

NATIONAL BLACK NURSES ASSOCIATION

NBNA

NEWS

SPECIAL ISSUE | NATIONAL NURSES WEEK



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NBNA NEWS

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

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2016 National Minority Quality Forum
Courtney Lang, JD, Founder and Principal Langco + Partners; Eric J. Williams, DNP, RN, CNE, President, National Black Nurses Association; Ho Luong Tran, MD, MPH, President, Asian & Pacific Islander American Health Forum; Wayne J. Riley, MD, MPH, MPA, MCAP, President, American College of Physicians.



2016 National Minority Quality Forum.



NCEMNA Board of Directors Meeting.



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A Letter From the President

Dr. Eric J. Williams,
President, National Black Nurses Association



A recent Reuter's survey indicated that there are approximately 89 guns for every 100 U.S. residents. The gun driven homicide rates in the U.S. is 25.2 times higher than in other high-income countries. Among 15- to 24-year-olds, the gun homicide rate in the U.S. was 49.0 times higher (Grinshteyn & Hemenway, 2016). Gun related violence also stratifies by ancestry. Black Americans are twice as likely to die as a result of gun-related violence as their European contemporaries (Kalesan et al., 2016). The perpetrators of gun violence are often Black American juveniles and young adult males. The burden of medical expenditures related to gun violence in the U.S. exceeds \$500 million dollars annually (Howell, 2013).

The theme for this year's National Nurses Week is a "Culture of Safety." A healthcare culture of safety is multidimensional and includes all aspects of life and living that may influence immediate and long-term consequences for our nation's health. When promoting a culture of safety, nurses are not merely encouraged to work toward change; they take action when it is needed. Supporting campaigns such the National Black Nurses Association – Call to End Violence – is an important action toward eradicating gun violence among at-risk groups, and advancing a national culture of safety.

During the week of May 6, 2016, we celebrate National Nurses Week and the important role nurses play in making our society safe

and healthy. In keeping with this annual tradition of observance, the National Black Nurses Association will celebrate its legacy and continue the commitment to making a positive impact in our communities across the nation. I would like to thank each member for all you do in supporting the mission of our organization. I look forward to seeing you in Memphis and celebrating 45 years of nursing excellence.

Eric J. Williams, DNP, RN, CNE

References

Grinshteyn, E. and Hemenway, D. (2016). Violent Death Rates: The US compared with other high-income OECD countries, 2010. *The American Journal of Medicine*, 129(3), 266-273. doi: <http://dx.doi.org/10.1016/j.amjmed.2015.10.025>

Kalesan, B., Vasan, S., Mobily, M., Villarreal, M.D., Hlavacek, P., Teperman, S., . . . Galea, S. (2014). State-specific, racial and ethnicheterogeneity in trends offirearm-related fatality rates in the USA from 2000 to 2010. *BMJ Open*. Retrieved from <http://bmjopen.bmj.com/content/4/9/e005628>

Howell, E. M. (September 13, 2013). *The hospital cost of firearms in assault*. Retrieved from http://www.urban.org/research/publication/hospital-costs-firearm-assaults/view/full_report

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A Message from the Editor-in-Chief



National Nurses Week begins on May 6, marked as RN Recognition Day and ends on May 12, the birthday of Florence Nightingale, founder of nursing as a modern profession. Traditionally, National Nurses Week is devoted to highlighting the diverse ways in which nurses, who comprise the largest health care profession, are working to improve health care. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society.

Every year, National Nurses Week focuses attention on the many ways America's nurses work to save lives and improve the health of millions of individuals. This year, the American Nurses Association has selected - **A Culture of Safety** - as the theme for 2016. In keeping with this year's theme, the National Nurses Week webinar is entitled *Culturally Congruent Care: Why Diversity Makes a Difference*.

Fostering diversity within the workplace can **help close persistent gaps in care linked to race, ethnicity, language, disability, sexual orientation, or gender expression**. **Advancing diversity** can also contribute to a culture of care that promotes increased patient safety, better quality of care, and improved health outcomes. The vision of a society where all people live long healthy lives is within our grasp to achieve. However, full and successful implementation of this vision requires that nurses, in all of our varied roles, become change agents and partners for advancing diversity in healthcare.

As we celebrate the greatness of our organization, our profession and its members, let's continue to embrace the differences among our nation's people. Consider the magnificence of a workforce of exemplary nurses that provides incomparable care while celebrating all of our rich and infinite variety. After all —

The American ideal is not that we all agree with each other, or even like each other, every minute of the day. It is rather that we will respect each other's rights, especially the right to be different, and that, at the end of the day, we will understand that we are one people, one country, and one community, and that our well-being is inextricably bound up with the well-being of each and every one of our fellow citizens (C. Everett Koop, 13th Surgeon General of the U.S.).

Happy National Nurses Week,

Yolanda M. Powell-Young, PhD, PCNS-BC, CPN
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Why NBNA Members Are Needed to Join the Movement to Build a Culture of Health

Linda Burnes Bolton, DrPH, RN, FAAN

Susan B. Hassmiller, PhD, RN, FAAN

Goals:

Describe building a Culture of Health and why it is important to support; link the Culture of Health back to the NBNA model created by Dr. Linda Burnes Bolton and Dr. C. Alicia Georges to engage members in supporting programs similar to a Culture of Health; and end with a call for action for NBNA members to connect with their state Campaigns to support Culture of Health Initiatives

Building a Culture of Health (www.cultureofhealth.org) is a movement that has taken on one of the most pervasive challenges of our time: improving the health and well-being of everyone in America. A Culture of Health places well-being at the center of every aspect of life, so that *all* communities can flourish and *all* individuals thrive, regardless of race, creed, income, or location. This initiative builds on the premise that everyone deserves to live the healthiest life possible. Ultimately, moving our country forward towards achieving health equity. To this end, nurses must be willing to play a central role in building a culture where our nation's people and communities can attain and sustain the highest levels of health and well-being.

Data indicates that, despite spending significantly more on health care, Americans have poorer health outcomes and a shorter life expectancy when compared to people in similar high-income countries (National Health Expenditures, 2014; Woolf and Laudén, 2013). For example, adults in the U.S. aged 50 years and older have a greater incidence of cardiovascular and other chronic diseases. One-third of U.S. youth 5 to 17 years of age are categorized as either overweight or obese. This is the highest prevalence rate for overweight and obesity in children and adolescents when compared to overweight and obesity prevalence rates for 17 selected peer countries identified in the World Health Organization World Mortality Database.

Health and well-being is influenced by complex social factors. Where we live, how we work, the soundness and safety of our surroundings, and the strength and resilience of our families and communities can impact health and well-being in a number of ways. Nearly one-fifth of Americans live in low-income neighborhoods offering few opportunities for healthy living. In many instances individuals living in low income neighborhoods have limited access to nutritious food, lack adequate housing quality, are exposed to hazardous



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pollutants, are more prone to be the victims or perpetrators of violent crime, and experience limited opportunities for job training and/or employment (Arkin, et al., 2014). Each of these factors operating independently or in tandem can adversely impact health. Therefore, a holistic approach to health that focuses on strategic multi-sector partnerships to mitigate the risk for disease among populations could prove beneficial in progressing toward a healthier nation.

Integrated, comprehensive health program designs that facilitate and encourage collaborative group work among individuals, communities, and other public and private entities could offer greater sustainability for initiatives promoting cultures that enhance health and well-being across populations. Nurses have long recognized that individual health is inextricably linked to community health which is similarly connected to workforce health. With this in mind, building a culture of health using strategies that cultivate alliances between and among healthcare consumers, community members (e.g., educators, faith leaders, legislators, and housing officials), business stakeholders, and healthcare providers is central to improving the health of all Americans.

Currently, there are more than 3 million licensed and registered nurses in the United States. For the past 14 years, Gallup has documented that the American public views nurses as the most trusted health professionals in the nation. Intuitively, nurses must play a vital role in supporting the movement toward establishing

a healthier America. During the week of May 6 through May 12, 2016, the nation recognizes the contributions and achievements of nurses across the country and their roles in promoting health throughout their communities and the nation.

Historically, Black nurses and the National Black Nurses Association (NBNA) have long been vested in the work of improving the health status of individuals, families and communities. Many Black nurses have made improving the health of others our life's mission. For Black nurses, the Culture of Health represents a comprehensive body of work that we have cultivated as clinicians, educators, and researchers to address the ill-health of individuals from diverse communities across the globe. One such example of the culture of health in motion was the development of the NBNA Community Collaboration Model (Bolton and Georges, 1991).

In 1991, Alicia Georges, EdD, RNC, FAAN, professor and chairperson of nursing, Lehman University, City University of New York, and Linda Burnes Bolton, DrPH, RN, FAAN, vice president for nursing and system chief nursing executive at Cedars-Sinai Medical System, developed the NBNA Community Collaboration Model (Bolton and Georges, 1991). The model was built on the premise that nurses, in collaboration with individuals, communities, and organizational partners, can positively influence the health actions of individuals and communities. Developing partnerships with stakeholders within the community is the model's cornerstone.

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Why NBNA Members Are Needed to Join the Movement to Build a Culture of Health

(cont from page 9)

Since its inception, NBNA members have partnered with diverse organizations ranging from the Children's Defense Fund to the American Red Cross to meet the health and health care needs of diverse populations.

The NBNA is a committed partner in the journey to build a Culture of Health. The NBNA leadership strongly encourages NBNA state chapters and members to connect with *The Future of Nursing: Campaign for Action*, a nationwide initiative of the Robert Wood Johnson Foundation and AARP. The Campaign works to implement the Institute of Medicine recommendations on the future of nursing and has begun to cultivate other partners that will make building a Culture of Health a meritorious possibility (Institute of Medicine, 2010).

Go to www.campaignforaction.org, join your state's Action Coalition, and support Culture of Health initiatives. The New York Action Coalition, for example, is partnering with churches to provide health education, promote well-being and improve the health of the congregation and community. The Genesee Baptist Church in Rochester holds monthly ministries on topics such as Men's Health Week and HIV Testing, Backpack Safety, Prostrate Health Month, and Allergy Awareness month. They also provide health information in the weekly church bulletins and bulletin boards.

National Nurses Week provides an excellent time for all nurses to celebrate nursing at its best and the leaders who continually inspire us to create a more just and equal world. This week, reach out to your state Action Coalition and connect your efforts to improve health for individuals, families, and communities with a broader group of partners. Together, we can create a world where everyone is able to live the healthiest life possible.

References:

- Arkin, E., Braveman, P., Egerter, S., & Williams, D. (Eds.). (2014). *Time to Act: Investing in the Health of Our Children and Communities*. Princeton, N.J.: Robert Wood Johnson Foundation
- Bolton, L. & Georges, C. (1996). National Black Nurses Association Community Collaboration Model. *Journal of the National Black Nurses Association*, 8(2), 48-67.
- Center's for Medicaid and Medicare Services (2015). National Health Expenditures (2014). Highlights. Available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/highlights.pdf>
- The Future of Nursing: Campaign for Action*. Retrieved from: www.campaignforaction.org.
- Institute of Medicine (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press. Retrieved from <https://iom.nationalacademies.org/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>.
- Wolf, S.H, & Laudan A. (Eds.) U.S. Health in International Perspective: Shorter Lives, Poorer Health. Washington, DC: National Academies Press. Retrieved from <http://www.nap.edu/catalog/13497/us-health-in-international-perspective-shorter-lives-poorer-health>



My Reflections on the Brigham and Women's Hospital Mairead Hickey Nurse Fellows Program in Nursing Leadership

Sasha DuBois, MSN, RN



Sasha DuBois, MSN, RN

managerial skills to facilitate the improvement of patient outcomes by implementing institution-wide and focused changes in practice.

The American Organization of Nurse Executives' five core set of competency domains were used as the foundation for the HNFP deliverables. I have delineated the major points for personal success that I have gained within each competency domain.

- *Communication and relationship-building:* I have been able to meet and work with colleagues across the provider spectrum that I otherwise would not have had the opportunity to connect with.
- *Knowledge of the health care environment:* I have increased my understanding of the healthcare environment. I have also made connections through honest discussions surrounding the socioeconomic disparities around race, class, and gender that prevent access to care from the perspectives of both the patient and provider.
- *Leadership:* I recognize that leadership is not just a position, but a thought process that is strategic and inspires others.
- *Professionalism:* I have learned this from example—speaking up for and to the profession of nursing across interdisciplinary settings, while assuring that the take-home message is received by colleagues in a meaningful way.
- *Business skills:* I understand that nursing is a business. Cultivating knowledge and refining tangible skills such as: scheduling, patient progression, employee engagement, customer service, and giving/receiving meaningful feedback is essential for forward progress.

I am grateful to have been the recipient of this fellowship. It has increased my love for nursing and provided an explanation for the “why”. The experience I gained is invaluable—the HNFP fellowship has given me the skills and exposure to the organization and profession in ways that I may not have once realized.

The Brigham and Women's Hospital Mairead Hickey Nurse Fellows Program (HNFP) in Nursing Leadership is a six-month fellowship that aims to provide leadership development to aspiring nurse leaders. As part of the administrative deliverables of the fellowship I spent 16 hours per week with Nursing Directors, Associate Chief Nurses, and other nurse leaders. I collaborated on administrative projects, attended executive meetings, co-managed special projects, and gained experience in strategic planning and organizational decision-making. I also continued to serve as a nurse in charge on my home unit for 24 hours per week. This time allowed me to stay clinically grounded while utilizing the fellowship experiences to contribute to the unit in a meaningful way.

Although all nurses engage in some form of leadership, the HNFP allowed me to explore the administrative side of nursing and mobilize an in-depth understanding of how a department of nursing is managed at the executive level. I recognize there are many moving parts and smart, dynamic people working to ensure that patients receive world-class care. My personal goals for the program were to: 1) shadow/work with nursing and other institutional leaders to learn how to motivate change in others; 2) attain a better understanding of quality metrics, and their impact on evidence-based practice and quality patient care; and 3) improve

Committing to Quitting: Tobacco Cessation Initiatives in Convenient Care

Kristene Diggins, DNP, FAANP
Kenya Hall, FNP, CDE

Tobacco is the leading cause of preventable illness and death in the United States (National Cancer Institute, National Institute of Health, 2012). For African Americans the likelihood of tobacco abuse and tobacco-related morbidity and mortality is higher than for European Americans. Evidence suggests that nearly one in five African Americans smoke menthol cigarettes (CDC, 2016). Subsequently, the use of menthol cigarettes has been found to increase the probability of not only smoking earlier but smoking longer.

Approximately 70% of American smokers reported a desire to quit smoking. Yet, a recent study revealed that fewer than 7% of these individuals were able to successfully stop smoking (CDC, 2011). Among the 76% percent of smokers who were African American, less than 3% who desired to quit were successful. It has been well documented that smokers who are able to quit smoking greatly reduce their risk for developing smoking-related disease. Evaluating potential barriers to long-term smoking cessation may provide an opportunity to determine and effectuate effective smoking cessation counseling and treatment strategies.

CVS Health remains committed to helping people lead tobacco-free lives. At CVS Health's MinuteClinic -- a network of 1,135 walk-in care facilities -- our providers have worked diligently to encourage and promote smoking cessation in our communities. Data suggests that advice given by a healthcare provider increases tobacco use cessation attempts, improves the use of effective medication

treatment, and as a result leads to double or triple rate increases for positive smoking cessation outcomes (Cahill, 2014). This type of evidence motivates our MinuteClinic providers to assess, identify and evaluate all patients for tobacco abuse regardless of their presenting complaint at the time of visit.

MinuteClinic providers actively promote smoking cessation counseling and/or treatment in all patients that present with a reported history of tobacco abuse. Understanding that the risk of tobacco abuse is greater in the African American population, the focus for MinuteClinic providers is to support, counsel, and educate African American patients and their families on the increased risks associated with tobacco use and abuse that directly and negatively impacts the African American population. This approach to smoking cessation has led CVS Health to partner with the National Urban League to develop smoking cessation programs designed specifically for the African American community.

The CVS company's \$50 million—*Be The First*—initiative is designed to help produce the nation's first tobacco-free generation. Implementing an evidence based healthcare approach allows MinuteClinic providers an opportunity to recommend cessation options that are both cost effective and patient sustainable. For example, MinuteClinic providers may suggest Nicotine Replacement Therapy (NRT) to their clients as part of an individualized cessation plan. Nicotine Replacement Therapy is commonly used low-cost strategy that helps long-term tobacco users manage withdrawal symptoms, such as cravings and irritability. In addition, patients and their families are counseled and advised on what to expect during the withdrawal process. MinuteClinic providers have found it is extremely important for the patients and their families to be aware of the processes, experiences, and expectations that may occur as a part of refraining from long-term tobacco use.



Kristene Diggins, DNP, FAANP, is Corporate Senior Educator at MinuteClinic in Woonsocket, RI. A doctorally prepared Family Nurse Practitioner (FNP) and Certified Nurse Educator, she was inducted as a Fellow of the American Association of Nurse Practitioners. She has worked as an FNP in direct patient care for 10 years in both Family Practice and Geriatrics. For questions, she may be reached at: Kristene.Diggins@cvshealth.com



Kenya Hall, FNP-BC, CDE is a Tennessee-based Field Educator for MinuteClinic/ CVS Health, possessing 13 years experience in primary care, family practice, emergency/urgent care, and inpatient chronic disease management. Kenya is proud to be part MinuteClinic's model that provides a holistic approach, quality patient education, evidence based treatment, convenient access, and affordable care to patients in our communities. For questions, she may be reached at: Kenya.Hall@cvshealth.com

As CVS Health continues to address one of the nation's public health epidemic, MinuteClinic providers will continue to deliver a holistic approach to smoking cessation that includes quality patient education, evidence based treatment, convenient access, and affordable care to those who are most at risk for the overuse or misuse of oral, smokable and other tobacco products. For information about how you can become a member of CVS Health's MinuteClinic or Specialty nursing teams, please visit <http://jobs.cvshealth.com/NBNA>.

References:

American Lung Association (2010). Too Many Cases, Too Many Deaths: Lung Cancer in African Americans. Retrieved from <http://www.lung.org/>

[our-initiatives/research/lung-health-disparities/lung-cancer-in-african-americans.html](#)

Cahill, K., Stevens, S., & Lancaster, T. (2014). Pharmacological treatments for smoking cessation. *JAMA*, 311(2), 193-194.

Centers for Disease Control and Prevention. (2011, November 11). Quitting smoking among adults—United States, 2001-2010. *Morbidity and Mortality Weekly Reports*, 60(44), 1513-1519. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a2.htm>

Woo, T. & Robinson, M. (2016). *Pharmacotherapeutics for Advanced Practice Nurse Practitioners* (4th ed.). F.A. Davis Company: Philadelphia

In the Halls of Power – Nurses Taking the Lead in Addressing Climate Change

Katie Huffling, MS, RN, CNM

Nurses can be highly effective advocates. We advocate for our clients to assure they receive the best and most appropriate care possible. But it's not just at the bedside that the nurse shines as in the role of advocate – nurses are also incredibly effective in the arena of health policy.

Climate change is quickly becoming one of the most pressing public health challenges facing our world. Unless steps to address climate change are taken, the potential impact to the health and well-being of our clients and communities may be irreparable. Nurses can play an important role in educating policymakers on the health impacts of climate change and advocating for policies that will address this pressing public health concern.

Health Impacts of Climate Change

Surgeon General Vivek Murthy recently stated, “We have never seen a force that affects so many dimensions of health for so many.” Greenhouse gases, such as carbon dioxide, methane, and nitrous oxide, trap the sun’s energy and keep the planet from freezing. Now, due to excess releases of these gases, predominantly through human activities such as burning of fossil

fuels, the global climate is warming and changing. This change in our climate means increased temperatures, heat waves, precipitation extremes such as blizzards and droughts, rising sea levels, and extreme weather events such as the torrential rainfall that recently caused such the massive televised destruction in Columbia, South Carolina.

In addition to the environmental toll of climate change there are also associated health effects. Like most health effects some groups are more vulnerable to those consequences associated with climate change. Specifically, these include communities of color, individuals within the lower income strata, children, pregnant women, the elderly, and those with preexisting medical conditions. Some of the climate associated health effects include increases in vector-borne diseases such as Lyme Disease and the Zika Virus. Vulnerable populations are impacted as a result of increases in flooding and droughts. Death and illness are due to extreme weather events similar to those caused by Hurricane Katrina in 2005. Finally, mental health insults ranging from anxiety and stress to post-traumatic stress disorder and severe depression may be caused by climate and environmental changes.

There are also significant consequences associated with air quality deterioration. It has been suggested that elevations in carbon emissions have contributed to increased rates of heart disease, cancer, stroke, chronic respiratory disease and asthma. Elevated levels of ozone and particulate matter are associated with increased vulnerability to respiratory, cardiovascular diseases, and preterm birth. The newly released report by the US Global Change Research Program entitled: *The Impacts of Climate Change on Human Health in the United States*, provides information on climate events and their subsequent impact on the nation’s health (<https://health2016.globalchange.gov/>)



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Nurses as Climate Advocates

In 2015, the Alliance of Nurses for Healthy Environments developed a series of workshops geared toward nurses. The major purpose of these workshops were to provide information on the health impacts of climate change. During these workshops, nurses also received training on how to be effective climate change advocates. Sessions also included media training and tips on how to speak with policymakers. The attendees were provided an opportunity to put all they learned into action by meeting with Environmental Protection Agency officials, legislators and their staff, and representatives from the state health department.

As the public's most trusted health professional, when nurses speak policymakers usually listen. Using the techniques learned during the workshop nurses were able to speak eloquently about the climate change influenced health impacts they are currently seeing with their clients, families, and communities. Nurses were able to articulate the science and as such, were able to provide a strong voice of support for policies addressing climate change, such as the Clean Power Plan. Nurses were able to emphasize that these policies are more than environmental policies. They are public health policies with the potential to impact billions of individuals.

As the nurses returned to their hometowns, it is hoped that they will engage their colleagues in discussion; incorporate their knowledge

as part of intervention strategies with their clients; and continue to connect with policymakers via town hall meetings, and letter writing campaigns. Through this collective power nurses can make a difference. As President Obama stated when he released the Clean Power Plan, "We are the first generation to feel the effects of climate change and the last generation who can do anything about it." As such, nurses have a critical role to play in addressing climate change and their leadership can have a significant, positive impact on the health of their clients, communities, and generations to come.

Resources

Alliance of Nurses for Healthy Environments Climate Change Committee – email Katie Huffling (katie@envirn.org) to join monthly calls where nurses can learn the latest science and opportunities for engagement.

US Global Change Research Program, *The Impacts of Climate Change on Human Health in the United States* - <https://health2016.globalchange.gov/>

Alliance of Nurses for Healthy Environments. Advancing Clean Air, Climate, & Health: Opportunities for Nurses – <http://envirn.org/pg/pages/view/82102/advancing-clean-air-climate-amp-health-opportunities-for-nurses>

The Nurses Role in Community Heart Health

Alice Benjamin, MSN, RN, ACNS-BC, PCCN-CMC



American Heart Association contributor/volunteer

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Cardiovascular disease (CVD), which includes heart disease and stroke, impacts the U.S population at epidemic proportions. This largely preventable disease results in approximately 1.5 million heart attacks and strokes every year. Heart disease is the leading cause of death in the U.S. Approximately 800,000 people in the U.S die every year from heart disease. Heart disease kills roughly the same number people each year as cancer, lower respiratory diseases (including pneumonia), and accidents combined. Stroke follows closely behind as the third leading cause of death and leading cause of major disability in the U.S. Health care costs and lost productivity in 2011 from heart disease and stroke was an estimated \$320 billion.

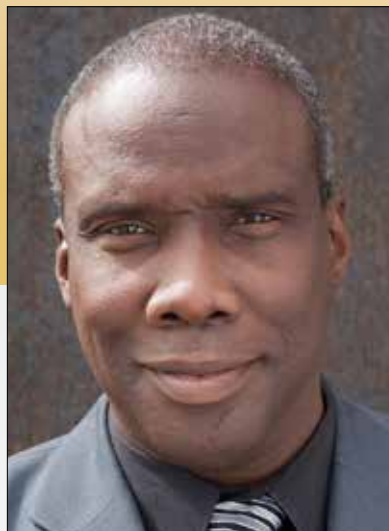
The prevalence rates for heart disease and stroke have resulted in national and international health experts and organizations agreeing that now is the time to take action to address these conditions and their risk factors. Reducing the risk for CVD associated illness is achievable but requires a multifactorial and community team approach to manage effectively. The components of disease management include early identification by assessing risk factors; modifying lifestyle behaviors to promote healthy sustained behaviors; smoking cessation; and managing weight, blood sugars and cholesterol levels.

Nurses are strategically positioned to influence health and wellness in general and CVD management specifically. Patients want to be assured that blood pressure (a major risk factor for heart attack and stroke) treatments will reduce their CVD risk burden. Clinicians and advanced practitioners want to be aware of and implement evidence-based approaches when managing hypertension in adults. The American Heart Association, American College of Cardiology and JNC-7 treatment goal for blood pressure is <140/90mmHg (BP <130/80mmHg in patients with diabetes or chronic kidney disease). The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (i.e., JNC 7) is a synthesis of the available science evidence relative to blood pressure education and should be a must have resource for all nurses. (<http://www.nhlbi.nih.gov/files/docs/guidelines/jnc7full.pdf>).

In addition to following evidenced based prevention, detection, evaluation, and treatment guidelines to manage CVD and CVD risk, nurses should support and actively serve partnerships with health organizations in outreach. For example, the American Heart Association/American Stroke Association has created Empowered To Serve (ETS), a national movement developed to build a sustainable culture of health in multicultural communities across America. It provides an online mega-community and interactive place where diverse individuals, companies and organizations can share resources and create solutions to impact health outcomes.

The overarching goals of ETS are to increase healthy living behaviors, enhance the chain of survival and cultivate community transformation. To achieve these goals ETS has strategic key channels that include urban housing, community partnerships and communities of faith. Its goal is to meet people where they work, play and pray. To ultimately change environments, values, norms, policies and behaviors, leading to a positive, sustainable health impact en masse. ETS also offers free awareness tools, culturally relevant resources and emerging interactive platforms to members, moving the needle on health equity in America. As nurses it is important that we access, share and implement these resources within our communities to promote optimal health outcomes for family, friends, patients and ourselves.

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



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After 30 years of the HIV/AIDS epidemic more than 1.2 million people in the United States are living with HIV infection. Youths 13 to 29 years old account for approximately 20,000 new cases of HIV infections annually. This means that 55 young people are infected with HIV every day. An estimated 40,000 young people in the U.S. have converted from an HIV+ status to full-blown AIDS. HIV+ youth are typically Black males who reside in poor urban neighborhoods, are often unemployed, have limited education, live in the southern U.S., and are more vulnerable for participation in sexual risk behaviors.

Among young black males who have sex with males (MSM), there is a significant association between substance use and HIV infection. Sexual promiscuity and experimentation, usually under the influence of drugs or alcohol, often causes this group to seek out sex in high-risk venues (e.g., parks, public toilets, adult movie houses, and bathhouses). In addition, young black MSM also tend to demonstrate altered judgment in making sound decisions regarding condom use while under the influence of drugs or alcohol. However, from the limited extant literature, it is difficult to determine the role that drug and alcohol play in effecting high risk behaviors among this subpopulation.

A review of the extant literature and other recent information provided some insight into why Black males between the ages of 13 and 29 years may engage in sex with other males while under the influence of drugs or alcohol. Insights may include: 1) early substance use exposure and initiation in family; 2) to cope with being gay and for gay sex; 3) peer pressure to fit in with others; 4) to numb feelings; 5) sexual enhancement and survival sex; 6) didn't know about HIV; 7) didn't care about condoms when under the influence; 8) inability to negotiate sex and condom usage; and 9) a sense of anticipation, resignation, and acceptance about acquiring HIV.

Nurses, particularly Black nurses, can have a significant impact in reducing substance use and HIV sexual-risk behaviors among young black MSM. Topics for education include minimizing initial substance use (harm reduction); places of support to deal with feelings of same-sex attraction and sexual orientation; the importance of condom use and sexual negotiation (particularly when under the influence of drugs or alcohol).

There is an urgent need for increasing education among this group. Education does not have to be in a formal setting or in a group setting to be effective. One nurse can make a difference and that difference has the potential to impact the world we live in.

Improving Healthcare Reimbursement through the Application of Mandated Nursing Intensity Weights

Tyrone Barnes MSN, RN, CNL

Nursing contributions toward reduced clinical complications, reductions in hospitalizations, and lower costs per patient case should be measured, rewarded, and made transparent to the public (Hines & Yu, 2009). Shrinking dollars have increased the need for health care stakeholders to clearly understand the worth of nursing in relation to optimization of reimbursement (Rutherford, 2012). The Centers for Medicare and Medicaid released a statement announcing that an aggressive transition from volume-based payments to value-based payments would augment the influence of the nursing profession over reimbursement and incentives provided that nurses possess a firm understanding of payment metrics and their capacity to be change agents (Nickitas, 2015). Value-based purchasing and reimbursement changes have profound implications for the nursing profession to demonstrate their economic value within the healthcare market (Nickitas & Frederickson, 2015).

Nursing care services are the most intensely used hospital services. Yet, the economic measure of nursing services is poor (Lasater, 2014). In the early 20th century, nursing care was provided in private settings such as patient homes, and patients were billed directly for services delivered. The bill reflected a relative value

charge based on an index or ration that reflected the direct cost of nursing services (Rutherford, 2012).

The migration of nurses to the hospital setting stemmed from an explosion of medical advancements that caused patients to flock towards the hospital (Lasater, 2014). Since hospitals were not compensated for nursing care and physical and/or allied health services in the same manner and capacity, nursing services were and continue to be billed as part of the room and board fee (Welton, Fishcer, DeGrace & Zone-Smith, 2006). This reimbursement tactic has obscured the visibility and importance of nursing care. In addition, there is no way to account for the variable time and effort invested into caring for patients of various acuity levels. This reimbursement methods makes quantifying the value of nursing prohibitive. (Unruh & Hassmiller, 2007). Inclusion of nursing as a line item on the hospital bill would permit a more accurate reflection of the patient's hospital experience as well as provide an equitable view of service that is goes beyond the domain of medicine (Lasater, 2014).

Nursing intensity weights (NIWs) are a relative measurement of the average amount of nursing care service required by a patient within a diagnosis-related group (DRG) (Knauf et al., 2006). These rates bear a closer resemblance to the actual cost of care than rates based on a simple per diem or charges that only reflect the most basic variations in nursing care (Mumolie, Lichtig, & Knauf, 2007). The appeal of the NIW as a basic element of DRG is its relatively straightforward path to measuring nursing hours associated with direct patient care. If direct hours can be attributed to specific nursing services for specific patients within a given unit of time, then either a standard cost or actual hourly wage can be used to compute direct nursing hours (Welton & Harper, 2015). Private insurers in many states have transitioned from charge and per diem reimbursement to DRG reimbursement. Utilizing the DRG form of



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recompense would prove advantageous when linking NIWs with nursing care service and consequent reimbursement (Nickitas & Frederickson, 2015). Furthermore, the combination of staffing and patient-specific data would enable health care systems to conduct cost-impact analyses. This would enable the implementation of nursing report cards that would include both clinical and cost information and provide explicit recognition regarding the amount of reimbursement for nursing services.

The basic idea behind NIWs is the maximization of reimbursement and the assurance of equitable recognition of nursing service contributions to patient care. The utilization of NIWs would set a standard of excellence that equitably rewards for quality performance; promotes reductions in levels of stress among frontline healthcare workers associated with zero-sum incentive systems; increase ethical compliance; and diminish the opportunity for biases and disparities oftentimes reflected in billing and financial compensation (Rosenau, Lal, & Lako, 2012; Stanowski, Simpson & White, 2015). The use of NIWs would help to establish a pattern of reimbursement for nursing care that would reflect the import role that nurses in providing quality health care services.

References

- Hines, P., & Yu, K. (2009). The changing reimbursement landscape: Nurses' role in quality and operational excellence. *Nursing Economics*, 27(1), 7-13.
- Knauf, R. A., Ballard, K., Mossman, P. N., & Lichtig, L. K. (2006). Nursing cost by DRG: Nursing intensity weights. *Policy, Politics, and Nursing Practice*, 7(4), 281-289.
- Lasater, K. B. (2014). Invisible economics of nursing: Analysis of a hospital bill through a Foucauldian perspective. *Nursing Philosophy*, 15(3). doi:10.1111/nup.12040
- Morris, K. (2010). Nursing makes cents: Doing the math: Calculating nursing value. *Ohio Nurses Review*, 85(6), 10-11.
- Mumolie, G. P., Lichtig, L. K., & Knauf, R. A. (2007). The implications of nurse staffing information: The real value of reporting nursing data. *Nursing Economic\$*, 25(4), 212-6, 227.
- Nickitas, D. M. (2015). Understanding health and payment reform-Essential for the new world of nursing: An Interview with Betty Rambur. *Nursing Economic\$*, 33(3), 155-181.
- Nickitas, D. M. & Frederickson, K. (2015). Nursing knowledge and theory: Where is the economic value. *Nursing Economic\$*, 33(4), 190-239.
- Rosenau, P. V., Lal, L. S. & Lako, C. (2012). Managing pay for performance: Aligning social science research with budget predictability. *Journal of Healthcare Management*, 57(6), 391-404.
- Rutherford, M. M. (2012). Nursing is the room rate. *Nursing Economic\$*, 30(4), 193-200.
- Stanowski, A. C., Simpson, K., & White, A. (2015). Pay for performance: Are hospitals becoming more efficient in improving their patient experience? *Journal of Healthcare Management*, 60(4), 268-284.
- Unruh, L. Y., & Hassmiller, S. B. (2007). Legislative: Economics of nursing invitational conference addresses quality and payment issues in nursing care. *The Online Journal of Issues in Nursing*, 13(1). doi:10.3912/OJIN.Vol13No01LegCol01
- Welton, J. M., & Harper, E. M. (2015). Nursing care value-based financial models. *Nursing Economic\$*, 33(1), 14-25.
- Welton, J. M., Fischer, M. H., DeGrace, S., & Zone-Smith, L. (2006). Nursing intensity billing. *Journal of Nursing Administration*, 36(4), 181-188.
- Welton, J. M., Fischer, M., DeGrace, S., & Zone-Smith, L. (2006). Hospital nursing costs, billing, and reimbursement. *Nursing Economic\$*, 24(5), 239-245.

Perspectives of a Nurse and Mother of a 23-week Micro Preemie

Emily Million, RN

Watching mothers with tired eyes full of grief and desperation wash and fold tiny clothes in the NICU parent room, I put my headphones in my ears and try to drown out the sound of monitors and alarms chiming constantly only footsteps away. I watch my fellow nurses running from room to room with their hands full of medicine, stressing about their sick babies and trying to manage their unimaginable workload.

I know they are tired for I am one of them. But, today I am also the mother of a very sick 23 week micro preemie born at 610 grams. I feel the double burden of mother and nurse. My mind reflects on the practical state of nursing today, and the risks it may pose to my little Rosie. As a nurse in this situation, I may know too much.

Hospitals are big business. I see that every year administration pushes for more cost effective budgets, causing a domino effect of higher nurse to patient ratios, higher nurse turnover rates due to stress, overworked staff, and a lessened ability to give quality one-on-one care to patients. As a result, some nurses talk about building unions, and demanding better standards. Yet, that effort alone may mean less time in front of patients – which is what matters most. And some like me don't want to be perceived as money hungry or selfish.

Nursing is not glamorous. Nursing is grueling hours, holidays and weekends, and leaving your family to care for someone else's. It's holding dying hands, and helping people cross over to the other side. It means rushing from room to room, making critical decisions and praying you don't make mistakes. Nursing means hoping that our actions will help a critical patient make a turnaround before your shift is over. We are exposed to all sorts of diseases and

sickness yet we do it willingly and sincerely -- only wanting to make a difference and to help someone in their time of need, with a servant's heart. Most days I go home wishing there were more hours in the day and asking myself if I did all I could. But, this is my calling and I wouldn't have it any other way.

My Rosie looks so pitiful and helpless. She is so premature and underdeveloped, my touch is perceived to her fragile body as pain. I want to cry and fall apart, but I'm a nurse so I know how to shove it all to the back of my mind and resolve to be strong. I open her tiny isolette that looks like a rain forest inside trying to mature her gelatinous skin and I read her a story. It's the only thing I can do, other than pray. Everything I know has been turned upside down, and I along with the other NICU parents are all wondering which will come first -- a birthday or a funeral.

My Rosie is still here. I'm really not sure how long her life will be. I don't know if she will see or hear, (her eyes were fused at birth) but she's here. I look at her drips hanging, and I see her dry, chapped lips and frail little body. How did we get here? I was working 3 days before my water broke in this very NICU. I felt fine. How were we both so sick without me knowing? I review signs and symptoms I could've missed.

Rosie's oxygen levels start dropping. I anxiously grab her nurse. I watch my colleagues swarm into Rosie's room, her oxygen levels are critical.... *again*. They begin their protocol of sustaining her life medically. I ask myself silently if it's selfish or ethically right to keep her here. At first I watch without fail from a nurse's standpoint. Who washed hands? Who's bagging her? Are her oxygen saturation levels improving? Is she septic again? Is she hurting? Neonatologists and nurses are pouring in the room, and I hear orders being barked in shrill voices. Then, silence. I look up,



Emily Million, RN, is a preemie mother and an employee of Prolacta Bioscience.

“she’s recovered, Emily. Try to turn your nurse brain off. One day at a time, and sometimes, one minute at a time.”

My time to advocate for her as mother and professional would come out of desperation, striving for her to receive proper nutrition. That I alone would get the opportunity to give her exactly what she needed and only something I could give her, my breast milk. But it went a step farther. She needed fortification. Just as they were preparing formula to add to my milk I held the line and said, “No, wait, let me get you the research.” And for the next 24 hours I pulled all the evidence-based data I could and brought it back to her physician and to the administration of the hospital proving that only human milk-based fortifiers were appropriate for a baby as small as my Rosie.

It was a struggle to get folks to change long-engrained practice but advocating for our children and our patients is what we do best.

Rosie’s health and growth took off as soon as we put her on an exclusive human milk diet and the rest, shall we say, “is history.” Due to Rosie’s outcomes and my fight for her nutrition, the feeding protocol designed for Rosie became standard of care for all preemies in the unit less than 1,500 grams and to this day, it remains.

For a very long time, I kept Rosie isolated due to her delicate immune system. I still keep jars of hand sanitizer by the doors. Every night to this very day even 2 years later, I tiptoe to her bed, just to watch her breathe and look back in amazement at how far she has come in her short little life. What will she become and will she have any life-long impact? Either way, she’s a miracle.

This is the life of a registered nurse and a mother of a former micro preemie, a delicate dance between knowledge and nurture, skill and determination. We nurses are the core of compassion and the “art and science” of critical care.

Environmental Injustice: A Look into the Flint Water Crisis

Melva Craft-Blacksheare, DNP, CNM, RN

As nurses our task is to provide a high standard of healthcare, which includes education, client support, and no harm. Of additional importance is to stand with clients when social injustices are present. Residents of Flint, Michigan complained about the color, smell, and odor of the fluid exiting their faucets for an entire year before actions to correct the problem were heard. Their voices fell on deaf ears.

An Emergency Manager selected by the governor was responsible for the temporary switch to Flint River water awaiting the completion of a new pipeline from Lake Huron. After the switch (April 2014) residents complained of the water quality. In August 2014, a boil water advisory went into effect due to positive test for E. coli. Residents complained of skin rashes when bathing, this may have been from the high level of trihalomethanes, a disinfectant byproduct. Strangely enough, the General Motors Flint factory demanded a switch back to the Detroit Water System (DWS) because of corroding car parts which they received in October 2014. However, Flint residents were not as fortunate as the car parts of General Motors.

The city would periodically test the water and always indicated it was safe, despite its color and odor. Residents still complained, and many began buying bottled water. It wasn't until Dr. Edwards, an environmental water specialist from Virginia Tech (VT), tested the water that the astronomical lead component was revealed. The particular home tested by the city had a dangerously high lead value of 104 parts per billion (ppb) and the highest of 397 ppb. However, when the VT team tested the same water, it was found to be 13,200 ppb, which is more than twice the amount at which the U.S. Environmental Protection Agency (EPA) classifies water as hazardous waste (Guyette 2015). The City would have

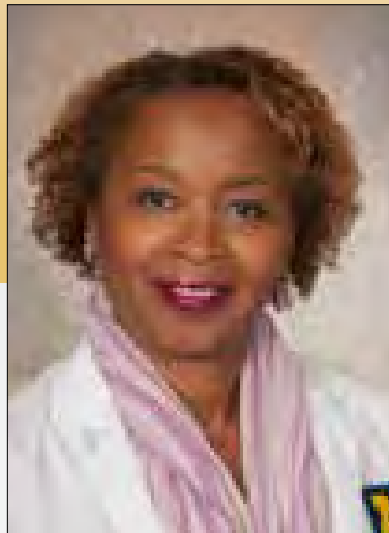
the residents pre-flush the pipes before testing, a procedure that gives a false low rate.

Local pediatrician; Dr Hanna-Attisha reviewed blood lead levels of children less than 5 years before 2013 and after 2015 when the water was changed to the Flint River. According to Hanna-Attisha, LaChance, Sadler and Schnepf (2016) blood lead levels increased from 2.4% to 4.9% after the water source changed and in the highest area it was a 6.6% increase in child blood lead levels.

The researchers were told their data "was flawed". It wasn't until October 1, 2015 that state officials announced that children had lead in their blood, followed by the Governor indicating the state would purchase water filters for residents, and test lead in schools. One week later, Flint switched back to the DWS.

After the switch back to DWS the water was retested, high lead levels were still prevalent. The Flint Water Department did not use anti-corrosive agents to protect the pipes while using the Flint River Water; therefore, lead was still seeping into the water regardless of its origin. The infrastructure was old and it contained lead and copper, anti-corrosive treatment was imperative.

Nurses and health professionals are very busy assisting families in this crisis. University nursing students, community health nurses, hospital nurses and academics are all participating in children health fairs to obtain lead levels, hand out information on how important good nutrition is and offer support. Celebrities, outside community organizations, businesses, sororities and fraternities are all participating in support of the Flint Community. Bottled water, filters, and baby formula are a few of the handouts that are donated and given away at health fairs.



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The “Flintstones” as they call themselves are very thankful that the light is shining on their city and are finally receiving the help they need. However, the unanswered question is “Why didn’t anyone listen?” Is it because Flint is a post industrial urban city where 57% of the population is Black and 41.5% poor?

Lead is a neurotoxin and is detrimental to a developing fetus, newborns and children. The main target for lead toxicity is the nervous system in both children and adults. The CDC (2010) acknowledges that high levels of exposure can result in delirium, seizures, stupor, coma or even death. Hypertension, behavior changes, decreased ability to concentrate, peripheral neuropathy, headache, weight loss, fatigue and gout nephropathy and cognitive decline are also effects of lead.

Due to our crumbling infrastructure as nurses and health professional we need to inquire and assess for lead exposure, and follow up with state and government health officials as necessary. Clean, Safe drinking water is a right of every American citizen.

References

Centers for Disease Control and Prevention. Guidelines for the identification and management of lead exposure in pregnant and lactating women. Atlanta (GA): CDC; 2010. Available at: <http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>. Retrieved February 20, 2016

Centers for Disease Control and Prevention. Guidelines for the identification and management of lead exposure in pregnant and lactating women. Atlanta (GA): CDC; 2010. Available at: <http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>. Retrieved February 20, 2016

Guyette C., Scary: Leaded Water and One Flint Family’s Toxic Nightmare, July 9, 2015, http://www.deadlinedetroit.com/articles/12697/scary_leaded_water_.... Retrieved February 15, 2016

Hanna-Attisha M., LaChance J, Sadley R, Schnepp A., Elevated Blood lead Levels in Children Associated with the Flint Drinking Water Crisis: A spatial Analysis of Risk and Public Health Response. *AJPH* February 2016, Vol 106, No. 2 283-290.

A Perspective on Health Literacy and Lower Extremity Ulcer Prevention among Older Adults With Diabetes Mellitus

Candace Moore, MSN, RN, FNP

Yolanda M. Powell-Young, PhD, PCSN-BC

Approximately 29 million people in the U.S. have diabetes mellitus [DM] (Centers for Disease Control and Prevention [CDC], 2014). The vast majority of DM cases fall into two broad etiopathogenic categories labeled Type 1 DM and Type 2 DM. Data suggests that the highest incidence of DM is observed among adults 65 years of age and older (CDC, 2011; Kirkland et al., 2012). Some DM co-morbidities are more prevalent among the 65 and older age subgroup. For example, lower extremity complications such as foot ulcerations, infections and gangrene occur more frequently among older adults with DM (Boike, Maier, & Logan, 2010; CDC, 2011; Margolis et al., 2011; Vinik, Strotmeyer, Nakave, & Patel, 2008). It is well documented that DM and co-morbid illness are associated with impaired health, reduced productivity and diminished quality of life. Moreover, the national cost of DM is a major resource burden. Medical expenditures for care associated with DM and DM co-morbidities in the U.S. are estimated at \$245 billion annually (ADA, 2013).

Effective implementation of lower extremity self-management practices has been shown to mitigate the development of lower

extremity ulcers. Despite current prevention and intervention strategies, however, the incidence and prevalence of lower extremity ulcerations among older adults with DM remains a major public health challenge. The lack of intervention effectiveness may be due in part to lowered health literacy levels in this subgroup of the population. Although health literacy has been identified as vital to the self-management of chronic disease such as DM, lower levels of health literacy often noted among older adults may negatively impact knowledge attainment and self-management practices related to lower extremity ulcer prevention (Shaw et. al, 2012; Speros, 2009).

Moore (2015) recently investigated the relationship between health literacy and knowledge level of lower extremity care in a sample of older adults with DM from rural Mississippi. Participants ranged in age from 60 years to 92 years with a mean age of 73.28 (SD=8.28) years. Approximately, 60% of participants completed 12th grade and 24% reported completing college. Findings suggested an association between health literacy and lower extremity self-management. However, the findings were weak ($r = .08$) and not found to be statistically significant ($p > .10$). Within the extant literature these findings are similar to several recent studies indicating the lack of association between health literacy and disease specific outcomes (Loke, 2012).

Although primary interpretations for compromised lower extremity self-management are often attributed to lowered literacy among older adults, this perception may not be precisely accurate when reviewing current findings from the extant literature. As a result, it may be speculated that older Americans who are not cognitively compromised may in fact receive, process and understand self-care education that is DM problem specific. In light of this assumption, barriers to improving lower extremity complications associated



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with DM may be related to the transference of knowledge into consistent behaviors. Without consideration for behavior change, a key strategy component in reducing the risk for lower extremity complications is overlooked.

Education is an integral component of care that is utilized to help patients better understand all aspects of their disease processes, self-care involved in appropriate disease management, and promoting better health outcomes. Nurses are in a unique position to facilitate the development of an evidence base for achieving better DM outcomes. However, forward movement toward the goal of better outcomes requires a better understanding of factors that influence health promotion and health promoting actions among at-risk populations.

References

American Diabetes Association (ADA). (2013). Economic costs of diabetes in the U.S. in 2012. *Diabetes Care*, 36(4), 1003-1046. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3609540/>

Boike, A., Maier M., & Logan, D. (2010). Prevention and treatment of leg and foot ulcers in diabetes mellitus. Retrieved from <http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/endocrinology/prevention-treatment-diabetic-leg-and-footulcers/Default.htm>

Centers for Disease Control and Prevention (CDC). (2011). National diabetes fact sheet: National estimates and general information on diabetes and prediabetes in the United States. Atlanta, GA: U.S.

Department of Health and Human Services. Retrieved from www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf

Centers for Disease Control and Prevention (CDC). (2014). National Diabetes Statistics Report. Retrieved from www.cdc.gov/diabetes/data/statistics/2014StatisticsReport.html

Loke, Y. K., Hinz, I. Wang, X., Rowlands, G., Scott, D. & Salter, C. (2012). Impact of health literacy in patients with chronic musculoskeletal disease-systematic review. *PLOS*. Retrieved from <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0040210>

Margolis, D. J., Malay, S., Hoffstad, O. J., Leonard, C. E., MaCurdy, T., Nava, K. L., . . . Siegel, K. L. (2011). Incidence of diabetic foot ulcer and lower extremity amputation among medicare beneficiaries, 2006 to 2008, *Data Points Publication Series*. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK65149/>

Shaw, S. J., Armin, J., Torres, C. H., Orzech, K. M. & Vivian, J. (2012). Chronic disease self-management and health literacy in four ethnic groups. *J Health Commun* 17(3), 67-81. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3615891/>

Speros, C. I. (2009). More than words: Promoting health literacy in older adults. *The Online Journal of Issues in Nursing*, 14(3). Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol142009/No3Sept09/Health-Literacy-in-Older-Adults.html>

Vinik, A. I., Strotmeyer, E. S., Nakave, A. A., & Patel, C. V. (2008). Diabetic neuropathy in older adults. *Clinical Geriatric Medicine*, 24(3), 407. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2706706/>

Specialized Nutrition Supplement Improves Nutrition Outcomes in Patients with Disease Associated Malnutrition

Kelly Strausbaugh, MS, RN

Diseases Associated Malnutrition (DAM) is a growing problem in the United States. This condition occurs across all care settings with an incidence of approximately 13 to 50 percent, with highest rates occurring in the hospital settings and lower rates in outpatient settings. (Coats, Morgan, Bartolucci, & Weinsier, 1993; Giner, Laviano, Meguid, & Gleason, 1996; Guigoz, Lauque, & Vellas, 2002; Somanchi, Tao, & Mullin, 2011; Thomas et al., 2002) DAM is a serious concern because it is associated with a number of adverse clinical outcomes, which can negatively impact recovery. Historically DAM has not been identified as a condition that poses a threat to a patient's safety. However, in a recent article on malnutrition, the leadership of the American Society of Parenteral and Enteral Nutrition (ASPEN) stated "Although disease related malnutrition has generally not been treated as a "patient safety issue, the impact and scope of the condition argues for its

importance as a safety concern." (Guenther et al., 2015) In addition, the 2015 Leapfrog Hospital Survey, the only standardized and endorsed set of measures that captures hospital performance in patient safety, quality and resource utilization, added malnutrition as one of five patient safety risk areas that should be monitored. ("2015 Leapfrog Hospital Survey")

While it is unlikely that DAM will ever be completely eliminated, the incidence could be significantly reduced. Many of the adverse outcomes associated with DAM are potentially preventable by treating the underlying malnutrition. (Tappenden et al., 2013) Several interventions have proven to be effective in identifying, preventing and/or treating DAM, including nutrition assessment, screening, and intervention. Patients unable to meet their nutritional needs through diet alone may also benefit from nutritional supplements. Numerous studies have demonstrated that oral nutritional supplements (ONS) may reduce complications, mortality and hospital readmissions in malnourished patients. (Demling, 2009; Stratton et al., 2005)

The recently published Nourish (**N**utrition **E**ffect **O**n **U**nplanned **R**eadmissions and **S**urvival in **H**ospitalized Patients) clinical trial, was conducted in the United States between May 2012 and October 2014. (Deutz et al., 2016) This Abbott-sponsored study was a prospective, randomized, double-blind, placebo controlled trial that compared the effects of a specialized nutrition supplement with high protein (20 grams), β -hydroxy β -methylbutyrate (HMB)* and vitamin D to a placebo supplement, on the composite endpoint of hospital readmissions or death 90 days after hospital discharge. Participants in the Nourish study included 652 malnourished adults who were 65 years of age or older, admitted to the hospital with a primary diagnosis of congestive heart failure (CHF), acute myocardial infarction (AMI), pneumonia or chronic obstructive pulmonary disease (COPD).

Study Results

- When researchers looked at the primary composite (i.e. combined) endpoint of the study of hospital readmissions or death 90 days after hospitalization, the results showed no significant differences between the group who received the specialized nutrition supplement and the group who received the placebo.
- However, when researchers did additional analyses and evaluated the components individually, they found:
 - » Those who received the specialized nutrition supplement were associated with a significantly lower (50 percent) mortality rate.
 - » The two groups had similar rates of hospital readmissions
- Significantly improved nutritional status in the specialized supplement group
- Significantly increased body weight at 30 days in the specialized supplement group

- Consistently higher weight in specialty supplement group at 60 and 90 days
- Significantly higher Serum levels of 25-hydroxy vitamin D in the specialized supplement group at 30 and 60 days
- Continued improvement in serum levels of 25-hydroxy vitamin D in the specialized supplement group at 90 days

The Nourish study demonstrates the positive effect that specialized nutrition supplements can have on improving clinical outcomes in malnourished patients with chronic disease. The nutrients and nutrient levels (e.g. protein, HMB and vitamin D) found in the specialized ONS used in this study are all important components for helping repair and rebuild muscle, and aiding recovery from hospitalization and illness. Ensure® Enlive®, the specialized nutrition supplement evaluated in this study is commercially available.

Bibliography

2015 Leapfrog Hospital Survey. (8/31/2015). 24 Version 6.2 Section 1 Retrieved from www.leapfroghospitalsurvey.org

Alon, T., Bagchi, D., & Preuss, H. G. (2002). Supplementing with beta-hydroxy-beta-methylbutyrate (HMB) to build and maintain muscle mass: a review. *Res Commun Mol Pathol Pharmacol*, 11(1-4), 139-151.

Coats, K. G., Morgan, S. L., Bartolucci, A. A., & Weinsier, R. L. (1993). Hospital-associated malnutrition: a reevaluation 12 years later. *J Am Diet Assoc*, 93(1), 27-33.

Demling, R. H. (2009). Nutrition, anabolism, and the wound healing process: an overview. *Eplasty*, 9, e9.

Deutz, N. E., Matheson, E. M., Matarese, L. E., Luo, M., Baggs, G. E., Nelson, J. L., . . . Ziegler, T. R. (2016). Readmission and mortality in malnourished, older, hospitalized adults treated with a specialized oral nutritional supplement: A randomized clinical trial. *Clin Nutr*, 35(1), 18-26. doi:10.1016/j.clnu.2015.12.010

Giner, M., Laviano, A., Meguid, M. M., & Gleason, J. R. (1996). In 1995 a correlation between malnutrition and poor outcome in critically ill patients still exists. *Nutrition*, 12(1), 23-29.

Guenter, P., Jensen, G., Patel, V., Miller, S., Mogensen, K. M., Malone, A., . . . DiMaria-Ghalili, R. A. (2015). Addressing Disease-Related Malnutrition in Hospitalized Patients: A Call for a National Goal. *Jt Comm J Qual Patient Saf*, 41(10), 469-473.

Guigoz, Y., Lauque, S., & Vellas, B. J. (2002). Identifying the elderly at risk for malnutrition. The Mini Nutritional Assessment. *Clin Geriatr Med*, 18(4), 737-757.

Nissen, S., Sharp, R., Ray, M., Rathmacher, J. A., Rice, D., Fuller, J. C., Jr., . . . Abumrad, N. (1996). Effect of leucine metabolite beta-hydroxy-beta-methylbutyrate on muscle metabolism during resistance-exercise training. *J Appl Physiol* (1985), 81(5), 2095-2104.

Smith, H. J., Mukerji, P., & Tisdale, M. J. (2005). Attenuation of proteasome-induced proteolysis in skeletal muscle by [beta]-hydroxy-[beta]-methylbutyrate in cancer-induced muscle loss. *Cancer Res*, 65(1), 277-283.

Smith, H. J., Wyke, S. M., & Tisdale, M. J. (2004). Mechanism of the attenuation of proteolysis-inducing factor stimulated protein



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degradation in muscle by beta-hydroxy-beta-methylbutyrate. *Cancer Res*, 64(23), 8731-8735. doi:10.1158/0008-5472.can-04-1760

Somanchi, M., Tao, X., & Mullin, G. E. (2011). The facilitated early enteral and dietary management effectiveness trial in hospitalized patients with malnutrition. *JPEN J Parenter Enteral Nutr*, 35(2), 209-216. doi:10.1177/0148607110392234

Stratton, R. J., Ek, A. C., Engfer, M., Moore, Z., Rigby, P., Wolfe, R., & Elia, M. (2005). Enteral nutritional support in prevention and treatment of pressure ulcers: a systematic review and meta-analysis. *Ageing Res Rev*, 4(3), 422-450. doi:10.1016/j.arr.2005.03.005

Tappenden, K. A., Quatrara, B., Parkhurst, M. L., Malone, A. M., Fanjiang, G., & Ziegler, T. R. (2013). Critical role of nutrition in improving quality of care: an interdisciplinary call to action to address adult hospital malnutrition. *JPEN J Parenter Enteral Nutr*, 37(4), 482-497. doi:10.1177/0148607113484066

Thomas, D. R., Zdrowski, C. D., Wilson, M. M., Conright, K. C., Lewis, C., Tariq, S., & Morley, J. E. (2002). Malnutrition in subacute care. *Am J Clin Nutr*, 75(2), 308-313.

Wilson, G. J., Wilson, J. M., & Manninen, A. H. (2008). Effects of beta-hydroxy-beta-methylbutyrate (HMB) on exercise performance and body composition across varying levels of age, sex, and training experience: A review. *Nutr Metab (Lond)*, 5, 1. doi:10.1186/1743-7075-5-1

¹HMB is a metabolite of leucine and has been shown to inhibit muscle breakdown and increase protein synthesis. (Alon, Bagchi, & Preuss, 2002; Nissen et al., 1996; Smith, Mukerji, & Tisdale, 2005; Smith, Wyke, & Tisdale, 2004; Wilson, Wilson, & Manninen, 2008)

All Things NBNA

Dear NBNA Membership:

- Are you looking for graduation or Mother's Day gifts? Give a membership to the National Black Nurses Association. Go to www.nbna.org, click membership for the details.
- The new FDA Commissioner has deemed 2016 as the Year of Diversity in Clinical Trials. All nurse clinical trial coordinators please send your name and email address to millicent@nbna.org. Tuskegee University is interested in working with NBNA around diversity and clinical trials. We want to build a platform around clinical trials and nurse clinical trial coordinator as a career path. Stay tuned to this space.
- Are you working with your State Action Coalition. NBNA would love to hear what your Coalition is doing. Please send a 100 word statement about your Coalition's activity. Please send your name and email address if you are working with your State Action Coalition. millicent@nbna.org
- Are you working in the Hepatitis C space or other infectious disease? Please send your name, email and chapter name or state that you are a direct member: millicent@nbna.org.
- Help NBNA grow our membership and external community. Join NBNA on Face Book. Click like. Click share.
- Help NBNA grow our membership and external community. Join NBNA on Twitter at NbnaInc.
- NBNA would like to identify members who are Nurse Practitioners. Please send your name, email and chapter name or state that you are a direct member. We have corporations who would like to engage NBNA's nurse practitioners.
- For chapter presidents only: We will honor NBNA members who have passed away by placing their names in the NBNA Conference Souvenir Program book. Please submit the name and chapter of Members who passed away since the 2015 NBNA Conference.
- Would you like to support the NBNA Scholarship Program? You may make a generous donation as an individual or 3-4 NBNA members may get together to offer a scholarship in the name of a beloved nurse, family member or friend. Let me know if we can count on you for this year.
- NBNA's partners are offering free online CE sessions. Have you taken advantage of them? Check out the CVSHealth CE online sessions.
- Do you have a resolution that you would like to offer. It can be on a clinical issue, work force development, State Boards of Nursing practice rights. Contact me for the new guidelines. Resolutions are due to the NBNA office by May 15.

Send ALL responses to millicent@nbna.org.



National Black Nurses Association

Designate **NBNA** as your charity of choice by writing CFC #29602 on your pledge form today!



Nurses Make A Difference When It Matters Most!

You can *too* by directing your workplace payroll deductions to the National Black Nurses Association.

NBNA is a professional nursing association committed to excellence in education, practice and research; and conducts continuing education programs for nurses throughout the year. These programs help nurses enhance their skills to provide culturally competent health care services in our communities.

CFC# 29602

If you are a federal employee or in the military, you can designate the **National Black Nurses Association** as your charity of choice simply by writing **#29602** on your pledge form. Your gift ensures that we will receive stable, regular funding with little to no administrative costs.

www.nbna.org

FOR IMMEDIATE RELEASE



National Black Nurses Association, Inc.

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Dr. Eric J. Williams

1st Vice President

Lola Denise Jefferson

2nd Vice President

Dr. Birthale Archie

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Dear NBNA Membership & Friends of NBNA:

The National Black Nurses Association, Inc. celebrates our 45th anniversary in 2016. As we look ahead to more fruitful years, we continue to strive to expand our programming and to meet the needs of our members and the communities in which they serve. This year our goal is \$50,000. We ask that you make a commitment to support our first annual request by making a cash donation. Your gift will support our new programs that will address Violence Reduction in our communities, Mentorship program in schools and in the professional setting and Global Health.

We hope that you will be able to take part in one or more of the many exciting events that we are offering this year and have the opportunity to observe firsthand the pride we take in supporting our cause.

It is our mission to represent and provide a forum for black nurses to advocate for and implement strategies to ensure access to the highest quality of healthcare for persons of color. In order to meet our mission and provide services in our community, we rely on the generosity of individuals and businesses for support. Without the assistance of public-spirited individuals like you, we would not be able to serve those in our community each year.

Your generosity will make a difference in our communities by allowing us to continue in our work.

Remember that every donation makes a difference, regardless of size.

NBNA is a 501(c)3, non-profit organization.

Thank you in advance for your support!

Sincerely,

Dr. Eric J. Williams
President

NBNA *Turns 45!*

Celebrate

NBNA's 45th Anniversary with Volume II History Book

A History of the National Black Nurses Association, Volume II, 1999-2013

Our History, Our Legacy, Our Story

This great organization is celebrating what Black Nurses have given to the world of nursing.

The history and legacy of NBNA has been exquisitely captured in a beautifully black leather bound hard back book. Read how it all began; follow along as Dr. Lauranne Sams began her mission to build this organization. Learn about all the presidents that followed in this wonderfully illustrated historical walk through NBNA. Each page illustrates personal stories to let readers learn about NBNA. Hear from NBNA leaders who chartered local chapters. You will learn about the local chapters' mission and goals, their chapter growth and development; and, their collaborative community based health programs... the very foundation of NBNA.

The book highlights how NBNA influences policy decisions at the national and local levels and the future goals of the organization. The book helps the reader to reflect on the awesome annual Institutes and Conferences with dates, locations and themes; reminding the reader of the great educational and networking experiences. Finally, all active members of NBNA are named and displayed as the backbone of the greatness of NBNA.



Come celebrate with NBNA, 45 years of history, 1971-2016. This is a treasure that all NBNA members **MUST** have, secure your copy **TODAY**.

FOR IMMEDIATE RELEASE

For Press Inquiries, Contact:

Brandon Garrett 310-414-2700 (Paladin)

Millicent Gorham 301-589-3200 (NBNA)

Paladin Healthcare and Avanti Hospitals Partner with the National Black Nurses Association to Provide Much Needed Aid to Flint Residents

El Segundo, CA – April 25-29, 2016 is *Every Kid Health Week*. In honor of this, California-based Paladin Healthcare and Avanti Hospitals will partner with the National Black Nurses Association's Ad hoc Committee on Global Health, the Greater Flint Black Nurses Association (NBNA) and the Food Bank of Eastern Michigan to support ongoing relief efforts in Flint, Michigan.

Approximately 100,000 families in Flint have been affected by the water contamination crisis. This includes roughly 12,000 children who have unjustly been exposed to toxic potable water with high levels of lead. Reports have stated that the percentage of Flint children with elevated blood levels doubled between 2014-2015.

Paladin Healthcare President Joel Freedman is committed to making certain children are healthy and safe. "What's happening to the people of Flint---particularly the children---is unfathomable. We at Paladin Healthcare will do whatever we can to provide both short and long term sustainable solutions for the people of Flint."

Dr. Eric J. Williams, President, National Black Nurses Association states, "The water crisis in Flint, Michigan has resulted in unexpected health consequences. Parents are finding that they have special needs for their babies and young children. The wipes will help stop and prevent the spreading of illnesses that may affect our most vulnerable populations."

Mike Rembis, FACHE, Avanti Hospitals CEO agrees and believes that charitable giving and partnerships make a direct and positive impact on the health of the people of Flint. "Working with the National Black Nurses Association, particularly President Williams and Dr. Evers-Manly and the Greater Flint Black Nurses Association, we learned what the community really needs are baby wipes for newborns and young children. They are on the ground, dealing with this crisis daily so they know better than anyone else what's necessary. Per, the NBNA, we will donate tens of thousands of boxes of wipes to help."

The National Black Nurses Association Ad Hoc Committee on Global Health Chairwoman Dr. Shirley Evers-Manly will work with the National Food Bank of Eastern Michigan to make certain the Paladin and Avanti contributions get to the most vulnerable. "The National Black Nurses Association has over 95 chapters in 34 states committed to this initiative. We are proud to have Paladin and Avanti---organizations more than 2,000 miles from Flint---support this effort."

Headquartered in the Greater Los Angeles area, Paladin Healthcare Capital is a mid-sized firm that provides capital and services to over-levered or underperforming health service providers. Paladin has a strong track record of transitioning these organizations into profitable and sustainable enterprises with a focus on community improvement and engagement. www.pldn.com

The National Black Nurses Association's mission is "to represent and provide a forum for Black nurses to advocate and implement strategies to ensure access to the highest quality of healthcare for persons of color."

FOR IMMEDIATE RELEASE

May 10, 2016

Media Contact: Millicent Gorham
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National Black Nurses Association, Inc.

The National Black Nurses Association is pleased to announce the recipients of the 2016 Presidential Awards. The awardees will be honored at the President's Gala on Saturday, August 6, 2016, Memphis Cook Convention Center, Memphis, TN, during the 45th Anniversary and 44th NBNA Annual Institute and Conference, August 2 - 7, 2016.

"I am extremely excited to honor NBNA members and nurses who are the foundation of the National Black Nurses Association. These nurses have made their mark internationally as leaders and as innovators. These nurse leaders have inspired generations of nurses to find their passion as clinicians, academicians and researchers; at the bedside, in the military, in the community, and in the board room. These nurses exemplify the very best in nursing", stated Dr. Eric J. Williams, NBNA President.

The NBNA Life Time Achievement Award recipient is:

Linda Burnes Bolton, DrPH, RN, FAAN, NBNA Past President, Chief Nursing Executive, Vice President, Nursing, Chief Nursing Officer, Cedars-Sinai Medical Center, Los Angeles, CA. Dr. Bolton is the immediate past president of the American Organization of Nurse Executives and past president of the American Academy of Nursing. She was the co-chair of the 2010 IOM Report on The Future of Nursing. She serves on the Board of Robert Wood Johnson Foundation and Frances Payne Bolton School of Nursing at Case Western Reserve University.

The NBNA Trailblazer Award recipients are:

RADM Sylvia Trent-Adams, PhD, RN, FAAN, Deputy Surgeon General and Chief Nursing Officer, U.S. Public Health Service, U.S. Department of Health and Human Services, Rockville, MD.

Veronica Clarke-Tasker, PhD, RN, MBA, MPH, MDiv, Professor, Howard University College of Nursing and Allied Health Sciences, Division of Nursing, Washington, DC. Dr. Clarke-Tasker serves as the Howard University Faculty Senate Vice Chair. She served as the NBNA Secretary.

Angelo Moore, PhD, MSN, BSN, FNP-BC, RN, Chief Nurse, Education, Fayetteville VA Medical Center, Fayetteville, NC. Dr. Moore is a retired Lieutenant Colonel (LTC) with 25 years of active duty service in the US Army.

Mary Holt Ashley, PhD, RN, retired Chief Nursing Executive, Harris County Hospital District; former chief nursing officer, Ben Taub General Hospital; Founding Member of the Fort Bend County Black Nurses Association; and, Author, *Leaders Get Up Off the Canvas*, Houston, TX.

Yolanda M. Powell-Young, PhD, PCNS-BC, CPN, professor, Alcorn State University, Natchez, MS; Editor-in-Chief, *NBNA Newsletter*; Chair, Ad Hoc Committee on Obesity; Education Committee Member, Southern Regional Education Board, New Orleans, LA.

The National Black Nurses Association's mission is to "represent and provide a forum for Black Nurses to advocate and implement strategies to ensure access to the highest quality of healthcare for persons of color".

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1st Vice President
Lola Denise Jefferson

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Executive Director
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FOR IMMEDIATE RELEASE

May 10, 2016

Media Contact: Millicent Gorham
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National Black Nurses Association, Inc.

The National Black Nurses Association is pleased to announce the recipients of the 2016 NBNA National Brain Health Program. The program is sponsored by the National Brain Health Center for African Americans, a program of The Balm in Gilead, Inc. "The purpose of the program is to educate nurses and the community on Alzheimer's Disease and Related Dementias. The program will provide support and education for nurses on cognitive health impairment through a custom designed curriculum that will offer nurses up to 4 continuing education hours", stated Dr. Eric J. Williams, NBNA President. "We are pleased to partner with the NBHCAA to offer this important information that the nurses can then take back to their communities."

The chapters that will part in the program are:

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Dr. Eric J. Williams

1st Vice President
Lola Denise Jefferson

2nd Vice President
Dr. Birthals Archie

Treasurer
Dr. Beulah Nash-Teachey

Secretary
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The National Black Nurses Association's mission is to "represent and provide a forum for Black Nurses to advocate and implement strategies to ensure access to the highest quality of healthcare for persons of color".

All Things NBNA

NBNA Membership: NBNA Newsletter – Summer 2016

The theme for the Summer 2016 NBNA Newsletter is "Building a Case for Diversity in Creating a Healthier America".

Send your article to nbnanews@nbna.org by August 10.

Your article should have the following items:

- Title
- Author's byline (Margaret R. Moore, MSN, RN)
- Article of 500-750 words
- Resources where appropriate
- Headshot photograph
- 3 line biographical sketch
- 3-5 lines for Face Book highlighting your article
- Twitter handle
- Your email address if you would like someone to contact you about your article

Examples of articles:

1. Creating a culture of health in America
2. Culture of Safety
3. Quality of Care
4. Safe Staffing and skill mix
5. Implementation of evidence based staffing plans
6. Fatigue and shift work
7. Reducing risk
8. Violence prevention in the work place
9. Stress syndrome/anxiety syndrome
10. Reducing medication errors
11. Research, discovery and innovation
12. Developing nurses under 40
13. Inter/Intra Professional Development
14. Workforce Development
15. Clinical Trials
16. Medication adherence/compliance

Of course, articles of a clinical nature are most welcomed. **The deadline is August 20, 2016.**

Send the articles to nbnanews@nbna.org.

Thank you for your support in keeping the NBNA members and our external stakeholders apprised of your expertise!!!!

Sincerely,

Dr. Yolanda Powell-Young
Editor-in-Chief

Dr. Martha Dawson
Associate Editor

Dr. Millicent Gorham
Associate Editor

All Things NBNA



NATIONAL COALITION of ETHNIC MINORITY NURSES ASSOCIATIONS, Inc. (NCEMNA)

Greetings from the National Coalition of Ethnic Minority Nurse Associations (NCEMNA)!

NCEMNA is a unified body advocating for equity and justice in healthcare. It is composed of 5 National Ethnic Minority Nurse Associations:

- Asian American Pacific Islander Nurses Association, Inc. (AAPINA)
- National Alaskan Native American Indian Nurses Association (NANAINA)
- National Association of Hispanic Nurses, Inc. (NAHN)
- National Black Nurses Association, Inc. (NBNA)
- Philippine Nurses Association of America, Inc. (PNAA)

Our Mission: Be the unified body to advocate for health equity and justice

Our Vision: To be a leading voice and driving force for ethnic minority populations

NCEMNA recently concluded a very successful Strategic Management meeting on February 27-28, 2016 in Las Vegas, Nevada. The 2 day interactive meeting was led by Mila C. Velasquez, MN, RN, current President, and participated by the Board of Directors representing leaders of the 5 national member organizations.

The strategic planning focused intensively on 4 specific goals and related strategies identified as priorities to move NCEMNA forward:

- Advocate for accessible, equitable and culturally appropriate health care
- Promote ethnic minority nurse leadership in areas of health policy, practice, education and research
- Promote NCEMNA's professional growth and
- Promote financial sustainability

The NCEMNA Strategic Blue Print 2015-2017 served as an evolving framework for discussion to strategize and

to advance NCEMNA's Mission, Vision and Goals. After a thorough review and analysis of the strategic blue print; each Strategic Team assigned to a specific goal presented their recommendations to the Board for approval and implementation. Each team is commended for a job well done; commitment, and most of all, teamwork to fulfill assigned responsibilities.

Other Highlights of the Meeting:

- Installation of 3 new Executive Officers for 2016-2018, by Dr. Betty Smith-Williams, NCEMNA President Emerita and Co-Founder:
 - Vice Presidents: Elizabeth Gonzales, PhD, RN, and Jose Alejandro, PhD, RN
 - Treasurer: Lee Anne Nichols, PhD, RN
- Panel presentation with the theme ***"Building a Culture of Health Together: Promoting Leadership, Diversity and Sustainability"***. The program was supported by the Robert Wood Johnson Foundation and the American Association of Retired Persons. The panelists were:
 - » Dr. Antonia Villarruel and Deborah Washington, Future of Nursing Campaign for Action co-leaders of the National Diversity Action Steering Committee. Both presented the **Culture of Health Action Framework** and discussed how NCEMNA can contribute to the national movement of **Building a Culture of Health** and be a partner to promote leadership and diversity.
 - » President Mila Velasquez addressed NCEMNA's Leadership Challenges and Opportunities in Building a Culture of Health Together.
 - » Dr. Bette Keltner Jacob, Co-founder of NCEMNA, provided realistic insights to promoting sustainability of the organization.

An open forum followed the presentation. Issues on promoting diversity and advancing the future of Nursing were addressed. Dr. Debra Toney, NCEMNA Secretary, also invited members of the Nevada Action Coalition (NAC) who

All Things NBNA

also sponsored lunch for the day. Overall, it was a great networking opportunity among the leaders of NCEMNA, the Future of Nursing Campaign for Action Committee, and the Nevada community. Thank you very much for all your support!

NCEMNA looks forward to strengthening partnerships, collaboration and synergy to lead, inspire and influence. Let us work together to realize our shared goals and be successful in meeting the challenges of building a healthier community.

Mila Velasquez, MN, RN,
President 2015-2017, NCEMNA
E-Mail: Milavelasquez@verizon.net



NCEMNA Board of Directors- 2016

My Fellow NBNA Neuroscience Nurses – It's Time to Celebrate and Re-Commit!

For me the Month of May is always a prideful world wind as a Neuroscience Nurse. The entire month is stroke awareness month. As a NBNA and AANN member I try and spread daily tweets, "IM", and words of wisdom any way I can on stroke prevention and treatment throughout the African American community as a tribute to my Mother who passed away from a stroke.

May 6th - 12th is National Nurses Week and the focus is on the culture of safety. Safety is the very essence of our calling, advocating for our patients, and ourselves as we serve our community. The third week (May 15th - 21st) is perhaps the most special. Not only do we celebrate EMS week paying special homage to our "EMS Strong who are Called to Care" but it's Neuroscience Nurses Week! During this week I rejoice my specialty calling as a passionate Neuroscience Nurse revitalizing my commitment to care!

So as a member of NBNA and AANN I wanted to send out a special message to my fellow NBNA Neuroscience Nurses to join me in celebrating and reaffirming our commitment and passion for Neuroscience nursing. The call to action



Pat Lane – MBA, SCRN
Administrative Director of
Neuroscience Service Line
Bon Secours Richmond
Health Center

is to email me at akanurse89@yahoo.com and share with me your thoughts and interest of having a Neuroscience Institute at the NBNA 2017 Annual Conference. Looking forward to hearing from you, enjoy May and stay blessed!

Recognizing the Full Potential of Vaccines

Laura Hanen and Phyllis Arthur,
Co-Chairs of the Adult Vaccine Access Coalition (AVAC)

In February, the U.S. Department of Health and Human Services' National Vaccine Program Office released [the National Adult Immunization Plan](#). Published after years of study and stakeholder input, the plan was released with little fanfare but has big potential. If implemented successfully, it will serve as a roadmap to a healthier future where the life-and cost-saving potential of vaccines is accessible to all adults.

Childhood immunizations are one of the most remarkable public health success stories of our time—US childhood vaccination [rates](#) for diseases such as chickenpox, hepatitis B, measles, mumps, and rubella all exceed 90 percent. But we continue to lag far behind when it comes to adults. [Every year, more than 50,000 adults in the United States die from vaccine preventable diseases](#) and thousands more suffer serious health problems that recommended vaccines can prevent.

While our nation has made important progress in recent years on eliminating barriers to and increasing awareness of vaccines, they remain beyond the reach of too many Americans—[particularly minorities and the uninsured](#), for whom immunization rates are significantly lower on average than the general population. For examples, 28 percent of Americans over age 60 have been vaccinated for shingles, including 32 percent of whites. But the numbers are far lower for minorities: only 16.5 percent of Asians, 14.6 percent of Hispanics, and 11.6 percent of Blacks. Raising immunization rates overall is important but insufficient; we have to make sure that higher rates extend to all populations, not just some.

The recommendation of a healthcare provider is the most important reason why a patient receives a needed vaccine. Nurses in particular stand at the frontlines of the patient/provider interface and are critical to giving consistent and strong recommendations for adult vaccinations. Needless to say, nurses will play an essential role in fostering vaccine utilization moving forward.

As a diverse coalition of health care providers, vaccine manufacturers, pharmacies, and public health, patient, and consumer groups, the [Adult Vaccine Access Coalition](#) (AVAC) is pleased that the final plan reflects our top priorities. It lays out targeted benchmarks to increase immunization rates among all adults and puts forward solutions to strengthen the capacity of our public health infrastructure to meet those goals. We share the plan's vision of a system that includes immunizations as a core component of patients' acute healthcare and preventive health services.

It also addresses significant cost and access barriers that prevent more people from accessing more vaccines. Thanks to the Affordable Care Act, millions of previously uninsured Americans now enjoy health coverage and access to recommended vaccines at no cost. But such protections are not available across the board. AVAC appreciates that the plan specifically shines a light on [the predicament of Medicare beneficiaries](#) who often have significant out-of-pocket costs associated with vaccines covered under Part

All Things NBNA



Laura Hanen



Phyllis Arthur

D. To that end, we are pleased that the Centers for Medicare and Medicaid Services recently released a [final call](#) letter encouraging Medicare Part D plans to reduce or eliminate patient cost-sharing requirements for recommended vaccines. We will continue to work closely with CMS to ensure that vaccines are available to everybody, not only those who can afford them.

Moreover, as the plan indicates, recent advancements in health information technology have the potential to significantly improve real-time monitoring of nationwide vaccine coverage while simultaneously tracking rates of diseases that recommended vaccines can prevent. Pinpointing areas where immunization rates are strong and where they can improve are critical to facilitating targeted outreach to specific geographies and among populations who need it the most.

Successful implementation of the National Adult Immunization Plan will rest in large part on our collective commitment to several principles: educating all adults about the incredible benefits vaccines provide; making vaccines available to everyone; and simplifying the delivery process. AVAC is eager to mobilize our

members and work with health care providers, federal agencies and other adult immunization coalitions to put this plan into practice and help ensure that every American—no matter their age, location, or socioeconomic status—will be able to reap the tremendous benefits that vaccines provide.

Adult Vaccine Access Coalition

The Adult Vaccine Access Coalition brings together leaders in health and public health to raise awareness and engage in advocacy on the importance of adult immunization. Our mission is informed by a growing body of scientific and empirical evidence of the benefits of immunization in saving money, improving health, and protecting lives against a variety of debilitating and potentially deadly conditions that are entirely preventable. The primary objective of the Adult Vaccine Access Coalition (AVAC) is to educate and engage policymakers in working toward common legislative and regulatory solutions that will strengthen and enhance access to and utilization of adult immunization across the health care system. The National Black Nurses Association is member of the Adult Vaccine Access Coalition.

All Things NBNA



Guidelines for Authors

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

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

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

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

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

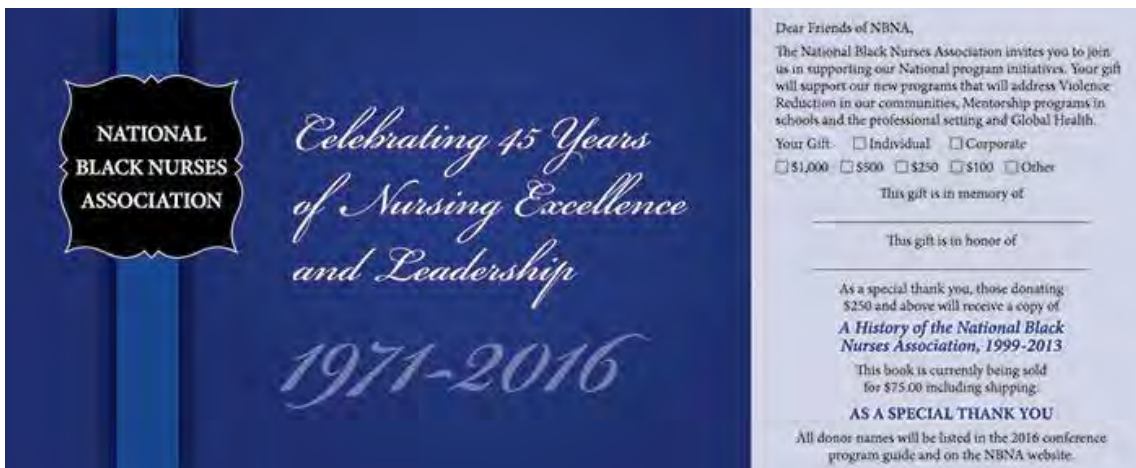
Length of Manuscript. Although the importance of the article will in large part determine length, it is recommended that research articles, critical essays and in-depth interviews should not exceed 5,000 words, or approximately 16 double-spaced, typewritten pages, including references, tables, and appendices.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

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

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

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

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



May 9, 2016

Dear NBNA Membership and Friends of NBNA:

We are appealing to you to make a generous contribution to the "Friends of NBNA" programs. Every contribution is welcomed. No contribution is too small. The "Friends of NBNA" Campaign is to support three NBNA initiatives, Violence Prevention, Mentorship and Global Health. NBNA launched its Violence Prevention Program on April 30. NBNA launched its global health program with helping the city of Flint, Michigan with almost 18,000 bottles of water and 300,000 baby wipes. We will roll out the Mentorship Program in the coming weeks.

We are asking you to make a contribution by June 1 on line or by sending a check. NBNA only takes MasterCard and Visa. Meeting this deadline will help ensure that your name is placed in the 2016 NBNA Conference Souvenir Program Book.

This is the very foundation of NBNA -- SERVICE!!!

Your generosity will make a difference in our communities by allowing us to continue in our work.

Please [click here](#) to make your donation today. Remember that every donation makes a difference, regardless of size.

Make the check payable to "NBNA" and mail it to: NBNA, 8630 Fenton Street, Suite 330, Silver Spring, MD 20910.

NBNA is a 501(c)3, non-profit organization.

Thank you so much for your support of the "Friends of NBNA" Campaign.

Sincerely,

Dr. Eric J. Williams

President

Members on the Move

Chapters In Service

COUNCIL OF BLACK NURSES, LOS ANGELES

NBNA President

Dr. Eric J. Williams, NBNA President, was a panelist for the National Minority Quality Forum in Washington DC on April 11, 2016. He spoke on "Biodiversity: Creating a Culture of Health and Violence Reduction".

Dr. Eric J. Williams served as the Keynote Speaker for the Sandhills BNA 2nd Annual Scholarship luncheon in Fayetteville, NC. The theme for the event was "Nursing: Advancing Health Care through Diversity and Collaboration". The event was held on April 9, 2016

Dr. Eric J. Williams, Lola Denise Jefferson, NBNA First Vice President, and Dr. Birthale Archie, 2nd Vice President, Dr. Debra A. Toney, NCEMNA Secretary, Dr. Betty Smith Williams, NCEMNA Founding Member and Dr. Deborah Washington attended the board of directors meeting of the National Coalition of Ethnic Minority Nurses Association. The meeting was held in Las Vegas, NV on February 27, 2016

Dr. Eric J. Williams was the closing keynote speaker for the Mardi Gras Carnival Nursing Conference sponsored by the Mobile BNA Association in collaboration with the Alabama State Nurses Association and the Montgomery BNA in the port city of Mobile. The event was held on March 7, 2016.

Dr. Eric J. Williams was the keynote speaker for the BNA of Greater Phoenix Area Black and Gold Gala Celebrating 40 years. The Gala was held on February 20, 2016

Dr. Eric J. Williams attended the BNA of Greater Washington DC 36th Annual Salute to the Black Nurse of the Year and Scholarship Luncheon Washington, DC. The event was March 5, 2016

Dr. Eric J Williams was appointed to serve on the *Minority Nurse Magazine* Advisory Board.

Council of Black Nurses, Los Angeles

Dr. Lovene Knight represented the Multicultural Nursing Society of Los Angeles, California. She served as the keynote speaker at a conference titled "Preparing Nursing as Global Citizens." Dr. Knight delivered a presentation on "Multicultural Nursing Education: Necessity and Urgency". The conference was well attended by professional nurses and nursing students.

The conference was sponsored by the International Nursing Education Consortium of Tallahassee, Florida of which Dr. Knight is a member of the Advisory Board. The objective of the event was to present information to colleges and universities with nursing programs to consider the need for study abroad for student nurses as a method of developing cultural competence, so necessary in delivery of patient care in today's society.



Members on the Move Chapters In Service

BAYOU REGION BLACK NURSES ASSOCIATION

Members of Bayou Region Black Nurses Association of Thibodaux, Louisiana celebrated their 1st Annual Scholarship Gala, "Light Up the Stars – Through Mentoring."



First row: Sharon Mack, Second row: Diane Deese, Tanya Harvey, Salina James, BRBNA President, Dr. Eric J. Williams, NBNA President, Charlene Smith, Trilby Barnes-Green, Third row: Pandora Joseph, Ellen Matthews, Misty Clement and Jason Gray



On March 7, 2015, Bayou Region Black Nurses Association sponsored a Community Wide Health and Fitness Expo. Theme: "Take Control of Your Health in 2015." Gayle Jupiter and Jason Gray at sign-in table.



Sharon Mack, Diane Deese, Tanya Harvey, Jason Gray perform the two step as Salina James looks on after the Scholarship Gala



2015 Health and Fitness Expo. We had 27 vendors participating. One of the vendors did a work out session to music.



2015 Health and Fitness Expo, members performing blood glucose screening.

Members on the Move

Chapter News

Council of Black Nurses Los Angeles

Dr. Lovene Knight was elected to Assistant Director of the California Associations of Parliamentarians 2016.

Larry Kidd, RN, DNP, DHA, FACHE, was promoted from Chief Nursing Officer to Senior Vice President and Chief Clinical Officer at Henry Mayo New Hall Memorial Hospital.

Tiffany Montgomery MSN, RN past health policy chair, will receive her PhD in nursing from the University of California, Los Angeles this semester and enter a post-doctoral program in the school of Medicine at Pennsylvania State University.

Wanda Morris, MSN, RN and Edna Willis, MSN, RN both received an Educational Doctoral Degree from Argosy University.

Cynthia Enyard, LVN received a Bachelor's of Arts in Gerontology from California State University, Dominguez Hills.

Chadwick Ricks, BSN, RN was hired as the Director of Emergency Room Services at St. Francis Medical Center, Lynwood, California

Acadiana Black Nurses Association (ABNA)



Members: Standing L-R- Dr. Wanda Spurlock; Dr. Iris Malone
Seated L-R - Dr. Enrica Singleton, Sharonetta Brooks, Dr. Nellie Prudhomme, ABNA President, Lucille Woodard, Graciana Breau, Patsy Bienvenu.

ABNA Chapter members ushered in 2016 with the theme "Advancing Nursing Practice through Diversity, Collaboration and Inclusion". ABNA's Annual Presidential Gala, held January 2 was attended by NBNA President, Dr. Eric J. Williams, who presented the charge to our membership ---advocating a greater role and involvement of the chapter on local, state and national levels impacting minority and vulnerable populations health, education, and sociopolitical issues.

ABNA Members response to the charge is clearly evident as noted by the summary of major activities and achievements of the chapter members participating collaboratively in health screening and care giving with the organization providing services to vulnerable populations.

Acadiana Black Nurses Association Members (ABNA)

2016 President's Scholarship Gala



Dr. Enrica Kinchen Singleton Scholarship is presented to a graduating nursing student for stellar academic and service activity. Enrica K. Singleton, BSN, MPH, MS, MBA, DrPH is the first African American nurse from the Acadiana area achieving doctoral status in a health related area. standing, Dr. Nellie Prudhomme, ABNA President; sitting, Dr. Eric J. Williams, NBNA President, Dr. Enrica Kinchen Singleton and Shekaul Henry, LSUE, ADN School of Nursing

Members on the Move

Chapter News

Scholarship Gala Awardees



Pastor Abraham Freeman, Patsy Bienvenu, BSN, RN, ABNA Treasurer is Nurse of the Year; Dr. Nellie Prudhomme, President, ABNA, received the ABNA Lifetime Achievement Award

ABNA's Nurse of the Year and Lifetime Achievement Award were presented to ABNA members exemplifying exemplary community involvement and lifelong leadership involvement in nursing in various capacities.

Patsy Bienvenu, BSN, RN, a retired OB and OR nurse and ABNA Treasurer, contributes countless volunteer and multi-talented efforts to health related organizations such as Blue Bird Cancer Camps, HIV Cares, NAUW and Arts Academy.

Dr. Nellie Prudhomme, a retired Army Reserve nurse and

ABNA, President of ABNA, is a 46+ year RN with a history of international volunteerism (Indonesia Tsunami 2004), continues to contribute countless volunteer efforts to local health related organizations such as Diabetic Youth Camps, community health clinics and community health fairs. As a retired nurse clinician/educator, researcher, and consultant, "I consider it both an honor and a blessing to volunteer a portion of my knowledge, skills, talents, and time that 46+ years of nursing has afforded me in giving back to society."

Diversity in Collaboration

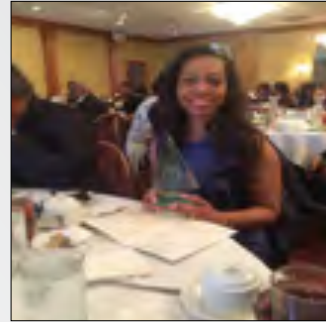
District IV Louisiana Nurses Association, NBNA and Acadiana BNA



Seated L to R: Patricia La Brosse, District IV President; Dr. Eric J. Williams, NBNA President; and Dr. Nellie Prudhomme, ABNA President; Standing L to R: Jackie Hebert, District IV Vice-President and Carlene MacMillan, District IV Treasurer

Members on the Move

Chapter News



Franciscan Service Award and Acadiana's Great 25 RNs Award was given to **Lucille Woodard**; **Sharonetta Brooks** received Acadiana's Great 25 RNs Award; **Dr. Iris Malone** received the National Association of University Women District Leadership Award

- 2). Chapter activities related to community health included:
- Expansion** of Acadiana's Parish **Health Ministry** program from 8 to 13 churches in Lafayette Parish. Dr. Iris Malone coordinates this activity within our region.
 - Ecumenical visits to ABNA member churches celebrating the **months of Chapter chartering**
 - Collaboration and partnership** with several community based organizations

Dr. Joseph Tyler Chapter of the National Medical Association (Medical Scholarships)

The 100 Black Men of Greater Lafayette, Inc. (Community Health Fair)

March, 2016 Louisiana Nightingale Hall of Fame Nominees



L-R: GraciAna Breaux, Dr. Iris Malone, Dr. Jeannine Thomas, Sharonetta Brooks, Dr. Nellie Prudhomme, Lucille Woodard and Gretchin Dregin



L-R: Patsy Bienvenu, Sharonetta Brooks; **Mentor of the Year, GraciAna Breaux**; Lucille Woodard, **Community Service**; Dr. Iris Malone, Dr. Enrica Kinchen Singleton, and Dr. Nellie Prudhomme

Members on the Move

Chapter News

Ecumenical Visits

September, 2015 -Ecumenical Chapter Charter visit at Trinity CME Church. ABNA members initiated an annual celebration of ABNA charter week by worshiping with one of the Parish Health Ministry congregations. The efforts of ABNA in Parish Health Ministry was recognized in the sermon presented by the presiding pastoral leader.



L-R: Dr. Iris Malone, Lucille Woodard, Gretchin Dregin, Dr. Nellie Prudhomme, ABNA President, Dr. Enrica Kinchen Singleton, Sharonetta Brooks, Dr. Jeanine Thomas, and Patsy Bienvenu
Not pictured: Pastor Maggie Banks.

February, 2016 –Ecumenical Chapter Charter visit at Mohorn Baptist Church

ABNA members initiated an annual celebration of ABNA charter week by worshiping with one of the Parish Health Ministry congregation. The efforts of ABNA in Parish Health Ministry was recognized in the sermon presented by the presiding pastoral leader.



L-R: Lucille Woodard, Dr. Iris Malone, Dr. Nellie Prudhomme, Julia Dupree, Pastor Nicholas Thomas, Patsy Bienvenu and GraciAna Breaux

Minority Health Awareness Month



Members: L-R: Dr. Nellie Prudhomme, Lucille Woodard, Patsy Bienvenu, GraciAna Breaux

ABNA partnered with UnitedHealthcare, Lafayette Parks and Recreation, National Birth Equity Collaborative and AmerigroupRealSolutions to provide health screening including blood pressure, BMI measures and health counseling. The free fun-filled morning included information on exercise, grocery shopping, portion control, healthy foods, reading food labels and much more. Following the health information sessions ABNA nurses provided health screening and information referral sources as needed when health disparity data was obtained from the participants.

Members on the Move

Chapter News

New England Regional Black Nurses Association 2016

January 2016

Allyssa L. Harris RN, PhD, WHNP, Assistant Professor at the Connell School of Nursing, Boston College was the invited speaker at the Clinical Innovations Dinner Alpha Chi Chapter of STTI. Her topic was "Promotion of Sex by the Media, Urban Lit, and Reality TV: Does it Impact the Sexual Behaviors of Adolescents and Young Adults?"

Dr. Gaurdia Banister was the Convocation Speaker at the Massachusetts General Hospital (MGH) Institute for Health Professions School of Nursing. Boston, MA.

February 2016

Tarma Johnson, Sasha DuBois, Melissa Joseph, Ladonna Christian, Margaret Brown and Dr. Deborah Washington attended the 2016 NBNA Day on Capitol Hill, Washington, D.C.

April 2016

Dr. Gaurdia Banister was the guest lecturer at the "Cultural Awareness Through Self Reflection" Joyce C. Clifford Leadership Seminar, Organization of Nurse Leaders, Massachusetts and Rhode Island, Boston, MA.

Margaret Brown was a panelist at the Biomedical Science Careers Student Conference for the Harvard Medical School at The Westin Copley Hotel in Boston.

LaDonna Christian passed her dissertation defense and received her doctorate degree, is now Dr. LaDonna Christian!

Tarma Johnson, Ruth Hines, Dr. Gaurdia Banister attended the Environmental Health Conference in Cambridge, MA.

Allyssa L. Harris RN, PhD, WHNP, Assistant Professor at the Connell School of Nursing, Boston College had the following manuscripts accepted for publication:

- Chapman, C.L., & Harris, A. (In Press). Women living with

HIV and cervical cancer screening. *Nursing for Women's Health*. Submitted January 2016.

- Harris, A. (2016). A second look: Parent-adolescent sexual communication interventions. *Nursing for Women's Health*, 20, 211-2017. Doi: 10.1016/j.nwh.2016.01.002
- *Harris, A. (In Press). African American parent-son sexual communication among a college sample. *Journal of Pediatric Nursing* 5/2015. Doi: 10.1016/j.pedn.2015.12.006
- Harris, A. (2016). A second look: Salpingectomy and ovarian cancer prevention. *Nursing for Women's Health*, 19, 543-549. Doi: 10.1111/1751-486X.12250.

May 2016

Gaurdia Banister with other colleagues had the following poster presentations:

- Capasso, V., Coakley, A., Donahue, V., Stengrevics, S., Gallivan, T. & Banister, G. Effect of Fluid Immersion Simulation Mattress on Prevention of Hospital Acquired Pressure Ulcers in Highest Risk Cardiac Surgical Patients. Poster Presentation Massachusetts General Hospital Nursing Research Expo, Boston, MA.
- Banister, G., Portney, L., Andrist, L., Fitzgerald, P., Inzana, R., Jampel, A., Knab, M., Schnider, M., Vega-Barachowitz, C. & Zeytoonjian, T. Developing Clinical Faculty to Support Interprofessional Education and Collaborative Practice: An Academic-Practice Partnership. Poster Presentation Massachusetts General Hospital Nursing Research Expo, Boston, MA.
- Banister, G., Portney, L., Andrist, L., Fitzgerald, P., Inzana, R., Jampel, A., Knab, M., Schnider, M., Vega-Barachowitz, C. & Zeytoonjian, T. Developing Clinical Faculty to Support Interprofessional Education and Collaborative Practice: An Academic-Practice Partnership. Poster Presentation Massachusetts General Hospital Executive Committee on Teaching and Education Symposium, Boston, MA.

Members on the Move

Chapter News

Savannah Chapter, National Black Nurses Association presents Annual Scholarships

The Savannah Black Nurses Association (SBNA) held its 2016 Annual Scholarship Gala on February 13 at the Marriott Savannah Riverfront. **Ms. Nashia Wittenburg, Director of Multicultural Student Affairs at Armstrong State University, Savannah, Georgia**, presided as the Mistress of Ceremony for this year's SBNA Gala. The event was a testament to the dedicated nursing professionals in the SBNA who maintain a presence through the National Black Nurses Association – Savannah Chapter. The organization's motto is **Advancing the Profession of Nursing through Education, Practice, Research and Leadership**, which serves as a template for the progression of the nursing locally, nationally and internationally.

During the Annual Scholarship Gala, the SBNA officers and members were very pleased and excited to give the **Cheryl W. Capers Nursing Scholarship Award** to two well deserving nursing students, namely **Elaine Mills** and **Tyler Jacobs**. Both recipients completed the application process and wrote moving and well thought out essays on the topic of **Improving Health and Reducing Disparities**. Each recipient was presented with an award scholarship of one thousand dollars and support with a year's membership with the Savannah Black Nurses Association.

Elaine P. Mills is a student attending Armstrong State University, Savannah, Georgia. She is a Senior in the Bachelor of Science



Nursing Program and her anticipated graduation is December 2016. Ms. Mills plans a nursing career in the Intensive Care Unit (ICU). In addition to maintaining a high academic GPA, Ms. Mills is also a Certified Nursing Assistant providing private home care. On campus she is very active in activities such as the PHI KAPPA PHI Honor Society Member, ASU Student NAACP Chapter

Treasurer and Secretary since 2013. In the community, she has been involved with Frank Callen's Boys and Girls Club, Keep Savannah Beautiful, West Broad Street YMCA, Three Colleges One Cause: The Wounded Warriors Project, Blessings in a Backpack, MLK DAY of Service, AIDS Walk Atlanta and many other activities.

Tyler Jacobs is a student attending Georgia Southern University Statesboro, Georgia. She is studying and working



towards her Bachelor of Nursing Degree and will be graduating Spring, 2017. She has achieved the Dean's List every semester since entering Georgia Southern University. She was also initiated into the PHI ETA SIGMA Honor Society and the GAMMA BETA PHI Honor Society for her scholastic achievements as well as many community service oriented activities. She is currently a junior in nursing school and hopes

to become a ICU nurse after graduation. She is from Douglas, Georgia and her parents are Terrell and Angela Jacobs. She looks forward to her future career in nursing.

The Savannah Black Nurses Association (SBNA) was founded on April 29, 1987 by a group of nurses concerned about dialogue, communication, education and working conditions of African American nurses, as well as the health care needs of the African American community. The group has established many collaborative partnerships in the community. Cheryl W. Capers, President, Brenda S. Pough, Scholarship, Chairperson, officers and members thank the Savannah community for its continued support throughout the years. We are inspired by successful academic achievement of this year's recipients in the field of nursing and wish each of them continued success in their nursing endeavors.

Members on the Move Chapter News

New England Regional Black Nurses Association

The New England Regional Black Nurses Association has for the past 28 years been committed to maintain its unwavering commitment to public recognition of Black nurses who consistently excel in their profession and specialty areas. The award is open to all registered nurses in the areas of practice, leadership, education/aching and research. Licensed practical/vocational nurses are eligible for an award in practice only. Specific criteria for each category have been developed gain which all nominees will be evaluated and to determine how well they meet the category specific criteria; how their activities demonstrate their understanding of the increasing needs of ethnically, racially and culturally diverse populations; along with key examples related to excellence.



From Top Left: Sasha DuBois MSN, RN, Monica Smith, RN, Guilna Ace BSN, RN, Herminia Shermont MS, RN, NE-BC, Robert Brayboy BSN, RN, Tarma Johnson President NERBNA, Colby Bowden BSN, RN, Reverend Veronica Tasker Ph.D, RN, MS, MBA, MPH, M. Div. Joceylyn Loftus MSN, RN, Farah Fevrin MSN, RN, JoAnn DeGraff BSN, AND, RN, Dr. Sherley Belizaire DNP PMHNP-BC, FNP-BC, Leonora Johnson BSN, RN

Memphis Riverbluff Black Nurses Association

SisterPact Campaign in Memphis, TN



Please visit <http://www.gene.com/stories/sister-pact> where you will find a great article on the project.

Black Nurses Association, Tampa Bay



RESOLVING CONFLICT (Students & Members), Rosa Mckinzy Cambridge, NBNA Tampa President and Tee Solomon, NCNW Tampa President

Members on the Move

Chapter News

Black Nurses Association, Baltimore



BNAB at the Convention in Atlanta, Georgia



BNAB at the Convention in Atlanta, Georgia



BNAB interacting with the Black Student Nurses Association of Johns Hopkins University

Members on the Move

Chapter News

Pittsburgh Black Nurses in Action Marching our Community to Better Health

Under the leadership of Emma Payne Felder, the Pittsburgh Black Nurses Membership Committee held a meet and greet recruitment event at one of Pittsburgh's fine dining establishments. The Pittsburgh Black Nurses in Action recruited 20% of the attendees to join the group on site. Dr. Dawndra Jones, President, kicked the event off by welcoming the guests

and speaking about the organization. Food, fellowship, prizes, giveaways networking, and job opportunities were all a part of the fantastic environment, which drew close to 75 black nurses together. New members who joined came to the following meeting and are ready to be active as the Pittsburgh Black Nurses in Action are on the move!



The 2014 Pittsburgh Black Nurses in Action scholarship recipients, Chris, Brittany and Emerald for passed their nursing state board exams (NCLEX). In 2015/2016 we welcomed them to the best career of a lifetime.

Members on the Move

Chapter News

FORT BEND COUNTY BLACK NURSES ASSOCIATION 15th Annual President's Scholarship & Awards All White Ball, April 23, 2016



Dr. Eric J. Williams and Congressman Al Green



Dr. Eric J. Williams with the FBCBNA Board of Directors



Greater East Texas BNA with Dr. Eric Williams



Black Nurses of Greater Houston attended the All White Ball



Councilman Chris Preston, Living Legend Myrtle Morrow, Living Legend Dr. Mary Holt Ashley, and Dr. Eric J. Williams



Dr. Mary Ellen Ross with the three scholarship winners and Dr. Eric Williams



DSC Lola Denise Jefferson presents NBNA Past President Dr. Debra A. Toney with a plaque for outstanding support



Councilman Chris Preston, Lifetime Achievement Maud Trahan, Boardmember of the Year Bessie Trammell, Volunteer of the Year Ida Massie, Recruiter of the Year Dr. Mary Ellen Ross, Nurse of the Year Faith Okagbue, and Dr. Eric J. Williams

Members on the Move

Chapter News

Chapter: KALAMAZOO-MUSKEGON MICHIGAN BLACK NURSES ASSOCIATION

Dr. Birthale Archie, NBNA's Second Vice President, represented President Eric Williams and the National Black Nurses Association in the presentation of 17,745 bottles (almost 18,000) of water to the individuals and families of Flint, Michigan. The water was delivered to the "Food Bank of Eastern Michigan for distribution. The Flint chapter president, Juanita Wells and several of the chapter members joined with her on February 19, 2016 for the presentation. They were also able to volunteer in the food bank to sort and package food for distribution as well. (See next page for pictures)

Dr. Archie received and accepted an invitation to attend the live CNN Debate on the Flint Lead Water Crisis in Flint, Michigan on March 6, 2016.

Dr. Birthale Archie was appointed by Dr. Eric Williams to serve on the National Coalition of Ethnic Minority Nurse Associations. She was able to attend the productive "National Strategic Planning Conference" in February 26-28th, 2016 held in Las Vegas, Nevada. She also was appointed by the President to serve on the Minority Nurse Magazine Advisory Committee.

Dr. Birthale Archie was selected and appointed to serve on the Davenport University College of Health Professions Advisory Board.

Dr. Birthale Archie received the Michigan Works-Workforce Development Board Advocacy Award for outstanding service in striving to eliminate barriers to employment and promote retention for persons seeking employment. The Award was bestowed on December 9, 2015 during a luncheon in Grand Rapids, MI at the Frederik Meijer Garden.



Dr. Birthale Archie presenting to the food bank staff



Dr. Birthale Archie presenting to the food bank staff, with Juanita Wells



Greater Flint BNA members with a staff person from the food bank

Members on the Move

Chapter News

Chapter: KALAMAZOO-MUSKEGON MICHIGAN BLACK NURSES ASSOCIATION (cont.)

Food Bank Volunteers



Members on the Move

Chapter News

51st Middle West Regional Conference of Chi Eta Phi Sorority, Inc.

Dr. Birthale Archie, NBNA Second Vice President, representing NBNA and Dr. Eric J. Williams, NBNA President at the 51st Middle West Regional Conference of Chi Eta Phi Sorority, Inc. in Detroit, MI, April 28 - May 1.



Mrs. Sharon Burnett, President Lambda Chi Chapter, Detroit, MI Chi Eta Phi Sorority, Inc with Dr. Birthale Archie, Second Vice President of NBNA. Attended the 51st Middlewest Regional Conference of the Chi Eta Phi Sorority, Inc Grammy's on The Green Gala. April 30th.



Mrs. Nettie Riddick, Dr. Birthale Archie, and Dr. Jonnie Hamilton during one of their leadership educational sessions on April 29th during their 51st Middlewest Regional Conference of Chi Eta Phi on April 29th.



Mrs. Shanita Washington, from a Milwaukee Chapter of Chi Eta Phi with Dr. Birthale Archie During their 51st Middlewest Regional Conference in Detroit, MI April 30th.



Dr. Jonnie Hamilton and Dr. Birthale Archie In an educational session of the Regional Conference. April 29th.

Members on the Move

Chapter News

CLEVELAND COUNCIL OF BLACK NURSES

It is a recognition of nursing and nurses across the Greater Cleveland Area. Co-sponsored by the *Cleveland Magazine* and the Greater Cleveland Nurses Association. Each Cleveland area hospital nominates the nurse/nurses that they feel deserve the award. The purpose of the award is to honor nurses and the work that they do for individuals and the community and to promote a positive image to the public of nurses' contributions to healthcare.

I will be formally recognized for this award at the 2016 Faces of Care Gala on Saturday, June 4, 2016.

Stephanie Doibo has been married for 17 years and has three beautiful children ages 6, 8, and 12. She loves spending time with her family. Stephanie strives to balance her time between family, nursing, spirituality, leadership roles, and pursuing higher education.

She has been a nurse at UH Case Medical Center for approximately 3.5 years. Stephanie received her associate's degree in nursing at Cuyahoga Community College and her Bachelor's degree in Nursing at Ohio University. She is currently enrolled in a Master's Degree program in Health Education and Promotion under Public Health at Walden University. Her goal is to obtain her PhD after her Master's Degree.

Stephanie's nursing career started in Mather OR where she is currently working as a full time surgical nurse. She shares her experience and outstanding leadership with patients, family members, physicians and peers. Stephanie's clinical experience and versatility has been an asset to UH Case Medical Center over her career. She has taken on the charge nurse role on night shift and welcomed the start of our Level One trauma program.

She is a member of the Association for PeriOperative Registered Nurses (AORN), American Nurses Association (ANA) and National Black Nurses Association (NBNA).



Stephanie Doibo, BSN, RN, President of the Cleveland Council of Black Nurses, was nominated for University Hospitals of Cleveland's Faces of Care.

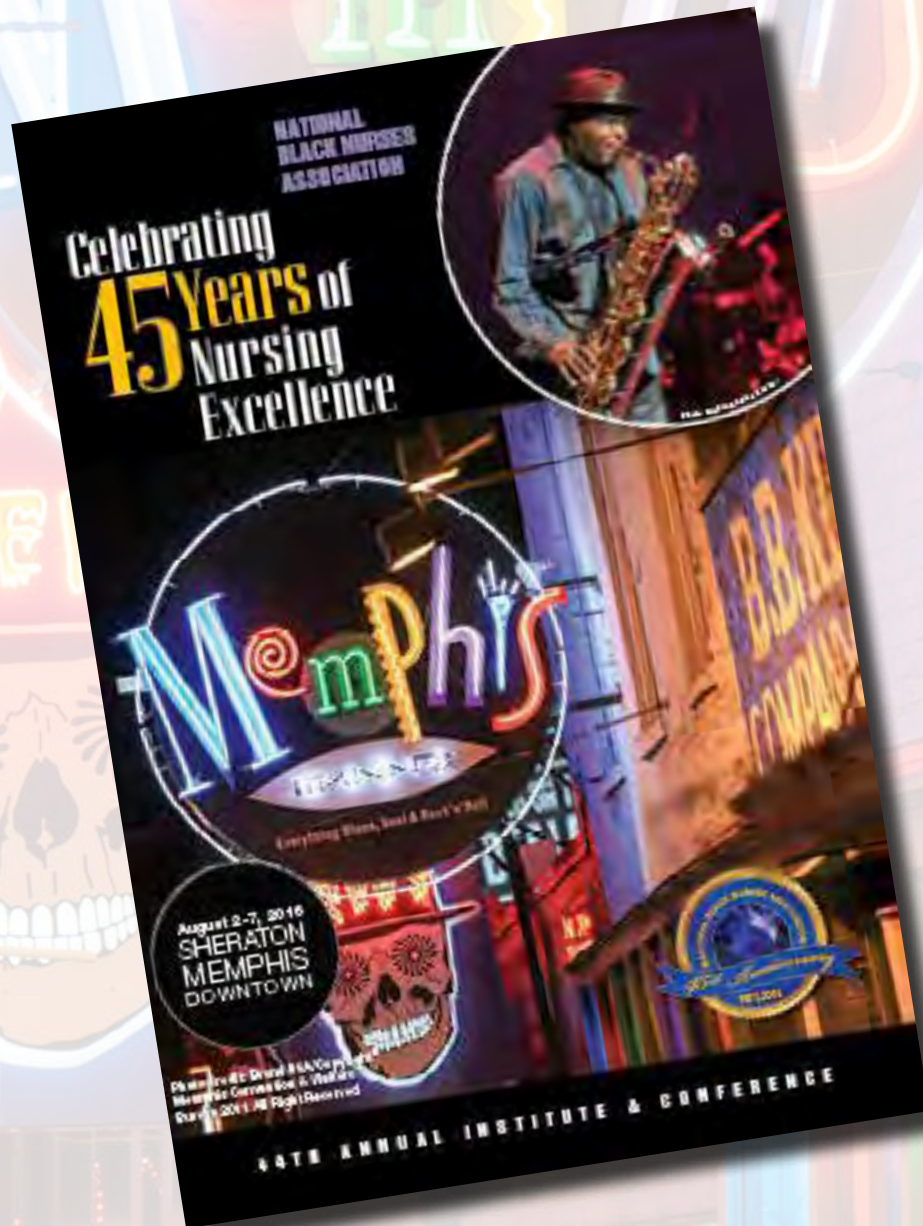
As a member of NBNA, Stephanie has submitted and published various articles, received scholarships and has given presentations at their national annual conferences. In addition, she serves on national committees (ie: Women's Health) and participates in national initiatives (ie: Violence Reduction).

Stephanie is currently the President of the Cleveland Council of Black Nurses (CCBN) which is a local chapter of NBNA. CCBN organizes free workshops to assist nursing students, participates in community outreach endeavors, promotes diversity by collaborating with other minority nurse organizations and gives scholarships to help nursing students in financial need.

Stephanie initiated a health ministry at her church. This health ministry promotes wellness by organizing health fairs, providing education regarding prevention of illnesses, collaborates with health professionals to bring resources to the church community, engages in blood pressure screenings, and brings awareness regarding health disparities among the African-American community.

2016

NBNA Conference Registration



Click the link above to enter the registration page.



NBNA 45th Anniversary

Celebrating the places we have been and the places you will go!
Join us in Memphis and see how we will help you get there!

Dear NBNA Membership,

Plans are well underway for the NBNA's 45th Anniversary Celebration which will take place in Memphis, August 2 - August 7, 2016. Over the coming months you will receive information about several exciting events that the local chapter and the various conference committees are planning.

As with all anniversary celebrations, we will honor our past, and celebrate our future. The 45 Under 40 Award will honor and celebrate NBNA members who are 40 years old and under who have shown strong leadership and demonstrated excellence and innovation in their practice setting, in their NBNA chapters and in the communities they serve. These are the emerging leaders who will carry the vision and the mission of our Founders into the future. These young leaders are the "way forward" for our communities and our organization. These young leaders are the "Future of Nursing".

I look forward to celebrating with you all in Memphis!

Dr. Eric J. Williams

President

NBNA Salutes Its Next Generation of Nursing Leaders 45 Under 40 Award

Each NBNA Chapter is invited to submit the names of up to two (2) members of their chapter who are 40 years of age or younger. Please complete the attached form and return to dmance@nbna.org no later than May 1, 2016.

Application link: <https://form.jotform.com/60475328090152>

To be eligible, the nominee must be:

- An active member of an NBNA Chapter or a Direct Member
- Born in 1976 or later (Chapter President to verify)
- Direct members will need to provide confirmation of DOB to National office
- Have served as a chapter officer or committee member
- Have an active nursing license
- Employed; and/or enrolled in an advanced degree program (Masters or Doctoral)
- Provide documentation of professional, chapter, and community accomplishments as well as publications and presentations (no more than 2 pages, it may be in a list format, a two page CV or 2 certificates, etc.)
- Must submit a 50 word bio in a Word document
- Must submit a current professional head shot photograph
- Nominee must provide a 75 word or less testimonial about what NBNA has meant the to candidate

All information you provide will be published in the 2016 conference program book.

2016 Membership Campaign National Black Nurses Association

April 4, 2016

Dear NBNA Membership:

The membership campaign for 2016 is set and ready to go. This year's theme is: *"NBNA: Today, Tomorrow, and for a Lifetime"*. The campaign will begin January 1, 2016 to May 15, 2016. I challenge each of you to recruit at least one member.

We have many competitive prizes that will be awarded at the conference in Memphis, Tennessee, August 2-7, 2016, Sheraton Memphis Downtown Hotel, Memphis, TN. I would love to present your chapter with the highest retention award or the largest chapter in a category award. As a member you can receive the highest number of members recruited honor, the most students recruited or most lifetime members recruited. Remember, even if you recruit a member to join another chapter, you will receive the credit. Every member that recruits a member will receive the, **"I RECRUITED A NURSE FOR NBNA"** ribbon at the conference.

The Membership Committee of the National Black Nurses Association, Inc. is thrilled to initiate this initiative. But, it can only be successful with your contribution of recruiting new members. Today, Tomorrow, and for a Lifetime NBNA depends on you. Membership is everyone's responsibility. Chapter leaders, your roles are extremely significant as well as the members.

All members are asked to complete the chapter's 2016 membership application. The application has been reviewed and contains key information that can be used in the NBNA Membership database.

[2016 Membership Campaign Letter](#)

[2016 Membership Campaign](#)

[NBNA Membership Application](#)

[NBNA Online Membership Application](#)

Thank you in advance,

Lola Denise Jefferson

Lola Denise Jefferson, BSN, RNC, CVRN
NBNA 1st Vice President
NBNA Membership Chair



2016 MEMBERSHIP APPLICATION

Estella A. Lazenby, Membership Services Manager
National Black Nurses Association
 8630 Fenton Street, Suite 330, Silver Spring, MD 20910 - (301) 589-3200

NEW MEMBER
 RENEWING
 LIFETIME MEMBER _____ (year paid)

NBNA's website: www.nbna.org. Home page click the Membership tab, locate the Chapter Directory with drop down box, locate your state and select a chapter you wish to join. Review the information

Please type or write legibly, this information must be readable.

Name: _____ Nursing Credentials: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Nursing License #: _____ State: _____

If Student, print name of nursing school and provide a letter on school stationary, signed by Nursing Administration stating: you are currently enrolled and unlicensed.

Print name of Nursing School _____

Recruited by: _____ Release my contact information to the membership: Yes No

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

2016 MEMBERSHIP CAMPAIGN APPLICATION

<p>EXPERIENCE IN NURSING</p> <ol style="list-style-type: none"> Less than 2 years 2 - 5 year 6 - 10 years 11 - 15 years 16 - 20 years More than 20 years <p>PRIMARY WORK SETTING</p> <ol style="list-style-type: none"> Private Non-Profit Hospital Public/Federal Hospital Private, Investor-Owned Hospital School/College of Nursing Independent/Private Practice Military Industry Home Health Agency Behavioral Care Company/HMO Community Agency Research Nursing Home <p>Nursing Specialty, i.e., ER, OR, Oncology: _____</p>	<p>PRIMARY ROLE</p> <ol style="list-style-type: none"> Administrator/Director/VP of Nursing Nurse Manager, Assistant Nurse Manager Nursing Supervisor Advanced Practice Nurse Researcher Consultant Educator Case Manager RN LPN/LVN Staff <p>HIGHEST DEGREE HELD</p> <ol style="list-style-type: none"> Associate Degree Diploma Baccalaureate in Nursing Other Baccalaureate Masters in Nursing Other Masters Doctorate in Nursing Other Doctorate <p>NURSING EMPLOYMENT</p> <table border="0"> <tr> <td>1. Full-time</td> <td>3. Unemployed</td> </tr> <tr> <td>2. Part-time</td> <td>4. Retired</td> </tr> </table>	1. Full-time	3. Unemployed	2. Part-time	4. Retired	<p>NURSE PROFILE</p> <ol style="list-style-type: none"> ANA Certified Generalist (RN, C) Specialist (RN, CS) Prescriptive Authority <p>LEVEL OF CARE PROVIDED</p> <ol style="list-style-type: none"> In-patient Out-patient Ambulatory Public Health Department Nursing Home Residential Rehabilitative <p><i>NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.</i></p> <p>AGE RANGE</p> <table border="0"> <tr> <td>1. 20-24</td> <td>6. 45-49</td> </tr> <tr> <td>2. 25-29</td> <td>7. 50-54</td> </tr> <tr> <td>3. 30-34</td> <td>8. 55-59</td> </tr> <tr> <td>4. 35-39</td> <td>9. 60-64</td> </tr> <tr> <td>5. 40-44</td> <td>10. 65 PLUS</td> </tr> </table>	1. 20-24	6. 45-49	2. 25-29	7. 50-54	3. 30-34	8. 55-59	4. 35-39	9. 60-64	5. 40-44	10. 65 PLUS	<p>SEX</p> <p>1. Female 2. Male</p> <p>PROF. ORGANIZATION MEMBERSHIPS</p> <ol style="list-style-type: none"> American Nurses Assoc. American Association of Critical Care Nurses National League of Nursing Chi Eta Phi American Public Health Association American Academy of Nursing Other: _____ <p>ANNUAL SALARY</p> <ol style="list-style-type: none"> UNDER \$20,000 \$20,000 - \$29,000 \$30,000 - \$39,999 \$40,000 - \$49,999 \$50,000 - \$59,999 \$60,000 - \$69,999 \$70,000 - \$79,999 \$80,000 plus
1. Full-time	3. Unemployed																
2. Part-time	4. Retired																
1. 20-24	6. 45-49																
2. 25-29	7. 50-54																
3. 30-34	8. 55-59																
4. 35-39	9. 60-64																
5. 40-44	10. 65 PLUS																

NAME OF NEW CHAPTER: _____

Lifetime National Dues \$2,000.00	National Dues RN/LPN/LVN \$225.00	National Dues RETIRED \$112.50	National Dues 1 st YEAR GRAD \$150.00	National Dues *STUDENT (unlicensed SN) \$65.00	National Dues \$
Lifetime Local Dues \$	RN/LPN/LVN Local Dues \$	RETIRED Local Dues \$	1 st YEAR GRAD Local Dues \$	*STUDENT (unlicensed SN) Local Dues \$	Local Dues \$

Method of Payment: [] Check [] Money Order [] VISA [] MasterCard **TOTAL AMOUNT ENCLOSED \$**

Account #: _____ Exp. Date: _____ Sec. Code: _____

Signature: _____

THANK YOU FOR JOINING!!

Chapter Websites

Alabama

Birmingham BNA www.birminghambna.org

Arizona

Bna Greater Phoenix Area www.bnaphoenix.org

Arkansas

Little Rock BNA www.lrbnaa.nursingnetwork.org

California

Bay Area BNA www.babna.org

Council Of BN, Los Angeles www.cbnlosangeles.org

Inland Empire BNA www.iebna.org

San Diego BNA www.sdblacknurses.org

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

Colorado

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

Connecticut

Northern Connecticut BNA www.ncbna.org

Southern Connecticut BNA www.scbna.org

Delaware

BNA Of The First State www.bnaoffirststate.org

District Of Columbia

BNA Of Greater Washington DC Area www.bnaofgwdca.org

Florida

BNA, Miami www.bna-Miami.org

BNA, Tampa Bay www.tampabaynursesassoc.org

Central Florida BNA www.cfbna.org

First Coast BNA (Jacksonville) www.fcbna.org

St. Petersburg BNA www.orgsites.com/FI/Spnbna

Georgia

Atlanta BNA www.atlantablacknurses.com

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

Savannah BNA www.sb_na.org

Hawaii

Honolulu BNA www.honolulublacknurses.com

Illinois

Chicago Chapter NBNA www.chicagochapternbna.org

BNA Of Indianapolis www.bna-Indy.org

Kentucky

Kyanna Bna (Louisville) www.kyannabna.org

Lexington Chapter Of The NBNA www.lcnbna.org

Louisiana

Baton Rouge BNA www.mybrbna.org

Shreveport BNA www.sbna411.Org

Maryland

BNA Of Baltimore www.bnabaltimore.org

Chapter Websites

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.nbnashville.org

Texas

BNA Of Greater Houston www.bnagh.org

Fort Bend County BNA www.fcbna.org

Metroplex BNA (Dallas) www.mbnadallas.org

Wisconsin

Milwaukee Chapter NBNA www.mcnbna.org

Chapter Presidents

ALABAMA

Birmingham BNA (11)	Mary Williamson	Birmingham, AL
Mobile Bay BNA (146)	Dr. Alethes Hill	Mobile, AL
Montgomery BNA (125)	Katherine Means	Montgomery, AL

ARIZONA

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

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

Bay Area BNA (02)	Gregory Woods	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)	Ethel Weekly-Avant	San Diego, CA
South Bay Area BNA (San Jose) (72)	Sandra McKinney	San Jose, CA

COLORADO

Eastern Colorado Council of Black Nurses (Denver) (127)	Elerie Archer	Denver, CO
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CONNECTICUT

Northern Connecticut BNA (84)	Muriel Appram	Hartford, CT
Southern Connecticut BNA (36)	Katherine Tucker	New Haven, CT

DELAWARE

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

DISTRICT OF COLUMBIA

BNA of Greater Washington, DC Area (04)	Sonia Swayz	Washington, DC
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FLORIDA

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

Chapter Presidents

GEORGIA

Atlanta BNA (08)	Evelyn Miller	College Park, GA
Columbus Metro BNA (51)	Gwendolyn McIntosh	Columbus, GA
Concerned National Black Nurses of Central Savannah River Area (123)	Theresa Brisker	Martinez, GA
Savannah BNA (64)	Cheryl Capers	Savannah, GA

HAWAII

Honolulu BNA (80)	Linda Mitchell	Aiea, HI
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ILLINOIS

BNA of Central Illinois (143)	Rita Myles	Bloomington, IL
Chicago Chapter NBNA (09)	Dr. Daisy Harmon-Allen	Chicago, IL
Greater Illinois BNA (147)	Dr. Debra Boyd-Seale	Bolingbrook IL

INDIANA

BNA of Indianapolis (46)	Dr. Denise Ferrell	Indianapolis, IN
Northwest Indiana BNA (110)	Michelle Moore	Gary, IN

KANSAS

Wichita BNA (104)	Peggy Burns	Wichita, KS
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KENTUCKY

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

LOUISIANA

Acadiana BNA (131)	Dr. Nellie Prudhomme	Lafayette, LA
Baton Rouge BNA (135)	Tonya Washington Nash	New Orleans, LA
Bayou Region BNA (140)	Salina James	Thibodaux, LA
New Orleans BNA (52)	Georgette Mims	New Orleans, LA
Shreveport BNA (22)	Bertresea Evans	Shreveport, LA

MARYLAND

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

MASSACHUSETTS

New England Regional BNA (45)	Tarma Johnson	Roxbury, MA
Western Massachusetts BNA (40)	Kristina Sanders-Ayinde	Springfield, MA

MICHIGAN

Detroit BNA (13)	Nettie Riddick	Detroit MI
Grand Rapids BNA (93)	Crystal Cummings	Grand Rapids, MI
Greater Flint BNA (70)	Juanita Wells	Flint, MI

Chapter Presidents

MICHIGAN (cont.)

Kalamazoo-Muskegon BNA (96) Shahidah El-Amin Kentwood, MI

MINNESOTA

Minnesota BNA (111) Shirlynn Lachapelle Minneapolis, MN

MISSISSIPPI

Central Mississippi BNA (141) Tangela Hales Brandon, MS

MISSOURI

BNA of Greater St. Louis (144) Kenya Haney Florissant, MO
Greater Kansas City BNA (74) Iris Culbert Kansas City, MO

NEBRASKA

Omaha BNA (73) Shanda Ross Omaha, NE

NEVADA

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

NEW JERSEY

Concerned BN of Central New Jersey (61) Daliah Spencer Neptune, NJ
Concerned Black Nurses of Newark (24) Dr. Portia Johnson Newark, NJ
Mid State BNA of New Jersey (90) Rhonda Backers-Garrett Somerset, NJ
Middlesex Regional BNA (136) Cheryl Myers New Brunswick, NJ
Northern New Jersey BNA (57) Larider Ruffin Newark, NJ
South Jersey Chapter of the NBNA (62) T. Maria Jones Williamstown, NJ

NEW YORK

New York BNA (14) Dr. 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 Black Nurses Council (53) Helen Horton Durham, NC
Sandhills North Carolina BNA (138) Dr. LeShonda Wallace Fayetteville, NC

OHIO

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

OKLAHOMA

Eastern Oklahoma BNA (129) LaMaria Folks Tulsa, OK

Chapter Presidents

PENNSYLVANIA

Pittsburgh BN in Action (31) Dr. Dawndra JonesPittsburgh, PA
Southeastern Pennsylvania Area BNA (56)..... Denise PinderPhiladelphia, PA

SOUTH CAROLINA

Tri-County BNA of Charleston (27) Jannie Brown..... 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) Janice Sanders Missouri City, TX
Galveston County Gulf Coast BNA (91) Leon Mcgrew.....Galveston, TX
Greater East Texas BNA (34)..... Pauline Barnes Tyler, TX
Metroplex BNA (Dallas) (102) Dr. Karla Smith-Lucas Dallas, TX
Southeast Texas BNA (109) Stephanie Williams Port Arthur, TX

VIRGINIA

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

WISCONSIN

Milwaukee BNA (21) Sharron Coffie Milwaukee, WI
Racine-Kenosha BNA (50) Gwen Perry-Brye.....Racine, WI

Direct Member (55)*

*Only if there is no Chapter in your area