

National Black Nurses Association, Inc.

NBNA NEWS



Nurses in the Military



NBNA NEWS

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ON THE COVER (PHOTOS COURTESY OF THE DEPARTMENT OF DEFENSE):

Top left: U.S. Army 1st Lt. Antisia Thompson, from the 94th Combat Support Hospital, Little Rock, Ark., offers a lollipop to a young Guatemalan girl during a Medical Readiness Training Exercise in Poptun, Guatemala, Jan. 27, 2006. U.S. Army photo by Kaye Richey

Top right: U.S. Army Spc. Tiara Tyler, left, a nurse with the 94th Combat Support Hospital, based out of Seagoville, Texas, gives a dose of deworming medicine to a young Guatemalan girl during a Medical Readiness Training exercise in Poptun, Guatemala, Jan. 27, 2006. U.S. Army Photo by Kaye Richey

Bottom left: Army Nurse Capt. Heather Canzoneri (left) examines a rash on an Afghan girl's face as Physician Assistant Capt. Juliane Douglas (center) looks on during a Cooperative Medical Assistance operation conducted by U.S. Army medical and veterinary personnel in Deh Afghana, Afghanistan, on Sept. 26, 2004. The medical and veterinary personnel are soldiers assigned to Task Force Victory while deployed to Afghanistan in support of Operation Enduring Freedom. DoD photo by Spc. Jerry T. Combes, U.S. Army. (Released)

Bottom right: U.S. Army 1st Lt Antisia Thompson, from the 94th Combat Support Hospital, Little Rock, Ark., wraps gauze on the arm of a Guatemalan girl who had suffered severe burns several days prior and was being treated during a Medical Readiness Training Exercise in Poptun, Guatemala, Jan. 27, 2006. U.S. Army photo by Kaye Richey



Dr. Deidre Walton, President
National Black Nurses Association

Message from President

THE UNITED STATES RECENTLY celebrated Black History Month with the theme, “Civil Rights in America” chronicling the important milestones by African-Americans (AA) and others in the battle for civil rights and equal treatment under the law. It is important to reflect on a time when others said no – we said yes and then we did!

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

NBNA salutes the military nurses: active, reserves and retired. We applaud the paths that our nurses have traveled and the barriers that they overcame. AA nurses pierced the barriers within the military system. AA Nurse Corps officers are assigned to all specialties within their branch. They vigilantly care for the soldiers and their families and communities without barrier to race, color, religion, gender or culture. Military nurses are deployed all over the world, participating in humanitarian missions, and supporting the Global War on Terror.

Military nurses are involved in education, research, practice and leadership. Military nursing research is conducted with direct relevance to the military environment. Its objectives are to advance the practice of military nursing in support of mission readiness and deployment; to enhance nursing delivery systems and processes to improve clinical outcomes during peacetime, wartime, and humanitarian relief missions; to improve the health status and quality of life of military personnel and their beneficiaries; and to provide optimal nursing care in settings throughout the world.

Military nurses hold diverse roles including obstetrics/gynecology, critical care, nurse anesthesia, community health, psychiatric/behavioral health, and perioperative nursing, as well as advanced practice nursing roles such as nurse practitioners, clinical nurse specialist, nurse midwives and nurse anesthetists. Military Nurse Practitioners are a critical component in providing primary health care support for adults and children during humanitarian missions, other contingency operations and peacetime. Their scope of practice promotes health, wellness and disease/injury prevention. These skills are translated into the civilian nursing workforce as well as in education, research and leadership.

Leadership is a core component for military nurse officers. This essential component of Military Nursing is leader development, aligning with the vision of developing adaptable leaders that have the capability to lead across the full spectrum of operations. Military nurses also serve in key leadership roles including Commanders.

NBNA wants to acknowledge those military nurses that made history and the emerging trailblazers who are writing new history in the military nursing profession. Black nursing history is filled with the history of Black nurses and their struggle for equality in the profession. A number of AA nurses broke racial barriers on the path to full integration for those serving the military. We honored those who have made sacrifices and given their services for our freedom, we continue to salute the architects and pioneers in the struggle for equality in nursing and for their exceptional service, advocacy and determination of AAs in the profession.

Since its inception, NBNA has faced its giants with tenacity. As we continue to make history, we celebrate all in their endeavors to make a difference in the health status of our communities.

National Black Nurses Association, Inc.
NBNA

PRESIDENT’S CALENDAR:

- April 25-27 Northeast Regional Conference
Northeast Region of Chi Eta Phi Sorority, Inc.
Long Island, New York
- April 28 Future of Nursing: Campaign for Action Meeting
“National Nursing Leadership Strategy”
Washington, D.C.
- April 29 National Minority Quality Forum Leadership Summit
on Health Disparities & CBC Spring Health Braintrust
Washington, DC



“Let’s share the evidence. These materials can help us empower our patients regardless of their circumstance. Together we can decide what works best. After all, one treatment doesn’t fit all.”

Deidre Walton, J.D., M.S.N., R.N., President,
National Black Nurses Association

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NBNA Newsletter

NBNA Newsletter Criteria for Submitting Articles:

- 500-750 Word Article
- Title of Article, Author’s Name and Credentials (Alison Brown, MSN, RN)
- Three-line biographical sketch & author’s headshot photograph (professional-quality, high res)
- Resources where appropriate
- Send all articles, member news, chapter highlights, pictures, and other information to nbnanews@nbna.org

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COL(RET)/Dr. Sandra M. Webb-Booker, AN, USAR

Buddies for Life

CREDIT A LONGEVITY of almost 29 years in the military, to GOD Almighty, and LTC(RET) Kathryn Peoples Robinson's "buddy plan"! I was approached by Kathryn in 1984 and asked to join the United States Army Reserves (USAR), and serve alongside her, as a friend and comrade. I was initially perplexed, as I was aware of a "buddy plan" for active duty soldiers, but was oblivious to such a plan for reserve component soldiers. She showed me, facts and figures about the various branches of the military, and their percentages of minorities, data specific to rank, promotion rates, pay, benefits and initial military entry service commitment. After spending several months reviewing, discussing and debating these facts and figures, we met with an Army nurse recruiter and posed our questions to him and fine-tuned Kathryn's plan.

We were advised to join a military hospital unit that had a manning vacancy for one psychiatric nurse and one medical-surgical nurse. We found two military hospitals within a comfortable travel distance that had these vacancies. We opted to join a combat support hospital (CSH) as opposed to a general hospital, because it offered us an opportunity to learn many new skills. A CSH is similar to MASH, as a CSH moves as the battlefield moves like a MASH, but because of the patient volume, acuity, and array of services, a CSH is allowed additional time to pack up and relocate). As CSH nurses, or field nurses, we lived and provided clinical services in tents. If all went well, we had heated tents in the winter and air conditioned tents in the summer. However, a significant amount of fuel was needed to facilitate the ideal working conditions!

We experienced many "bad hair days, no showers for periods of 2-3 days, cold water shower days, no laundry services

or telecommunications for weeks. We instead gained excellent "soldier and survival skills," despite unexpected encounters with rattle snakes, coyotes, bears, and poisonous spiders! Free time was spent, bonding with fellow soldiers, reading books, writing letters home, and playing cards or table games. My buddy and I served alongside each other, for 10+ years, until our unit was deactivated!

The skills I gained as a CSH nurse, coupled with those gained from 17 years of public health nursing, prepared me for a position, as a Civil Affairs' nurse. This was a physically demanding assignment, as I had to condition my 130 pounds of body weight, to successfully carry 50 pounds of gear, for a distance of 6 miles, within a two hour time interval, without fainting! It was also a mentally challenging job, as I worked with a team of experts, in various fields, such as banking, accounting, agriculture, engineering, police and fire, public works, history, the arts, human/civil rights, and healthcare administrators/providers. I learned how to "appreciate their assessments", when working with a host nation's Ministry of Health, non-governmental organizations (NGOs) and private volunteer organizations (PVOs). I did miss my buddy, and after six years of separation, we were reunited and spent the next six years together again. Two of those years were spent attending military school and the remaining four years were spent working as military instructors, before separating again.

The last eight years of my service, was spent serving in a "leadership capacity", as a CSH Commander initially, and later, as a Nursing Staff Officer. The experience gained as an ARMY NURSE, has reinforced the belief, that I AM ARMY STRONG! After almost 29 years of service, my buddy and I are reunited. Not only are we members of the National Black Nurses Association, but we are also members of the National Women Veterans United (NWWU), and as military nurse retirees and veterans, "We are LIFETIME MILITARY BUDDIES, pending the challenges of reconstruction, and redesign."



U.S. Army Spc. Shaniece Bannister uses her team building skills to elevate the mood of Iraqi women before they take the physical readiness portion of the Iraqi Police entrance exam at the Iraqi Army compound in Iskandariyah, Iraq, on July 12, 2005. Bannister and other soldiers of the Army's 155th Brigade Combat Team are assisting in the screening process to select female candidates for the Iraqi Police force. DoD photo by Chief Petty Officer Edward G. Martens, U.S. Navy. (Released)

Sandra Millon Underwood, PhD, RN, FAAN; Milwaukee Chapter NBNA;
Professor, University of Wisconsin Milwaukee, College of Nursing

Kathryn R. Rotsch, SN; University of Wisconsin Parkside

MCNBNA Faculty, Nurses and Students Stand Up for Vets at the STAND DOWN

IN TIMES OF WAR, exhausted combat units requiring time to rest and recover are removed from the battlefields to a place of relative security and safety and allowed to “stand down”. “Stand down” is a military term which refers to the occasion where combat troops in need of respite are encouraged to go off duty, and end their state of readiness and alert. The time to “stand down” affords battle-weary soldiers the opportunity to renew their spirit, health and overall sense of well-being.

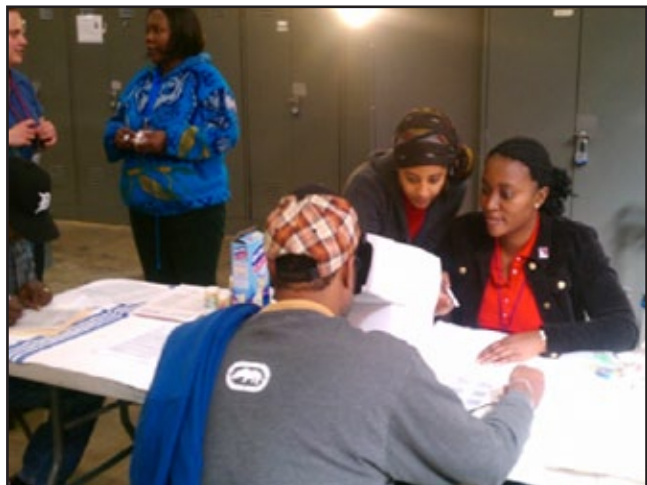
“Stand Down” is, also, a term used to describe a national community-based effort designed by the U.S. Department of Veterans Affairs to help the nation’s 75,000+ homeless veterans “combat” life on the streets. The philosophy undergirding this “Stand Down” is a “hand up” not a “hand out.” During this “Stand Down” homeless veterans and veterans at-risk of homelessness are provided access to an array of resources to help them address their individual problems and rebuild their lives. This “Stand Down” offers these veterans a daylong respite from the streets and a real opportunity to put their lives back together and provides these veterans access to long-term solutions by building community and access to inter-organizational relationships to help fight homelessness. Any veteran who attends the “Stand Down” can obtain assistance with emergency housing, employment, clothing, haircuts, showers, hygiene products, food, medical/dental/optical exams, and much more.

HOMELESS VETERANS: WHO ARE THEY?

The U.S. Department of Housing and Urban Development and the U.S. Department of Veterans Affairs estimates that on any given night approximately 58,000 veterans are homeless. In addition, another 1.4 million veterans are considered at risk of homelessness due to poverty, lack of support networks, and dismal living conditions in overcrowded or substandard housing.

America’s homeless veterans have served in World War II, the Korean War, Cold War, Vietnam War, Grenada, Panama, Lebanon, Persian Gulf War, Afghanistan and Iraq, and in South America.

The majority of the homeless veterans are male; single; residents of urban areas; and, suffer from mental illness, alcohol and/or substance abuse, or co-occurring disorders. Forty percent of the homeless veterans are reported to be African American or Hispanic.



Stand Up for Vets... continued from page 6



MCNBNA FACULTY, NURSES AND STUDENTS STAND UP AT THE STAND DOWN

Over the past six months Dr. Underwood, member of the Milwaukee Chapter of NBNA and professor at the University of Wisconsin Milwaukee and the University of Wisconsin Parkside, and forty of her nursing and pre-nursing students volunteered were engaged in efforts of the local Stand Down. Their effort and made a tremendous difference in Southeastern Wisconsin. At recent events held in Milwaukee, Kenosha and Racine, Wisconsin, Dr. Underwood and the students worked alongside providers from the Veterans Administration, the Milwaukee Health Department, Prevent Blindness of Wisconsin and representatives of more than 75 other health care and social service organizations. As a direct result of their efforts the College of Nursing and College of Natural and Health Science students were able to provide distance and near visual acuity, glaucoma screening, reading glasses, education and referrals for more than 200 veterans at the Stand Down.

Reflective comments gathered from the students revealed that most of the students volunteering at the Stand Down were shocked by the number of men and women that have served our country are homeless or at risk of becoming homeless. In Milwaukee, one of every four homeless persons is a veteran and 5,500 local veterans are classified as at risk, because they are living below the poverty line, spending more than half of their incomes on housing, or living with another family. "The sacrifice these men and women took leaving family, friends, and familiar surroundings to protect us in foreign lands took courage. The fact that they come back home from war or from another military duty, challenged by mental illness, alcohol and/or substance abuse should move every one of us. If any veteran is in need – that is too many!"

Students noted that "volunteering at the Stand Down was an awesome experience"; "there should not be a single homeless veteran in America"; "supporting people who have supported us and allow us to live our lives is humbling"; "events like these teaches us things that can't be taught in school"; and, "events like these help us become the type of nurses we should be."

While some of the students attending the Stand Down noted that it was their first encounter, all noted that it would definitely not be their last.

The National Coalition for Homeless Veterans (NCHV) is a national network of community-based service providers and local, state and federal agencies that provide emergency and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for homeless veterans. For more information on the date and location of upcoming Stand Downs – visit the NCHV web site at http://nchv.org/index.php/about/about/who_is_nchv/.



LTC (Ret) Beulah Nash-Teachey, PhD, RN
NBNA Treasurer; President, Concerned NBN of Central Savannah River Area

My Short Story: Service as an Army Nurse Corps Officer

SERVING AND BEING committed to the US military requires sacrifices, dedication, will power, hard work, missing special occasions with children/family, traveling in GPVs (Government Personal Vehicles) and far too many duties to name. However, thousands of men and women have served, are serving and will continue to serve. I am just one that has served over twenty seven years and very proud to be among the many.

In the next few paragraphs, I will provide my guiding jewels for serving in the military: Why I wanted to Serve, Guiding Principle as An Officer and Contributions as an Army Nurse Corps Officer.

WHY I WANTED TO SERVE:

Although my family was small, we were all supportive of each other and believed in service to others (not just our family, but our neighbors). My father is the only child. He and his nine male cousins enlisted in the Army and talked about serving and being proud to wear the uniform. As a teenager, I wondered what it would be like to serve (there were no female military members in my family). One concern that they discussed was being away from home and the different assignments/traveling that were required. The traveling certainly sounded adventurous.

High school graduation finally arrived and it was time to decide how and where I would make my footprints in life. Joining the military was on the top of the list. Being excited about graduating and moving away from home, I approached my parents and stated, I was going to join the military. To my surprise they were highly upset and said emphatically "No!". My father is my idol; I valued their decision and declined to join. My brother was headed to Vietnam so I understood and headed to college.

After graduating from college, married and with children, the desire to serve was still in my blood. As a late military bloomer, eventually, I joined the Army Nurse Corps and felt that my calling was being fulfilled. Over the twenty seven years of service, I had eleven different homes, traveled across the country, missed many family occasions, slept in the field, fired different weapons (never toward a person) and provided care to patients while flying, and working in a field and fixed hospital.)

LEADERSHIP PRINCIPLES:

Freedom really is not free, someone gives of themselves. As a nurse in the military, I was responsible for directing troops, the logistic of how and where to setup a hospital, and most of all caring for or overseeing patients care. Because of these responsibilities I had to understand the missions, work as a team, provide my Commander with information needed to make decisions and anticipate questions. Likewise, I expected

the same from my Team. Most of all, I learned never to blame anyone but myself when an event went wrong. If I made the decision, I faced up to the truth, told the truth and never quibbled. Also, staying focused; mission oriented and put in an honest day of work were critical. However, another important jewel was to maintain a close contact with my family. I shared my promotions, highs/low of being away from home and I wanted them to keep me abreast of what was happening in their lives.

CONTRIBUTIONS AS AN ARMY NURSE CORPS OFFICER:

I volunteered to serve in the Army vs. other military branches, because of the many different assignments, networking, and fellowship with other soldiers. My career included all the typical nursing assignments (head nurse, Join Commission Coordinator, Chief Surgical Sessions, Chief Staff Development, Nursing Instructor, Case Manager, Research Committee, and Evening/Night Administrator). Additionally, nontraditional jobs were: Officer In Charge of Field Hospital, Case Manager for Soldiers deploying in/out of Korea, Nurse Leader for a New Army Hospital being built in Korea, Casualty Care Officer (death casualty), and Inspector General (Southern Command including Puerto Rico).

I was the first Army Nurse Corps Officer to serve as an Inspector General in the region. As the Inspector General, I worked directly for the General, serving as the direct link to staff to solve issues impacting the command. I traveling monthly throughout the Southern Region to include Puerto Rico conducting inquire and focus groups concerning any command issue.

To conserve the fighting strength is the primary responsibility of every Army Nurse Officer. Yet, my other leadership responsibility included serving on teams that planned and strategized for the next war.

The motto for the Army Nurse Corps says it all: "Embracing the Past – Engaging the Present – Envisioning the Future"

It was an honor to serve.

Capt Romeatrius Nicole Moss, DNP, RN, APHN-BC, (US Air Force)
President/CEO, Mississippi Gulf Coast Black Nurses Association, Inc.

The Role of the Military Nurse in the Community

IT IS VERY IMPORTANT for military nurses to DIAL into their communities and become the advocates for change that is needed to promote health and decrease health care disparities. Being a dynamic leader is a planned conscious choice. It's valuable and essential to apply your skills gained as a military member towards the community you served and live amongst. My mission on the battle field is similar to my mission in the community. I'm leading a battle, and it's against disease and disparities of health. I tackle both in the same manner. Al Qaeda is the targeted enemy in Afghanistan, but Diabetes, Heart disease, and Stroke are my enemies on the Mississippi Gulf Coast.

Effective community nursing should be tactical in their mission. As a Military Leader, Organizer, and Visionary, you are in a perfect position to make a difference in your community. Just as we are trained to pull out our troop's strengths, it is vital that we organize fellow nurses, figure out their strong suits, and help guide them to reach the targeted community members. When I meet a new nurse, I immediately try to recruit them for my infantry. It's important to tell each black nurse, "You have a mission". Now armed with education and knowledge about disease and the need to eat healthier, exercise, practice safe sex, we need to share this information with our families, friends, and the community in which we live. Whatever my nurses are passionate about, it is important for me to help them become the expert. So when we get a request to discuss HIV/AIDS with a group, I know immediately which troop I am sending out to kill the myths, present the facts, increase knowledge, and most importantly save lives. Our ammunition are our words, with our knowledge of cancer prevention and disease promotion, we can arm other people with ammo to destroy and reduce preventable diseases. With one interaction with a group of seniors, discussing the importance of adherence to medication, we throw a grenade that improved compliance with health management.

Military nurses are change agents and powerful beyond measure. Using the acronym DIAL (Desire, Inspire, Aspire, & Leadership), I ensure that mentorship is at the hem of all my interactions with any nurse. I am dedicated to help nurses recognize the need to get involve with their communities and become active members. As a student nurse, every time I heard a statistic about how African Americans are #1 for this disease or that disease, I would cringe. This developed in my Desire to want to help my community live a longer, healthy quality life. I want to Inspire nurses to reach for their dreams. I have mentored over 25 nurses into the military and over 100 student nurses into the career. We need more nurses to become community leaders and desire greatness for themselves, which leads into Aspire. Most military nurses Aspire to reach higher ranks within their career. The same should be true for civilian nurses. Military nurses are fortunate to have Chief Nurses to look after their careers and help guide them on different pathways. Yearly I am



asked what I want. What are my goals? A definition for Aspire is having a goal to achieve something greater. I have my Chief Nurse pushing me to excel, I in-turn push my civilian nurses to excel and want more (education, money, success). This is needed for our civilian counterparts. Make sure you do your part to build our profession of true leaders and share our best practices with them. Leadership summarizes the role of the military nurse in the community; the ability to lead others, inspire change and generate a movement. It is an incredible feeling to be able to give back and help others. As military nurses we have a duty to be ambassadors and stewards of health. We must constantly know the movement of the enemy, tracking diabetes, kidney disease, etc. This battle is far from over, but with a true alliance of dedicated health care professionals, hope is on the horizon.

Dr. Romeatrius N. Moss is an active duty Air Force Captain, currently the Flight Commander for the 1st Special Operations Medical Group, Medical Service Flight, Hurlburt Field Air Force Base, Florida. She holds a DNP from the University of Alabama at Birmingham, MSN from University of South Alabama, and a BSN from Berea College. She holds a board certification as an Advanced Public Health Nurse. She is the President/Founder/CEO for the Mississippi Gulf Coast Black Nurses Association, Inc. and owner of RNM Consulting and RNM Staffing.



COL (R) Irma Hagans Cooper; United States Army Reserve

Mentoring Black Officers for the 21st Century

TODAY THERE HAS been little change in the number of Black Officers reaching the level of Flag Officers (Brigadier General and above). It has been 65 years since President Harry Truman signed executive order 9981 to desegregate the US military. According to the Defense Manpower Data Center, the United States Army has 21% African American soldiers and less than 5% are Flag Officers. It took 65 years to go from 0% Black Flag officers to less than 5% Black Flag Officers.

Studies have been done to explain why Blacks Officers fail to reach the level of Flag Officer. COL Remo Butler's (1995) study indicated that Black Officers were behind their White Officer peers, in promotions, at and above the rank of lieutenant colonel at a disturbing rate. He concluded that the barriers were still persisting today. COL Butler repeated his study and concluded that the reason Black Officers fail to reach the level of Flag Officer when compared to their white peers is due to "a debilitating inertia in the way young black officers are mentored and a lack of common cultural understanding among both black and white officers. To resolve the problem COL Butler recommends the following:

- Minimize the influence of the "good old boy network" in an effort to get young black officers quality assignment

- Increase the quality of the Reserve Officer Training Corp (ROTC) cadre by increasing the status of ROTC assignments.

- Provide quality mentoring for young black officers.

- Educate officers and senior leaders in cultural awareness.

I agree with COL Butler's recommendations, but I strongly feel Black officers must assertively work together to prepare themselves and other junior officer for General status and not just wait another 65 years for the military culture to change.

Given that the numbers of Black Flag Officers are so few, Black Officers must take responsibility for moving their careers forward. Black Officers must mobilize and be responsible for mentoring others. Mentors and Mentorship relations are powerful tools, which can be an effective way to assist Black Officer's to position themselves for promotions, assignment and selected for military educational opportunities.

The Army's definition of Mentorship it the following: Mentorship is the voluntary developmental relationship that exists between a person of greater experience and a person of lesser experience that is characterized by mutual trust and respect. Supportive mentoring occurs when a mentor does not outrank the person being mentored, but has extensive knowledge and experience. In many circumstances, this relationship extends past the time where one party has left the chain of command.

Mentoring, benefits Black Officers by building their support system, providing information on new opportunities, promoting learning skills that are needed for new assignments,

sharing guidance on career advancements, receiving advice on handling complex issues and expanding their professional networking circles.

Several Black Military Organizations have developed and have very effective mentorship programs like Rocks and The National Association of Black Military Women (NABMW). These organizations have a strong philosophy that successful mentoring capitalizes on the wisdom, insights and experience of Black Officers to advance the growth and success of less experience Black Officers. Mentorship is an effective means to share, encourage, engage, Black military officers so they are qualified to compete for assignments which provide them with their greater leadership and command responsibility.

Black Professional Organizations are also a medium for mentoring Black Officers. Many of these organizations have members who are in the military, veterans or work within the military systems For example, the National Black Nurses Association (NBNA) offers a means for their military members whether they are Active duty, Reserve, Veteran or retired to network and share experiences annually at their Annual Institute and conference.

Black Officers cannot afford to wait until the military changes its culture or understand the value of having Black Flag Officers. Black Officer must move forward aggressively and strategically positioning qualified Black Officers into key assignments, on selections boards, selected for senior Military education, and selected to high profile commands as part of their preparation for Flag Officers assignments. Mentorship is a critical tool to ensure the future and survival of Black Flag Officers in the 21 century.

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RADM Sylvia Trent Adams

co-authors: CDR Reginald O. Smith and CDR Marilyn Ridenour

An Overview of U.S. Public Health Service Nursing

THE U.S. DEPARTMENT of Health and Human Services (HHS) is the federal government's principal agency for protecting the health of Americans and providing essential human services, especially for underserved populations. HHS is the largest grant-making agency in the federal government, working closely with state and local governments to carry out its mission. Eleven operating divisions (OPDIVS) fall under two program areas: Public Health Service Operating Divisions and Human Services Operating Divisions. The Public Health Service Operating Divisions are the Agency for Healthcare Research & Quality, the Agency for Toxic Substances and Disease Registry, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration. The Human Services Operating Divisions include the Centers for Medicare & Medicaid Services, the Administration for Children and Families, and the Administration for Community Living.

The Commissioned Corps of the U.S. Public Health Service (Corps) is a group of 6,700 men and women who are commissioned by the President to serve in all HHS OPDIVS, as well as other federal agencies such as the Bureau of Prisons, U.S. Coast Guard, the Environmental Protection Agency, the Division of Immigration Health Services, the U.S. Marshals Service, and the National Oceanic and Atmospheric Administration. The mission of the Corps is to protect, promote, and advance the health and safety of the Nation. The HHS Assistant Secretary for Health (ASH) oversees the policies and procedures of the Corps; the Surgeon General (SG) oversees our day-to-day operations.

The Corps has eleven categories of health professionals; nursing is the largest category consisting of 1,647 officers. Led by the Chief Nursing Officer (CNO), nurse officers serve in every OPDIV and Federal agency listed above. Nurse officers provide direct patient care and serve in administrative and regulatory roles. The daily activities of nurse officers may include:

- Serving underserved and disadvantaged populations such as American Indians, Alaska Natives, and other populations with special needs, e.g. people living with HIV/AIDS;
- Expanding public health knowledge through biomedical, behavioral, and health services research leading to the prevention and treatment of disease;
- Eliminating racial, ethnic and gender healthcare disparities;
- Improving the public health care system, including development of innovations in health care;

- Ensuring the safe and effective use of drug and medical devices;
- Working with other nations and international agencies on global health problems and solutions;
- Promoting healthy lifestyles for the nation's citizens;
- Improving the nation's mental health;
- Identifying health concerns in populations, e.g. diabetes, and implementing action plans to correct them.

Moreover, nurse officers provide medical support to the other uniformed services, primarily the U.S. Coast Guard and the National Oceanic and Atmospheric Commissioned Officer Corps. In addition to the aforementioned federal agencies, nurse officers serve in the Department of Defense, Department of Justice (Bureau of Prisons), Department of Homeland Security, Department of the Interior (National Park Service) and Environmental Protection Agency. Also, nurse officers join with other Corps officers to aid and augment federal, state and local agencies in response to man-made and natural disasters and to participate in rural health missions.

Finally, nurse officers combine with their federal civilian nurse colleagues to form the Federal Public Health Service Nursing (FPHSN) Service Strategic Planning Task Force, which develops and implements the FPHSN Strategic Plan. The FPHSN Strategic Plan aligns with the goals of the U.S. Surgeon General's 2011 Report, "National Prevention Strategy – America's Plan for Better Health and Wellness." The same outlines a nursing strategy to address three impact areas wherein nurses are best positioned to make an effect in the prevention activity areas of: 1) educating and empowering individuals, families, and populations; 2) promoting the implementation of Federal health programs, policy, regulation, and research activities; and 3) encouraging participation in national health promotion campaigns. There are four priority health initiatives of the FPHSN Strategic Plan: 1) heart healthy; 2) healthy eating; 3) mental and emotional well-being; and 4) tobacco-free living.

A career as a Corps nurse officer is challenging and very rewarding. For more information on the Commissioned Corps of the U.S. Public Health Service, visit www.usphs.gov. For more information on Corps nurses, visit <http://phs-nurse.org/welcome>.

¹ RADM Sylvia Trent-Adams is the Corps' 10th CNO and first African-American to serve as CNO.



Julia Ugorji, MSN/Ed, RN, DNP(c)

Health Challenges Among Active Military Females

GREETINGS TO OUR heroes and thank you for the awesome job you do every day serving the nation! According to the Department of Defense and the Department of Veteran Affairs about 214,098 or 14.6% of the active-duty force women are serving on active duty in the United States military (DOD & DoVA, 2013). While women are technically barred from serving in combat they are serving in support positions in combat areas in greater numbers (Trego, Wilson, & Steele, 2010). Women in the Army, Navy, Air Force, and Marines are serving in complex occupational specialties that sustain national policy and ensure combat effectiveness of our forces. Their roles have evolved from supportive roles during early conflicts to active roles in combat support and counterinsurgency operations today (Rona, Fear, Hull & Wessely, 2007). Although women have received military health care over the past three decades, sex- and gender-specific care has been limited to reproductive needs and has rarely addressed military-specific health risks and outcomes. The complexity of military jobs and increased deployments to combat operations has led to increased occupational and health risks for women which impact health promoting behaviors.

Cardiovascular disease (CVD) remains the leading cause of death among women and men in the United States (CDC, 2012). Hypertension, hyperlipidemia, diabetes, and obesity in middle adulthood each elevate the long-term risk of cardiovascular disease (CVD). The prevalence of these conditions among women veterans continues to be very high (Vimalananda, et. al., 2013). Veterans of military service receiving care from the Veterans Health Administration (VA) may be at even higher risk of CVD than the general population since they often have poorer health status and more medical conditions. In addition, veteran patients have higher rates of mental illnesses such as depression and PTSD, which are associated with increased CVD risk (Vimalananda et al., 2013). In an article written by Vimalananda et al. (2013), it was concluded that there is high rates of cardiovascular disease risk factors among women veterans in middle adulthood, with an apparent earlier emergence of disease among younger cohorts. This will likely translate to a significant burden of CVD with associated suffering, health-care costs, and mortality in the future.

Racial and ethnic health disparities have become a prominent issue in national debates about health care and civil rights. Health disparities have been demonstrated in every sector of the health care setting. Disparities are particularly well documented for various diseases such as chronic diseases, infectious illnesses, as well as cardiovascular disease. The underlying causes of health disparities are complex and include societal issues such as institutional

racism, discrimination, socioeconomic status and poor access to health care and community resources (Plescia, Herrick, & Chavis, 2007). The military is a village of its own but cannot function in isolation. The good news for female soldiers is that effective resources and treatments are available for them. However, not everyone who experiences a trauma seeks treatment. Literature has shown that women respond to treatment as well as or better than men in health promoting behaviors. This may be because women are generally more comfortable sharing feelings and talking about personal things with others than men (Rona, Fear, Hull & Wessely, 2007).

Literature has shown that self-efficacy and interpersonal influences were the most influential in determining health promotion. According to Agazio and Buckley (2010) using a descriptive correlational design grounded in Pender's Health Promotion model, 491 military women completed instruments measuring their demographic variables, perception of health, definition of health, self-efficacy, and interpersonal influences to determine the significant factors affecting participation in health promotion activities. The study concluded that self-efficacy and interpersonal influences impact health promoting behaviors. Another study by Perlin, Mather, & Turner, (2005) on female soldiers and health promoting behaviors illuminates some of the challenges working women face in meeting health promotion activities and how best to support their ability to participate in healthy behaviors.

The question remains "what may determine, or predict, United States military women's health promotion behaviors? It is critical to determine the extent to which selected demographic characteristics, definition of health, perceived health status, perceived self-efficacy, and resources are related to the health promoting behaviors of active-duty women with children and to describe qualitatively the experience of being an active-duty mother (Agazio, Ephraim, Flaherty, & Gurney, 2002). Working with this population for many years now, I do understand and appreciate the stress level as well as why some of them are not able to participate in health promoting behaviors. Being active duty did not change some natural situations, as being a mother, wife, family member, and friendship. All of these come with some level of stress which may impact healthy behaviors as active military females.

A working group of military women's health advanced practice nurses (APN) and research experts proposes to address this gap in knowledge and practices through sex- and gender-specific research. A sex- and gender-based research agenda for military women's health will be a valuable instrument to those who are dedicated to the health of

Health Challenges... continued from page 12

this population, including members of the Army, Navy, and Air Force military and even the civilian nursing community (Trego, Wilson, & Steele, 2010). Using the knowledge that the research agenda generates, military health care providers can develop clinical practice guidelines, influence policy, and participate in program development to improve the health of service women. Shaping a sex- and gender-specific military women's health research agenda will create the foundation for future evidence-based care. There is absolute need for research to illuminate some of the challenges working women face in meeting health promotion activities and how best to support their ability to participate in healthy behaviors while in active duty. Acquiring a greater familiarity with military culture so that private sector treatment can be delivered in a culturally sensitive manner and coordination with Department of Defense and VA resources can be maximized as well as beneficial. Reports from VA administration noted that VA already supports sex-specific quality improvement measures and is promoting efforts to increase military women's awareness of CVD through partnership with the AHA's "Go Red for Women" campaign (Vimalananda et al., 2013).

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Julia Ugorgi is a professional nurse who started her nursing journey from Nigeria as a registered nurse midwife. She received her BSN from the University of the District of Columbia, May, 2008, and MSN in nursing education from Grand Canyon University Phoenix, Arizona, February, 2012. She is in the final phase of her DNP program from Walden University. Currently she is teaching as an adjunct professor at Howard University and the University of the District of Columbia as a Mental Health and Community Health Nursing Clinical Instructor. As an active member of BNAGWDCA she is the committee chair for scholarship, Founder and President of the National Association of the Nigerian Nurses in North America DMV chapter. She is actively involved in community programs in the District of Columbia providing health education on prevention of chronic illnesses.



President Barack Obama addresses service members and their families during a visit to Fort Bliss, Texas, Aug. 31, 2012. DOD photo by U.S. Navy Petty Officer 1st Class Chad J. McNeeley



Dr. Daisy Harmon-Allen

American Legion and American Legion Auxiliary: “For God and Country”



WE ASSOCIATE OURSELVES together for the following purpose: To uphold and defend the Constitution of the United States of America; to maintain law and order; to foster and perpetuate a one hundred percent Americanism; to preserve the memories and incident of our associations the Great Wars; to incubate a sense of individual obligation to the community, state and nation; to combat the autocracy of both the classes and the masses; to make right the master of might; to promote peace and goodwill on earth; to safeguard and transmit to posterity the principles of justice, freedom and democracy; to consecrate and sanctify our comradeship by our devotion to mutual helpfulness.

WHO WE ARE:

The American Legion was chartered by Congress in 1919 as a patriotic, mutual help war-time veteran's organization. A community-service organization which now numbers nearly 3 million members; men and women in nearly 15,000 American Legion Posts worldwide. These posts are organized into 55 departments: one each for the 50 states, the District of Columbia, Puerto Rico, France, Mexico, and the Philippines.

The American Legion's national headquarters is in Indianapolis, Indiana, with additional offices in Washington, DC. In addition to thousands of volunteers serving in leadership and program implementation capacities in local communities to the Legion's standing national commissions and committees, the national organization has a regular full-time of about 300 employees.

WHY DID THEY FIGHT? WHY!

World War II, a global military conflict between 1939 and 1945, involved most of the world's nations, including all great powers, organized into two opposing military alliances: the Allies and the Axis. It was the most widespread war in history with more than 100 million military personnel mobilized, in a state of "total war." The major participants placed their entire economic, industrial, and scientific capabilities at the service of the war effort, erasing the distinction between civilian and military resources. Over seventy million people, the majority civilians, were killed making it the deadliest conflict in human history.

The attack on Pearl Harbor, (Hawaii Operation, and Operation Z, as it was called by the Japanese Imperial General Headquarters) was an unannounced military strike conducted by the Japanese Navy against the United State Naval base at Pearl Harbor, Hawaii on the morning of December 7, 1941. It resulted in the United States' entry into World War II. The attack was intended as a preventive action in order to keep the U.S. Pacific Fleet from influencing the war that the Empire of Japan

was planning in South Asia against Britain and the Netherlands as well as the U.S. in the Philippines. The attack consisted of two aerial attack waves totaling 353 aircraft launched from six Japanese aircraft carriers.

Men aboard U.S. ships, including Ship Cook Third Class, Dorie Miller awoke to the sounds of alarms, bombs exploding, and gun fire prompting bleary-eyed men into dressing as they ran to general quarter's stations. (The famous message, "Air raid Pearl Harbor, this is not drill," was sent from the headquarters of Patrol Wing to the first senior Hawaiian command to respond). The defenders were unprepared; the ammunition locker was locked, aircraft parked wingtip to wingtip in the open to deter sabotage and the guns unmanned. Despite this low alert status, many American military personnel responded effectively during the battle. One of the destroyers, USS Aylwin, got underway with only four officers aboard, all ensigns, none with more than a year's sea duty; she operated at sea for four days before her commanding officer managed to get back aboard. Captain Mervyn Bennion commanding USS West Virginia, led his men until he was cut down by fragments from a bomb which hit USS Tennessee, moored alongside. Gallantry was widespread. In all, 14 officers and sailors were awarded the Navy Cross, including Ship Cook Third Class Dorie Miller. A special military award, the Pearl Harbor Commemorative Medal was later authorized for all military veterans of the attack. More than 16,112,566 Americans were members of the United States armed force during World War II. Also, there were 291,557 battle deaths; 113,842 other deaths in service (non-treated); and 671,846 wounded. As of January (Dorie Miller Unit (915) 2010, there were approximately 2,000,000 American WWI veterans still living.

Moreover, there was no African American soldier awarded the Medal of Honor during World War II. In 1993 the Army contracted Shaw University in Raleigh, North Carolina, to research and prepare a study to determine if there was a racial disparity in the way Medal of Honor recipients were selected. Shaw's team researched the issue, finding that there was disparity and recommended the Army consider a group of 10 soldiers for the Medal of Honor. However, only seven were recommended to receive the award. In October of 1996 Congress passed the necessary legislation which allowed the President to award these Medals of Honor. They were presented by President William Clinton in a ceremony on January 13, 1997. Vernon Baker was the only recipient still living and present to receive his award, the other six soldiers received their awards posthumously, with their medals being presented to family members. This was United States Army and our brother Dorie Miller was not included in this prestigious group. Dorie Miller was a member of the United States Navy.

American Legion...
continued from page 12



PVT John Harmon (WWI),
Grand-Father



Sgt Jim R. Harmon (WWII),
Father



Dorie Miller (U.S. Navy),
Third Class Cook

In summary, nearly twenty percent of Dorie Miller Post #915 current memberships (75) fought in WW II. As United States veterans they fully understand that WW II is considered the most widespread war in history and that the men and women who sacrificed so much during these war times were the bravest in war history. WW II was the deadliest conflict in history with over seventy million civilian and military lives lost.

James Baldwin uncovers a few misconceptions in his essay, *Notes of a Native Son*, about the discrimination that occurred in the American Armed Forces during World War II. These misconceptions were not unintentional. The government treated African Americans unfairly and segregation and discrimination were not uncommon. Not only were African Americans rarely

let into the army, but once in they were not given the same opportunities as the other soldiers. This was not only unfair to the African Americans who were willing to put their lives on the line for their country, but also for American citizens who lost their lives as well.

“To God Be The Glory.”

Dr. Daisy Harmon-Allen, is the president of the Chicago Chapter, National Black Nurses Association; American Legion Auxiliary, President, Post 500, Bellwood IL from 2013 to the present, and American Legion Auxiliary, Director of Community Education, Dorie Miller Post 915, 2008—2013



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Rozlyn Walls, RN
Member, Chicago Chapter, NBNA

The Making of a Great Nurse

NURSING IS A life long journey. When individuals choose nursing as a career, they are making a commitment to become a life- long learner. This can be achieved in either a formal or informal setting. A life- long learner is aware of the need to actively pursue new knowledge and skills as clinicians' roles and the healthcare system evolves (Jukkala, Greenwood, Ladner, & Hopkins, 2010). Americans are living longer and with more complex disease processes. These facts have demanded for a higher educated well trained nurse. Nursing is not just a job; it is a way of life. For many of us, it is a long journey.

I began receiving my nursing education at Dawson Technical Institute. This was 14years ago and at that time, I was in pursuit of a practical nursing certificate. It was at Dawson, where I was trained and informed on the basic scope of nursing practice, how to properly complete nursing duties which could be delegated to a practical nurse, and the importance of collaborating with the healthcare team.

After becoming a licensed practical nurse (LPN) and working a couple of years, I entered Moraine Valley Community College. During my two years at Moraine Valley, I was educated on the full scope of nursing practice: completing a comprehensive assessment, choosing a fitting nursing diagnoses, creating a care plan, implementation of interventions (medication, dressings, delegation of duties, and patient education) identified in care plan, and evaluation of patients response to interventions.

At the end of my education experience at Moraine Valley, I completed and passed the state of Illinois licensure exam. I, Rozlyn Walls, was now considered a competent registered nurse. I began working as a hemodialysis nurse and became certified. However, I was not qualified for several nursing positions offered by my employer and options were limited. This led me to enroll in Chicago State University's RN to BSN program. While earning my baccalaureate nursing degree, I studied and increased my knowledge in the areas of critical thinking, communications, and language. I was introduced to nursing research and public health nursing. Education in these areas has made me a well-rounded nurse and increased my ability to lead.

I then enrolled and began attending Olivet Nazarene University. My goal was to earn a master's degree in nursing education. I had been studying at Olivet for almost two years, when I failed a course. I decided at this time, to sit down, lick my wounds, and pursue other interest.

Presently, I am working as a travel nurse, providing hemodialysis services in the state of Wisconsin. This opportunity has provided me a chance to expand my nursing knowledge; I have been introduced to advancements in medical technology, and greatest of them all I have provided care for patients from various ethnic, religious, and social backgrounds. The ethnic and cultural evolution of the United States population constantly demands nurses to incorporate diverse needs of their clients

into the provision of quality nursing care while dealing with a shortage of qualified nurses to meet these needs (Lowe & Archibald, 2009).

As I reflect over my nursing career and nursing education, I can see personal and professional growth. I have been introduced to and learned skills, concepts, and theories in nursing that are coming together to create a great nurse. I check the five rights before I administer medication, wash my hands or apply sanitizer before and after each interaction with patients, keep the area sterile when performing certain procedures and clean with others, review labs with understanding, educate my patients on their illness or disease process, and collaborate with all members of the healthcare team to ensure my patient has a positive outcome. I have a desire to ameliorate healthcare disparities. Therefore, I advocate for my patients, community, and colleagues. Nurses, whom possess good clinical skills, are great patient advocates, and advocate for the profession of nursing will not just become good nurses, but they will be great nurses (Goddeeris, 2009).

When I reflect on my nursing career and education, I see growth, (personal, spiritual, and professional). I am aware I did not do it along. It has been the love and support of family, friends, colleagues, and members of the Chicago Chapter National Black Nurses Association, which has allowed me to matriculate and excel in the profession of nursing. Some believe mentorship programs can assist minority groups meet their potential (Pickersgill, 2011).

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Minister Annie Walker, BS

The Power of the Tongue

OFTEN PEOPLE FIND themselves in deep hurt, wounded in the spirit and anger that is so near the surface. The individuals involved risks sinking into the trap of bitterness and revenge because of the past hurt from words that were spoken. Words are a powerful thing, it will kill or it can heal. Words have the power to give hope, power to discourage, power to lift up and the power to tear down. In the book of Proverbs it says “Death and life are in the power of the tongue; and they that love it shall eat the fruit thereof.” Proverbs 18:21 (KJV).

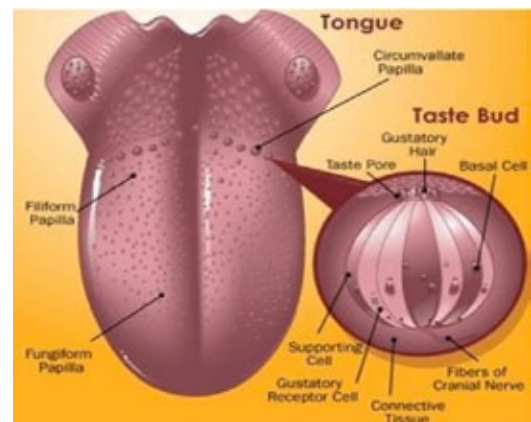
Over 1900 years ago when God made man, there was one small weapon above all others body parts He made, it was the tongue which is a little red pinkish organ in the mouth that can be deadly and full of poison. In the past the tongue has broken up homes, cost many people their lives, destroyed relationships, friendships, kinship, partnership, organization and ruin reputations. (Robert, 2007). All and all, most people do not believe that the words they speak can either benefit a person or physically destroy them.

Also, the words we speak are powerful and with force, in spite of that it can make or break an individual. No matter how big or tall a person may seem, a word can shatter or break them down to the nothing. Sometimes we use words as a method to hurt that person it called, “an eye for an eye and a tooth for tooth;” meaning payback to the person what they done to them. It has been said, “Sticks and stones may break my bones, but words will never hurt me.” (Martin, 1996 - 2014). It’s a phrase often overheard when we were children.. In a faultless world, this would be a true motto. It’s not true, because words do hurt more than sticks and stones.

Most of all, people often boast of many things with their tongues, from Facebook, Tweeter, Texting to E-mails; bragging how elite and exclusive their lives are and never mention how they have hurt another individual with that same boosting tongue. According to the book of 1 Samuel 2:3 said, talk no more so exceeding proudly; let not arrogancy come out of your mouth: for the Lord is a God of knowledge, and by him actions are weighed.. King James Version (KJV). The scripture is saying what you say it will by weighed back to you. In other words you “reap what you sow.”

In conclusion, what our tongue fabricates has eternal implications, for it uncovers what is in our heart. The tongues will continue to hurt innocent people because hurt people hurt people. The book of (James) also states how the tongue is full of poison, he says, the world on fire and is full of deadly poison (3:6, 8). In essence, James is thinking primarily of snakes people who speak false words against another person with fork tongue. Then he said, “Even so the tongue is a little, and of serpents, and of things in the sea is tamed, and hath

been tamed of mankind, but the tongue can no man tame; it is an unruly evil and full of deadly poison.” In other words, James is saying if we get bit by these words it like a snake bit; some people live and some could die. There are true stories to be told about someone that already know. Case and point, in 2013 I was informed of a young lady age 14 and A student in school, very beautiful, well dressed, wrote poems, active in her religion and very athlete. Later she was found hung in her parent garage due bulling. Again, the weapon was in relation to the tongue.



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Minister Annie Walker, BS, is honorary member of the Chicago Chapter National Black Nurses Association, Administrative Assistant, and an Ordained Minister at the Progressive Life Giving World Cathedral Church under the Divine Guidance of Rev. Collier-Dixon and the leadership of Dr. Daisy Harmon-Allen, President.

My motto is: Watch what you say because the words that go out will come back to you double. Be careful what you say about an individual and remember when we criticize a person it does not classify who they are it really defines who that person is.

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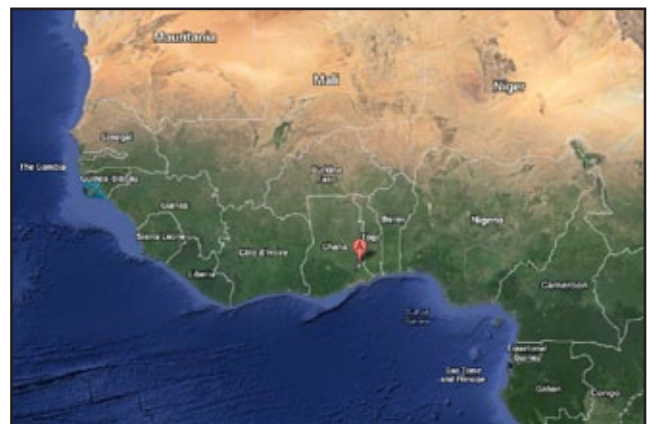


Azsha Matthews, BSN, RN; Member, New York Black Nurses Association
Student, Family Nurse Practitioner Program at Columbia University

Health Care Services that Crosses International Borders: My Journey to Ghana, Africa

I TRAVELED ON A volunteer trip to Ghana, Africa and stayed in a town called Kpando which is in the Volta Region of Ghana. I was able to volunteer and go on rounds at the local hospital, tutor at the children's orphanage, and visit local villages to perform blood pressure screenings. I also took monetary and supply donations before I left enabling me to take a full suitcase of supplies. I purchased ibuprofen, multivitamins, gauze, underwear and socks, just to name a few of the things. All of which was distributed to the hospital, community wound care and the orphanage.

I think the one thing that was most impactful for me was going to provide blood pressure screenings in the villages. We went to places where people had never been to a doctor a day in their life. Some people had blood pressures that were in the 200s/100s and were experiencing headaches 24/7. The people in this village only receive screenings and education about maintaining their health when volunteers come to them. Being able to be one of those volunteers is an experience that I will never forget.



NBNA's National Obesity Initiative

ON FEBRUARY 28, 2014, seven NBNA chapters were selected to participate in the obesity-centered seed grant initiative. Each chapter will receive \$1,000 to carry out innovative approaches in curtailing obesity within their chapter, city, or state. The focus of the submitted proposals center on strategies in curtailing the obesity epidemic.

During the 42nd Annual Institute and Conference, to be held in Philadelphia, Pennsylvania, August 6-10, 2014, these seven NBNA chapters will display their efforts in curtailing the fight against obesity via poster presentations, podium presentations, and participation during the annual chapter-hosted health fair.

Chapters, project titles, and project overviews are outlined below:

Black Nurses Association of Baltimore [BNAB]

BNAB Let's Move: is a short-term 12-week obesity reduction initiative aimed at BNAB members to promote physical fitness among its members and their families. BNAB's initiative will focus on healthy eating and exercise. The initiative is modeled from the 2010 American Dietary Guidelines and the 2008 Physical Activity Guidelines for Americans.

Birmingham BNA, Inc.

Ten pounds, ten weeks, and ten ways: Part III: Alabama ranks 2nd in the nation for obesity. The BBNA proposes to change the behavior of the membership by embracing the challenge of curtailing obesity and becoming role models for the clients of whom they treat. Chapter participants will engage in the 8th Annual Scale Back Alabama Campaign – which is an organized statewide campaign that promotes healthy eating, exercise, and the loss of ten (10) pounds per person.

Central Carolina BN Council, Inc.

Project MOVE: A call for Action by Engaging our Communities: is an initiative directed at the members of the CCBNC and the African-American/underserved communities of which they serve. The project is designed to assist members of CCBNC and the local communities to improve quality of life by focusing on a healthier lifestyle and to decrease incidence of obesity. The key components of this project are exercise, nutrition, and increased self-awareness.

Chicago Chapter National Black Nurses Association [CCNBNA]

CCNBNA Chicago Youth Obesity Education & Remediation Project: is an initiative that will utilize the CCNBNA nursing professionals in the planning and delivery of a youth obesity education assembly for 500 Chicago students, grades 3-12 and three (3) youth obesity education and prevention training workshops for 150 Chicago "principal-selected" representative, grades 3-5, 6-8, and 9-12. The primary objectives are: increased health education; increased physical activity; and healthier school environments.

Concerned NBN of Central Savannah River Area

Fit for life challenge: seeks to collaborate with other organizations, schools and churches to present awareness information on a healthier lifestyle, which includes the control and prevention of obesity, diabetes, and hypertension. The project has a 3-tiered approach: community round table discussions; group exercise sessions; and nutritional education for youth.

Concerned Black Nurses of Newark [CBNN]

Nurses Fit for Life: is a community outreach project that will consist of a volunteer sample of 30 African-American women who have made the commitment to lose weight. The goal is to educate African-American women about the concepts of nutrition which includes lifestyle changes and healthy behaviors in daily food choices.

Metroplex Black Nurses Association [MBNA], Dallas

Health for Life Initiative: will sponsor training sessions for licensed clinicians and unlicensed persons to use the Diabetes Empowerment Education program [DEEP], which is a train-the-trainer program targeted at educating communities about diabetes.

Chapters have until June 30 to accomplish proposed objectives. Winners will be notified by July 15 and chapter presentations will convene in the following formats:

- The one chapter documenting the "BEST" results will present at the President's Institute
- The one chapter with good documentation results will present podium presentations during the Obesity Institute
- The final five chapters will present poster presentations during the Obesity Institute

A special "thank-you" is given to the chapters for confirming their support of Dr. Deidre Walton's and the NBNA Officers' and Board of Director's efforts in combating the obesity epidemic, thus becoming ambassadors for healthy eating.



JoAnna Fairley, PhD, MSN, CCRN, CNS, RN

Leadership: What It Is and What It Is Not

MERRIAM-WEBSTER (2013) DEFINES leadership as “the capacity or ability to lead “this definition brings leadership skills into prospective for many leaders. For instance, as I begin to reflect back on my personal and professional experiences with leadership. The word “ability” comes to mind. In some cases leadership can be seen as whatever the leader makes it. Leadership can be both challenging and rewarding, but before one can experience the challenges and rewards behind leadership there must be a clear understanding of what leadership is and what leadership is not. Being in a position of leadership does not qualify one as a leader. There are examples in which we all have seen leaders in high positions fail.

One example of this can be seen when leaders limit themselves to others, do not invite ideas, and dismiss the thought or interest in developing other leaders. One can clearly see how this type of behavior can result in failure. It can be noted that many leaders have a title and hold a position BUT is it fair to say a position makes them a leader? This may be a difficult question to answer particularly in environments where leadership positions are based on length of service rather than ability or merit. Although leaders sometimes have what is known as “charisma” it does not get the job done (Shaw, 2007). Unfortunately, there are times when leaders have to step aside and allow for a change in leadership. Leaders are said to be born, many argue that leaders are made rather than being born. The facts are leaders have to be skillful, and must be good followers and mentors themselves (Gaiter, 2013). As Colin L. Powell our former Secretary of State once said “You have achieved excellence as a leader when people will follow you anywhere, if only out of curiosity.”

In essence to become a leader, you must first become yourself. Knowing thyself is the most difficult task any of us faces. But until you truly know yourself, know what you want to do and why you want to do it, you will not be able to succeed in leadership (Gaiter, 2013). According to Sullivan and Decker (2009) a genuine leader is aware that he or she is not in control of the universe—but is the one ultimately responsible. Leaders believe that leadership is not a rank or a privilege but leadership is a responsibility. Therefore, effective leaders are not afraid of the strength the followers they are leading possess, instead strength among the followers are encouraged by effective leaders.

Leaders must recognize followers as being an integral part of leadership. The leader who works alone is simply not a leader instead they will become an individual failure. Leaders must recognize followers are not simply doing what they are told. Followers help support the leader’s vision and by their actions make the leader’s vision possible to achieve. Leaders

need to demonstrate to followers that they have confidence in their actions; therefore even the smallest steps followers put forth should make a difference to the leader. At certain times followers will become leaders in support of their formal leaders. Mainly, this type of exchange occurs in order for followers to be productive and accomplish the goals set by the leaders (Shaw, 2007). According to Kelly (2010) leaders who are successful demonstrate authenticity, self-awareness, and social competence. Sensing others emotions and taking an active interest in their concerns are characteristics of a successful leader.

Leadership is challenging, but one common interest of all leaders should be to have the ability and skills to build relationships with others. For example, leaders that do not possess the skills to build relationships are less likely to be successful leaders. When leaders understand it is impossible to lead others that do not share their vision it becomes natural for leaders to interact with their followers. As a leader one never knows where their paths will carry them, but on their journey all leaders should strive to encourage, motivate, and transform others who one day may follow in their footsteps. After all thinking ahead into the future is a very significant role of an effective leader.

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Dr. JoAnna 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.

Jerrilyn Pearson-Minor, EdD, MSN, RN

Medical Home-Based Practice for Children with Special Health Care Needs

CHILDREN WITH SPECIAL Health Care Needs (CSHCN) is defined by the Maternal and Child Health Bureau, Department of Health and Human Services (HRSA) and accepted by the American Academy of Pediatrics (AAP) as:

“Those who have or are at increased risk for a chronic, physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” (McPherson, et. al., 1998) (AAP, 2005).

Children with special health care needs require extensive and intense structuring of health related specialty services (AAP, 2005). CSHCN represent 13% of the pediatric population. However, this small percentage of children represents 70% of all health care expenditures (Healthy People, 2010) (AAP, 2005). Enhanced medical technology has increased survival rates for children with conditions previously considered life threatening (Newacheck & Taylor, 1992), increasing the demand for all levels of care required by children with chronic conditions (AAP, 2005).

Increased utilization of hospital days, emergency room visits, surgical or medical procedures, medical specialist visits and home health days (Boulet, Boyles & Schieve, 2009) (Newacheck, Inkela & Kim, 2004) (Lindsey & Mark, 2010), are paramount for children with special health care needs. Families of CSHCN often require increased support to cope with consequences of their children's' chronic conditions. U.S Department of Health and Human Services (2005-2006), reports at least 5% of parents with CSHCN have identified at least one unmet support service need. A need exists for pediatricians to do more than just deliver traditional health care services (Pan, 2006), to achieve optimal physical, mental and social well being for CSHCN. Healthy People, 2010, delineates CSHCN receive coordinated, ongoing comprehensive care within a medical home (AAP, 2005).

The modern medical home is a cultivated partnership between patient, family and primary care provider in cooperation with specialists and support from the community. A medical home is an optimal setting where the patient/family are the focal point and the importance of coordinating services for CSHCN is built around this center (Health and Human Services, 2014). Medical homes for CSHCN incorporate elements of health supervision, community-based preventive care, developmental surveillance and anticipatory guidance where care is accessible, comprehensive, continuous, compassionate, culturally effective and family centered (AAP, 2005). The medical home reinforces care coordination activities designed by the primary care physician, who serves as the gatekeeper and coordinator in collaboration with nurses, families and support staff (AAP, 2005). The role of the medical home in care coordination of services is a dynamic process driven by the health status and developmental progress of the CSHCN, shifting health care practice from episodic treatment of disease to the holistic care of the patient (Lucarelli, 2010).

Benefits of a medical home practice model includes increased patient and family satisfaction, creation of a forum for problem solving, improved coordination of care, enhanced efficiency for patients and families, efficient use of limited resources, increased professional satisfaction and increased wellness resulting from comprehensive care using a health-promotion approach (Pans, 2006).

A medical home is not a structure, but an approach by health care professionals to provide comprehensive and constancy in health care delivery for CSHCN. CSHCN are a vulnerable pediatric population which present with distinct and exceptional health care needs. This fact alone makes it essential for this population to have a medical home base to ensure comprehensive and supportive services are afforded to the child and family.

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Danielle Davis
NBNA/United Health Foundation Scholar

MRSA: Reducing the Risk in the Hospital Setting

METHICILLIN-RESISTANT STAPHYLOCOCCUS aureus is a common type of bacteria that is resistant to many antibiotics. MRSA is frequently found in hospitals and nursing homes and can lead to life-threatening health issues causing bloodstream infections, pneumonia and surgical site infections. Risk factors for hospital-acquired MRSA include age, central-line insertions, dialysis and proximity to a patient with MRSA colonization or infection. Two in 100 people carry MRSA, while 33% of people carry MRSA in their nose without illness or symptoms. 49-65% of healthcare-associated S. aureus infections are caused by methicillin-resistant strains (CDC, 2013). MRSA can be spread through direct or indirect contact with infected or colonized patients. Poor adherence to standard infection control precautions (e.g. hand hygiene) can lead to transmission between patients and to clusters of infections. Adherence to infection control measures is critical to preventing MRSA outbreaks (CDC, 2013). The continuously growing cause of hospital-acquired infections with an increase in incidence in Intensive Care Unit settings has caused facilities to increase efforts to reduce the risks of infection. The rate of MRSA bloodstream infections occurring in hospitalized patients fell from 50% from 1997 to 2007 (CDC, 2013). Decreased hospital-acquired infections are anticipated to decrease cost and improve quality of care for patients in the healthcare setting (Upshaw & Bailey, 2012). Following evidence based practice has proven to reduce the incidence of infection. Effective prevention strategies can improve awareness and increase compliance with hand hygiene, contact isolation and other prevention methods.

Best practice recommendations to decrease the transmission of MRSA in the hospital setting include risk assessment; monitoring of programs; promotion with compliance with CDC (Centers for Disease Control and Prevention) and WHO (World Health Organization) hand hygiene recommendations; contact isolation for colonized or infected patients; cleaning and disinfection of equipment and the environment; education of healthcare personnel, patients and their families; implementation of a laboratory-based alert system that immediately notifies healthcare providers of the infection; and implementation of an alert system that identifies re-admitted or transferred MRSA-colonized or infected patients (Upshaw & Bailey, 2012). Due to a higher incidence of MRSA in the Intensive Care Unit, my facility follows several of the best practices regarding MRSA patients. If a patient is admitted from another healthcare facility we do a nasal culture to check for MRSA while the patient is placed on contact isolation until ruled out, also if a patient has a history of MRSA we automatically place the patient on contact isolation to prevent the potential spread of infection amongst patients. Hand hygiene and patient education also serve as tools to reduce the risk of MRSA infection in the healthcare setting. Prevention is the key to reducing the spread of infection and as nurses we have the ability to educate our patients/patient's families and be good role models for hand hygiene which is a significant yet easy intervention that can make the difference in reducing the risk of MRSA. We must hold ourselves and other healthcare workers accountable in following best practices that can prevent hospital-acquired infections and improve patient outcomes.

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Home-Based Practice... continued from page 22

Dr. Jerrilyn Pearson-Minor is the Statewide Chief Nursing Officer for a Human Service Organization (Department of Children & Family Service), whose primary focus is serving children who have been displaced due to trauma. Dr. Pearson-Minor provides clinical direction statewide to nurses whose primary focus is to consult and provide health safety recommendations for Children with Special Health Care Needs. Dr. Pearson-Minor has served as a former educator in a College of Nursing. Serves on the Sickle Cell Advisory Committee; St. Jude Children's Hospital Advisory Board. Dr. Pearson-Minor is also a member of the Chicago Chapter NBNA.



Nursing Education Assistance While Providing Care to Communities in Need

The Health Resources and Services Administration, a Federal agency within the U.S. Department of Health and Human Services, administers several loan repayment and scholarship programs as part of the **NURSE Corps** and **National Health Service Corps**. These programs provide funding to primary care clinicians and students in exchange for service in underserved communities. Specifically for nurses, funding opportunities are available for all levels of training—from diploma to doctoral level—offered as part of both the NURSE Corps and National Health Service Corps.

NURSE Corps

The NURSE Corps gives nurses nationwide the opportunity to turn their passion for service and helping and healing others into a lifelong career. More than 2,500 dedicated nurses are currently providing high quality care where they are needed most with an additional 720 in the pipeline—meaning once they complete their training they will begin their service obligation in an underserved community. The NURSE Corps helps transform lives and builds healthier communities in urban, rural, and frontier areas by supporting nurses and nursing students committed to working in communities with inadequate access to care. The NURSE Corps comprises two programs:

The **NURSE Corps Loan Repayment Program** offers loan repayment assistance to registered nurses and advanced practice nurses (e.g., nurse practitioners) working in a Critical Shortage Facility or to nurse faculty employed by an accredited school of nursing. Program participants receive 60 percent of their total outstanding qualifying educational loan balance in exchange for two years of full-time service at an eligible facility. Qualifying participants may be eligible to receive additional loan repayment for a third year of service. The FY 2014 application cycle is currently open through February 27, 2014.

The **NURSE Corps Scholarship Program** offers scholarships to students attending accredited nurse training programs located in the U.S. in exchange for at least two years of service working in a Critical Shortage Facility. The NURSE Corps Scholarship Program provides tuition, required fees, other reasonable educational costs, and a monthly living stipend. Critical Shortage Facilities are located across the country in all types of communities like urban, rural, and frontier areas and include disproportionate share hospitals, public hospitals, Federally Qualified Health Centers, and nursing homes. This will open in Spring, 2014.



National Health Service Corps (NHSC)

The NHSC consists of nearly 8,900 primary care medical, dental, and mental and behavioral health professionals providing care to more than 9.3 million medically underserved individuals working at more than 5,100 NHSC-approved sites in urban, rural, and frontier areas throughout the U.S. and its territories. There are also nearly 1,100 students, residents, and health care providers preparing to go into practice. Nurses and nursing students are eligible for two NHSC programs:

The **NHSC Loan Repayment Program** provides an initial, tax-free award of \$50,000 for two years of full-time service in an underserved community and the opportunity to pay off all health professional student loans with continued service. The FY 2014 application cycle is currently open through March 20, 2014.

The **NHSC Scholarship Program** provides tuition, required fees, other reasonable educational costs, and a monthly living stipend for nurses in advanced practice education. Participants provide one year of service for each school year of financial support received, with a minimum two-year service commitment. This will open in Spring, 2014.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

Additional Resource:

Search for a job opening at an NHSC site on the **NHSC Jobs Center**.



Ambra J. Jordan, BSN, RN, CCRN
 Student, Nurse Anesthesia Program; Middle Tennessee School of Anesthesia
 NBNA/United Health Foundation Scholar

Overcoming Barriers to Diversity in the Profession of Nurse Anesthesia

THERE IS AN increasing need for diversity in the anesthesia profession. Cognizant of the increasing need for diversity in the profession of Nurse Anesthesia, many anesthesia schools are making concerted efforts to recruit minorities. In spite of these efforts, the majority of student Registered Nurse Anesthetists (SRNAs) are classified as minorities. Middle Tennessee School of Anesthesia (MTSA), in which I am currently enrolled, has increased efforts to recruit top-quality minority students. The goal of this recruitment effort is to break down the barriers of underrepresentation of minorities in the Nurse Anesthesia profession.

The most rewarding time in my nursing career thus far, has been my training and education in anesthesia. There have been the usual challenges of didactic and clinical studies; but there have also been social challenges associated with being a minority in the anesthesia profession.

I was once asked, "Why aren't there many African American CRNAs;" and my prompt reply was, "because they aren't being admitted into school." Throughout my training as an SRNA, there have been minority CRNAs who have been both inspiring and motivating. They have inspired me to be a great success in my chosen career, and have motivated me to be active in decreasing the disparity of minorities admitted into schools of Nurse Anesthesia. A common perception is African Americans do not succeed in anesthesia programs. Hence, my goals are to change the perception of the lack of success of minorities in nurse anesthesia, and to be active in the recruitment, retention, and mentoring of minority students. The commitment to minority recruitment by nurse anesthesia schools, such as MTSA, may promote the development of cultural awareness and sensitivity; two integral parts of good patient care. This increased cultural awareness, provided by a more diverse CRNA population, may also give rise to opportunities for a more personal connection between patients and their anesthesia provider. Additionally, culturally sensitive CRNAs can encourage their peers to broaden their knowledge, understanding, and awareness of minorities in their profession.

Factors to Consider When Choosing CRNA as a career:

Admission into any Nurse Anesthesia program is highly competitive. The Council on Accreditation (COA) requires applicants to be a Registered Nurse with a Bachelor Degree, and to have a minimum of one year experience in a critical care setting. All schools review transcripts of students, thus good grades are very important.

Knowing what type of anesthesia program best fits the individual student is also an important factor. A "front-loaded" program requires the students to complete all of the didactic, or classroom, training prior to beginning the clinical training. In an "integrated" program, the students have classroom and clinical training in a combined experience. Both styles of programs are equally rigorous, and a student must decide which type of learning environment is best suited for them.

Another factor the minority student must consider is the loss of income while being enrolled in school. Nurse Anesthesia programs require tremendous dedication on the part of the student. Many schools of anesthesia restrict SRNAs from working outside the program. The loss of income for 28 months or longer, is not only a financial burden, but can also be an emotional strain on the student and their family. The financial commitment must be carefully considered since there are fewer scholarships and grants available, as compared to previous years. Having a firm financial plan is a major factor for success.

The importance of family support must also be considered before entering into anesthesia school. The family dynamic can be strained or strengthened; depending on how well the family unit was prepared for this new journey. Clear communication of expectations will make the transition easier for the student and the members of the family. Strong family support will allow the SRNA to be fully committed to success in their training.

Summary

Minority representation in the profession of Nurse Anesthesia remains low, and many programs are making efforts to increase the enrollment of minorities. Nursing research has shown that a diverse population of providers promotes a greater cultural competency among healthcare providers (Bacote, 2002, p. 184). Minority nurses who are considering a career in Nurse Anesthesia should prepare themselves academically, financially, and have strong family support. The preparation to be a highly qualified minority applicant, and increased efforts for minority enrollment, will help to achieve greater diversity within the profession of Nurse Anesthesia.

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You Are Essential in Easing Parents' Concerns about Vaccination

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 vaccine show 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 un-immunized, 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.

The screenshot shows the CDC website page for 'Provider Resources for Vaccine Conversations with Parents'. The page features a navigation menu on the left with options like 'Talking to Parents about Vaccines', 'Understanding Vaccines and Vaccine Safety', and 'Vaccine-preventable Diseases'. The main content area includes a 'You're Here' breadcrumb trail, a social media share bar, and a central text block stating: 'Making time to talk with parents about vaccines during the well-child visit may be challenging. Here's some help. CDC, AAFP, and AAP created these materials to help you assess parents' needs, identify the role they want to play in making decisions for their child's health, and then communicate in ways that meet their needs. These resources are collectively called Provider Resources for Vaccine Conversations with Parents.' Below this, there are two columns of resources: 'For You and Your Practice' and 'To Share With Parents'. The 'For You and Your Practice' column lists: 'Help strengthen communication between you and parents, and get information about:', 'Talking to parents about vaccines', 'Understanding vaccines and vaccine safety', 'Vaccine-preventable diseases', 'Immunization schedules', and 'Research supporting these resources'. The 'To Share With Parents' column lists: 'Download and print these materials to help parents understand vaccine benefits and risks.', 'If you choose not to vaccinate', 'Vaccine-preventable disease fact sheets', 'Childhood immunization schedule', and 'More resources'. On the right side, there is a 'Get email updates' form and contact information for the CDC.



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What's the Helix?

Dear Members:

We are so excited to invite you to participate in our very first pre-conference on human genetics.

Please don't miss your chance to participate in Project Genetic Education (ProGENE) at the NBNA 42nd Annual Institute and Conference!!!

The ProGENE pre-conference is designed by NBNA members to facilitate the development of essential nursing competencies for human genetics among nurse clinicians, educators, and scientists who are interested in improving genetic literacy within their communities. Nurses with expertise in genetics will present information and provide materials on essential genetic concepts, curriculum essentials, best practices in genetics research and testing, family pedigree construction, current policies, and Biobanking.

Please make plans to join us!

August 6, 2014

Philadelphia, Pennsylvania

Concerned Black Nurses of Newark



Dr. G. Elaine Patterson was recently elected to the Board of Governors of the National League for Nursing (NLN). She was inducted during the NLN Summit in Washington, DC. Dr. Patterson received a New Jersey League for Nursing (NJLN) 2013 Nurse Recognition Award in recognition of her outstanding commitment to the profession of nursing and her many contributions to healthcare.

Dr. Joyce Hyatt was a recipient of the Rutgers School of Nursing Healthcare Foundation of New Jersey Lester Z. Lieberman Humanism in Healthcare Award. This award is given in recognition of compassion, empathy, respect and cultural sensitivity in the delivery of care to patients and their loved ones. Dr. Hyatt was also promoted to Associate Professor of Nursing at Rutgers School of Nursing in July.

Dr. Donna Cill received a grant from the Jewish women's foundation of New Jersey to study communication between mothers and daughters in an effort to decrease health risk behaviors.

She was also a finalist for the nurse.com awards in the area of mentorship and education. Dr. Cill participated in a medical mission with the Help Jamaica project to deliver healthcare to impoverished adults and children.

Shiquonne Cromwell, RN, received CBNN Nurse of the Year award. She graduated from Kean University with her MSN in Nursing Management and Community Health Nursing. She is now the Director of Professional Services Home Care Agency in Newark, NJ.

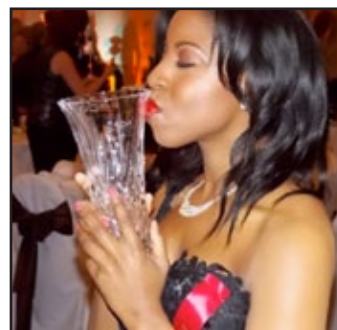
Judith Wright, MSN, RN, graduated from the College of Saint Elizabeth with her MSN in Nursing Education. She was also inducted into Sigma Theta Tau.

Joyce Harris, RN, was one of the honorees at the National Sorority of Phi Kappa, Inc. Delta Chapter scholarship breakfast. She received the Humanitarian Community Citation Award. Joyce has been very active in her community and the Peaceful Zion Baptist Church Nurse Ministry. The Peaceful Zion Baptist Church Nurse Ministry presented their 6th Annual Cancer Survivor celebration for cancer survivors, family, and friends with a SPA Day. The Nurse Ministry also provided a community awareness day about autism.

Mississippi Gulf Coast Black Nurse Association

Mississippi Gulf Coast Black Nurse Association received a \$20,000 Medical Reserve Corp (MRC) Challenge Award for Public Health Initiatives to benefit the Mississippi Gulf Coast. Funds to be used for early intervention toolkit for domestic violence at the grade school level.

Jazmin Wallace, BSN, RN, was the recipient of the 2014 Rookie Nurse of the Year Nightingale Award by the Mississippi Nurses Association Foundation.





Romeatrius Nicole Moss, DNP, RN, APHN-BC, was featured in the Spotlight of the *Minority Nurse Magazine*. The article may be found at <http://www.minoritynurse.com/blog/spotlight-dr-romeatrius-nicole-moss>

New York Black Nurses Association

Sabrina Newton, LPN, was the recipient of the Black Nurses recognition at the Black Nurses Annual Celebration through collaboration with the New York BNA, Queens County BNA and other nursing organizations. Sabrina is pictured with **Dr. Deidre Walton**, NBNA President.

Member of the New York Black Nurses Association in attendance at the Annual Black Nurses' Celebration held at Lehman College, Bronx, NY; Pictured with **Dr. Deidre Walton**, NBNA President.



Black Nurses Association Greater Phoenix Area

Tanner Community Development Corporation (TCDC), a faith-based organizations, has successfully delivered programs focusing on health and wellness, including the Heart & Soul Initiative. Heart & Soul is a partnership between the African-American Faith-Based organizations and the Black Nurses Association of Greater Phoenix Area to improve the health of their community by establishing a health promotion program in African American churches. The initial focus is to promote

health awareness of cardiovascular and lung disease and corresponding changes in lifestyles of the members of participating churches. This program targets the homeless, teens, adults, seniors and families and focuses on physical activity, healthy eating, blood pressure screening and overall healthy lifestyles. Heart & Soul encourages families to remain active and to promote healthy dietary habits. Heart & Soul recently adopted First Lady, Michelle Obama's, Let's Move program and has had a successful impact on minorities in the community.



Angela M. Allen, PhD, RN, was recently recognized as one of the 100 Inspiring Nursing Professors to Watch in 2014. Dr. Allen has been awarded an incredibly impressive number of accolades in her time as a Clinical Professor at Arizona State University College of Nursing and Health Innovation and continues to make large progress for nursing at the university. Dr. Allen was recently honored as an Association of Rehabilitation Nurses Scholar Award.

Caroline Rosemond, BSN, RN, BC, recently retired after 21 years from the Department of Veterans Affairs. She has held a position as the Nurse Manager for Primary Care Clinics. Caroline also served as a member of TCDC Board of Directors in behalf of the Black Nurses Association of Greater Phoenix Area for over 3 years. She has held several offices within BNAGPA, i.e. vice-president, secretary, and corresponding secretary, public relations, legislative committee, as well as chair of nominating committee.



Dr. Deidre Walton, NBNA President, works with her chapter through volunteer services at a community health event conducting blood pressure screenings.

Dr. Deidre Walton was invited to be the keynote speaker for the National Nigerian Nurses Association Annual Conference in Georgia.



Jacquelyn Toliver, Caroline Rosemond, and Dr. Angela Allen were invited to speak at the Phoenix Chapter of Blacks In Government Program during Black History Month Program. Other invitees were the Tuskegee Airmen.

Black Nurses Association of Baltimore



DeLois Hamilton, BSN, RN and Geraldine Cross-White, BSN, RN, participate in World Kidney Day with the National Kidney Foundation in Annapolis, MD.



Dr. Deidre Walton, NBNA President, is welcomed by Michelle Haywood, BNA of Baltimore member and Phillip Bovender, BSN, RN, CCRN, of the American Red Cross (ARC) during the presentation by the ARC to the Baltimore chapter regarding blood donations and the critical need for donors in the Baltimore area.



Ronnie Ursin, DNP, MBA, RN, NEA-BC, President, BNA of Baltimore, NBNA Parliamentarian, is pictured with other nurse leaders in the state of Pennsylvania and New Jersey at the setting of a production video to be used for the promotion of the profession of nursing as a part of the goal of the Pennsylvania Action Coalition to increase the diversity of minority students desire to become nurses.

Kalamazoo-Muskegon Michigan Black Nurses Association

The Kalamazoo chapter hosted a mini Health Fair for First Community AME Church Abundant Living and Blue Cross Blue Shield of Michigan. Hypertension and diabetic screenings were conducted with counseling and referrals as necessary.

Lisa Luca, RN, and Birthale Archie, MSN, BS, RN, conducted health screenings at an all-day health fair.





Birthale Archie, MSN, BS, RN, President & Doctor of Nursing Practice student, was featured in the WZZM Take Five & Company / ABC TV presentation on the upcoming Grand Rapids Community College (GRCC) Giants Banquet Scholarship program. Birthale spoke on the rationale for the program and the scholarships to be awarded as well as the commu-

nity volunteers who would receive community service awards. Birthale served on the GRCC Giants Awards Banquet Planning Committee to acknowledge the contributions of 10 local Giant volunteers and one Giant of Giants volunteer. Birthale was also featured in a YouTube video on "Diversifying the Blood Supply and Marrow Registry" for Michigan Blood. She appealed to African Americans to give blood and join the Marrow Registry "Be The Match."

Miami Chapter, National Black Nurses Association

Charissa Douglas-Rudder, BSN, RN, was the recipient of the 2013 March of Dimes Nurse of the Year in the category of Emergency Nursing.

Dorothy Leveille, BSN, RN, new member, was the recipient of the 2013 March of Dimes Nurse of the Year in the category of Medical-Surgical Nursing.

Dr. Annette R. Gibson retired after 35 years of service in the Nursing Education at Miami Dade College, Benjamin Leon School of Nursing.

Congratulations!! to **Lenora Yatesm, DNP, RN**, who earned the Doctor of Nursing Practice degree from University of Miami.

Black Nurses Association of Greater Houston

Black Nurses continue to serve the unserved and underserved in their community by participating in the following activities:

- Susan B. Koman Cure for Cancer Walk-A-Thon: **Ruth Charlot, LVN**, functioned as the Chairperson.
- Raindrop Turkish House Health Fair in collaboration with the office of Congressman Al Green.
- District K Council Office, along with District J Council Office co-sponsored the Brays Oak Fun Fall Festival. Black Nurses Association of Greater Houston members **Angelia Nedd, RN**, President, **Vivian Dirden, RN**, Vice President, **Vern Washington, RN**, and **Sadie Newman, RN**, handed out information on diabetes and hypertension. Two hundred and fifty families received goodie bags in cooperation with the office of Congressman Al Green, Mount Olive Church, and Council members Larry Green and Mike Laster.
- Health Fair hosted by Windsor Village Church. Chairperson **Beryl Shorter, RN**, and **Sylvia Moore, RN**, conducted blood pressure screenings during the health fair.

- Second Annual Brigid's Hope Pre-Holiday Workshop, Dec. 2013. **Jacqueline Tims**, Chair. The workshop included three dynamic guest speakers: **Carson Easley, MSN, RN**, Director of Nursing MHMRA Harris County, **Angelia Nedd, RN**, Diabetes Coordinator, St. Lukes Episcopal Hospital, and **Demetria Landry-Sims**, owner of 3-D Beauty Supply Store and Salon, founder of "In His Care Ministries" and former member of Brigid's Hope. Brigid's Hope is a Christian ministry deeply committed to providing a nurturing spiritual community for women who are making the transition from prison life to self-sufficient living. The program offers transitional housing and supportive services in an effort to reduce the number of women returning to the criminal justice system.

- Nursing Symposium held Feb. 2014. Theme: Healthy Lives, Healthy Community: "The Nurses Impact." **Beryl Shorter, RN**, Chair. The symposium included Keynote Speakers: **Dr Bettye Davis-Lewis, EdD, RN, FAAN**, Past President of National Black Nurses Association, CEO/Administrator of Diversified Healthcare Systems, Inc. Presentation: What Does Evidenced Based Practice Have to Do With It?

Carson Easley, BSN, MSN, RN, Director of Nursing MHMRA Harris County. Presentation: Prevention and Wellness in a New Era – Implications for Nursing.

Other presenters: **Dr. Sheila Harvin, PhD, RN, CNS-P/MH**, Prairie View A&M COLLEGE OF Nursing, Margaret Berry, MS, ONC, NP-C, Orthopedic Surgery, CHI ST. Luke's Health, and **Anthony Santos, NP-C**, Diabetes Program, CHI St. Lukes Health.

Birmingham Black Nurses Association

Birmingham Black Nurses Association celebrates the 2013 Scholarship Recipients:



Jamaica Watson



Juanita Jones



Everett L. Harris



Maya A. Brown



Thomas C. Sargent

Congratulations!! to **Gladys Amerson, RN-BC**, who passed the ANCC Certification for Informatics Nurse. Gladys works full-time at Children's of Alabama as Clinical Informatics Nurse and part-time as Staff Nurse at UAB hospital in Birmingham, Alabama. Gladys is also a Registered Respiratory Therapist with 2 Master degrees (Education and Health Informatics).



Deborah Andrews, MSHSA, RN, immediate Past President Birmingham BNA, is honored to serve on the American Heart Association/American Stroke Association, Alabama Advocacy Subcommittee. The mission of the committee is to build healthier lives, free from cardiovascular disease and stroke. The committees work for 2014 will focus on Obesity Prevention, Stroke Care,

Health Care Access, Comprehensive Smoke-free Policies and Tobacco Prevention Funding. She serves on the Executive Leadership Team for the American Heart Association 2014 Heart Walk. Ms. Andrews is serving on the Alabama Obesity Task Force, an initiative of the Alabama Department of Public Health. The State Obesity Task Force works to address weight and obesity issues through advocacy, policies, environmental changes and programs that support healthy lifestyle changes.

Queens County Black Nurses Association

Anita Jones, RN, attended a seminar of The Founders Affiliate of American Heart Health Equity Summit at Weill Cornell Medical College at Fordam University.

The Queens County Black Nurses held its Annual Research Day in collaboration with the Faculty and Students at York College of CUNY. The theme was Financial and Educational Disparities Impacting Health: Nursing Using Technology to Make a Difference. The first presenter, **Dr. Valerie Haslip Taylor**, spoke on The Lived Experience of Caring Presence for Nursing Faculty and Nursing Students.

Mabel Lewis Rose spoke on Using Videos to Enhance Clinical Skills. **Darlene Barker-Ifill**, Vice President & Chair of Research Committee, presented certificates to **Mabel Lewis Rose** and **Hyacinthe McKenzie, RN**, President.



Professor **Margarett Alexandre** presented on Engaging Millennial Nursing Students. There was also a panel discussion of York College Students and Faculty led by Professor Alexandre. The topic was Haiti Through Our Eyes: The Experience of York Nursing Students. These students had gone to Haiti for the summer and spoke about their adjustments to working among nurses in a third world country after the earthquake.

Dr. Kenya Beard, Director, Center for Multicultural Education and Health Disparities at Hunter Bellevue School of Nursing, is thrilled that her dissertation, Teaching in Multi-Cultural Society: How Educators Describe Their Role, was published.

Patricia Small and **Hyacinthe McKenzie**, registered shoppers, monitored blood pressures, as well as teaching healthy living at American Heart Association's Community Outreach at Brooklyn's Downtown Macy's.



Greater Gainesville Black Nurses Association



Greater Gainesville Black Nurses were honored with a reception given by the newly appointed Dean of the College of Nursing at the University of Florida. **Dr. Anna McDaniel** has joined the Greater Gainesville family from Indianapolis, IN where she served as associate Dean for research at the Indiana University School of Nursing. Dr. McDaniel greeted members of GGBNA during the reception. The reception was held at the Health Professions, Nursing, Pharmacy Complex on the university of Florida's campus. About 30 members of GGBNA were in attendance including 5 chartered members.



The evening which included a time for personal greetings from the Dean was highlighted by the president and co-founder, **Voncea Brusha, RN** (pictured above), who shared the history of GGBNA including the introduction of each member. The Dean shared several key points; her desire to work with the members of GGBNA in their projects dedicated to enhancing health care in our area and working toward a more diverse student population at the University of Florida College of Nursing. The evening concluded with the sharing of an African American Folk Tale by past president and co-founder **Vivian Filer, RN**, and a lovely medley of songs by **Evelyn Banks**.

Black Nurses Association of the Greater Washington DC Area



Juanita Hall, BSN, RN, chapter Financial Secretary, Amenities Chair and Past Vice President, was selected as the 2014 Black Nurse of the Year. Juanita is currently the Manager of Nursing Resources, Education and Administration at Providence Hospital, Washington, DC. She is highly respected in the local and national nursing community. Juanita is an ordained minister and serves as Associate Minister of the Corinthian Baptist Church, Lanham, MD.

She is also an active member of Alpha Chapter, Chi Eta Phi Sorority, Inc, where she held the position of President. Rev. Hall currently functions as the Chaplain of the Chi Eta Phi Northeast Regional as well as National Chaplain.



Pictured: Mourine Evans, Dr. Pier Broadnax and Karen Skinner



BNAGWDCA Members and other attendees are assembled for the first Future of Nursing program, DC Action Coalition. The first of four one-hour continuing education programs, 2013-2014 The Future of Nursing Lecture Series, RWJ Foundation/AARP Campaign for Action: DC Action Coalition, was held at the BNAGWDCA chapter meeting with close to 75 persons in attendance. The speakers were **Karen S. Skinner, RN, MSN**, Executive Director, DC Board of Nursing and **Pier Broadnax, PhD, RN**, Director of Nursing, University of District of Columbia. The outcomes of participant evaluations were overwhelmingly rated excellent for meeting discussion objectives, competence of speakers and application to and usefulness of content to nursing practice.

The second in The Future of Nursing Series took place at the BNAGWDA 34th Annual Salute to the Black Nurse of the Year and Scholarship Awards Luncheon. The keynote speaker is **Dr. Pier Broadnax**. The title of her presentation was, The Future of Nursing: Academic Progression, the New Trajectory for a Diverse Nursing Workforce.

New York Black Nurses Association

Bernice Simmons visited the Florence Nightingale Museum in London.

Etta White coordinated a Breast, Prostate and Colon Cancer Symposium at Paradise Baptist Church, NYC. **Mirian Moses** was in attendance.

Zainabu Sesay-Harrell was appointed Chair of Communications at Epworth United Methodist Church, Bronx, NY. Ms. Sesay-Harrell also renewed her TV show, "The Hit List" on Bronx Network Television, channel 68 at 5:00 pm on Thursday.

NYBNA members **Dr. Rose Ellington-Murray**, **Imani Kinshasa**, **Jasmin Waterman**, **Zainabu Sesay-Harrell**, and **Cirse Scotland** participated in the Hot Thanksgiving Meals served at the Salvation Army, Lenox Ave, Harlem, in NYC.



Wesley Willis, Psy.D, LCSW, RN, achieved certification as an Integrated Case Manager by the Case Management Society of America.

Imani Kinshasa coordinated the pre-Kwanzaa celebration/fund at Joseph P. Kennedy Community Center in Harlem for the Pule Leinaeng Library in Bloemfontein, South Africa.



Azsha Matthews, BSN, RN, was the recipient of the Go Red for Women Multicultural Scholarship from the American Heart Association. She was also chosen to be a national volunteer.

Joyce Fowler and **Miriam Moses** attended the Intersection of Faith and Health at New York Theological Seminary, sponsored by Columbia Mailman School of Public Health, NYS Department

of Health/A.I.D.S. Institute, Ichan Medical School of Mt. Sinai Hospital.

Nelline Shaw, MSN, RN, NYBNA Vice President, completed her MSN in Nursing Administration at New York University, NYC.

Little Rock Black Nurses Association of Arkansas



Sophornia R. Williams, RN, was awarded the 2013 LRBNAA Trailblazer Award. She is pictured **Cheryl Martin**, President LRBNAA.

Tri-County Black Nurses Association, Charleston, SC



President **Obama** named **Dr. Ida J. Spruill** as a recipient of the Presidential Early Career Award for Scientists and Engineers, the highest honored bestowed by the U.S. Government on scientists and engineers in the early stages of their independent research careers. Dr. Spruill was chosen for her work on ethno-cultural barriers to health literacy and disease management in African Americans.

Dr. Spruill is Assistant Professor, College of Nursing, Medical University of South Carolina, Charleston, SC. She is a past board member of the National Black Nurses Association and a member of the Tri-County Black Nurses Association, Charleston, SC.

Atlanta Black Nurses Association

The Atlanta Black Nurses Association recently celebrated its 35th Chapter Anniversary in grand style! Organized in 1978 and chartered in 1980, NBNA's 8th Chapter has a long history of magnifying health awareness in the city and surrounding areas of Atlanta. Sharing in the festivities was **Rev. Dr. Deidre Walton**, NBNA President, and six of ten past Presidents; each of whom provided personal reflections and words of encouragement. The chapter's Founder and President Emeritus, **Dr. Darlene Ruffin-Alexander**, a past NBNA Board member, shared an eloquent oral history of the organization and the NBNA President presented a beautiful proclamation. ABNA presented two scholarships to deserving students completing both a BSN and PhD programs.

Ora D. Williams, RN, has been accepted into Capella University's Doctor of Health Administration Program.

Penelope Marshall, RN, has been accepted into Frontier University's Doctor of Nursing Practice program.

Congratulations!! to **Eugenia Jennings, RN**, on her retirement from Grady Health Systems after 30+ years of outstanding service.

ABNA members participated in blood pressure screening at the following health fairs:

Real Men Cook: **Cassandra Milton, Mary Dawson** and **LaTonya Hines**.

Greenforest Baptist Church: **Emma Knight, Mary Dawson, Pat Allen** and **Cassandra Milton**.

New Life Community Church: **Mary Dawson, LaTonya Hines, Emma Knight, Cassandra Milton** and **Evelyn C. Miller**.

Lou Walker Senior Center Health Fair for Women: **Mary Dawson, Pat Allen** and **Emma Knight**.

Lou Walker Senior Center Health Fair for Men: **Betsy Harris, Mary Dawson** and **Evelyn Houston Bell**.

Veterans Health Fest at Clayton County International Park/Rock Baptist Church: **Tennille Hicks** and **Ursula Wright**.

Pleasant Hill Baptist Church: **Cassandra Milton, Mary Dawson** and **LaTonya Hines**.

Lindsey Street Baptist Church: **Patrice Brown**.

The City of Riverdale Breast Cancer Awareness Event: **Laurie Reid**.

Ryan Cameron Foundation 6th Youth Health Fair Glucose and Cholesterol Screening: **Johnnie Lovelace** and **Cassandra Milton**.

Congressman David Scott Annual Health Fair at Mundy High School members of ABNA assisted the providers with breast exams and directing women to the portable mammogram vehicle. Breast exams were done on 221 women. ABNA members who assisted were **Pat Allen, Emma Knight, Kandice Naggie, Patrice Brown, LaTonya Hines, Mary Dawson, Johnnie Lovelace, Brenda Cherry, Bianca Woodall-Jones**, and **Evelyn C. Miller**. **Beverly Dinkins-Learmont, NP**, performed breast exams along with other providers at the event.

Educational events attended by members of ABNA include: National Kidney Foundation education training on your kidney and you was attended by **Mary Dawson, LaTonya Hines** and **Bianca Woodall-Jones**. The training was a pilot program to equip the trainees to go into the community and present information on kidney health to community groups.

Laurie Reid, Karen Rawls and **Evelyn Houston Bell** went to Georgia Perimeter College's Nursing Orientation/ boot camp information to talk with nursing students and to encourage them to join ABNA and NBNA.

Betsy Harris attended Jen Care Neighborhood Medical Clinic opening. The clinic will provide senior citizens with free health care and medication.

ABNA presented Coffee and Conversation Understanding Health Care Reform Beyond October at Bauder College. **Amanda Ptashkin, JD**, Outreach and Advocacy Director Georgians for a Healthy Future was the speaker.

Partnership against Domestic Violence Conference at Home Depot was attended by **Laurie Reid**, ABNA past president.

A surgeon general panel titled Underserved and High Risk Population in the United States: Taking Action for Comprehensive Primary Healthcare Renewal was attended by seven Surgeons General: David Satcher, Boris Lushniak, Regina Benjamin, Kenneth Moritsugu, Richard Carmona, M. Joycelyn Elders and Antonia Novello. ABNA members who attended were **Evelyn C. Miller, Evelyn Houston Bell, Bianca Woodall-Jones** and **Patrice Brown**.

Metastatic Breast Cancer Awareness Forum at Georgia State was held in the appropriations room sponsored by The Georgia Women's Legislative Caucus and The Center for Black Women's Wellness.

National Hispanic Medical Associates Affordable Care Act presentation and reception was held at Emory Conference Center attended by **Evelyn C. Miller, RN**, ABNA president.

Emory Alzheimer's Forum at the Carter Center was attended by **Betsy Harris, RN**, ABNA past president.

Laurie Reid, RN, ABNA past president attended the Health Action Network luncheon presentation for Georgians for a healthy future on the health insurance exchange.

The American Heart Association sponsored the Power to End Stroke Ambassador Awardee's reception at Pascal's Restaurant. **Laurie Reid, RN**, past president of ABNA and Mary Dawson, Vice President of ABNA, were honored for their community service with the American Heart Association/ American Stroke Association.



Dr. Deidre Walton, NBNA President, brings greetings to participants of Capitol Hill Day.



Dr. Deidre Walton, NBNA President, pictured with Eunice Gwanmesia, MSN, RN, President of the Black Nurses Association of the First State, in attendance at the NBNA Day on Capitol Hill.

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
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District of Columbia

BNA of Greater Washington, Dc Area (04)	Diana Wharton	Washington, DC
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Florida

Big Bend BNA (Tallahassee) (86)	Hester O'rouke.....	Blountstown, FL
BNA, Miami (07).....	Dr. Lenora Yates.....	Miami Gardens, FL
BNA, Tampa Bay (106)	Rosa Cambridge.....	Tampa, FL
Central Florida BNA (35).....	Constance Brown	Orlando, FL
Clearwater/ Largo BNA (39).....	Audrey Lyttle	Largo, FL
First Coast BNA (Jacksonville) (103)	Sheena 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 C. Miller, RN.....	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)	Wanda Jones	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).....	Sandra Walker.....	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)	Penne Allison	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).....	Carletta Lamb	Shreveport, LA

Maryland

BNA of Baltimore (05).....	Dr. Ronnie Ursin	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).....	Birthele 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. Romestrius 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).....	Sandra Pritchard	Neptune, NJ
Concerned Black Nurses of Newark (24)	Lynda Arnold.....	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).....	Gail Edison.....	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).....	Lynn Hines	Youngstown, OH

Oklahoma

Eastern Oklahoma BNA (129).....	Phyllis Collins.....	Tulsa, OK
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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).....	Dr. 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
Metropex BNA (Dallas) (102).....	Dr. Becky Small.....	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)	Janet Porter	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 There Is No Chapter In Your Area

ALABAMABirmingham BNA www.birminghambna.org**ARIZONA**Greater Phoenix BNA..... www.bnaphoenix.org**CALIFORNIA**Bay Area BNA..... www.babna.orgCouncil of BN, Los Angeles..... www.cbnlosangeles.orgInland Empire BNA..... www.iebna.orgSan Diego BNA..... www.sdblacknurses.orgSouth 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.orgSouthern 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.orgBNA, Tampa Bay..... www.tampabaynursesassoc.orgCentral Florida BNA www.cfbna.orgFirst Coast BNA (Jacksonville) www.fcbna.orgSt. Petersburg BNA..... www.orgsites.com/fl/spnbna**GEORGIA**Atlanta BNA..... www.atlantablacknurses.comConcerned NBN of Central Savannah River Area www.cnofcsra.orgSavannah 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.orgLexington Chapter of the NBNA..... www.lcnbna.org**LOUISIANA**Baton Rouge BNA www.mybrbna.orgShreveport 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 THRU 3/31/14	PRE-CON 4/1- 6/15/14	ON SITE AFTER 6/15/14	NON-MEMBER	EARLY BIRD THRU 3/31/14	PRE-CON 4/1- 6/15/14	ON SITE 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)

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