated with their profession. Google the term "(choose a profession) eat their young" and the nursing profession gets hits every time. The sad fact is that "Nurses Eat Their Young" is a phrase that is common and embarrassing.

Thankfully we have yet to see any recruitment ads showing a GN being devoured by a bunch of zombie RNs. Actually bullies are worse. Whereas zombies lack a consciousness and self-awareness it is assumed that bullies have retained those qualities. And while you may think I am making jest, I am very serious. Can you image a worse image for a profession that is centered on care and well-being than an image that reveals professional hypocrisy through a lack of care and respect for their very members?

At any given moment nurses are giving care that is changing lives in a positive manner. But yet as a profession we so often neglect our responsibility to protect and care for ourselves and each other. The truth is that the vast majority of nurses do not bully. It is also the truth that bullying often goes unreported and consequently unaddressed by that same majority that witnessed it. Imagine the impact that this mental state has on the quality and outcomes of patient care.

According to Cheryl Dellasega, PhD, CRNP, author of *When Nurses Hurt Nurses: Recognizing and Overcoming the Cycle of Bullying*, bullying is often unintentional. So think about these behaviors, reflect on your own behavior and imagine how sometimes our actions carry a message and meaning that we do not intend.

Not everyone who has been subject to or who has witnessed an act of bullying will be compelled to report it. Unless there is a threat of physical violence or a display of aggression, many people do not feel inclined to take action or intervene. This is significant since the vast majority of bullying in the workplace tends to be passive-aggressive. Truthfully, how many people are going to report sarcasm or eye rolling?

So the question remains: What should you do when bullying occurs? Well, that depends. What was the bullying action? What are the circumstances? Was the bullying an isolated event or unintentional? What do you want to do?

If the action is an isolated incident and out of character and you do not feel physically or professionally threatened, perhaps

the offender is having a bad day. This is not to excuse the behavior, but rather to put it in perspective. Consider asking that person, at an appropriate time, if he or she is having a bad day. As tempted as you might be, do not allow yourself to respond in an angry, sarcastic or snarky way. You are trying to extinguish the bad behavior, not feed it. Chances are you will get an apology if you address the issue in a sincere, but direct manner.

Unintentional bullying happens more out of someone's poor judgment rather than malicious intent. Teasing and sarcasm are prime examples. For many people this is their way of saying, "You are part of my group. I like you enough to treat you like a friend." Look no further than to your prime time sitcoms. They are filled with people who love each other saying things to each other they would never say to strangers. I would suggest that if no harm is meant, that no offense should be taken. Rather, take the opportunity to let the person know that while the intent may not be hurtful, the actions make you uncomfortable. If this is someone who did not mean you harm in the first place, it is doubtful they will continue these behaviors.

The most effective way to resolve the situation is to speak to the bully. This discussion should be done in a private area away from patients, visitors and other staff. Be respectful, professional, concise and put it in a way that gives the person the benefit of the doubt. Consider saying something like, "Perhaps you are not aware of it, but I am not comfortable with your comments or actions." By phrasing it this way, the bully is less likely to feel cornered. You have given the person a way out. It does not matter if you believe that the person is aware or not aware. Your goal is to resolve the issue and stop the bullying. Your actions should be directed by that goal.

By simply addressing the situation you have put the bully on notice that you are not willing to tolerate the bad behavior. Unfortunately, there are many people that are not motivated to change their behavior unless that behavior results in negative consequences to themselves. If the bully's response indicates that nothing is going to change or you are not comfortable speaking to the bully yourself you need to consider documenting your encounters and speaking with your manager, director or an Employee Relations Representative in your Human Resources Department.

If the bullying is of a physical nature or you feel physically threatened or feel it may escalate to that level, distance yourself from the bully immediately and speak with security or your supervisor as soon as possible. It is not in your best interest to try to resolve these types of situations on your own.



Jumpstart Your Digital Advocacy

Amy O'Connor
Director, Eli Lilly and Company

OVER THE LAST few years, digital technology has transformed the way people live their lives. Just a few years ago, reaching individual advocates relied purely on leveraging pre-existing relationships. Today, the digital revolution has made its mark on that too. Social media has challenged the old model of grassroots advocacy and empowered individuals to take action on the public policies that matter to them. These tools can help advocates reach new audiences, amplify their messages, and mobilize their networks easily, quickly, at a relatively low cost. Together, these individuals create a powerful voice that can make a difference like never before.

So, where do you start? Before you sign up for Twitter, Facebook, or any other site, think about what you want to accomplish and how digital engagement can help jump start your success.

Set your goal – Your online activity should reflect your overall advocacy strategy. Consider what you want to get out of your digital engagement. Do you want to get more people to come to your next event? Or just generate community awareness? Either way, write it down and refer back to your goal frequently.

Find your audience – Whether you want to reach other nursing advocates, or just the general public, think about how your audiences use these platforms. Research how they talk about your issues and find opportunities to plug into the conversations where they already happen.

Participate – Think about social media as an ongoing conversation, you can sit back and watch it happen, jump in and make a stir, or anywhere in between. Figure out what approach will help to pave the way to your desired outcome. Don't forget to find ways to engage authentically with other people and share their perspectives. It is social media, after all.

It may seem daunting at first, but an engaged and empowered online and offline audience can provide the key to your success. What are you waiting for? Get engaged! And if you have any questions, I'm just a tweet away - @LillyPad.

Amy O'Connor leads the Digital Government Affairs team at Lilly. Amy launched Lilly's digital public policy effort with LillyPad (@LillyPad) and the Campaign for Modern Medicines (@ModernMeds). Her goal is to develop Lilly's engagement on public policy issues to better promote innovative policy solutions.

Nurses... (continued from page 8)

The nursing profession needs to send the message that you can be a nurse or you can be a bully, but you can't be both. By doing so we strengthen our profession by creating a healthy environment where nurses thrive in the care they provide and are retained in a system that desperately needs them.

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Curtis Weber is the Talent Discovery and Outreach Manager at Children's Mercy Kansas City. As a liaison between the Talent Acquisition Team and Patient Care Services he coordinates participation in national nursing recruitment events, assists with marketing and branding, management of travel nurses and directs the Men in Nursing Diversity Pilot Study. He is a member of the Greater Kansas City Black Nurses Association.



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DIVERSITY IS A CONCEPT that does not lend itself to measurement because of the various definitions and perceptions that are widely defined throughout the literature. In fact, the word is often times avoided in conversation and can be seen as the “elephant in the room.” However diversity as it is known in the nursing workforce is not a new phenomenon (Melillo, Dowling, Abdallah, Findeisen, and Knight, 2013). Today, the lack of diversity in the nursing workforce is linked to the inability to efficiently address health disparities through high-quality, culturally competent care (American Association of Colleges of Nursing, 2011). Therefore, the need for diversity in nursing has prompted organizations like the United States Health Resources and Services Administration (HRSA) and the Bureau of Health Professions to offer Nursing Workforce Diversity grants to colleges and universities for recruitment of minority nurses to both undergraduate and graduate nursing programs (Malillo et al. 2013). Although, there is small increase seen in the ethnic and racial minority representation in the nursing profession. There is a much different description of minority groups when mirrored with the United States population (Sullivan Report, 2004).

Among the United States less than 20 percent of Registered Nurses (RNs) represent racial/ ethnic backgrounds other than the non-Hispanic white (Institute of Medicine, IOM, 2004). Together, African Americans, and American Indians makeup 25 percent of the United States population but only nine percent of the nursing population (Sullivan Report, 2004). Hispanics and Native Americans have the highest percentage of Associate Degree graduates and the lowest percentage of Masters and Doctoral prepared nurses as compared to white nurses. African American and Asian Pacific islander groups have a higher percentage of BSN graduates and African Americans have a higher percentage of Masters and PhD prepared nurses compared to white nurses, however the overall ethnic nursing population when compared to whites is disproportionate (Sullivan Report, 2004). There is a lack of racial and ethnic diversity of the total nursing population reflected in PhD students and faculty. Overall, in 2005, about 18 percent of enrolled doctoral students and 10.5 percent of faculty in nursing held minority status (Stanley, Capers, & Berlin, 2007).

A diverse population of nursing students can lead to a better understanding of culturally competent care for clients (Perry, Julian, Avery and Henry, 2013). One strategy to increase diversity in nursing practice can be accomplished through corporate partnerships. For example, Capella University has partnered with organizations such as the National Black Nurses Association (NBNA) along with hundreds of hospitals, clinics, and care centers to increase the number of minority nurses in the workforce. To date, there are about 20% of students enrolled in

the nursing degree programs at Capella University that identify themselves as African Americans. The concentration of self-identified African American students in the Doctorate of Nursing Practice (DNP) program is even higher than the average in all nursing degree programs (Capella University, 2014).

It is clear how partnering with other organizations to attract racial/ethnic groups to nursing programs can prove to be beneficial to the nursing workforce. According to Perry, Julian, Avery and Henry (2013) organizations should refocus their plans and goals in order to be successful in attracting and producing a more diverse nursing workforce. Moving forward it is universities like Capella that will change the face of nursing, by producing a more diverse population of nurses. In today's workforce there needs to be a diverse group of nurses to support the growing diverse client population. In the future, the development of more corporate partnerships can help increase diversity in nursing practices while delivering quality competent cultural care to all clients.

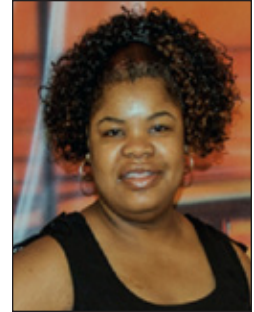
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Dr. Fairley is currently employed as a Professor of Nursing at Capella University in the School of Public Leadership where she teaches in the graduate program. Dr. Fairley is a legal nurse consultant for Health care auditors and serves as Vice President for the Mississippi Black Nurses Association. Dr. Fairley's research interest includes but is not limited to gerontology, leadership, adult education, heart disease, online learning, and mentorship.

The Correlation Between Vitamin D Deficiency and Depression

Judy E. Vansiea, MS, MA, RN
Member, Minnesota Black Nurses Association
DNP Student at Augsburg College



Vitamin D deficiency is becoming prevalent and it is of concern in today's society. Vitamin D deficiency has been known as a contributing cause to various health problems such as Rickets, Osteoporosis, and Oteomalacia. More research is needed to further confirm its relationship to muscle weakness, fibromyalgia, impaired balance, and, the focus of this article which is depression.

PURPOSE

This article focuses on the correlation of vitamin D deficiency and depression since this is a problem that I have personally experienced. I suffer from a low level of vitamin D (17 ng/ml) and normal level ranges between 30-80 ng/ml. I will have to take vitamin D supplements for the remainder of my life because whenever I stop taking it my levels drop substantially. In addition, I have experienced depression and I have fibromyalgia as well. I have always been curious about the research regarding the correlation between vitamin D deficiency and depression. Unfortunately, I did not feel there were enough research studies that established a definitive correlation between the two.

WHAT IS VITAMIN D?

What is the function of vitamin D and how is it obtained? Vitamin D is needed to maintain normal blood levels of calcium and phosphorous, which in turn are important in maintaining strong bones (Cannell, 2004). Vitamin D is found in dietary sources such as fish, eggs, fortified milk, and cod liver oil. There are two forms of vitamin D, ergocalciferol (Vitamin D2) and cholecalciferol (Vitamin D3) (Cannell). D2 is synthesized by plants and D3 is synthesized by humans in the skin when it is exposed to ultraviolet-B rays (UVB) from sunlight. It has been said that the sun could contribute significantly to the daily production of D3 in as little as 10 minutes a day exposure which is possibly enough to help maintain normal levels above 30 ng/ml. This may not always be possible since I live in Minnesota. Unfortunately, many people are using UVB sun blocks which are becoming more common in lotions and creams because of the decades of warnings to people regarding the dangers of excessive sun exposure. As a result, they are not getting all of the natural D3 that sunlight produces and this is contributing to people having vitamin D deficiencies (Cannell).

Cannell (2004) stated that "bright light in the visible spectrum (without any vitamin D producing UVB) clearly improves mood, although it is hard to conduct good studies due to the lack of control condition" (para. 4) Cannell also stated that 15 years ago, Professor Walter E. Sumpf of the University of North Carolina, who is one of the great pioneers in vitamin D

research, predicted "a substantial role for both bright light and vitamin D in psychiatry" (para. 5).

VITAMIN D DEFICIENCY AND DEPRESSION

Cannell (2004) also suggested that vitamin D deficiency may have more of a contributing factor to depression than is normally thought, particularly to seasonal affective disorder (SAD) which is known to be common in the winter months when vitamin D levels are at the lowest. Cannell stated that in 1998 an "Australian researcher found that cholecalciferol (400 and 800 IU), significantly enhanced positive affect when given to healthy individuals" (Cannell, para. 7). In 1999, another researcher cited by Cannell gave 100,000 IU of vitamin D in a one-time oral dose to a small group of patients with SAD, who were found to have improvement of depression on the scales that was better than light therapy.

In another article, it is stated that vitamin D daily supplements could be very useful in preventing worsening moods (Depression and Vitamin D Deficiency, 2008). For example, the pilot study found that there were substantially higher proportion of individuals suffering from depression that were also deficient in vitamin D. The study found that there were deficiencies that were exacerbated in the elderly persons over the age of 70 years. (Depression and Vitamin D Deficiency)

In addition, another article states that researchers at Washington University School of Medicine that were studying the effects of vitamin D deficiency on the elderly found a correlation of mild depression and forgetfulness with decrease levels of vitamin D (Appleson, 2009). About 75% of older adults suffered from vitamin D deficiency based on a 3-year study, which began in 2006 and involved 110 people over the age of 65 (Appleson). The participants had routine 6-months lab work done to monitor vitamin D levels. The data showed that patients who performed worse on cognitive tests and had feelings of depression were among the ones with lower levels of vitamin D. Overall, Appleson recommends that adults over 50 years old should take 1,000 units of vitamin D daily, since with age people may become less active, limiting their outdoor exposure to sunlight too.

Young (2009) gave further evidence of the correlation between vitamin D and depression. There was a large study done with more than 1000 older adults. They had mean levels of 25-hydroxyvitamin D. It was significantly lower in those with minor depression and major depression compared with their controls (Young). Overall, the article is in support of treatment with vitamin D in the elderly depressed and SAD patients who are at a greater risk of developing vitamin D deficiency. Depression has proven to be a very common problem for people over

Vitamin D Deficiency and Depression (continued from page 10)

60 years old and in association with other chronic diseases as well. (Cannell, 2004)

CONCLUSION

In conclusion, most of the articles mentioned do support the fact that vitamin D may help improve depressed mood even though the evidence is still not conclusive yet. Overall, as Cannell (2004) stated that evidence exists that major depression is connected with low vitamin D levels and that depression has increased in the last century too as vitamin D levels have dropped. People can reduce vitamin D deficiency by taking supplements. Supplements could be especially helpful with older people too who do not get outside as much because they tend to have less exposure to the sun. This, in turn, could also aid in the process of aging with cognitive and mood improvements too. Therefore, a combination therapy with psychotherapy and antidepressants for those who suffer from depression and vitamin D deficiency in adjunct can only help and not hurt the healing process at this time.

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Judy E. Vansiea, MS, MA, RN, has been an RN for 17 years. She has worked in various areas of nursing including adjunct faculty, medical/surgical, mental health, workers compensation, school nursing, outpatient clinics, nursing education and staff development etc. Judy is a Gulf War veteran and member of the Kappa Gamma Chapter of the Sigma Theta Tau International Honor Society of Nursing. Her Masters are in Psychiatric Mental Health Nursing from State University of New York at Stony Brook and Addiction Counseling from Hazelden Graduate School of Addiction Studies. Currently, a doctoral student at Augsburg College majoring in Transcultural Nursing and Leadership and an Adjunct at the University of Northwestern in Saint Paul, MN.

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You Are Essential in Easing Parents' Concerns about Vaccination

The Centers for Disease Control and Prevention

PARENTS CONSIDER HEALTH care professionals one of the most trusted sources in answering questions and addressing concerns about their child's health. With so many parents relying on the advice of health care professionals about vaccines, a nurse's recommendation plays a key role in guiding parents' vaccination decisions.

To help you communicate about vaccine-preventable diseases, vaccines, and vaccine safety, the Centers for Disease Control and Prevention (CDC), the American Academy of Family Physicians (AAFP), and the American Academy of Pediatrics (AAP) partnered to develop Provider Resources for Vaccine Conversations with Parents. These materials include vaccine safety information, fact sheets on vaccines and vaccine-preventable diseases, and strategies for successful vaccine conversations with parents. They are free and available online at <http://www.cdc.gov/vaccines/conversations>.

How you communicate with parents during routine pediatric visits is critical for fostering confidence in the decision to vaccinate their children. Below are some additional tips to help you communicate about the importance of vaccinations with parents:

Make sure to address questions or concerns by tailoring responses to the level of detail the parent is looking for. Some

parents may be prepared for a fairly high level of detail about vaccines—how they work and the diseases they prevent—while others may be overwhelmed by too much science and may respond better to a personal example of a patient you've seen with a vaccine-preventable disease. A strong recommendation from you as a nurse can also make parents feel comfortable with their decision to vaccinate.

For all parents, it's important to address the risks of the diseases that vaccines prevent. It's also imperative to acknowledge the risks associated with vaccines. Parents are seeking balanced information. Never state that vaccines are risk-free and always discuss the known side effects caused by vaccines.

If a parent chooses not to vaccinate, keep the lines of communication open and revisit their decision at a future visit. Make sure parents are aware of the risks and responsibilities they need to take on, such as informing schools and child care facilities that their child is unimmunized, and being careful to stay aware of any disease outbreaks that occur in their communities. If you build a trusting relationship over time with parents, they may reconsider their vaccination decision.

The CDC has also updated the immunization schedule for 2014, and it is available at www.cdc.gov/vaccines/schedules.



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Dr. Irene Daniels Lewis in the Spotlight

NBNA Historian, Lifetime Member

FOR ALL THEIR individual approaches and unique sets of beliefs, nurses share a common bond of a very rewarding, if not grueling, career. They focus on the present, but cannot help be moved by all the nurses who have saved lives, comforted patients and families, changed lives with research, and brought the profession to the point it's at today. And they bear the weight of laying frameworks for the nurses who will come after them.

So when Dr. Irene Daniels Lewis, RN, FAAN, was appointed as the current historian of the National Black Nurses Association, she knew the importance of the task at hand.

"My job is to relay the history of the organization and to connect the past with the present while looking to the future," says Lewis. Lewis, now in her second year of what's generally a one-year appointment by the NBNA president (currently Deidre Walton, JD, MSN, RN), knew she wanted to inspire nurses and make them feel a connection with each other and a sense of accomplishment in what they have all done.

This spring, Lewis's book, *The National Black Nurses History Book, Volume 2*, will be published and includes stories and sentiments from nurses nationwide. Lewis asked local chapters across the country to relay their own legacy to her to include in the book's compilation. She asked for information about how the chapter started and what inspired them. "This was a source of inspiration for me," says Lewis. "I wanted to share where we have been over the last years. I also asked the chapter presidents to share what they see for the future of the NBNA. That excites me."

Lewis is a pioneer in her own right. With 52 years of nursing experience, she was the first black woman to graduate from the University of California San Francisco's doctor of philosophy, nursing program. "I've seen lots of changes over a half century, and they are for the better," she says. For Lewis, the historian role is poignant. She retired from nursing and teaching (she was a professor of nursing at San Jose State University) in 2012, but knew she wanted to be a nurse since she was only 5 years old. Growing up in the projects in San Francisco, Lewis clearly remembers the caring and compassionate public health nurse who provided routine visits in the community. As a child, Lewis loved to take charge of her younger siblings by "listening" to their hearts, and she never forgot the influence of one nurse. "It's important because even as we have technology that allows us to interact, it doesn't allow us to interact on a level to share our dreams or with particular strategies we find to be helpful," she says.

With that kind of sharing in mind, Lewis embarked on gathering stories for the book so nurses can access the stories and even network with others to find out more details if they want. And in her role, Lewis says she's found one common theme. "We've come a long way baby, but we still have a long way to go," she says. The stagnant or even declining numbers of black nurses who are having a difficult time matriculating to graduation and passing the state boards the first time is worrisome and needs to be addressed, she says. The nation needs to take a new approach and provide strategies and supports for nurses to advance, she says, and finish their degrees.

Article provided by MinorityNursing.com at <http://www.minoritynurse.com/blog/spotlight-dr-irene-daniels-lewis-nbna-historian>

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 (professional-quality, high res)
- Resources where appropriate
- Send all articles, member news, chapter highlights, pictures, and other information to nbnanews@nbna.org

Mental Illness in the African American Community

Harpreet Singh-Gill, BSN, RN

NBNA/United Health Foundation Scholar

THE NATIONAL ALLIANCE on Mental Illness defines mental illness as a medical condition that disrupts a person's thinking, mood, ability to relate to others and daily functioning (National Alliance on Mental Health, 2014). In our society mental illness is not recognized as a chronic medical condition such as diabetes, congestive heart failure or hypertension. There is a stigma especially in the African American community of mental illness being a sign of personal weakness or poor character which makes it difficult for individuals to seek treatment.

African Americans often rely on support systems such as family, friends, religion and social networks for support. These support systems are essential to the healing process strong social, religious, and family connections have helped many African Americans overcome adversity and maintain optimal mental health. However, when treatment is necessary African Americans are less likely to seek out treatment, receive follow up care and comply with medication management. Some studies suggest that African Americans metabolize medications more slowly compared to Caucasians, yet they often receive high doses of psychotropic medications which may result in increased side-effects and decreased compliance (National Alliance on Mental Health, 2014).

These issues are multifactorial stemming from stigma in the African American community, unequal access to care and treatment and lack of culturally competent care. Additionally, social circumstance is often an indicator for the likelihood of

an individual developing a mental illness. In our society African Americans are disproportionately more likely to experience social circumstance increasing their likelihood for developing a mental illness. According to statistics (National Alliance on Mental Illness, 2014) African Americans compromise 40% of the homeless population, nearly 50% of all prisoners are African American and African American children compromise 45% of the public foster care population all factors increasing the risk of developing mental illness in the future. Mental Illness in the African American community is not only a public health concern but a social issue in our nation.

As a psychiatric nurse working in the field often times there is an underlying frustration among patients, families, providers and the community when patients continue to struggle with issues related to depression, anxiety, post traumatic stress disorder. A notion of "just snap out of it" or "get over it and move on" are just a few phrases that come to mind as it relates to mental illness. When patients have a diagnosis of diabetes or hypertension the thought process is very different, society is more sympathetic and understanding in comparison to patients struggling with a mental illness. This is a mentality that we have to first change within ourselves and society. As health care professionals, we need to educate ourselves regarding mental illness and become more culturally competent surrounding the complex role that cultural backgrounds and diverse experiences play in mental disorders in our community.

Through education and working together as a community to reduce stigma related to mental illness we can empower individuals to seek treatment while managing their illness in order to maintain healthy, happy and productive lives.

For more information on mental illness and resources please contact:

American Psychiatric Association (APA)
1000 Wilson Blvd. Suite 1825
Arlington, VA 22209
703-907-7300
www.HealthyMinds.org

Black Mental Health Alliance
733 West 40th Street, Suite 10
Baltimore, Maryland 21211
410-338-BMHA (2642)
<http://blackmentalhealth.com>

National Alliance on Mental Illness (NAMI)
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201
703-524-7600
www.nami.org





The Consensus Model for APRN Regulation, Licensure, Accreditation, Certification and Education

Janice Phillips, PhD, RN, FAAN
NBNA Health Policy Committee

DID YOU KNOW that there are approximately 229,955 advanced practice nurses (APRNs) practicing in the U.S today? (Cahill and Alexander, 2014) Increasingly nurses are pursuing advanced degrees that will enable them to assume the role of an APRN. There are four distinct roles as an APRN namely, certified nurse practitioner (CNP), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA) or certified nurse midwife (CNM). As nurses and educators of the public, it is imperative that we articulate the roles and functions of these four distinct roles.

Currently there are efforts underway to harmonize regulations and state-to-state regulatory consistency for these roles. The Consensus Model for APRN Regulation, Licensure, Accreditation, Certification, and Education was created to do just that. The purpose of the Model is to guide states and jurisdictions in implementing and monitoring the uniform licensure, accreditation, certification, education and practice of APRNs. Created in 2008, the goal is to have the Model implemented by 2015.

Briefly, the Model has seven components. States and jurisdictions can receive one point for adopting each of the seven elements for each of the four roles. (Total score 28) indicating their progress towards full-scale implementation.

1. Title APRN)
2. Roles of APRN: (CNP, CNS, CRNA, CNM)
3. Licensure : APRNs hold both an RN and APRN
4. Education: Graduate Education
5. Certification: Each APRN is required to meet certification requirements
6. Independent practice: APRNs should be granted full independence to practice without MD oversight
7. Full prescriptive authority: APRNs should have full prescriptive authority without MD oversight or written collaborative agreement

A number of nursing organizations, schools and colleges of nursing, policy makers, health care institutions and other stakeholders, to name a few, are collaborating to facilitate the implementation of the Model. In each state, there is some activity devoted towards removing statutory, regulatory and reimbursement constraints for APRNs. On the other hand, in some states there are massive efforts to prevent an expansion of scope of practice for APRNs.

The timing of implementing the Model is particularly important, as there are opportunities to expand access to care under the Patient Protection and Affordable Care Act. In addition, APRNs are sorely needed in underserved areas where there is limited access to primary care services. As we move toward 2015, do you know where your state is on adopting these elements? Let's stay informed, advocate as needed and join others who support the role and contributions of APRNs.

Here are a few resources that will help us stay tuned into what is happening with the Consensus Model in our respective states.

ARTICLE:

Cahill, M., Alexander, M. (2014). The 2014 NCSBN Consensus Report on APRN Regulation. *Journal of Nursing Regulation*. 4(4), 5-12.

WEBSITES:

National Council State Boards of Nursing:
Campaign for APRN Consensus
<https://www.ncsbn.org/index.htm>

LACE Network Public Discussion Board
<http://login.icohere.com/public/topics.cfm?cseq=935>

ANA Consensus Model Brief
<http://www.nursingworld.org/cmissuebrief>

Black Nurses Association Greater Phoenix Area



President Walton, Dr. C. Alicia George's (NBNA Past President) and Millicent Gorham (NBNA Executive Director) in attendance at the National Nursing Leadership Strategy Meeting / Guiding Coalition held in Washington, DC.

Deidre Walton, JD, MSN, RN, NBNA President received a proclamation from the Office of the Mayor – The City of Augusta, proclaiming March 29, 2014 as “Dr. Deidre Walton Day” in Augusta, Georgia and “Urged all citizens to recognize and applaud the efforts and achievements of this extraordinary woman.” Given by Deke Copenhaver, Mayor, Augusta, GA.

President Walton spoke at the 2014 Spring Congressional Black Caucus Health Brain Trust Meeting on Tuesday, April 29, 2014; held at the Ritz Carlton Hotel, Washington, DC.

South East Texas Black Nurses Association

South East Texas BNA Chapter was recognized by Jefferson County County Commissioner E. Bo Everett, Prec. 4 for the 12 years of service with the Tom Joyner “Take Yourself and A Loved One To The Doctor Day” Community Health Fairs annually in September with 2 locations and Jefferson County Commissioner Michael “Shane” Sinegal, Prec. 3 for 4 years of service with the same September Health Fairs in the Port Arthur area with 1 location.

Denise Sanders Boutte, BS, RN, FCN, served a coordinator for imitating the Healthfairs with both commissioners to expand the events after SETBNA held the first Dr. Day event in 2000. Denise coined the inclusion of “Yourself and” to “Take A Loved One To The Doctor Day,” now used by Tom Joyner himself!

Judith Smith, BSN, RN, has been named Director of the City of Port Arthur, TX Health Department. Judith has many years in Public Health and is a licensed minister with Rauch Ministries International under the leadership of member **Apostle Glenn Alexander, BSN, BS, RN, BS, CPNP**.

Valerie Lapoint Kinlaw, LVN, is an August 2013 Graduate of Lamar State College in Orange, TX and is licensed in the state of TX.

Jaimie Washington, BSN, RN, graduated from Prairie View A&M University in August 2013 and is licensed by the state of Texas.

Kayla Alexis, GVN, is a recent graduate of Lamar State College in Orange, TX.

Mary Ford MSN, RN, has accepted a Nursing Instructor position at Lamar University Beaumont, TX. Mary serves on 3 Committees within nursing department: The Admission, Progression, Exemption, Graduation (APEG), the Curriculum, and the Simulation Committees. In the University level, Mary serves on the College of Arts and Science Committee.

Mary Ford and **Wanda David, BSN, RN**, have been appointed by their pastors to serve on Diocese of Beaumont, TX African American Commission Committee.

B. “Midge” Julun Jacobs, BSN, RN, has recently been elected as the Grand Lady of the St. John the Evangelist Catholic Church in Port Arthur, TX.

Dianne Marks, Denise Boutte, Midge Jacobs, and **Christina Wasson** are members of “Winners for Life,”- an African American Breast Cancer Survivor and Awareness Organization in Port Arthur, TX. Dianne, Denise, Midge, and Christina volunteer as Medical Advisors, speakers, and project chairpersons throughout the year and with the Annual Luncheon Fundraiser. An annual \$10,000 is donated for FREE mammograms through the Julie Rogers “Gift of Life” Program.

Denise Boutte, Dianne Marks, and **Judith Smith** serve as board members, Medical Team Members, and program volunteers with the Julie Rogers “Gift of Life” Program that provides cancer awareness on breast, ovarian, prostate, testicular cancers, smoking cessation, free mammograms and follow up care.

Denise Boutte, B. Midge Jacobs, and **Christina Wasson** have successfully completed the Faith Community Nurse Program and provide faith-based services throughout the Golden Triangle.

A Celebration of Life Service was held for charter member **Frances Bowles Gallow, BSN, RN, LNC, FCN**, on November 16, 2013 at the Our Mother of Mercy Catholic Church in Beaumont, TX. Frances was a valued and honorable member of the chapter and fought a diligent fight for life against pancreas cancer.

Congratulations to **Kimberly Daniels, BSN, RN**, on receiving her Bachelor of Science in Nursing from Lamar University in Beaumont, TX and having success on the NCLEX. She has accepted employment with Memorial Herman Baptist Hospital in Beaumont, TX.

Welcome new Lamar University Bachelor of Science student nurses **Ashley Balance, Chloe Collins, Jeshanna Williams,** and **Mychaka Young.**

SETBNA Chapter has participated in the local Rev. Dr. Martin Luther King Annual Brunch for the last 10 years, held on the Monday Holiday. The event is sponsored by the Friends of MLK Support Group. The 2014 speaker was Ed Gordon of BET.

The **SETBNA Chapter** sponsored a “Black History Month Recognition and Nursing Fellowship” for the members Chapter Founder and Named Chapter Scholarship, **Doris Price-Nealy, MSN, RN.** Doris is also the founder of the Associate Degree Nursing Program of Lamar University in Beaumont, TX.

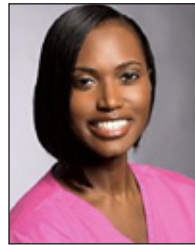
Mary Ford, MSN, RN, Lamar Instructor, was selected as a committee member for the upcoming May 2014 “40th Anniversary” ADN Nursing Program at Lamar University in Beaumont, TX.

Brenda Spivey, BSN, RN, FCN, was selected as the 2014 Member of the Year by The 100 Plus Black Women of Beaumont, TX. The recognition was presented at the Annual Scholarship Banquet on March 29th at the Holiday Inn Plaza in Beaumont, TX. The entertainment was provided by Gospel Music Legend, Vickie Winans. **Denise Boutte, RN,** President SETBNA, was selected to lead the Ladies Auxiliary of the South East Texas Male Gospel Chorus’ 20th Anniversary Celebration, held on December 30th. Brenda and Denise, Faith Community Nurses and members of the Texas Health Ministry Association, participated with the Baptist Hospital grant-based “Health Smart Program” inaugural community health fair on April 10th, focusing on the indigent preventive health care in Jefferson County.

Mississippi Gulf Coast Black Nurse Association

SAVE THE DATE: The Mississippi Gulf Coast Black Nurse Association, Medical Reserve Corps will be recognizing community leaders for their tremendous service and contributions to the coastal community. This most esteemed awards will be presented during our 1st Annual Service Award Banquet, on Saturday, September 13th, 2014, 12 -2 p.m., Coastal Ballroom, Courtyard by Marriott Gulfport Beachfront. We are excited to announce that the National Black Nurses Association’s President, **Dr. Deidre Walton,** will be the Keynote and we will have a special presentation from the United States Surgeon General, Rear Admiral (RADM) Boris D. Lushniak, MD, MPH.

Mississippi Gulf Coast Black Nurse Association held a town hall meeting on underage drinking. With the significant impact underage drinking has on our community, it was important that the MGCBCNA, a Medical Reserve Corps, partnered with SAMSHA (Substance Abuse and Mental Health Services Administration) and Anheuser Busch to collaborate on an event to reach the community during the Saving Our Sisters Summit. The town hall was meant not only to address this issue in our community, but to provide hands-on demonstration on how slowed-delayed response and impairment, affects judgment and contributes immensely to risky behavior. The town hall was held on May 10th at the Mississippi Coast Coliseum and Convention Center.



Romeatrius Nicole Moss, DNP, RN, APHN-BC, was selected by the Mississippi Gulf Coast Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (DST) as the recipient of the organization’s community service recognition at the 2014 Ladies Day Out Luncheon. Honorees selected for work that brings positive change in the community along the Mississippi Gulf Coast area that reflects the DST’s five point thrusts. Dr. Moss was honored for your contribution to physical and mental health.



Romeatrius Moss, DNP, RN, APHN-BC, is a semi-finalist in nationwide Ambassador search to speak to women about being their best self. If selected, Dr. Moss will be among five other women who will travel around the country as ambassadors on the topic.



Audwin B Fletcher, PhD, APRN, FNP-BC, FAAN, was recently appointed as the Director of Family Nurse Practitioner (FNP) and Adult Geri Acute Care Nurse Practitioner (AGACNP) tracks at the University of Mississippi Medical Center (UMMC) School of Nursing.

Fletcher is the first African American to be appointed to this position.



Pennsylvania and New Jersey chapter President, Vice Presidents, and members in attendance at the conference kick-off meeting with the NBNA Conference Chair, Dr. Bettye Davis Lewis and Pennsylvania Black Nurses Association. The event at held at the host hotel for the 2014 conference; Philadelphia Downtown Marriott

Birmingham Black Nurses Association



Members of the Birmingham BNA at the second annual Missing Our Mothers event, Saturday April 26, 2014 at the Hyatt-Wynfrey Hotel in Hoover, AL.



Dr. Jennifer Coleman, President, Birmingham BNA; Deborah Andrews, MSHSA, RN, Past President Birmingham BNA; and Diane Deese, VITAS Innovative Hospice Care.



Cheryl Lane was hooded at the Doctor of Nursing Practice Commencement Ceremony on April 28th, 2014. Her poster received first place at the UAB campus and second place at the tri-campus DNP Intensive in March. She is pictured with Dr. Linda Roussell, DNP, program director and Dr. Cynthia Selleck, DNP project chair.

Dr. Jennifer Coleman, President, Birmingham BNA, and president-elect Mary Williamson were invited guests at Brenda's Brown Bosom Buddies (BBBB) induction ceremony for new members and new inductees to the BBBB Board of Directors on March 1, 2014. BBBB is a nonprofit organization that educates and supports Women of Color who are affected by breast cancer.

BBNA Breast Cancer Initiative member **Tammy Davis, RN**, and students from BBNA's mentorship program spent Saturday, March 1st in Russell County with the Black Belt Health Ministry providing education and health screenings for residents of Hurtsboro, AL. The group travels to counties in the Alabama Black Belt each first Saturday.

Karen Harris, RN, has been selected for the UAB Clinical Nurse Excellence in Leadership Award. She is a nurse manager at UAB Hospital and will be recognized during UAB Nurse Week 2014 activities.

Dr. Jennifer Coleman, Carol Ratcliffe, Kimberly Burney, and **Dr. Martha Dawson** attended the Tuskegee University Nursing Hall of Fame Inaugural Induction Ceremony on March 29, 2014. The formal banquet/dinner event was held at the Kellogg Conference Center on the campus of Tuskegee University. Dr. Beverly Malone, Chief Executive Officer of the National League for Nursing, was keynote speaker. Sixteen individuals with a record of exceptional accomplishments and contributions to nursing and/or the healthcare field were inducted into the Tuskegee University Nursing Hall of Fame. BBNA president **Dr. Jennifer Coleman** accepted the award on behalf of inductee **Dr. Lauranne Sams**, co-founder of the National Black Nurses Association.

Dr. Carol Ratcliffe is a Co-Leader for the Alabama Health Action Coalition (AL-HAC) for implementation of the IOM Future of Nursing, Campaign for Action initiative. AL-HAC was awarded a Robert Wood Johnson State Implementation (SIP) Grant to support the work of the Alabama 80 x 20 Task Force to increase the proportion of nurses with a BSN degree to 80% by the year 2020.

On April 26, 2014 BBNA co-sponsored the event Honoring Our Mothers: A Day to Remember with Vitas Innovative Hospice Care at the Hyatt Regency Birmingham. A complimentary breakfast was served to attendees; moreover attendees were encouraged to bring a framed photo to honor the memory of their mother.

On May 3, BBNA participated in the 2014 Walk from Obesity held at Baptist Medical Center Princeton in Birmingham, Alabama. Team BBNA was a sponsor of the event and Lenora Wade and Vickye Whitely finished the 5K run. Team BBNA raised \$700 for the event. **Deborah Thedford-Zimmerman**, BBNA Obesity Chairperson, placed the 5K medal around the necks of Team BBNA members that finished the 5K. The Walk from Obesity is the nation's largest gathering of individuals affected by obesity. In cities across the country, individuals focused on addressing obesity join forces and walk to raise money for research, education, prevention and treatment of this disease.

BBNA student members **Krystalyn Hilton** graduated from Beville State Community College's nursing program, and Juanita Jones graduated from the University of Alabama at Birmingham's nursing program cum laude.

During Nurses Week BBNA members' participated in several events. On May 5, BBNA members placed a wreath honoring Pauline Fletcher who was Alabama's first African American registered nurse. On May 7, BBNA member participated in UAB Hospital's E.N.G.A.G.E Event that promoted nurses' enrichment and involvement in professional organizations.

Southern Connecticut Black Nurses Association

Nezbile Thomas, DNP, APRN, FNP-BC, recently published her doctoral project, Self-Transcendence and medication adherence in the Older Adults with Hypertension with Sage Publishers, *Journal of Holistic Nursing*. The online version can be found at: <http://jhn.sagepub.com/content/early/2014/03/31/08808010114528379>.

Black Nurses Association of Greater Phoenix

Black Nurses Association of Greater Phoenix was recipient of the Arizona African American Legislative Leadership Conference Health Pillar Unsung Hero Award.

Tri-County Black Nurses Association of Charleston, SC



Earline M. Kinloch, BSN, CNL, RN,

Immediate Past President of Tri-County Black Nurses Association of Charleston, South Carolina, celebrates her retirement, after 35 years of professional nursing practice, with continued active community service. Earline continues to focus on health and chronic disease prevention programs that are tailored to healthy

eating, physical activity, and safe and healthy living. Earline practiced nursing in psychiatry, home health care, leadership, and case management, in roles as a manager, mental health nurses, preceptor, and case manager. Earline started a health ministry in her church that focuses on difference health topic each month with a 15 minutes presentation. She is also partnering with other churches and religious group to host health fairs, address healthy eating, safe active life style, to reduce chronic disease.

Mid-State Black Nurses Association (New Jersey)

On Saturday March 29, 2014 Mid-State Black Nurses Association collaborated with Omega Psi Phi Fraternity, Inc. (Eta Pi Chapter) to present a community awareness two part program: one in recognition of National Nutrition Month, and the other an opportunity to register as a bone marrow donor with the Delete Blood Cancer organization. The day was a success. We began with a viewing of "Soul Food Junkies" a documentary by Byron Hurt followed by four speakers, **Carline Eliezer, MSN** who spoke about obesity and knowing your BMI, **Denise K. Busby, RD**, who spoke about the DASH diet and portion control, Tony Hayes (Blazin Fitness) personal fitness motivator and holistic health coach (Institute for Integrative Nutrition) spoke about how your relationships affect your diet and exercise regimen. Lastly, Dr. Alfred Davis (Davis Chiropractic health

and wellness Center) summed everything up with a discussion about complete wellness through diet, exercise, cleansing, and stress management. Soul Food samples were prepared healthily and provided by Chef Abraham Dickerson of ABE Foods. Delete Blood Cancer organization was also present that day to register participants as bone marrow donors. Close to some of our hearts is a ten year old girl suffering from Myelodysplastic Syndrome (MDS). MDS is rare for someone that age and usually affects people over the age of 50. She was the motivator for the drive. We as nurses were mandated to obtain a contact hour for organ/tissue donor this year. What better way to save a life than to give back. If not for our motivating source, we may save the life of another.

Atlanta Black Nurses Association



"Faith and Community-Linked in Prayer," served as the theme for the 2014 Atlanta Black Nurses Association's, Prayer Breakfast. In collaboration with Bauder College Department of Nursing, the prayer breakfast brought together nurses from all occupations. Student nurses, academia, school health, clinical care, nurse entrepreneurs, and retirees attended. Together we honored nurses and

the nursing field by providing an atmosphere of celebration. Many members of the community were present to offer appreciation to health providers and acknowledge the pivotal role we play in the overall health of the community. Veteran Atlanta TV anchor, Monica Kaufman-Pearson served as the keynote speaker and tweeted aspects of the program to her 9,000 followers! Our own, NBNA President, **Dr. Deidre Walton** attended and provided words of inspiration and encouragement. The ABNA annual prayer breakfast serves not only as an opportunity to raise money for our scholarship fund, but more importantly, it allows us to pause and recognize the power of prayer in a nurse's life. This event provides an occasion to pray for our communities, especially in an era of health reform and continuing health disparities. May we all continue to be good stewards of the gifts of compassion and healing we have been blessed with.

"Missing Our Mothers: Daughters Remember" first annual event was held on May 3, 2014 at the Georgia Aquarium in the Ocean Ballroom. VITAS Innovative Hospice Care collaborated with Atlanta Black Nurses Association to honor and celebrate the lives of their Mothers. Over 200 daughters attended the breakfast. All the daughters brought a picture of their mother to display at the front of the ballroom. **Evelyn C. Miller**, President of ABNA, and **Paula Sanders**, General Manager of VITAS Healthcare of Georgia, gave inspiring opening and closing remarks. **Diane Deese**, Director of Community Affairs at VITAS Healthcare spoke on the essence of Daughters Remember. **Deanne Moore** was the distinguished keynote speaker; she delivered a touching speech that spoke to the hearts of everyone there. Arvell and Lokia Stevens provided musical performances. **Ora D. Williams** past president of ABNA and past board member of NBNA gave a presentation on daughters moments. ABNA members attended as volunteers and

daughters at the event. ABNA members in attendance were **Evelyn C. Miller**, President; **Mary Dawson**, Vice President; **Darlene Ruffin-Alexander**, **Betsy Harris**, **Ora Williams**, **Evelyn Houston-Bell**, **Jacqueline Henson**, **Latonya Hines**, **Emma Knight**, **Johnnie Lovelace** and **Beverly Dinkins-Learmont**.

Evelyn Houston Bell, RN, had the honor to represent ABNA at the United Health Group Nurses' Week Professional Organizational Day on 5/6/14. The event highlighted organizations that positively affect the health care community. Presentations to the United Health Group centered on encouraging responsibility of being active in professional organizations. The presentations also included discussions related to the benefits of membership, including providing support to the community, enjoying the benefits of networking and peer recognition from active membership.



Members of Atlanta Black nurses Association attended the Spring Pinning Ceremony for Georgia Perimeter College Department of Nursing at the Clarkston Campus. Seven graduating seniors were the first mentors of ABNA from Georgia Perimeter College to graduate. ABNA members in attendance were **Evelyn C. Miller**, President; **Ora D. Williams**, past President of ABNA and past board member of NBNA; **Laurie Reid**, board member NBNA and past President of ABNA; **Betsy L. Harris**, Assistant Professor of Georgia Perimeter College, past President of ABNA and past NBNA board member; and **Evelyn Houston Bell**.

New York Black Nurses Association

New York Black Nurses Association received a citation for community service, and a proclamation from the congressional record by Congressman Charles Rangel (D) NY. President **Jean Straker-Tannis** and members **Mirian Moses**, **Joyce Fowler**, **Jacquetta Miller Whaley**, **Marcia Skeete**, **Bernice Simmons** and **Carol Pope** were in attendance. The event occurred at St. Paul's Baptist Church Woman's History Month Awards Presentation.

Kalamazoo-Muskegon Michigan Black Nurses Association



Birthale Archie, MSN, BS, RN, CITI, DNPc, President, Kalamazoo-Muskegon Michigan BNA, received the first Annual "2014 Leona Spencer Sharing and Caring Award" from First Community African Methodist Episcopal Church (AME) for outstanding contributions to the people of God on May 4, 2014.



"Kalamazoo-Muskegon Michigan BNA have and currently receiving excellent support from Mr. Manns and the leadership of Mercy Health Saint Mary's," says Archie. Thank You acknowledgements are extended to our major long term partners who are **Mrs. Catherine Behrendt**, **Ms. Eddie Rucker**, and the entire leadership / administration, and staff of WZZM TV / "Take Five and Company/ ABC TV Affiliate. We again thank Mercy Health, Spectrum Health, Grand Rapids Community College, Blue Cross

Blue Shield of Michigan, Amway Hotel Corporation as all are our lead sponsors. Our mainstay Church support has come from First Community AME and Macedonia Missionary Baptist Churches. KMMBNA has been able to make a measurable difference in the lives of many nursing students by awarding financial scholarships with the support of our partners.

KMMBNA had an educational session on May 7, 2014 at St. Phillip's Episcopal Church to educate five churches on Hypertension and "How to Properly Take a Blood Pressure." A clinical session was held to demonstrate and practice blood pressure taking by the church members in attendance.

The initiative on "Men's Health" involved KMMBNA in partnership with the Grand Rapids African American Health Institute (GRAAHI) on May 7, 2014. In partnership with GRAAHI, on May 19, 2014, a Hypertension screening was held at First Community AME Church. The screening was for men... a program on "Men's Health," with counseling and referrals based on findings from the screening.



2014

NATIONAL BLACK NURSES ASSOCIATION
FORTY-SECOND ANNUAL
INSTITUTE & CONFERENCE
PHILADELPHIA MARRIOTT DOWNTOWN ■ AUGUST 6-10

NBNA

REGISTRATION FORMS ON PAGE 28 & 29 OF THIS NEWSLETTER

ALABAMA

Birmingham BNA (11).....	Dr. Jennifer Coleman	Birmingham, AL
Mobile BNA (132)	Dr. Yolanda Turner.....	Mobile, AL
Montgomery BNA (125).....	Tonya Blair	Montgomery, AL

ARIZONA

Greater Phoenix BNA (77)	Angela Allen	Phoenix, AZ
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ARKANSAS

Little Rock BNA of Arkansas (126)	Cheryl Martin.....	Little Rock, AR
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CALIFORNIA

Bay Area BNA (02).....	Nesha Lambert	Oakland, CA
Council of Black Nurses, Los Angeles (01)	Dr. Lovene Knight.....	Los Angeles, CA
Inland Empire BNA (58)	Kim Anthony	Riverside, CA
San Diego BNA (03).....	Sharon Smith	San Diego, CA
South Bay Area BNA (San Jose) (72)	Sandra Mckinney	San Jose, CA

COLORADO

Eastern Colorado Council of Black Nurses (Denver) (127).....	Chris Bryant	Denver, CO
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CONNECTICUT

Northern Connecticut BNA (84).....	Lisa Davis.....	Hartford, CT
Southern Connecticut BNA (36).....	Katherine Tucker	New Haven, CT

DELAWARE

BNA of the First State (133).....	Eunice Gwanmesia	Dover, DE
District of Columbia BNA of Greater Washington, Dc Area (04)	Diana Wharton	Washington, DC

FLORIDA

Big Bend BNA (Tallahassee) (86)	Hester O'rourke	Blountstown, FL
BNA, Miami (07)	Dr. Lenora Yates	Miami Gardens, FL
BNA, Tampa Bay (106)	Rosa Cambridge	Tampa, FL
Central Florida BNA (35).....	Judith Clark.....	Orlando, FL
Clearwater/ Largo BNA (39)	Audrey Lyttle	Largo, FL
First Coast BNA (Jacksonville) (103)	Sheena Alexander-Hicks.....	Jacksonville, FL
Greater Gainesville BNA (85)	Voncea Brusha.....	Gainesville, FL
Palm Beach County BNA (114)	Dr. Louise Aurelien	West Palm Beach, FL
St. Petersburg BNA (28)	Janie Johnson.....	St. Petersburg, FL

GEORGIA

Atlanta BNA (08)	Evelyn Miller.....	College Park, GA
Columbus Metro BNA (51)	Gwendolyn Mcintosh	Columbus, GA
Concerned National Black Nurses of Central Savannah River Area (123)	Dr. Beulah Nash-Teachey.....	Martinez, GA
Savannah BNA (64)	Brenda Pough.....	Savannah, GA

HAWAII

Honolulu BNA (80).....	Dr. Patricia Burrell	Aiea, HI
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ILLINOIS

Chicago Chapter BNA (09).....	Dr. Daisy Harmon-Allen.....	Chicago, IL
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INDIANA

BNA of Indianapolis (46).....	Dr. Kathleen Russell.....	Indianapolis, IN
Northwest Indiana BNA (110)	Mona Steele.....	Merrillville, IN

KANSAS

Wichita BNA (104)	Peggy Burns	Wichita, KS
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KENTUCKY

Kyanna BNA, Louisville (33)	Brenda Hackett	Louisville, KY
Lexington Chapter of the NbnA (134)	Peggie Brooks.....	Lexington, KY

LOUISIANA

Acadiana BNA (131)	Jeanine Thomas.....	Lafayette, LA
Baton Rouge BNA (135)	Tonya Washington Nash	Slaughter, LA
Bayou Region BNA (140).....	Ellen Matthews.....	Thibodaux, LA
New Orleans BNA (52).....	Trilby Barnes-Green	New Orleans, LA
Shreveport BNA (22).....	Bertresea Evans.....	Shreveport, LA

MARYLAND

BNA of Baltimore (05).....	Lavonne Sewell.....	Baltimore, MD
BN of Southern Maryland (137).....	Kim Cartwright.....	Temple Hills, MD

MASSACHUSETTS

New England Regional BNA (45).....	Margaret Brown	Roxbury, MA
Western Massachusetts BNA (40).....	Gloria Wilson.....	Springfield, MA

MICHIGAN

Detroit BNA (13).....	Nettie Riddick	Detroit MI
Grand Rapids BNA (93).....	Earnestine Tolbert	Grand Rapids, MI
Greater Flint BNA (70).....	Sonya Jackson	Flint, MI
Kalamazoo-Muskegon BNA (96).....	Birthale Archie.....	Kentwood, MI
Saginaw BNA (95).....	Archia Jackson	Saginaw, MI

MINNESOTA

Minnesota BNA (111)	Shirlynn Lachapelle.....	Minneapolis, MN
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MISSISSIPPI

Central Mississippi BNA (141).....	Tangela Hales.....	Brandon, MS
Mississippi Gulf Coast BNA (124)	Dr. Romeatrius Moss	Gulfport, MS

MISSOURI

Greater Kansas City BNA (74).....	Iris Culbert.....	Kansas City, MO
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NEBRASKA

Omaha BNA (73).....	Dr. Aubray Orduna	Omaha, NE
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NEVADA

Southern Nevada BNA (81)	Ann Hall.....	Las Vegas, NV
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NEW JERSEY

Concerned BN of Central New Jersey (61)	Daliah Spencer.....	Neptune, NJ
Concerned Black Nurses of Newark (24)	Dr. Portia Johnson	Newark, NJ
Mid-State BNA of New Jersey (90)	Rhonda Garrett	Somerset, NJ
Middlesex Regional BNA (136).....	Cheryl Myers.....	Plainfield, NJ
New Brunswick BNA (128)	Barbara Burton	New Brunswick, NJ
Northern New Jersey BNA (57)	Rosemary Allen-Jenkins	Newark, NJ
South Jersey Chapter of the Nbn (62).....	T. Maria Jones.....	Williamstown, NJ

NEW YORK

New York BNA (14).....	Jean Straker.....	New York, NY
Queens County BNA (44)	Hyacinthe Mckenzie.....	Cambria Heights, NY
Westchester BNA (71)	Altrude Lewis-Thorpe	Yonkers, NY

NORTH CAROLINA

Central Carolina Council (53).....	Helen Horton.....	Durham, NC
Sandhills North Carolina BNA (138)	Leshonda Wallace.....	Fayetteville, NC

OHIO

Akron BNA (16).....	Sandra Lee Flowers	Akron, OH
BNA of Greater Cincinnati (18)	Marsha Thomas	Cincinnati, OH
Cleveland Council BNA (17)	Peter Jones.....	Cleveland, OH
Columbus BNA (82).....	Pauline Bryant.....	Columbus, OH
Youngstown Warren BNA (67)	Carol Smith	Youngstown, OH

OKLAHOMA

Eastern Oklahoma BNA (129).....	Valinda Jones.....	Tulsa, OK
Pennsylvania Pittsburgh BN In Action (31).....	Jacqueline Blake.....	Pittsburgh, PA
Southeastern Pennsylvania BNA (56).....	Juanita Jones.....	Philadelphia, PA

SOUTH CAROLINA

Minority BNA of Florence, SC (139)	Rhonda Brogdon.....	Florence, SC
Tri County BNA of Charleston (27)	Dr. Debbie Bryant.....	Charleston, SC

TENNESSEE

Memphis-Riverbluff BNA (49).....	Linda Green	Memphis, TN
Nashville BNA (113).....	Shawanda Clay	Nashville, TN

TEXAS

BNA of Greater Houston (19).....	Angelia Nedd	Houston, TX
Fort Bend County BNA (107).....	Charlie Terrell	Missouri City, TX
Galveston County Gulf Coast BNA (91)	Leon McGrew	Galveston, TX
Greater East Texas BNA (34)	Pauline Barnes.....	Tyler, TX
Metroplex BNA (Dallas) (102).....	Dr. Linda Battle	Dallas, TX
Southeast Texas BNA (109).....	Denise Sanders Boutte	Port Arthur, TX

VIRGINIA

BNA of Charlottesville (29)	Dr. Randy Jones.....	Charlottesville, VA
Central Virginia BNA (130).....	Andree Aboite	Richmond, VA
NBNA: Northern Virginia Chapter (115).....	Joan Pierre.....	Woodbridge, VA

WISCONSIN

Milwaukee BNA (21)	Joann Lomax	Milwaukee, WI
Racine-Kenosha BNA (50).....	Gwen Perry-Brye	Racine, WI

Direct Member (55)..... *If the re Is No Chapter In Your Area

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.bnaofgwdca.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

INDIANA

BNA of Indianapolis..... www.bna-indy.org

KENTUCKY

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

Lexington Chapter of the NBNA..... www.lcnbna.org

LOUISIANA

Baton Rouge BNA www.mybrbna.org

Shreveport BNA www.sbna411.org

MARYLAND

BNA of Baltimore www.bnabaltimore.org

MASSACHUSETTS

New England Regional BNA www.nerbna.org

MICHIGAN

Greater Flint BNA..... www.gfbna.org

Saginaw BNA..... www.bnasaginaw.org

MINNESOTA

Minnesota BNA..... www.mnbna.org

MISSISSIPPI

Mississippi Gulf Coast BNA..... www.mgcbna.org

MISSOURI

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

TEXAS

BNA of Greater Houston www.bnagh.org

Metroplex BNA (Dallas) www.mbnadallas.org

WISCONSIN

Milwaukee Chapter NBNA..... www.mcnbna.org

2014 NBNA ANNUAL INSTITUTE AND CONFERENCE REGISTRATION FORM PAGE 1

PAGE 1.

NAME: _____ **PHONE:** _____

1. REGISTRATION INFORMATION (SPEAKERS, EXHIBITORS & 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. _____

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	PRE-CON	ON SITE	NON-MEMBER	EARLY BIRD	PRE-CON	ON SITE
	THRU 3/31/14	4/1- 6/15/14	AFTER 6/15/14		THRU 3/31/14	4/1- 6/15/14	AFTER 6/15/14
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, 2014)

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 8**. NOTE: topics subject to change. Please choose ONE of the following:

- Cancer Cardiovascular Disease Children's Health Diabetes Women's Health Obesity Diversity
- Founders Leadership

VITAS: ELNEC - Curriculum 2-Day Session (Pre-registration required) **PART I:** Wednesday, August 6 / 8:00 am - 6:00 pm

PART II: Thursday, August 7 / 8:00 am - 5:00 pm

Mental Health First Aid USA (Pre-registration required) Wednesday, August 6 / 8:00 am - 6:00 pm

Youth Mental Health First Aid USA (Pre-registration required) Thursday, August 7 / 7:30 am - 4:30 pm

Presidents' Leadership Workshop (Chapter presidents, vice presidents or designated delegate ONLY) Wednesday, August 6 / 8:00 am - 3:00 pm

NBNA Summer Youth Enrichment Institute (Friday, August 8 / consent forms sent with registration confirmation.) register my:

RELATIONSHIP TO ATTENDEE CHILD'S NAME AGE OF CHILD GENDER

- I will attend the **NBNA Professional Writing Workshop**
- I will attend the **Chapter Development Workshop**
- I will attend the **Student Forum**
- I will attend the **Under Forty Forum**
- I am a LPN/LVN and will attend the **LPN/LVN Workshop**
- I want to **volunteer:** Registration Workshop Monitor Moderator Exhibit Hall (Friday)

2014 NBNA ANNUAL INSTITUTE AND CONFERENCE REGISTRATION FORM PAGE 2

PAGE 1.

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, 2014.

NBNA INSTITUTE OF EXCELLENCE LUNCHEON 8/8/14 \$75 ea X No. of tickets _____ **SUB-TOTAL \$** _____

PRESIDENT'S GALA & BANQUET 8/9/14 \$85 ea X No. of tickets _____ **SUB-TOTAL \$** _____

BRUNCH & CLOSING SESSION 8/10/14 \$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, 2014.

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

NATIONAL BLACK NURSES ASSOCIATION, INC.

8630 Fenton Street, Suite 330, Silver Spring, MD 20910 ■ (301) 589-3200 ■ Fax (301) 589-3223

Membership Application: [] New [] Renewal [] Lifetime _____
(YEAR PAID)

Please type or write legibly.

Name:		Nursing Credentials:	
Address:		City:	State: Zip:
Phone:	Fax:	E-Mail:	
Nursing License Number:		State:	
Recruited by:		How did you hear about NBNA?	
If Student, indicate nursing school			

You must join a local Chapter and the National organization to be a member in good standing. The Chapter information and breakdown of membership fees is listed on the NBNA Website: www.nbna.org. DUES PAYMENT: Please enclose remittance with your completed application. Checks or money orders should be made payable to your local chapter and mailed to the address located in the directory. If you are a DIRECT MEMBER, this is a member where there is no chapter in your area, send application and payment to NBNA. See address above.

***NOTE: A STUDENT (SN) IS AN UNLICENSED STUDENT IN A NURSING PROGRAM.**

Member Profile: Please circle the appropriate response for the categories listed below:

EXPERIENCE IN NURSING	PRIMARY ROLE	NURSE PROFILE	SEX
1. Less than 2 years	1. Administrator/Director/VP of Nursing	1. ANA Certified	1. Female 2. Male
2. 2 - 5 year	2. Nurse Manager, Assistant Nurse Manager	2. Generalist (RN, C)	PROFESSIONAL ORGANIZATION MEMBERSHIPS
3. 6 - 10 years	3. Nursing Supervisor	3. Specialist (RN, CS)	
4. 11 - 15 years	4. Advanced Practice Nurse	4. Prescriptive Authority	
5. 16 - 20 years	5. Researcher	LEVEL OF CARE PROVIDED	
6. More than 20 years	6. Consultant	1. In-patient	
	7. Educator	2. Out-patient Ambulatory	
PRIMARY WORK SETTING	8. Case Manager	3. Public Health Department	1. American Nurses Association
1. Private Non-Profit Hospital	9. RN	4. Nursing Home	2. American Association Of Critical Care Nurses
2. Public/Federal Hospital	10 LPN/LVN	5. Residential	3. National League of Nursing
3. Private, Investor-Owned Hospital	11. Staff	6. Rehabilitative	4. Chi Eta Phi
4. School/College of Nursing	HIGHEST DEGREE HELD	NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.	5. American Public Health Association
5. Independent/Private Practice	1. Associate Degree		6. American Academy of Nursing
6. Military	2. Diploma		7. Other:
7. Industry	3. Baccalaureate in Nursing		
8. Home Health Agency	4. Other Baccalaureate		
9. Behavioral Care Company/HMO	5. Masters in Nursing		
10. Community Agency	6. Other Masters	ANNUAL SALARY	
11. Academe	7. Doctorate in Nursing	1. UNDER \$20,000	
12. Research	8. Other Doctorate	2. \$20,000 - \$29,000	
13. Nursing Home	NURSING EMPLOYMENT	3. \$30,000 - \$39,999	
Nursing Specialty, i.e., ER, OR, Oncology:	1. Full-time	4. \$40,000 - \$49,999	
	2. Part-time	5. \$50,000 - \$59,999	
	3. Unemployed	6. \$60,000 - \$69,999	
	4. Retired	7. \$70,000 - \$79,999	
		8. \$80,000 plus	
		AGE RANGE	
		1. 20-24 6. 45-49	
		2. 25-29 7. 50-54	
		3. 30-34 8. 55-59	
		4. 35-39 9. 60-64	
		5. 40-44 10. 65 PLUS	

CHAPTER YOU ARE JOINING: _____

LIFETIME \$2,000 (may be paid in \$500.00 installments four [4] times in one [1] year) Final payment due May 15 th in order to be printed in the Conference Program Book				National	\$
National Fee RN/LPN/LVN \$225.00	National Fee RETIRED \$150.00	National Fee 1 ST YEAR GRAD \$150.00	National Fee *STUDENT \$65.00 (unlicensed SN)	Chapter	\$
MasterCard or VISA Account #: Signature:			Exp. Date	Sec. Code	TOTAL \$

THANK YOU FOR JOINING NBNA!