

NATIONAL BLACK NURSES ASSOCIATION

NBNA

NEWS

Special Report: COVID-19 2020



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NEW ORLEANS
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NBNA NEWS

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National Nurses Month and the COVID-19 Pandemic

Jennifer J. Coleman, PhD, RN, CNE, COI
Co-Editor-in-Chief



When the World Health Organization designated 2020 as the International Year of the Nurse and Midwife, none of us could have imagined the extent to which nurses would live out the essential nature of being so recognized. The vital role that nurses have always played in providing health care is on display now more than ever. The rapidly unfolding coronavirus disease 2019 (COVID-19) crisis has magnified for the entire nation the bravery, resilience, and commitment of our nurses. Nurses throughout the nation are providing compassionate, competent, and caring determination in meeting the health care needs of our citizens and communities. The challenging and critical effects of this crisis remind us daily of why we went into nursing.

For 18 consecutive years, nurses have earned recognition from the public as the most honest and ethical profession. The COVID-19 pandemic is highlighting the selfless humility, integrity, and advocacy that nurses have always demonstrated. Every day we hear stories and see nurses who are responding to this health crisis with a sense of urgency and careful attention to the safety of our patients, families, and communities. In addition to being reassigned to unfamiliar areas within home facilities, nurses have volunteered to relocate to COVID-19 hot spots out of state, and have worked extended hours providing direct and behind-the-scenes support and care.

As information related to COVID-19 continues to evolve, nurses are challenged to continue to provide community education on the importance of hand hygiene and social distancing in order to mitigate the spread of the virus. We must pay particular attention to those who are at increased risk for contracting the virus and for serious health consequences related to infection. According to the Centers for Disease Control and Prevention (2020), minorities are disproportionately affected. Recent data indicate that African Americans accounted for nearly 37% of COVID-19 associated hospitalizations. We are all aware of the existing racial and ethnic disparities with regard to underlying health conditions that increase an individual's risk of becoming infected and of serious consequences as a result of infection. Therefore, as nurses, we must continue to urge our citizens to practice basic infection control and prevention measures. We must embrace our duty to advocate for those among us who have increased vulnerability to COVID-19 and may lack the resources to properly care for themselves.

Articles in this issue of NBNA News provide a glimpse into how our nurses are caring for those most vulnerable during this pandemic. Nurses have bravely stepped up to this unprecedented challenge, often at great risk to themselves and their families.

As we celebrate the anniversary of the 200th birthday of Florence Nightingale, I am reminded of her framework for nursing and her thoughts on infection control. In Notes

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A Message from the Co-Editor-in-Chief

on Nursing, she wrote about strategies that are being championed today by health experts. She discussed the importance of fresh air, clean living spaces, accurate and honest information from others, nutritious food, and personal cleanliness (Nightingale, 1860). In the midst of this global pandemic, Nightingale's recommendations during the 19th century are equally as valuable in the 21st century.

1. Centers for Disease Control and Prevention (2020). COVIDView: A weekly surveillance summary of U.S. COVID-19 activity. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>
2. Nightingale, F. (1860/1969). *Notes on nursing: What it is and what it is not*. Dover Publications.

History Speaks

NBNA Presidential Moments

2nd NBNA National President Dr. Carrie Frazier-Brown (1977-1979)

Dr. Carrie Frazier Brown was the first president to be elected by the general membership. She earned her Bachelor of Science in Nursing from Dillard University at age 17. Upon graduation, she entered the United States Army and became a commissioned captain at the age of 19. Post military, Dr. Brown served as Michigan Health Commissioner from 1976-1982. Dr. Brown has volunteered with several community organizations. She was the president of Detroit Black Nurses and served on the NBNA's Board of Directors.

Dr. Brown's presidential focus was on growing the membership of NBNA, while strengthening the goals and founding principles of the organization. A key strategy was to include the practices of regional state conferences and the rotation of the national conference, allowing for increased visibility and member participation. As an advocate for Black nurses, she encouraged sisterhood through love, caring, and sharing as she worked to promote Blacks in the profession of nursing. She focused on improving the quality of healthcare, especially for minorities; financial stability; and collaboration with other healthcare organizations.

Dr. Brown has been the recipient of numerous distinguished awards, including the Outstanding Psych-Mental Health Nurse by the American Nurses Association/State of Michigan District in 1993. In 1996 she received the NBNA Nurse of the Year award. Dr. Brown's salient legacy is the popular and well attended very spiritual ecumenical service that is held each year on Sunday mornings prior to the closing of the NBNA Annual Institute & Conference.

3rd NBNA National President E. Lorraine Baugh (1979-1983).

Dr. E. Lorraine Baugh received her diploma from Boston City Hospital School of Nursing and a bachelor's and master's from Boston University School of Nursing. She was awarded a doctorate from the School of Arts and Science at Boston College School of Education. She is a co-founder of NBNA and founder of the New England Regional Black Nurses Association. She served NBNA as program chair and two terms as treasurer.

As the third president, Dr. Baugh's goals were focused on providing strong, effective leadership and developing an organizational structure that would serve as building blocks for a strong and viable organization. Dr. Baugh secured accommodations for NBNA on the campus of Boston City Hospital School of Nursing, hired an administrative assistant, computerized the mailing list, and developed a credentialing and registration process. She was instrumental in outlining NBNA's concerns with the American Nurses Association's (ANA) Entry into Practice Resolution that would greatly impact minority representation in nursing. As a result, an NBNA/ANA Liaison Task Force was formed and charged with working on the specific details identified in the collaboration between the two organizations. NBNA also published a statement that included reaffirmation of (a) the importance of advanced educational preparation for Black nurses, (b) health care relevant to the needs of Black patients, and (c) the development of Black nurse leaders, researchers, and educators.

During her presidency, Dr. Baugh made appearances and presentations throughout the United States related to leadership, management, Blacks in nursing, recruitment, diversity, and health

NBNA Presidential Moments (cont.)

care. In 1980 she addressed the opening session of the first quadrennial convention of the Black Congress on Health, Law, and Economics. In 1981 she gave testimony before the National Commission on Nursing.

During President Baugh's term, the NBNA Presidential Medallion was commissioned. The medallion is worn by all sitting presidents during their term in office and represents honoring the past, living in the present, and preparing for the future. Smaller medallions are presented to past presidents to be permanently worn by them to signify their status as a past NBNA president. The Presidential Medallion was presented for the first time at the swearing in of the fourth NBNA president.

4th NBNA National President Ophelia Long (1983-1987)

Ophelia Long graduated from the California State University in Los Angeles. She became a distinguished specialist in strategic planning, management development, and professional collaborations among health professionals. She had an illustrious 30-year career in health administration before beginning her career as a coordinator in hospital-based care. She served as administrator at Kaiser Permanente Medical Center and Alameda

County Medical Center. She also consulted with U. S. Secretary of Health and Human Services Louis Sullivan, providing technical advice. In 1995 she became the vice president of Meharry Medical College in Nashville, Tennessee, becoming the first nurse to hold this lofty position. Ms. Long served NBNA as treasurer of the National Black Nurses Foundation.

President Long continued NBNA's efforts related to the status of healthcare for Blacks and other minorities, educational level for entry into nursing practice, member recruitment, and expansion of health promotion and education efforts in Black communities. During her first year as NBNA president, Ms. Long moved the organization's offices from Boston to Washington, DC and secured its first executive director. NBNA's location in the nation's capital positioned the organization as a leader in the nursing community in the political and public policy arena and provided opportunities for networking with other professional organizations. NBNA focal areas during that time included resolutions on (a) reducing infant mortality rates among Blacks, (b) addressing the problem of child abuse, (c) developing strategies to reduce teen pregnancy in the Black community, (d) addressing the issue of Black homicide and violence, and (e) monitoring the effects of anti-affirmative actions on equity issues for Blacks.

The Fourfold Burden of being a Black Nurse during a Pandemic

Martha A. Dawson, DNP, RN, FACHE
President, National Black Nurses Association



We are Black nurses and Black people, and we must have the courage to find and use our voices to bring about change in society and in our profession. While we are not hostile or unfriendly toward anyone, we advocate for justice, truth, and respect. The COVID-19 pandemic has created multiple personal and professional burdens for Black nurses. First, we are battling a pandemic that we are more likely to die from than other races. Next, we are living in a world that discriminates against us and takes our lives. Third, we work in institutions that are likely to have us educate our future bosses and institutions that often practice wage inequity. Finally, to further impact the livelihood of Blacks, we are losing our jobs and being furloughed more often than White nurses.

These four burdens highlight what the US Black population deals with on a daily basis: living with economic uncertainties, emotional stress, health threats, and social injustices.

The COVID-19 pandemic has reopened the conversation about the role that social determinants of health (SDOH) play in the overall well-being of Black and Brown communities. SDOH are social and environmental conditions that influence health and well-being. These environmental conditions include air, water, and soil contamination; social conditions include housing, education, and food insecurity; and economic conditions include jobs, unfair wages, and systemic poverty. These conditions overlap and influence each other. Black nurses deal with these issues on a daily basis. While often denied positions in intensive care units, operating rooms, emergency departments, and other specialty units; Black nurses, during this pandemic, are working on the frontline in “medical/surgical units that have been converted to intensive care units, caring for ventilated and critically ill patients. We salute these nurses for stepping forward to learn new skills and for serving with integrity. Although

many nurses have undergone education and training to prepare them for this new work environment, many of our colleagues have lost their income due to furloughs and/or closure of their units or agencies. I have spoken to and coached many NBNA members who are experiencing financial and emotional hardship; some have lost family members to this virus. Nurses are balancing family, work, education, and caregiver roles for older parents or disabled children. Some are surviving, but many are struggling to “keep their heads above water.”

NBNA is partnering with many different organizations in our efforts to offer mental health support, to improve education opportunities, to increase growth in membership, to provide financial support to students helping them to stay in school, to fund scholarly activities in science and leadership, and to get personal protective equipment to frontline workers. We thank these companies for reaching out and supporting NBNA members. I encourage you to take advantage of the support that we are offering and share these resources with your colleagues.

The NBNA 2020 Annual Institute and Conference is virtual and free to students and to our “Under 40” nurses; we should encourage them to take a professional break to learn and have fun. Finally, I appreciate and celebrate you for supporting my presidential vision of diversity, inclusivity, and equity; workforce expansion and growing our own; membership support and engagement; leadership and succession planning; and advocacy and service. So many of you are making great contributions in these five spaces and together, we are making NBNA a household name. **We Got This!**

Welcome to, and enjoy your spring 2020 NBNA Newsletter.

Martha A. Dawson, DNP, RN, FACHE

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NBNA
NATIONAL BLACK NURSES ASSOCIATION, INC.

Natalia Cineas, DNP, RN, NEA-BC

This year's special designation as the international "Year of the Nurse and Midwife" by the World Health Organization (WHO) takes place against a backdrop of suffering and sacrifice brought on by a terrifying global pandemic. The current COVID-19 health crisis showcases the courage and heroism that nurses display daily and proves how the field of nursing has grown in importance over the past few decades.

In designating 2020 as the Year of the Nurse and Midwife, the WHO called nurses "the 'bridge' of healthcare, a crucial link between the people of the community and the complex healthcare system." Additionally, the organization stated that "nurses are on the 'front lines' of healthcare," spearheading the goal of bringing universal healthcare to people all across the globe.

Nurses represent New York City Health + Hospitals' largest segment of health care professionals and are therefore the backbone of our response to the COVID-19 crisis. Standing more than 9,600 strong, our dedicated and compassionate nurses are on the front lines of our emergency response, providing the finest quality healthcare to all New Yorkers, particularly the neediest and most vulnerable among us.

While the current state of affairs surrounding the global COVID-19 pandemic is unusual and unprecedented, the way we as nurses respond to the situation is not at all out of the ordinary; throughout history, nurses have been the pillars of strength for communities under siege in times of war, in conditions of global and political upheaval, and, yes, during health crises. Nurses traditionally have served as beacons of compassion and caring in a sometimes confusing and chaotic world, standing tall as a central calming influence in the midst of widespread fear and distress.

New York City Health + Hospitals mission to combat the global pandemic by efficiently and capably treating those who are sick has been augmented by a virtual flood of nurses from all over the nation who answered our call for assistance. Throughout the first few weeks of the COVID-19 crisis, more than 4,000 temporary nurses joined our ranks, including nurses from various staffing agencies; nurses and medics from the Army, Navy, and Air Force who were deployed through the U.S. Department of Defense; recently-retired nurses who returned to the workplace; and nurses from other city agencies such as school nurses from New York City's Department of Health and Mental Hygiene and Department of Education who were redeployed to our facilities. We also received assistance from nearly 500 nurse volunteers, who were recruited through the New York State Medical Reserve Corps; as well as students, instructors, and other volunteers recruited from local colleges and universities.



Natalia Cineas serves as Senior Vice President and System Chief Nursing Executive for NYC Health + Hospitals, the largest public health care system in the nation, serving more than one million New Yorkers annually in more than 70 patient care locations. She previously held

nursing leadership roles at New York City's Mount Sinai St. Luke's Hospital, and New York-Presbyterian Hospital, Columbia University Medical Center. She holds a Doctorate of Nursing Practice from George Washington University, a Master's of Science in Management and a Bachelor's of Science from New York University, and a Bachelors of Arts in Psychology from Stony Brook University. She is a charter and current member of the Greater NYC-BNA chapter of the National Black Nurses Association.

In addition to providing direct patient care and serving as active bedside nurses for both COVID-19 and non-COVID cases, these newly-mobilized nurses and volunteers are serving in various vital roles throughout the New York City Health + Hospitals network.

This includes deploying licensed registered nurses to handle tele-health outreach, including registration and call center functions; nursing faculty and instructors to assist with training and to support students when they are on-site at our healthcare facilities; and students to assist patients with the activities of daily living and hygiene, including assessing vital signs; answering call bells in non-isolation rooms; assisting with nutrition, hydration, elimination, and ambulation; and providing comfort and basic interaction with patients.

As the Chief Nursing Executive, I have seen first-hand the incredible dedication and commitment that nurses are bringing to this fight. My primary role as a member of NYC Health + Hospitals senior leadership team has been to serve as the chief communicator and advocate for the nursing staff, patients, and families during the COVID-19 crisis. This highly-visible role involves understanding the human element to this situation and addressing the emotional costs of this tragedy, while at the same time taking the steps necessary to ensure that our facilities and nurses have all of the staff resources and equipment that they need to provide exceptional patient care during this rapidly-evolving crisis.

Communication is critical at all levels of the organization. As a nurse

leader, it is important to communicate in a timely manner to quickly disseminate facts and dispel rumors. It is my responsibility to remind our people of their strengths in the face of these great challenges and to be understanding, calm, and compassionate in dealing with any weaknesses brought on by fear, anxiety, uncertainty, and loss.

Due to the current crisis, our staffing situation is evolving and changing on a daily, and sometimes hourly, basis. Working in conjunction with the chief nursing officers at each facility, it is my responsibility to determine how to deploy our staff to address the overall quality of care at each facility taking into account staff safety, patient safety, patient and family experience, nursing best practices, and standards of care. Our nurses are there where they are needed the most, displaying extraordinary courage, assurance, and endurance during this crisis. I am here to listen to their needs, provide direction, implement emergency response plans, and to inspire those around me.

In addition to celebrating and honoring nurses throughout the year, we recently marked National Nurses Week. This year's Nurses Week theme was "Nurses: A Voice to Lead – Nursing the World to Health," an apt description of how nurses are making invaluable contributions to the health of people globally. As part of this national theme, the American Nurses Association is celebrating nurses for the entire month of May, and the American Nurses Foundation has created the Coronavirus Response Fund for Nurses to enable the public to support and thank nurses. This national fund will address the identified, emerging needs of nurses, focusing on providing direct financial assistance to nurses; supporting the mental health of nurses; ensuring nurses everywhere have access to the latest science-based information to protect themselves, prevent infection, and care for those in need; and driving the national advocacy focused on nurses and patients.

New York City Health + Hospitals organized numerous activities throughout its facilities to recognize and celebrate our nurses during Nurses Week, including unique "Clap For Nurses" events; special signage, flags, banners, posters, and staff gifts; spotlighted social media and internal newsletter posts; and meal and treat deliveries throughout the week.

Additional physical, emotional, and wellness support for nurses during the COVID-19 crisis has been a crucial part of New York City Health + Hospitals ongoing efforts to assist nurses. Our organization contracted with numerous local hotels to reserve rooms exclusively for staff; these hotel rooms are for being used by nurses coming into the City from out of town; for nurses who are unable to return home due to the risk of exposing members of their household to COVID-19; or for nurses who must self-quarantine due to possible exposure to the virus.

There are numerous programs and benefits being provided to all of our nursing staff, including free childcare resources; various

transportation arrangements, including taxi service, shuttle bus service, and on-street parking permits; hotel accommodations; and food service, including daily breakfast and dinner deliveries as well as grab-and-go deliveries of groceries, toiletries, and other essentials.

These are trying and uncertain times for all of us, and NYC Health + Hospitals recognizes that nurses can experience the intense emotional stresses that occur during a crisis situation. To assist our nurses and other staff in dealing with some of these sensitive and heart-wrenching issues, NYC Health + Hospital also has established a new Emotional Wellness Support Hotline, managed by the NYC Health + Hospitals Office of Behavioral Health, to connect staff to services and mental health counselors. The Helping Healers Heal Peer Support Champions, leadership, Behavioral Health, and ancillary support volunteers are making wellness rounds at all facilities to support employees showing symptoms of anxiety, depression, fatigue, and burnout, and connecting them to services if requested—including one-on-one telephonic, in-person debrief, or anonymous counseling. All New York City Health + Hospitals facilities have designated special spaces for staff to get relief from their patient care duties. The spaces are located near service areas that are heavily impacted by COVID-19 large patient volume. The Employee Assistance Program (EAP) is currently offering online seminars and a tele-health option to assist frontline staff during the COVID-19 crisis. The seminars range from brief online videos to 15-minute Zoom groups. For tele-health, EAP is providing text, video, and phone options for staff who want to speak to a mental health professional.

The final day of this year's Nurses Week – May 12 – also marked the 200th anniversary of the birth of nursing pioneer Florence Nightingale, a dedicated and compassionate public servant that many credit with founding the nursing profession as we know it today. But while Nightingale is remembered as someone who set an example of kindness, commitment to patient care, and diligent and thoughtful hospital administration, she first came to the world's attention serving as a manager and trainer of nurses during the 1850s fierce Crimean War. Florence Nightingale became an icon of modern nursing, known as "The Lady with the Lamp," for her efforts to organize care for wounded soldiers.

Today, it is up to all of us as nurses to metaphorically take up Nightingale's lamp, and shine as the guiding lights within our communities as we work together to address the rapidly-evolving COVID-19 crisis. Nurses are a critical component to providing the finest quality healthcare to all New Yorkers, especially the disadvantaged, underprivileged, and most fragile members of our population. I am proud to stand with the National Black Nurses Association in solidarity to combat health disparities and address the concerns of our communities – and the world – during this time of need.

The COVID-19 Pandemic and Vulnerable Incarcerated Populations

Demechiko French (Mechi),
DNP, FNP-C, PMHNP-BC, CCHP



Demechiko French is a Doctorate prepared Psychiatric Mental Health/ Family Nurse Practitioner with 10 years of nursing experience. He works in corrections, providing medical and psychiatric care to inmates both face to face and via telemedicine. Also, Demechiko is currently pursuing his entrepreneurship as the owner of Mechi Mental Wellness LLC.

There is much conversation concerning coronavirus disease 2019 (COVID-19) and different populations around the world. The incarcerated population is at increased risk of contracting the disease and of having serious and fatal outcomes (CDC, 2020). Nevertheless, little is spoken regarding this particular vulnerable population worldwide. Jails, prisons, and youth correctional facilities pose risk to both the incarcerated person and the employees of these facilities. While they are contained environments, jails and correctional facilities are not secure, safe environments for people with mental health and medical conditions. People from varied geographical areas enter in and out of these facilities daily, and it only takes one contagious individual to increase the spread of COVID-19. In 2019, the U.S. federal and state incarcerated population was 1.5-2.2million people (The Sentencing Project, 2019; U.S. Department of Justice, 2020). Specifically, as of May 14, 2020, there were 445 confirmed COVID-19 cases among the New York state incarcerated population and 1,194 staff members with positive test results (New York State, 2020).

Residents of correctional facilities are frequently housed in close proximity to one another, have limited methods of protection from this highly contagious virus, and social distancing may not be an option. Face coverings can be created from personal garments, but such clothing may already be contaminated. In addition, there is poor hygiene and shared bathing and toileting space that could spread the virus. Correctional institutions in the U.S. are often in poor conditions with poor ventilation that could enhance the spread of COVID-19. If an inmate becomes ill with COVID-19, it is highly likely that everyone in the shared cell/dormitory will become infected. One of the dangers with this vulnerable group of incarcerated men and women is that most have poor health conditions, and their current environment often prompts high stress levels. The

literature suggests that COVID-19 feeds off of a weakened immune system, which can stem from stress and other health comorbidities. The Centers for Disease Control and Prevention has reported on the increased risk for people with certain comorbidities and compromised immune system contacting. These factors increase this population's chance of becoming severely ill from the virus.

Jails and prisons have a team of medical professionals that assess, diagnose, treat, and provide appropriate unremitting care for inmates until they are released. These frontline caregivers are also at risk and need personal protective equipment. Jails and prisons screen inmates at booking and possibly test the inmate prior to assigning them to general population. While waiting for results, inmates are isolated, and if they are positive for COVID-19 they quarantined. If an inmate has a positive screening and is symptomatic during booking, they are escorted to the nearest emergency department for proper treatment. If an inmate contracts the virus post booking and has symptoms that require immediate medical attention, symptoms are treated until emergency medical personnel arrive for transportation to the nearest hospital for adequate medical management. If an incarcerated person's symptoms can be managed by the correctional facility's medical team, then the inmate will remain at the jail or prison and receive treatment while in quarantine. The infected inmate's cellmates, or anyone they may have had contact with, will be tested also for COVID-19 and treated appropriately. Correctional officers and medical team members are tested if symptoms present and are quarantined as well. Employees are to wear facial coverings at all times and are expected to clean their hands and equipment thoroughly between inmates. Employees practice social distancing except when interacting with inmates; however, they are directed to wear proper PPE.

Many community health centers have provided tests for inmates and employees of correctional facilities. This eliminates the guessing game; but until everyone is tested, all inmates and employees are treated as if they are positive for COVID-19. Many inmates who are considered low level offenders are scheduled for release across the nation. This early release initiative is designed to lessen the impact of COVID-19 in jails and prisons.

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First Coast Black Nurses Association of Jacksonville Tackles Health Disparities

Gwendolyn Mathis, MSH, RN, FN-SCp
Carol Jenkins Neil, PhD, RN

Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” If a health outcome is seen to a greater or lesser extent between populations, there is disparity. <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities#6>

The First Coast Black Nurses Association (FCBNA) initiated a strategic plan to provide an educational summit to address health disparities and preventative measures to contribute to improving the quality of life in persons with chronic illnesses in Jacksonville, Florida. Over the years, FCBNA has witnessed health disparities in an area in Jacksonville known as Health Zone 1. Health Zone 1 includes individuals who are socially, economically, and/or environmentally disadvantaged.

FCBNA has focused on this population via several collaborative projects throughout the years. In 2019, we decided to broaden our concentration. We created our first Health Disparities Summit in partnership with the American Cancer Society, the American Heart Association, and the National Kidney Foundation of Florida. Our topics related to heart disease, kidney disease, and prostate cancer. Each year, we will conduct a community needs assessment to determine the summit topics.

Data from the Health Equity Profile for Duval County revealed Black males were less likely to receive a prostate specific antigen test than White males (42.5% vs 57.5%), the incidence of prostate cancer was high in Black males compared to White males (130.8%

vs 97.7%), and the death rate was higher in comparison to their White counterparts (43.3% vs 23.3%). Blacks were more likely to be hospitalized for coronary heart disease and congestive heart failure than their White counterparts (317.1 vs 286.6 and 2864.6 vs 1830.3 per 100,000). Finally, Blacks were noted more likely to die of kidney disease than Whites (41.6 vs 20.8 per 100,000) <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.HealthEquityMergeMHPProfile>

FCBNA recognized that members of racial and ethnic minorities are less likely to receive quality healthcare. FCBNA members noticed that healthcare professionals must acknowledge health disparities, and take a stand to make an impact in the community. Our purpose for an annual Health Disparities Summit is to increase awareness of problems in our community and to assist with providing solutions.

During our first summit, the National Kidney Foundation of Florida (NKFF) conducted a kidney screening, Kidney Early Evaluation Program (KEEP). Sixty participants were screened for kidney disease. According to NKFF, African Americans are at an increased risk to be diagnosed with kidney disease and require dialysis. In addition, a panel of physicians, patients, nurses, and a pharmacist addressed the community's questions and concerns about our topics for the year. The experts also provided valuable resources related to each topic for participants to take home.

Based on a second community needs assessment, our Health Disparities Summit 2020/2021 will focus on infant mortality and maternal deaths. Our take away from the Health Disparities Summit is that lack of access to care, lack of insurance, and lack of finances play a fundamental role in health disparities. These aforementioned conditions are heightened due to COVID-19.

At this time, Health Zone 1 is more vulnerable for COVID-19. Research has shown that minority communities have been disproportionately impacted by this disease, with evidence showing an increase in mortality and morbidity. Widespread testing, particularly in the regions most impacted, is paramount in combating this pandemic. <https://www.actionnewsjax.com/news/local/duval-county/doctor-concerned-most-vulnerable-area-jacksonville-not-receiving-covid-19-testing/JZFSKC3U7VBQRPB7JQCP7EQLD4/>

During this pandemic, FCBNA members are engaging seniors (ages 65 and above) in Health Zone 1. Chapter members are engaging 56 at risk seniors weekly. We are assessing for loneliness and social isolation and completing a brief assessment of their mental health. Weekly engagement provides information, affirmation, and emotional support. Our weekly seniors' checkup campaign will continue until December 30, 2020.



Gwendolyn Mathis is a Forensic Nurse Specialist practicing in the State of Florida. She is a lifetime NBNA member who recently served on the NBNA Ad Hoc Committee on Genetics. She is also the current First Vice President of the First Coast Black Nurses Association in Jacksonville, Florida



Carol Jenkins Neil is the President of the First Coast Black Nurses Association and Chair of the NBNA Ad Hoc Committee on Population Health. She is the Founder of Friends of Adult Day Services and the former CEO of Hope Adult Day Services. Dr. Neil is a Professor of Nursing in the RN to BSN program at Florida State College at Jacksonville.

The Emerging Role of CRNAs Given the Novel Coronavirus 2019

Nkam Mongwa, MSN, CRNA
Edwin N. Aroke, PhD, CRNA

As the coronavirus infectious disease of 2019 (COVID-19) broadens geographically and infects more individuals, non-essential health care services have been suspended to support emergent and life-sustaining functions, such as emergency surgery, advanced airway management, and advanced hemodynamic management. As advanced practice nurses (APN) with expertise in airway management and background in critical care, certified registered nurse anesthetists (CRNAs) are making a unique contribution to ensuring the sustainability of these services. CRNAs encounter and care for patients undergoing emergency surgery and manage COVID-19 patients in acute and intensive care units. Over the last several weeks, healthcare systems in places such as New York and New Jersey, have been described as battlefields. Thus, we provide a glimpse into the “COVID-19 battlefield” by explaining how one CRNA responded to the need for more critical care providers to manage COVID-19 patients.

In the best times, up to 50 percent of patients who undergo emergency general surgery (excluding trauma) are expected to have postoperative complications and eight-times more likely to die after surgery.¹ Without appropriate interventions, one would expect the rate of complications to increase during the pandemic. The perioperative setting represents a critical period during which patients and providers can become infected with COVID-19. The risk of spreading the virus to a CRNA is exceptionally high during tracheal intubation. As a result, CRNAs must adjust the anesthetic management plan to ensure the safety of the patients and providers. Strategies to improve safety and outcomes include proper disinfection of equipment and surfaces, use of personal protective equipment, limiting tidal volumes to 6mL/Kg of ideal body weight, and maintaining hemodynamic stability, among others.²

Arguably, nowhere is the maintenance of hemodynamic stability more essential than in critically ill patients. Responding to the increasing need for providers with expertise in critical care,

including advanced multisystem/hemodynamic management and mechanical ventilation, many policymakers signed orders de-limiting the restrictions on CRNAs scope of practice. These expanded scopes allowed CRNAs and healthcare systems to experience what has been described as full nursing potential: practicing to the fullest extent of their training, experience, and abilities.³ Below, we provide a hint of a CRNA working to his full potential. In April 2020, this CRNA worked in New Jersey as part of a COVID-19 response team recruited to function as APN-Intensivists, a unique hybrid role that required working under the supervision of an Intensivists.

When I arrived at the first facility, there were hardly any non-COVID-19 patients. COVID-19 patients occupied the 23-bed ICU/CCU (all intubated), several rooms in the satellite ICU (two intubated per room), and one section of the Emergency Department (ED, [at least 14 intubated]). Most of the COVID-19 patients were African American, and unfortunately, most of the intubated patients did not survive.

As the APN-Intensivist, my primary responsibilities included airway management, invasive hemodynamic (arterial and central venous) line placement, advanced cardiac life support, and management of critically ill COVID-19 patients in consultation with the Intensivist. I was covering the ED, satellite ICU, and ICU/CCU as well as responding to Code Blues elsewhere in the hospital. The most used treatment regimen initially included azithromycin, hydroxychloroquine, zinc, vitamin C, and optimal ventilation. Treatment was modified as more trial drugs became available. Ventilation strategies included low tidal volumes (< 6mL/Kg ideal body weight), plateau pressure \leq 30cm H₂O, adjustments of positive end-expiratory pressure (PEEP) and a fraction of inspired oxygen (FIO₂) to target peripheral oxygenation (SpO₂ 88-95%), along with sedation, muscle relaxation, and prone positioning to name a few.

Unlike the first facility, most of the patients at the second facility were Hispanic. Both facilities had similar outcomes, and I performed identical roles. However, the stress of caring for COVID-19 patients was more evident in the staff. For instance, on “Bloody Sunday,” four patients died during one shift, and two were made do not resuscitate.

On a brighter side, very few of the COVID-19 patients recovered or lived, but we recently discharged a 34-year old female who had the desire to stay alive so that she could get to carry her baby again. After 22 days of intubation and careful management, she was extubated, discharged, and recently shared images of herself holding her baby.



Nkam Mongwa is a freelance CRNA who served as a member

of a CRNA COVID-19 Response Team in Hudson County, New Jersey. He is the Treasurer of the Diversity in Nurse Anesthesia Mentorship Program and Secretary of the Association of Cameroonian Nurse Anesthetists in America. Nkam is the Agatha Hodgins Award recipient of his nurse anesthesia program graduating class at Drexel University.



Edwin Aroke is a tenure-track Assistant Professor in the Nurse Anesthesia track at the University of Alabama at Birmingham School of Nursing. Dr. Aroke's program of research uses an epigenetic approach to determine the mechanisms that cause and sustain racial disparities in chronic pain.

Summarily, COVID-19 has changed our way of life and the delivery of healthcare. CRNAs have diverse clinical skills and expertise that can enhance outcomes. They are increasingly becoming staff among interprofessional critical care teams to optimize patient outcomes.

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NBNA Membership Committee

Impact of COVID-19 on NBNA Nursing Students

Diamond Cummings,
Student Representative, NBNA Board of Directors and Member, NBNA Membership Committee

Diamond Cummings our national student representative of the NBNA and the graduating nursing students of 2020 all over the country have had a senior year that has marked by the current health pandemic. Their senior year of nursing ended with all studies being completed remotely. With all their hard work, there were no graduations or pinning ceremonies to acknowledge their accomplishments. Normally achieving the status of a graduate nurses comes with the choice of taking State Boards at your earliest convenience and having several choices to seek employment. Unfortunately, the class of 2020 has encountered a different set of circumstances due to the pandemic. In some states, the ability to sign up to take boards has come with major complications and or delays. Some hospitals are not in a position to hire and or train graduate nurses at this time. New Grad Nurse Residency programs are also being delayed indefinitely. The nursing class of 2020 appreciates the support of the National Black Nurses Association.

Tobacco Use Increases Risk for COVID-19 and Is a Major Cause of Health Disparities

Portia Reddick White, JD



Portia Reddick White is the Senior Director for Strategic Partnerships at the Campaign for Tobacco-Free Kids (CTFK). At CTFK she manages

programs to cultivate and sustain relationships with organizations that represent communities disproportionately impacted by tobacco use. As an leader in strategy and political engagement, she has lead in supportive roles with the National Education Association, Majority Leader Harry Reid, Transport Workers Union of America and AARP as a speaker, writer, organizer and activist.

CCOVID-19 has had a hugely disproportionate impact on the health and lives of African Americans and other communities of color, and it has exposed unacceptable health disparities in our society. Tobacco use plays a significant role in this crisis. There is growing evidence that tobacco users are at greater risk of severe complications from COVID-19, while tobacco use is also a major driver of longstanding health disparities.

As our nation combats this pandemic and the health inequalities it has magnified, we urge Congress and other policy makers to take strong action to reduce tobacco use and the enormous harm it causes to African Americans and other communities. It is especially important to end the sale of menthol cigarettes, which the tobacco industry has systematically and harmfully marketed to Black communities for decades, and to help more smokers quit by ensuring they have access to proven tobacco cessation treatments.

The need for action is clear.

The coronavirus attacks the lungs, and the harmful impact of smoking on the lungs is well documented. There is conclusive evidence that smoking increases the risk for respiratory infections and weakens the immune system, making it less successful at fighting disease. Smoking is a major cause of underlying health conditions, including heart disease, chronic obstructive pulmonary disease (COPD), other lung diseases and diabetes, that increase risk of severe complications from COVID-19.

There is also a growing body of evidence that e-cigarette use, or vaping, can harm lung health. Dr. Nora Volkow, director of the

National Institute on Drug Abuse, has stated that “emerging evidence suggests that exposure to aerosols from e-cigarettes harms the cells of the lung and diminishes the ability to respond to infection.”

In addition to these immediate risks for COVID-19, tobacco use is also a major contributor to health disparities, including among African Americans – and it’s no accident. For decades, the tobacco industry has targeted African Americans, kids and other vulnerable groups with marketing for menthol cigarettes, with devastating consequences. As a direct result of this predatory marketing, more than half of all youth smokers – including seven out of ten Black youth smokers – and 85% of all Black smokers now smoke menthols.

Menthol cools and numbs the throat and masks the harshness of tobacco smoke, making it easier for kids to start smoking. Menthol cigarettes also increase nicotine dependence and make it more difficult for smokers to quit. As a result, African Americans quit smoking at lower rates and die at higher rates than other groups from cancer, heart disease, stroke and other tobacco-related diseases. Tobacco use is the leading preventable cause of death for African Americans, claiming 45,000 Black lives each year.

There are immediate steps Congress and other policy makers can take to help tobacco users quit and reduce tobacco-related health disparities. These include:


- End the sale of menthol cigarettes and other flavored tobacco products. The FDA has the authority to do this, but has repeatedly failed to act. So other policy makers must step up.


The U.S. House of Representatives did earlier this year when it passed the Reversing the Youth Tobacco Epidemic Act, which would prohibit all flavored tobacco products. A growing number of states and cities are also taking action – including Massachusetts, which just became the first state to end the sale of all flavored tobacco products, including menthol cigarettes.

- Enhance Medicaid and CHIP coverage of tobacco cessation treatments. We strongly support legislation recently introduced by Congresswoman Lisa Blunt Rochester – called the Quit Because of COVID-19 Act – to ensure Medicaid and Children’s Health Insurance Program (CHIP) enrollees

have barrier-free access to the full array of proven tobacco cessation treatments at this critical time. This legislation will save lives and reduce health disparities, especially as Medicaid enrollees smoke at more than twice the rate of adults with private health insurance (23.9% to 10.5%). These services must also be widely promoted so health care providers and tobacco users are aware of them.

To eliminate health disparities in our country, we need bold action to address the multiple factors involved. That should include efforts to stop the tobacco industry from targeting African Americans and other communities and to help all tobacco users quit.



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COVID-19 —Impact on the Pediatric Population

Tedra S. Smith, DNP, CRNP, CPNP-PC, CNE



Tedra S. Smith is an assistant professor at the University of Alabama at Birmingham School of Nursing and a Birmingham Black Nurses Association member. Dr. Smith has over 19 years of experience as a pediatric nurse and nurse practitioner with experience in primary and urgent care settings.

Pediatric Statistics

The novel coronavirus, better known as COVID-19, has created a unique situation for the pediatric population. According to the CDC (2020), approximately 2% of COVID-19 cases in the U.S. are children less than 18 years old. While most reports initially led to the belief that children were unharmed, that is not the current storyline. The virus tends to present in a less severe form without the fever and cough that is typically seen in adults. This has led to fewer children being tested across the nation and has therefore decreased the ability to track the symptoms and contact path of these individuals.

Probable Ramifications on Academics

Although COVID-19 does not appear to cause the same type of health implications in children as in adults, the virus does and has had a direct and indirect impact on the overall pediatric population. Not only are children being homeschooled by parents either out of work or working remotely, children have also had to endure social isolation from their peers. This has likely created psychological stressors that will influence development and future behavior.

Parents are dealing with stress and anxiety due to their job, homeschooling, and perhaps health issues. There is evidence in the literature that parental anxiety and economic hardship have a direct impact on the academic performance in children (Simons & Steele, 2020). One can assume that the impact is even greater considering children are being taught at home by busy, high stressed parents. While most schools only had 9-12 weeks of classes remaining in their school year, there were children that had not met the criteria for successful completion of their grade. Several school systems, including those in rural areas, were not equipped with the necessary resources to transition to an online format. The implications on academic development are likely to be a major factor once schools resume.

Impact on Overall Health

There is also the direct impact due to anxiety. COVID-19 has not only generated anxiety; the virus has created a sense of fear of health care environments. This fear has prevented parents from taking their children to their healthcare provider for annual well-child checks which has led to a decline in scheduled immunizations (CDC, 2020) and potentially lack of medication refills. Also, this time of year (spring/summer) is when most adolescents receive a sports physical that is necessary for sports participation. Many primary care pediatric offices have seen a decline in their census which is assumed to be related to fear. Some children are also dealing with lack of food while others are enduring child abuse. The child abuse numbers since COVID-19 have spiked which unfortunately is a pattern during times of high stress levels as seen in times of natural disasters (Abramson, 2020).

The Nurse's Role

Nurses can be a significant resource for parents during this unprecedented time. During this time, parents have likely received an overwhelming amount of information. Nurses can assist parents with sifting through that information to help them determine what is useful for their child. While social media has become a major source of social interaction, it is important that nurses utilize this platform to portray positive images and accurate information. Nurses are equipped with the skills necessary to help parents navigate the stresses of life. Basic recommendations such as getting enough sleep, outdoor and exercise time, parent and child time without distractions, eating a healthy diet, and practicing gratitude help build resilience. Self-care is important for the child as well as the parent. Children are known to be resilient with proper support inside and outside of the home.

Implications for Practice

This time of dealing with COVID-19 brings with it a set of new challenges and opportunities as nurses care for the pediatric population. The long-term effects of COVID-19 on the pediatric population go far beyond contracting the virus. The impact is likely to be greater than we can even predict at this time. However, as we tread through this together, we as nurses are equipped with the knowledge, skills, and attitudes to succeed. Maintaining compassionate, family-centered care is of utmost importance. As pediatric nurses, we must remember to care for the entire family as a unit. Although children do not appear to have symptoms, it is still important to maintain the recommended 6 feet for social distancing and to wear a face mask. Our role as pediatric providers is to ensure that parents receive accurate and essential information to effectively care for their child.

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COVID-19: *Despair in Communities of Color*

Melva Craft-Blacksheare, DNP, CNM, RN
Sonya L. Jackson, BSN, RN
Johnetta Prosser, MBA, BS, RN

The COVID-19 pandemic illuminates America's health inequalities and economic disparities that disproportionately affect African Americans (AA) and ethnic minorities. With higher rates of comorbidities (diabetes, hypertension, asthma, lung and kidney disease), AA have a higher risk of detrimental viral effects. Research demonstrates that health disparities are analogous to the ongoing stress and societal problems caused by U.S. systemic and institutionalized racist policies. (Braithwaite & Warren, 2020).

AA are more likely to live in densely populated areas where social distancing may be difficult. Neighborhoods are further from grocery stores and medical facilities making access to health care problematic. According to the CDC (2019) nearly a quarter of AA and Latinx, work in the service industry compared to 16% of whites. A lack of paid sick leave can encourage sick workers to continue working in fear of losing their job. Public transportation as an essential worker can be problematic if passengers travel without protective coverings.

U.S. hospitals overwhelmed by COVID-19 creatively facilitated Mini Covid Units. The creation of the "COVID-19 Runners" assisted the nursing staff whom remained isolated on units for an entire shift in order to prevent viral spread. "Runners" carried a spectra link phone to support sequestered nursing personnel. Runner Responsibilities included the following;

1. Pick up/delivery medications, blood products
2. Bring meals to staff
3. Washing of isolation gowns when needed
4. Distributing PPE, (signed out by each staff)
5. Taking patients to morgue and offering moral staff support

Due to a national shortage of N-95 mask, hospital management informed nurses to place their mask in personalized paper bags

at the end of each shift. "You must reuse your mask until the back-order arrives." However, according to Fisher & Noti et al. (2014) there is no way of determining the maximum number of safe reuses for an N-95 respirator.

Nurses working at the bedside with patients who are fighting a deadly virus with substandard protective equipment is unacceptable in the U.S. health care system. Reusing N-95 further increased anxiety and stress among nurses who feared exposing themselves and family to the disease. Nurses begin their shift with egregious plausibility; several of their patients will die.

One such 7P-7A shift - as the medical team whisked by running to the Covid Unit responding to the eerie page "Code Blue Covid Unit" I wondered" who is it, I was hoping someone familiar to this patient was close enough to pray and console him. However, there was nobody, family not allowed, for his or her own protection.

We could not save him. He died, nobody holding his hand telling him "it's going to be okay, or saying, I love you, man." Nurses, hardly holding back the tears, zipping up the body bag, sending him to the morgue with the others that had succumb to this horrific virus.

Several hours later, "Code Blue, COVID unit! Code Blue!" In the previous exact fashion, the team arrives, donned in PPE from head to toe. It is the room of a 20-year-old African American male. Someone is sobbing, loudly in the hall. I felt grateful that at least his family was present, until I learned it was a fellow nurse, distressed by the rapid decline and imminent death of her patient. The team worked tirelessly to get a pulse, but were unsuccessful. A team member informed me that this young man's father lost his life to COVID-19 a few days earlier, on the same unit, same staff members present.

The mother arrived to what had to feel like déjà vu. I felt compelled to console her, all the time praying to God to protect me with His shield or armor. I was the only person of color on the unit that night. My conscious forced me to ignore the fact that she was likely contagious and I knelt down next to her and held her hand, while she screamed with hurt and grief of losing her husband and only child. Thinking about it still give me chills and a feeling of guilt. How can a nurse be called a **HERO** when we are not able to save a life?

Presence in the community, understanding the issues, and working with legislation, we can dismantle the injustice of health disparities to promote equity for all. Additionally, we must take the time to heal ourselves. Working in this stressful unsafe environment can wound us if we let it.



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The Eastern Colorado Council Black Nurses Inc. Hits the Ground Running with All of Us Research Grant

Robin Bruce, FN, BSN, RN



Robin Bruce is a recent NBNA Lifetime member and the current president of the Eastern Colorado Council Black Nurses Inc. (ECCBN), a National Black Nurses Association Inc. (NBNA) chapter.

In February and March of 2020, the Eastern Colorado Council Black Nurses Inc. (ECCBN) hit the ground running to successfully meet *All of Us* subgrant implementation goals. In a quick turnaround, ECCBN held 3 back to back events that educated a variety of subsets about the *All of Us* Research Program initiative of the National Institute of Health (NIH). Three weeks from grant application, approval, implementation, and NIH level completion, ECCBN barely escaped the scheduling disasters resulting from the strain of the COVID-19 pandemic thanks to the hard work of *All of Us* Engagement Counselor Peter Goelz and NBNA's Executive Director Dr. Millicent Gorham who both pushed the boundaries of time and space and worked overtime to get things in place in time for ECCBN to host 2 live events before the nationwide quarantine. Of course, the 3rd presentation, given on March 21, 2020 had to be accomplished virtually. Fortunately, ECCBN had switched over to Office 365 and the TEAMS feature made the transition to videoconferences a snap! Within the 2-months' time period, ECCBN was able to educate 109 professionals from a variety of professions, age ranges, and ethnic backgrounds.

The 1st presentation of the *All of Us* Research Program was on February 15, 2020, during the CCBN/ECCBN Health Equity Accord (HEA), a Colorado health equity initiative founded by the Colorado Council Black Nurses Inc. (CCBN) and co-sponsored this year by ECCBN. CCBN upholds their belief that "one race should not be burdened with determining the health standards for all races" and have committed to gather yearly to network with those willing to be

spokespersons in sharing the stories of as many races, ethnicities, cultures and subcultures as possible to bring about the equalizing of healthcare for all races, not only in the state of Colorado but in the world." The Training Deck 1 PowerPoint was presented to participants in comfortable accommodations provided by Children's Colorado Black Health Initiative, a second sponsor of the HEA, at the Children's Colorado Health Pavilion located in the progressive city of Aurora, CO.

With 27 representatives from multicultural and multiracial health equity advocate entities, comprised of racial backgrounds including Ethiopian, Black/African American, Hispanic/LatinX, Native American, and Caucasian, this year's HEA was the perfect arena to run the *All of Us* Research concept by. This group of thinkers didn't disappoint. A true gathering of the minds, such disciplines and organizations as the Child Health Advocacy Institute of Children's Hospital Colorado, the Children's Colorado Black Health Initiative, the Children's Hospital Colorado, the Colorado Black Health Collaborative, Colorado People's Alliance, the THRIVE Center, UHealth Ambulatory Professional Development, and the University of Colorado Department of Family Medicine, along with a smattering of nursing students and nurse professionals were in attendance.

The 40-minute long presentation (including questions) was a welcomed change of venue from the tough subject matter covered at the HEA regarding pediatric patient rights to life and the impact of advocacy from the different disciplines. All participants stayed engaged during the scripted presentation – including event volunteers and the photographer! Only 2 participants indicated trying to access the site, one Black female and one white female. Interestingly, of these two participants, the Black female was not allowed to complete the enrollment process and received a notification that she would be contacted should the program have need of her. The white female was allowed to completely enroll in the program.



CCBN Scholar Janaye Culton, MA, [front] heads the pack at the 2020 CCBN/ECCBN Health Equity Accord which was well attended and introduced the *All of Us* research initiative to multicultural and multiracial health equity advocate entities, including HEA co-sponsor the Children's Colorado Black Health Initiative, the Child Health Advocacy Institute of Children's Hospital Colorado, the Colorado Black Health Collaborative, Colorado People's Alliance, THRIVE Center, UHealth's Ambulatory Professional Development, and the University of Colorado Department of Family Medicine.



ECCBN Vice President Lynn Hoskins BSN, RN has faithfully supported CCBN and ECCBN events for over 20 years.



CCBN Scholar Jael Mallory, Elsy David SN, Angel Jackson APN, ECCBN Immediate Past President Margie Cook PhD, ECCBN member and CCBN Scholar Danyelle Gilbert SN, and [table side right] Arabela Celestine CNA network and collaborate.



Navigating the path to precision medicine nurse and equity advocates include (back to front) Blanca Castro, Erika Castro, Stephanie Storch, June Fouse, and Dionisia de la Cerda.



ECCBN President and new NBNA Life Member Robin Bruce BSN, RN, seen here narrating the *All of Us* script, led ECCBN on a 2-month whirlwind from grant initiation to successful completion, educating over 100 individuals about NIH's precision medicine initiative.



Questions regarding the participation selection process arose when the enrollment site did not allow all participants to enroll.

Since both were women over 50 years of age, sex and age was eliminated as a possible reason for one being considered over the other. This brought questions about race and race by region. Since it appeared that much of the data collection had been done in the furthest western state of California – which being a culture of its own does not accurately represent “the West” - concerns were voiced about lack of proper representation of races by region, as “being Black” should not be the only factor, and consideration of the effects of environmental factors and its representation in the data was questioned. As this was a group of direct health providers, they also had concerns about the lay public truly being able to understand the implications of the PowerPoint, thus impacting the true accountability and transparency of this initiative.

The 2nd presentation of the *All of Us* Research Program was given to the dynamic ladies of Delta

Sigma Theta Sorority Inc.'s Denver Alumnae Chapter on February 17, 2020, in the mile high city of Denver, Colorado. What better place to start testing the theories formed during the first presentation than with this group of non-health professionals?

The Track 1 Training Deck was again used, and the same scripted presentation was given before a participant population of 64 highly educated, Black/African American women, not less than the age of 18 years nor greater than the age of 90 years. The participants were of a multitude of varied education and employment backgrounds – not less than a bachelor’s degree and up to and including PhD’s, several holding more than one degree, and only 2 identified themselves as nurses. The presentation took approximately 45 minutes to complete (including questions from participants throughout the presentation) and the participants stayed attentive and in attendance until the end of the presentation. Of the 64



Feven Berhanu of Colorado People’s Alliance brings a new perspective to precision medicine as she educates about the dismal health conditions in ICE facilities, spotlighting the USA’s lack of accountability regarding health conditions in incarceration facilities.



Robert Franklin !! of Children’s Colorado Black Health Initiative, co-sponsor of the 2020 Health Equity Accord, instructs participants on accessing the accommodations at the Children’s Colorado Behavioral Health. Great space to match a great event!



Veronica Camargo of THRIVE Center, which services families of children with special needs aged birth to 26 years, listens intently to comments from Dr. Teri Richardson of the Colorado Black Health Collaborative, a community based organization committed to improving health and wellness in Colorado’s Black, African, and African American communities. and of whom ECCBN is an official sponsor.



Tondeleyo Gonzalez RN (left) and Arletta Swain Cockrell (right), both of Children's Hospital Colorado, enjoy a light moment during the *All of Us* presentation, a welcome break from the serious subject matter of the Accord.



The dynamic ladies of the Denver Alumnae Chapter of Delta Sigma Theta Sorority Inc. graciously allowed ECCBN time during their busy schedules to partake in the *All of Us* research initiative.



Spanning a vast range of ages, occupations, and education levels from Bachelor degrees to Doctorate degrees, Denver Alumnae Chapter's analysis, comments and willingness to keep an open mind were very helpful in guiding ECCBN on appropriateness and transparency during the *All of Us* training process and future participation in the research program.



ECCBN member, Loretta Tipton-Perry BSN, RN represented her Chapter and her Sorority at ECCBN's 2nd *All of Us* presentation.

women present, only 37 of the women (58%) agreed to take the quick post presentation survey designed to determine the relevance of the presentation to communities served by ECCBN.

Of those surveyed, 70% felt the presentation was informative, 38% felt the presentation was too long (only 1 felt the length was just right with 62% not addressing the length), and only 5% felt the presentation confusing. 84% of participants felt the presentation handouts (NAT file flyers, info sheets, brochures) were helpful. 83% of participants felt the presentation helped them better understand the *All of Us* Research Program, and 39% of participants felt the presentation

helped them feel more at ease about considering participating in the *All of Us* Research Program, with 61% indicating not feeling more at ease. 64% of participants did not try to access the *All of Us* website during the presentation and of the 36% that tried to access the website, none (0%) were allowed to complete the enrollment process whereby 46% received a notification that they would be contacted should the program have need of them, and 46% could not access the site at all. It can be assumed that one participant [8%] accessed the site but did not try to enroll. These findings were enough to solidify the concern regarding the regions of ethnic representation brought up at the first presentation during the HEA. How well are the inner west and Midwest ethnic and Black populations being represented in this program and the resultant data?

Other concerns voiced included how research subjects are chosen and lack of transparency regarding data collectors, whether the data collected will be cross-referenced with existing ongoing health studies, and trust issues. Whether or not advice, help, or a cure would be offered or disclosed after the data discovery is a significant question – which would again lead to trust issues of experimentation without rectification.

The 3rd and final presentation was given on March 21, 2020 at the CCBN/ECCBN Monthly Public Meeting via Microsoft TEAMS due to the COVID-19 nationwide quarantine. The majority of the 18



The *All of Us* Track 1 Training Deck is available to ECCBN members on their Members Only portal.

participants were nurses or along the nurse track, predominately Black, and certification level spanned the nursing field including QMAP, CNA, MA, LPN, RN's from ADN through PhD. Participants did not find precision medicine to be a new concept and concentrated on data collection in relation to COVID-19, since that was the subject of the meeting. Ultimately, questions centered around if data about COVID-19 could and would be collected from research program participants, the accuracy of collection, and it's validity since all subjects would not receive a COVID-19 test given current restrictions and poor availability of tests.

After the meeting, the *All of Us* PowerPoint was posted in the Members Only portal for members to review at will to stay familiar with the NIH initiative as plans for future national health initiatives could benefit from research data should the information actually be all inclusive. ECCBN certainly intends to hold the NIH accountable for accurate, transparent, and equally accessible data in the end.

Robin Bruce FN, BSN, RN is a recent NBNA Lifetime member and the current president of the Eastern Colorado Council Black Nurses Inc. (ECCBN), a National Black Nurses Association Inc. (NBNA) chapter. As God would have it, the focus of Robin's 35 year and counting nursing career has been centered around infection control and communicable disease management and clinical research. Robin's medical research journey began as early as high school when she was blessed to be one of a handful of students selected to participate in the Science Motivation Program, where she was able to study Recombinant DNA - the forerunner of stem cell research – at Colorado State University. A National Merit Scholarship Nominee, Sachs Foundation Scholar, and, at that time, the youngest recipient of both a Piton Scholarship and a Colorado Black Women for Political Action Award, Robin graduated with a Bachelor of Science in Nursing from Loretto Heights College in Denver, Colorado – the only Black student to graduate from the nursing program that year (and several years before and after). Robin's experience with pandemics as a former respiratory, immunology and research nurse for the National Jewish Center for Immunology and Respiratory Medicine (now known as National Jewish Health), where she was on the front lines of the HIV/AIDS epidemic and the less publicized pandemic Drug Resistant Tuberculosis, as well as being a former USAF qualified Flight Nurse and Officer In Charge of Infection Control at the Wyoming Air National Guard (for which she received a USAF Commendation Medal), continues to shape her drive to address this new pandemic disease process identified as COVID-19 caused by the SARS-CoV-2 virus from all aspects. Currently working for free – aka "retired" because nurses never retire – Robin donates her time, talents, and expertise to community health education to drive culturally competent and equitable healthcare policy locally, nationally, and globally.

Eli Lilly and Company is Attacking COVID-19 on Multiple Fronts

Dr. Timothy J. Garnett, MBBS, FRCOG



Timothy J. Garnett is Senior Vice President and Chief Medical Officer, Eli Lilly and Company

At Eli Lilly and Company, our purpose—to make life better—has never been more important. We’re bringing the full force of our scientific and medical expertise to attack coronavirus around the world.

Lilly is fighting the pandemic with everything we can: discovering potential medicines to treat and prevent COVID-19, maintaining a reliable supply of our medicines, and supporting patients and communities in times of need.

Quest for Treatments

The world urgently needs medicines that can help reduce the impact of COVID-19 while the global scientific community works toward an eventual vaccine. This is particularly imperative for communities of color, which have been disproportionately impacted by the virus, further exacerbating underlying health disparities.

In early June, Lilly advanced the fight into a new era with the start of human studies of the world’s first custom-designed potential treatments for COVID-19—antibodies engineered for their potential to neutralize, and possibly prevent, the disease.

Lilly scientists rapidly developed the first antibody in just three months, after our partner AbCellera and the Vaccine Research Center at the National Institute of Allergy and Infectious Diseases (NIAID) identified it from a blood sample taken from one of the first U.S. patients who recovered from COVID-19.

If successful in clinical studies, Lilly is committed to working with regulatory authorities to accelerate the availability of this potential medicine. Lilly believes that antibodies—in addition to vaccines, antivirals and immunosuppressants—will be important additions to the toolkit in combatting COVID-19.

Lilly is studying multiple approaches to attack and prevent the virus. In addition to antibodies, the company is working with NIAID to study a medicine approved to treat rheumatoid arthritis for its potential anti-inflammatory effect in treating COVID-19. Lilly is also studying another investigational medicine, originally developed for cancer, to see if it can help slow the progression of acute respiratory distress syndrome in COVID-19 patients with pneumonia.

Supporting Patients and Communities

Lilly is committed to supporting people who need our medicines and the communities where we work and live, especially in this time of need.

We’ve been providing affordability solutions for a long time, but more is needed to help people during this unprecedented period. We want people who need help to contact us.

With stress on our economy, we know many people in the U.S. may struggle to pay for their medicines. So we’ve enhanced our affordability solutions—including launching the Lilly Insulin Value Program, which allows people with diabetes to get their Lilly insulin prescription filled for as little as \$35 a month. People can call the Lilly Diabetes Solution Center at 1-833-808-1234, Monday through Friday between 8 a.m. and 8 p.m. (Eastern time), or find more information about the Lilly Diabetes Solution Center [here](#).

We’re also participating in the Medicare Part D Senior Savings Model. Once this program begins next year, people using most Lilly insulins—regardless of whether they are enrolled in Medicare Part D, a private commercial plan, or are uninsured—will also be eligible to purchase their monthly prescription for as little as \$35 a month from a retail pharmacy.

More than 40 million people around the world rely on Lilly medicines every day, many with chronic diseases like diabetes that put them at greater risk of complications from the virus. Our job is to maintain a safe supply of medicines that help keep them well. It's important to note that Lilly does not currently anticipate shortages for any of our medicines, including all forms of insulin.

Lilly is also committed to doing our part to help slow the spread of the virus. We will be cautious as communities re-open, balancing the need to support health care professional offices and patients with safety concerns.

Lilly and the Lilly Foundation are actively engaged with community partners to address new and complex challenges arising from the coronavirus, including the economic impact on people most vulnerable to the downturn. In our hometown of Indianapolis, we helped launch a community fund to assist in stabilizing organizations that serve individuals and families affected by the pandemic – as well as a fund to support educators and families during the transition to remote learning.

At Lilly, we unite caring and discovery to make life better for people around the world. We will continue to seek treatments to beat COVID-19 and work with partners to help our communities weather this storm.

Resources:

1. Lilly Diabetes Solution Center: 1-833-808-1234 <https://www.insulinaffordability.com/lilly-diabetes-solution-center.html>
2. Lilly Affordability Solutions <https://www.lilly.com/contact-us>
3. Lilly Public Service Announcement <https://www.youtube.com/watch?v=PI1QmdXC3NI&feature=youtu.be>
4. Lilly's COVID-19 Response <https://www.lilly.com/news/stories/coronavirus-covid19-global-response>

Social Media Posts

Eli Lilly and Company is fighting COVID-19 with everything it can: discovering potential medicines to treat and prevent COVID-19, maintaining a reliable supply of medicines, and supporting patients and communities in times of need. Learn more here.

With stress on the economy, Eli Lilly and Company knows many people may struggle to pay for their medicines. So the company has enhanced its affordability solutions in the U.S.—including launching the Lilly Insulin Value Program, which allows people with diabetes to get their Lilly insulin for as little as \$35 a month. Learn more in this video or by calling the Lilly Diabetes Solutions Center at 1-833-808-1234.

Dr. Timothy J. Garnett, MBBS, FRCOG, has been Chief Medical Officer and Senior Vice President, Lilly Research Laboratories managing Medical Affairs, Medical Strategy and Development, Global Patient Outcomes and Real World Evidence, Global Regulatory, Global Patient Safety, Clinical Development in China and Japan, and Early Phase Medicine for Eli Lilly and Company since 2002. Previously, Dr. Garnett has served as Vice President for Global Patient Safety; Global Brand Development Leader and Group Medical Director responsible for the development of Duloxetine for incontinence, pain and depression; Medical Director – Duloxetine SUI Team; and European Clinical Research Physician for EVISTA.

Prior to joining Lilly, Dr. Garnett had acquired 7 years of experience, holding a variety of positions in the pharmaceutical industry in Europe with Organon Laboratories.

He graduated in Medicine at St. George's Hospital in London. He practiced Obstetrics and Gynecology for eight years prior to joining the pharmaceutical industry and conducted clinical research into menopause, pre-menstrual tension and post-menopausal osteoporosis.

Dr. Garnett is a Fellow of the Royal College of Obstetricians and Gynecologists in the United Kingdom. He is also an active board member for the following: Centre for Innovation in Regulatory Science; Eiteljorg Museum of American Indians and Western Art; and WFYI Public Broadcasting.

Coronavirus Primer: Face Covering versus Mask

Yolanda Powell-Young, PhD, PCNS-BC, CPN
Martha Dawson, DNP, RN, FACHE
Joyce Newman Giger, EdD, APRN, FAAN

On Wednesday, March 11, 2020, the World Health Organization declared coronavirus disease 2019 (COVID-19) a global pandemic. The purpose of this brief commentary is to provide fact-based information that can be utilized as we support and educate our communities about Coronavirus prevention across the nation.

What is a Mask?

According to the Food and Drug Administration N95 respirators and surgical masks (i.e., medical grade face masks) are examples of particulate filtering personal protective equipment (i.e., PPE). The N95 respirator and medical grade surgical masks are used to protect the wearer from airborne particles and from liquid contaminating the face (FDA, 2020).

What is the Difference Between a N95 Respirator and Surgical Masks?

The major difference is the size of potentially infectious particles filtered. When fitted properly an N95 respiratory blocks at least 95% of very small (0.3 micron) airborne particles. A surgical mask is meant to help block large-particle droplets (> 5 microns), splashes, sprays, or splatter that may contain germs (WHO, 2020)

Who Should Wear a Mask?

The Centers for Disease Control and Prevention (2020) does not recommend that the general public wear N95 respirators or surgical masks to protect themselves from respiratory diseases, including coronavirus (COVID-19). These are critical supplies that must continue to be reserved for health care workers and other medical first responders, as recommended by current CDC guidance.

What is a Face Covering?

A cloth face covering is a non-medical grade material (i.e., fabric) that covers the nose and mouth. Face coverings are used to protect others from potentially infectious particles released into the air when the person wearing the mask speaks, coughs, or sneezes (CDC, 2020). The purpose of face coverings is to slow the spread of COVID-19.

When Should a Face Covering Be Worn?

Face covering should be worn in public for essential activities, where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies). ESPECIALLY, in cities and states identified as “hot spots” or “epicenters” of significant community-based transmission.

Who Should Not Wear a Face Covering?

Children less than 2 years of age, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Are Face Masks Used in Place of Social Distancing?

No. Face masks should be used in addition to social distancing and diligent handwashing and hand hygiene to prevent and reduce the spread of Coronavirus.

What To Do Should You Get Sick?

If you get sick with flu-like symptoms, and are not in a high-risk group, in most cases, you should self-isolate except to seek medical care, treat symptoms and stay hydrated. If, however, you are in a high-risk group (including young children, people 65 and older, pregnant women and people with certain medical conditions), or are very sick or worried about your illness, contact your health care provider.²

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What's The Helix: Coronavirus SARS-CoV-2

Yolanda Powell-Young, PhD, PCNS-BC, CPN
Joyce Newman Giger, EdD, APRN, FAAN

SARS-CoV-2¹ also known as novel coronavirus is the organism responsible for coronavirus disease 2019 (COVID-19). Much of the COVID-19 data has focused on disease symptomatology, clinical course, risk factors and preventive intervention. Presented here is an abbreviated primer on the biology of SARS-CoV-2 and subsequent COVID-19 pathogenesis.

Coronavirus (CoV) is the name for a broad family of viruses that first emerged in humans around mid-1960. There are currently seven human CoV.² Estimates suggest that two percent of the global population are healthy carriers of a human CoV.³ Approximately five percent to ten percent of common colds and self-limiting upper respiratory infections in immunocompetent individuals are human CoV-linked.

Prior to the 2020 COVID-19 worldwide pandemic, two structurally similar and highly publicized animal to human conversions of CoV led to the development of significant disease in humans. The first virus and subsequent illness was the 2003 SARSr-CoV which causes Severe Acute Respiratory Syndrome (SARS).⁴ The second virus and illness were the 2012 MERS-CoV which causes Middle East Respiratory Syndrome (MERS).⁵

Deoxyribonucleic acid (DNA) is one of three major macromolecules essential-for-life; contains the genetic code for inherited traits and protein synthesis; and is found in the nucleus and mitochondria of living cells. The combined DNA of an organism is known as its genome. Ribonucleic acid (RNA), is the second of three essential-for-life macromolecules. A principle job of RNA is intermediary between DNA and protein synthesis. Proteins, the third essential macromolecule, are responsible for overall health and function. Fundamentally, DNA blueprints what RNA subsequently decodes and transmits; ultimately, directing protein manufacture, regulation and biological performance.

Viruses, in contrast, are characterized as non-living organisms. Novel SARS-CoV-2, like other CoV, is a microscopic pathogen made up of RNA. Without the cellular machinery of living organisms, viruses like novel SARS-CoV-2 cannot self-replicate and must hack living host cells for the purpose of replication, proliferation

and protein synthesis. As a function of RNA transcription, viral replication, a process also known as infection, changes, injures or kills its living host cells. As the immune system of the living host attempts to control or eliminate the infection, symptoms may present. For example, SARS-CoV-2 infection manifests symptoms such as cough, fever, and shortness of breath that may lead to a diagnosis of COVID-19.

From the perspective of viral genetics, inter- intra-species variations for a virus may occur at a relatively rapid pace. In less than 20 years the world has experienced the effects of three zoonotic transmissions – Middle Eastern respiratory syndrome coronavirus (MERS-CoV); severe acute respiratory syndrome coronavirus (SARSr-CoV) and severe acute respiratory syndrome 2 (SARS-CoV-2). Two of these viruses are genotypically similar but phenotypically divergent. Specifically, SARSr-CoV and SARS-CoV-2 have a genetic similarity of around 85%; use the same angiotensin converting enzyme 2 receptor as their point of cellular entry; and are linked to human transmission via bat reservoir.^{3,6} However, disease progression, modes of transmission and confirmatory diagnostics may differ between the two versions.⁷

COVID-19 incubation time ranges from 2 days to 2 weeks. The longest time from infection to symptoms is 12.5 days⁸. Rothin and Byrareddy⁹ report laboratory markers of pathogenetic relevance for COVID-19 include higher than normal leukocyte numbers; increased levels of plasma pro-inflammatory cytokines and chemokines; elevated erythrocyte sedimentation rate and elevated D-dimer; and real-time polymerase chain reaction for diagnostic affirmation. Wu and McGoodan⁷ established respiratory and systemic pathogenesis using data from more than 70,000 Chinese cases. Mild manifestations include pneumonia, cough and elevated body temperature. Severe manifestations include dyspnea, respiratory frequency, blood oxygen saturation $\leq 93\%$, PaO₂/FiO₂ ratio < 300 , and lung infiltrates $> 50\%$ within 24 to 48 hours. Manifestations for critical disease are respiratory failure, septic shock, and/or multiple organ dysfunction or failure.

Prevention as intervention is the prevailing consensus for thwarting COVID-19 and containing the pandemic; specifically, universal precaution and self- or directive-isolation. In addition, we should be mindful the possibility of transmission before symptoms develop and/or transmission from those who are asymptomatic but have yet to be ruled out as COVID-19 negative. Transmission is believed to occur through direct and indirect (i.e., droplet) modes of transmission.³ In addition to droplet transmission, aerosol (i.e., respiratory) transmission may be possible with protracted exposure to elevated aerosol concentrations in closed spaces.



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Dr. Joyce Newman Giger is the Editor of the Journal of the National Black Nurses Association. She is also Professor at Florida International University and Professor Emerita at UCLA.

There is currently no specific FDA-approved antiviral treatment recommendation, and no vaccine is currently available. Remdesivir is an investigational broad-spectrum nucleotide analogue with antiviral properties that is currently in clinical trials. Treatment is symptomatic, and oxygen therapy appears to represent the major treatment intervention. Mechanical ventilation may be necessary in cases of respiratory failure refractory to oxygen therapy. Hemodynamic support is essential for managing septic shock.

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Social Determinants of Health and the Role of the Case Manager

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Social Determinants of health (SDOH) are conditions that frame the health environment which includes, access to resources and quality of life. Researchers estimate that medical care accounts for only 10-20 percent of health outcomes. SDOH impacts the other 80-90 percent of outcomes and have a greater impact on overall health than the actual medical care received (U.S. Department of Health and Human Services, 2020).

Healthcare professionals encounter many factors that impact a consumer's ability to manage their condition(s). SDOH has broad influence on a consumer's ability to effectively maintain healthy well-being and positive health outcomes. Although SDOH have become a trending topic in the healthcare arena, the issues have fundamentally driven complexity in healthcare for years. Examples of social determinants of health include but are not limited to:

- Access to food
- Access to transportation
- Housing
- Social connectedness
- Adverse childhood experiences
- Education
- Economics
- Health literacy

(U.S. Department of Health and Human Services, 2020).

Increases in healthcare costs including the need for prescription drug, home care, and provider service has increased in the United States. The American Medical Association reported that the top

health care spending expenditures included over 1.1 trillion dollars in hospital services, 544.2 billion physician services and 33.4 billion in prescription drugs in 2017 (Robeznieks, 2019).

With the increase expenditures for healthcare, transportation and medication are two barriers that can greatly affect a person's quality of life. Transportation barriers impact 3.6 million people in the U.S. In the last decade, poor medication adherence has grown and now an estimated \$300 billion is spent annually as a result of incurring extra costs related to medical complications in hospital readmissions (Care Excellence, 2019). Patients are less likely to fill prescriptions if they experience transportation issues. According to one study, 65 percent of patients said transportation assistance would help with prescriptions fills after discharge (Health Research & Educational Trust, 2017).

Addressing social determinants of health involves a multidisciplinary approach, which includes the involvement of case management. According to the Case Management Society of America (CMSA), Case Management is defined as "the collaborative process of assessment, planning, facilitation, care coordinating, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost-effective outcomes." (CMSA, 2017). Case managers help to build relationships with patients by completing a comprehensive review of their medical conditions and any barriers to obtaining medication, housing, and transportation by identifying any potential gaps in care (HC Media, 2018). Case managers can operate across a continuum of care including clinical, office, and managed care settings. Case managers are an integral part of the multidisciplinary team to include primary care physicians, specialists and other community resources.

Healthcare organizations such as UnitedHealthcare have been part of the transformative journey to incorporate use of SDOH to improve healthcare. In 2019, UnitedHealthcare partnered with the American Medical Association (AMA) to address social barriers to care that prevent access to better health. As part of the initiative, UnitedHealthcare's new SDOH-specific ICD-10 codes were added thus allowing easy identification of social barriers for members. Subsequently, Case Manager and other healthcare professionals can easily identify social needs as part of their routine assessments and refer to appropriate social and government services directly in the member's communities. (UnitedHealthcare/Business News 2019).

The case management philosophy and guiding principles are the foundation for addressing SDOH. "The underlying premise of case



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Teresa is a Clinical Account Executive for UnitedHealthcare. She has been active in case management and data analytics for more than 25 years. Her professional background includes nursing leadership, quality improvement and compliance. Teresa is also licensed as an attorney in the State of Georgia.



Kendra is a Clinical Operations Manager with Optum. Her professional background includes nursing leadership and case management with a core clinical background in medical and cardiac intensive care. Kendra also serves as a member of the Ad Hoc Committee on Mentorship for the National Black Nurses Association.



Nasheka serves as Executive Director of Operations for Optum and has over 22 years of clinical experience. She started her career as an oncology nurse at Saint Joseph’s Hospital in Atlanta. Nasheka joined Optum in 2007 as a telephonic Case Manager and is a Certified Case manager. She served in various leadership roles in her tenure with a primary focus on providing operational leadership to support various clinical models.

management is based in the fact that when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individuals being served, their support systems, the healthcare delivery systems, and the various reimbursement sources”. (CMSA, 2017).

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Summary

Social Media Messages

Social determinants of health (SDOH) are conditions that frame the health environment which include access to resources and quality of life. Researchers estimate SDOH account for 80-90 percent of health outcomes, with a greater impact on overall health than the actual medical care received. UnitedHealthcare is incorporating new SDOH-specific ICD-10 codes to allow easy identification of social barriers to health for members. As a result, case managers and other health care professionals can now more easily identify social needs as part of routine assessments and refer to appropriate social and government services in the member's community to improve overall health.

New Orleans Black Nurses Association Collaborates with Alpha Kappa Alpha and Direct Relief to Provide Equipment to COVID-19 Patients and Frontline Nurses

Trilby Barnes-Green, RN, BSN

The New Orleans Black Nurses Association developed a collaborative project with the Rho Pu Omega Chapter of Alpha Kappa Alpha. The goal is to assist a population of patients diagnosed with COVID-19 and discharged home post-hospitalization on oxygen, and patients diagnosed in the emergency room and sent home to watch for further development of symptoms. The targeted area was based on patients who lived in the top two zip codes with the highest prevalence of positive COVID-19 cases, according to the Louisiana Department of Health and Hospitals. Patient discharge instructions included monitoring temperatures regularly, two-minute hand washing, checking pulse oximetry, and especially when experiencing difficulty breathing, wear a face mask whenever in contact with others or leaving home,



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lastly cover mouth when coughing or sneezing. The collaborative partnership between NOBNA and Rho Pu Omega would provide kits to the discharged patients consisting of a pulse oximeter, thermometer, hand sanitizer, mask, and kleenex. The kit also included an introduction letter of the collaborating partners and instructions for the usage of the contents.

NOBNA is thankful to have received a grant by the National Black Nurses Association under the guidance of the NBNA Ad Hoc Committee on the Global Health Committee to prepare twenty-five Discharge COVID KITS. The collaboration with the AKA Rho Pu Omega Chapter Pandemic Committee provided an identical match resulting in a total of fifty Discharge COVID Kits.

We believed that reaching out to this population was necessitated due to the scarcity and surge in the price of at-home medical equipment. There was growing concern as to whether discharged patients could maintain a survivable plan of care. We projected that equipping the patient with at least the equipment in the kit would be supportive of positive outcomes and would prove beneficial in their recovery.

We created a data flow sheet that allowed us to account for each patient that received a kit. The patients were called on day seven and day 14 post-discharge by a committee member to inquire if the equipment was helpful during their recovery.

THE BLESSINGS CONTINUE TO FLOW

We are preparing for phase II rollout due to the resurgence and geographical change in prevalence; additionally, the unknown of what the beginning of the academic school year will bring.

Gratefully we were informed that Direct Relief, a non-profit disaster relief agency, agreed with the need for nurses to distribute

equipment into the homes of patients who are less likely to afford or be inclined to purchase. NOBNA was blessed to receive 50 pulse oximeters, which will be distributed and assessed as in phase I by this year-end.

The resources provided by Direct Relief has allowed NOBNA to be a colossal ambassador to our comrades on the FRONTLINE in a variety of meaningful ways. The Chapter members distributed PPEs, masks, gloves, hand sanitizer, head covers, Vaseline lip care, and a variety of hand creams, lotions, and repair gels as personal remedies to the SUPERHEROES in our communities. The chapter's Executive Committee prepared Nurses Care Bags and invited all chapter members to a DRIVE BY Socially Distant PARADE. Just like that, Direct Relief provided care to the caregivers. The chapter further shared Personal Care Bags with our collaborative partners at Rho Pu Omega of Alpha Kappa Alpha and invited them to attend the drive-by. While traveling to Lafayette, Louisiana, we

met up and shared personal care kits with our sister chapter, the Acadiana Black Nurses Association. And, we visited our neighbors in Thibodaux/Houma, Louisiana, and delivered care bags to the Bayou Black Nurses Association.

We are planning to have additional drop-offs or drive-by if supplies last OR continue to arrive. It FEELS GREAT to be loved and cared for in a very personal 'this is for YOU because we care.' We will continue to make our supporters proud of the work we do.

We would also like to thank the National Black Nurses Association Executive Director, Dr. Millicent Gorham, for petitioning on behalf of the specific needs of the patients diagnosed with COVID-19.

We know what to do with a Little Lagniappe here in New Orleans. Thanks to Direct Relief for the biggest little extra Lagniappe EVER!

Thank you to our partner, Pfizer, for their response to the impact of COVID-19 on our communities. Here are some brief highlights.

Industry Leadership

- Pfizer outlined a [5-Point Plan](#) to combat COVID-19 in early March, calling on the biopharmaceutical industry to join the company in committing to unprecedented collaboration across the healthcare innovation ecosystem, including government and academia.

Philanthropic Support

- The Pfizer Foundation is providing \$40 million in medical and charitable cash grants to help address urgent needs of US and global partners on the frontlines of the pandemic. The Foundation is also matching colleague donations to local, national, and global charitable organizations.
- In the United States, Pfizer has temporarily adapted some elements of the Pfizer Patient Assistance Program to accommodate the evolving needs of patients it serves and ensure they get access to their medicines without interruption. To date,

upon request, Pfizer has responded by increasing patient supply during the quarantine, where possible, approved telehealth prescribing, and more.

Applying Science

- Pfizer is [advancing the battle](#) against COVID-19 on multiple fronts, working relentlessly to develop an investigational antiviral compound to treat the cause of COVID-19 infections, a vaccine to prevent infection, as well as evaluating other therapies that have scientific potential to help infected patients fight the virus.

Coronavirus Updates

- Pfizer has developed a [Coronavirus Resource Page](#) on its website, which includes educational information for the public and updates on how Pfizer is responding to the pandemic.



PP-PAT-USA-1237

Coronavirus (COVID-19) and Lupus

Leticia Ocaña
Lupus Foundation of America



Leticia Ocaña is a Health Educator at the Lupus Foundation of America. For the past 4.5 years, she has been part of a small team of educators responding to national

and international inquiries. She also functions as the in-house translator for educational materials, surveys, and social media messaging. Leticia holds a Master's Degree in Public Health and a Certified Health Education Specialist (CHES). Before joining the Lupus Foundation of America, Leticia worked in health education and prevention programs in the areas of breast cancer, tuberculosis, and diabetes self-management education.

Recent analysis has confirmed that people with underlying health conditions such as lupus, a chronic, autoimmune disease that is difficult to diagnose and a challenge to treat, are at greater risk for developing serious illness from the coronavirus (COVID-19).

In people with lupus, the immune system is dysfunctional and attacks one's healthy tissue. This can make the immune system less effective at fighting infections. Medications that suppress the immune system — which people with lupus often take — can also limit their body's ability to respond to infections. As a result, people with lupus are less able to fight off bacteria and viruses, like COVID-19. When people with lupus do get sick their illness may also trigger a lupus flare. People with lupus may also have other conditions that put them at higher risk for serious illness from coronavirus such as diabetes, cardiovascular disease, kidney disease, and a weakened immune system.

The Lupus Foundation of America urges people with lupus and other chronic conditions to follow these Centers for Disease Control and Prevention (CDC) recommendations to protect their health and lower their risk for infection. Some tips to share with your patients include:

Stay home as much as possible:

- The CDC recommends that people who are at higher risk take extra precautions. They should continue to stay home as much as possible and avoid other people.
- Talk to your doctor about whether it is safe for you to go back to work. If you both agree that it is not safe, you may be eligible to continue to receive unemployment benefits.

If you must go out, you should:

- Wear a cloth face covering when you are out in public, especially in indoor spaces where it is difficult to maintain 6 feet of separation between people.

- Avoid crowds, especially in closed spaces with little air circulation. Your risk of exposure to respiratory illnesses (illnesses that affect the lungs and the ability to breathe), like COVID-19, increases when you share crowded, enclosed spaces with other people who may be sick.
- Avoid non-essential travel, especially cruise and air travel.
- When you do go out in public, avoid handshakes, hugs, and other physical contact and wash your hands often.

Continue to be prepared:

- Contact your doctor about maintaining an extra supply of your medications in case there is a further outbreak in your community. Please remember you should never stop taking your lupus medicines or skip or reduce doses without first talking to your doctor.
- Maintain adequate supplies of food and other necessary items, including over the counter medicines, tissues, etc.
- Continue to have items that you may need delivered to you through friends, family, or businesses.
- Make sure you know how to contact your doctor to get help and information.
- Stay in touch with friends, family, and care providers. Let them know your situation and how to help you if you get sick. Be prepared to explain to people what lupus is and why you need to be extra careful.

Everyone should take the following steps to prevent the spread of coronavirus:

- Regularly clean and disinfect your home, workplace, and vehicle.
- Wash your hands (tops, palms, and fingers) often with soapy water for at least 20 seconds, especially after you have been out in public. Remember that surfaces—especially in bathrooms, on shared office equipment, on store counter tops, gas pump handles, any surface of the car, and in restaurants—can expose you to germs.
- Keep and use alcohol-based gel that contains at least 60% alcohol or wipes that contain at least 70% alcohol, both out in public and at home.
- Avoid touching your eyes, nose, or mouth. Germs spread this way.
- Use the crook of your arm to shield coughs and sneezing. Do not use your hands or handkerchiefs as they carry moisture that spread viruses.

- Avoid contact with people who may be sick -- including family members. If someone you live with is exposed to the coronavirus or shows symptoms of COVID-19, take steps to protect yourself from infection.

Watch for symptoms and seek medical attention if you get sick:

- Watch for cough and shortness of breath, or at least two of the following symptoms -- fever, chills, repeated shaking with chills, headache, sore throat, new loss of taste or smell.
- If you have trouble breathing, pressure or pain in the chest, confusion or an inability to arouse, or bluish lips and face seek medical attention immediately.

The Lupus Foundation of America has compiled a number of resources, including answers to frequently-asked questions about the coronavirus and lupus and advice on what to do if you are experiencing coronavirus symptoms. Visit lupus.org for easy and quick access. Keep in mind that the situation is still changing rapidly so continue to check back for updated information.

Coronavirus (COVID-19) and Pregnancy

Betty J. Braxter, PhD, CNM, RN
Women's Health Committee



Dr. Betty J. Braxter is the Associate Dean of the Undergraduate Nursing Program and an Association Professor at the University of Pittsburgh. Clinical focus is caring for women given her nurse midwifery background; and research focus is tobacco use with an interest in maternal health disparities.

The novel coronavirus (COVID-19) pandemic underscores the need to respond to emerging infections. The first report of coronavirus cases from Wuhan, a city in the Hubei Province in China, were posted at the end of 2019 with cases quickly spreading to all continents excluding Antarctica. A report from the CDC posted May 7, 2020 shows slightly more than 1.2 million Americans have been infected by the virus and slightly more than 72,000 patients have died.¹ The number of cases and deaths in some states among African Americans are higher compared to Whites. The coronavirus that causes COVID-19 is in the same subgenus as the severe acute respiratory syndrome virus (SARS), and is related to the Middle East respiratory syndrome virus (MERS). Transmission of the COVID-19 virus is thought to occur primarily via respiratory droplets (i.e. sneezing, coughing, and talking).² The data suggest Americans in the 65 plus age cohort and those diagnosed with underlying medical co-morbidities (e.g., diabetes, immunocompromise conditions) are among the most vulnerable.

Always of concern during a pandemic or epidemic, however, is the effect of the infection on pregnant women and their unborn babies. Recent pandemics/epidemics highlight the vulnerability of pregnant women to infections. An increased risk of preterm labor, spontaneous abortions and maternal deaths was linked to the 2009 H1N1 influenza A virus pandemic.³⁻⁴ Babies born to mothers impacted by the 2018 Zika virus outbreak were at higher risk for developing microcephaly, vision problems, and clubfoot.⁵ The purpose of this article is to:

1. Summarize findings from the limited research studies with pregnant COVID-19 patients,
2. Describe the presenting signs and symptoms of COVID-19 among women diagnosed with the virus, and evidence-based prevention strategies, and
3. Discuss changes in obstetrical practice protocols due to the pandemic.

What does research tell us?

With the quickly spreading COVID-19 pandemic early on research studies targeted the epidemiology, virology, and clinical features

along with diagnosis and prevention strategies among older adults. The initial focus in America was on nursing homes beginning with the outbreak of cases in Seattle, WA. A review of the literature suggests that an initial study targeting COVID-19 and pregnancy was published as an early release by Schwartz in the *Archives of Pathology & Laboratory Medicine*. The study conducted in Wuhan China with 38 women diagnosed with COVID-19 reported no maternal deaths and no mother to fetal intrauterine or transplacental transmission from the pregnant women to their fetuses.⁶ A recent systematic review of 108 pregnancies targeted maternal and perinatal outcomes linked to COVID-19.⁷ The review reported the following findings: no maternal deaths and limited morbidity (i.e., three women were admitted to the ICU); cesarean section was the primary delivery mode, and limited deleterious neonatal effects (i.e., one neonatal death, one intrauterine death). The authors, however, warned that vertical transmission of COVID-19 could not be ruled out and clinicians should continue to carefully monitor pregnant women with COVID-19 to prevent maternal mortality and maternal morbidity, and neonatal infection. Another more recent rapid review inclusive of 19 studies all of which were case reports or case series with 32 women diagnosed with COVID-19 also found no maternal deaths and limited maternal morbidity (i.e., 2/32 women were admitted to an ICU). In contrast to other studies and reviews, the rapid review did find a significant adverse effect on the neonate given 47% of the pregnant sample experienced a preterm delivery. Cesarean section was again the primary delivery mode.⁸

The data on the current impact of the COVID-19 on pregnant patient remains limited. The findings of studies and reviews to date suggest that COVID-19 does not typically increase maternal mortality or maternal morbidity. The effect on the fetus is less clear given the rapid review reported that pregnant women experiencing COVID-19

were at risk for a preterm delivery. The information on COVID-19 and pregnancy should be viewed with several caveats in mind. None of the studies cited included COVID-19 pregnant women in their first trimester of pregnancy. Little is known about the impact of the coronavirus early pregnancy, and the resultant outcomes. Additionally, the individual studies cited had small sample sizes typically less than 50. Finally, the reviews and study's findings may not be completely generalizable to American women specifically African American women. Unfortunately, African American women incur 3-4 times higher rates of pregnancy related death compared to White women. More research with pregnant women is needed as the pandemic continues.

What are presenting sign/symptoms of COVID-19, and preventative strategies?

Health care providers are being challenged to provide care to pregnant women although there is no data that shows pregnant are more susceptible to the virus. Based on the best evidence, the presentation of the coronavirus among pregnant women does not differ from the clinical presentation among the non-pregnant population. The clinical features of COVID-19 posted on the CDC's website include:

- Fever/chills
- Signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath),
- Muscle pain
- Sore throat
- New loss of taste or smell

Other less common symptoms may include gastrointestinal symptoms (e.g., nausea, vomiting).

All individuals must seek emergency medical care immediately if they experience: trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face.⁹

Pregnant women like others should engage in the following behaviors to protect themselves and their unborn babies:

- Frequent handwashing for at least 20 seconds using soap and water after being in a public place or after blowing your nose, sneezing, or coughing
- Avoid close contact with people who are seek and engage in social distancing outside of the home
- Cover the mouth and nose with a cloth face cover when going out in public
- Cover coughs and sneezes
- Clean AND disinfect frequently touched surfaces daily¹⁰

As health care providers, we must share with the pregnant patient during each prenatal visit/interaction the signs/symptoms of COVID-19, information on when to seek emergency medical services, and to adopt and maintain evidence-based protective strategies.

What are current obstetrical COVID-19 practice protocols and guidelines?

As the COVID-19 pandemic continues to evolve, obstetrical health care providers are supporting the CDC's coronavirus guidelines/protocol as they modifying practice guidelines and protocols to care for pregnant women and their babies. National organizations including the American College of Obstetricians and Gynecologists (ACOG), American College of Nurse Midwives (ACNM), Association of Women's Health, Obstetrical and Neonatal Nursing (AWOHN) and the Society for Maternal Fetal Medicine (MF) recommend that health care providers follow the CDC's guidelines for the management of patients diagnosed with COVID-19 and for evaluating and testing individuals for the coronavirus disease. The organizations are reminding providers to continue to provide medically necessary health care, referrals, and consultations although changes in the delivery of the approaches may be required. The changes in the delivery of health care services to pregnant women include:

- Use of telehealth and telemedicine to conduct prenatal visits
- Spacing and condensing the number of prenatal visits specifically for low risk women. Prior to the pandemic most women attended 10-15 in person visits. An Expert Review panel within the Society for Maternal Fetal Medicine has provided guidelines allowing for 4 in-person visits, and a postpartum visit via telehealth¹¹
- Providers may see a woman experiencing her first pregnancy at 10 weeks as opposed to the normal 6-week initial assessment.¹² Providers may also group components of care together (e.g., vaccinations, glucose testing) to reduce the number of prenatal visits.
- Other changes include: Based on the last menstrual period (LMP) combine dating of a pregnancy with nuchal translucency in one ultrasound. For monitoring fetal growth, conduct 6-8-week follow-up intervals for most patients compared to the standard 4-week follow-up.¹¹
- Perinatal units may limit or exclude a support person from staying with a patient during labor and deliver to reduce the spread of the disease.¹³
- Mothers diagnosed or suspected of having COVID-19 may be separated from their babies.

Although a number of policies/protocols have been modified because of the pandemic, other policies/protocols remain unchanged. Breastfeeding still remains the best nutritional support

for babies. Based on the findings of a limited number of studies, COVID-19 has not been found in breastmilk, but transmission of the virus may exist. A mother may wish to talk with the health care provider before beginning to breastfeed. For those mothers infected with the coronavirus who desire to breastfeed, they need to express their milk using a dedicated breast pump. Before touching the pump and expressing milk, the mothers should wash their hands. Next, recommendations for cleaning the pump should be followed. Additionally, infected mothers should consider having an individual who is well feed the baby.¹⁴ Pregnancy often results in increased stress and anxiety as a woman prepares to deliver her baby. All health care personnel should provide tips and resources to help pregnant women manage stress, anxiety, and depression.

The pandemic has resulted in changes in the delivery of health care to pregnant women and their babies. As the pandemic continues, we may see more modified obstetrical guidelines/protocols. Health care professions should continue to provide the best evidence-based practice protocols that promote the health and well-being of pregnant women and their offspring.

Summary

The coronavirus appears likely to continue for the next several months. As the pandemic continues, our thinking and understanding about the virus will change. With an increase in the number of research studies, additional best practice guidelines/protocols will be developed and implemented. As African American nurses, we must continue to lead and or collaborate on research studies and projects designed to increased our understanding of the course of the virus and its presentation among pregnant African American women given current data are sparse. We will need to continue to be at the forefront of sharing evidence-based practices with pregnant African American as soon as possible because the pregnant women many of us serve are members of a marginalized population. The pandemic has changed and will continue to change how we provide care pregnant African American women and their babies. We all can work on work together to advocate and provide equitable health care to pregnant African American women.

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COVID-19

Dr. Daisy Harmon-Allen, PhD, RN



Daisy Harmon-Allen, 12th
Past President, Chicago
Chapter National Black
Nurses Association
President Emeritus.

Dr. Daisy Harmon-Allen performed community services and senior citizens wellbeing checks. She also developed laminated educational pamphlets (including the image below) and passed them out to neighbors, friends and faith based organizations.

SOCIAL DISTANCING: What does it mean?

AVOID	USE CAUTION	SAFE TO DO
<ul style="list-style-type: none">✓ Group Gatherings✓ Sleepovers✓ Play Dates✓ Concerts✓ Theater Outings✓ Athletic Events✓ Crowded Retail Stores✓ Malls✓ Workouts In Gyms✓ Visitors In Your Home✓ Non-Essential Workers In Your House✓ Mass Transit Systems	<ul style="list-style-type: none">✓ Visit A Grocery Store✓ Pick Up Medications✓ Play In A Park✓ Visit The Library✓ Traveling	<ul style="list-style-type: none">✓ Take A Walk✓ Pick Up Take-Out Or Get Delivery From A Local Restaurant✓ Play In Your Yard✓ Clean Out A Closet✓ Facetime With Friends And Family✓ Read A Good Book✓ Listen To Music✓ Cook A Meal✓ Have Family Game Night✓ Go For A Drive✓ Watch A Favorite Show✓ Call To Check On An Elderly Neighbor

 7th District State Representative
Emanuel "Chris" Welch

— PFIZER LAUNCHES PAP CONNECT—

New Online Enrollment Platform Simplifies Process to Access Select Pfizer Medicines for Eligible Patients

For more than 30 years, Pfizer has been helping eligible US patients in need get access to their Pfizer medicines through a range of assistance programs. Recently, Pfizer launched a new online enrollment platform to make it easier for patients and their health care providers to get access to select Pfizer medicines. The platform, known as Pfizer PAP Connect, could not have come at a better time, given the stay-at-home orders executed across the country due to COVID-19 that have constrained patients from seeing their health care providers. The online enrollment option can be used for many of the most commonly requested primary care medications available through the Pfizer Patient Assistance Program (PPAP), which provides certain free Pfizer medicines to eligible insured and uninsured patients through their doctor's office or at home.

"In order to better serve our patients, we are pleased to provide a platform that enables patients to apply to the program and check on application status as well as product delivery 24-7, all online," said Niesha Foster, Vice President, Product Access at Pfizer.

With the introduction of Pfizer PAP Connect, eligible new and reenrolling patients and their doctors can start and complete the enrollment process entirely online, without signing paper applications and making phone calls. For patients without access to computers, digital devices, or the internet, the paper process will also be maintained.

Once a patient and the health care provider have applied to the Pfizer Patient Assistance Program (PPAP) using PAP Connect, they

can check on the patient's enrollment status. Once enrolled, they can also view and track medication shipments, request prescription refills, all in one place. Essentially, PAP Connect is a one-stop option that can be securely accessed anywhere from a computer, mobile phone, or tablet.

A 2009 survey of provider perspectives on patient assistance programs published in the *Journal of Oncology Practice* found that the application completion process for patient assistance programs took anywhere from 2-5 days, requiring professional staff time and an average of 36 hours for the patient or caregiver to return his or her portion of the application. Common delays in the approval process of up to an average of 8 days were caused by incomplete applications. We've come a long way since then, and now with the availability of PAP Connect, Pfizer hopes to overcome barriers to the enrollment process and provide easier and faster access to select Pfizer medicines for patients in need.

PAP Connect works in concert with Pfizer RxPathways. Pfizer RxPathways connects eligible patients to a range of assistance programs that offer insurance support, co-pay help, and medicines for free or at a savings. RxPathways is one way Pfizer demonstrates its commitment to equity by providing access to our medicines to reduce health care disparities.

For more information and a complete list of medicines available for online enrollment, please visit: www.PfizerRxPathways.com.

PP-PAT-USA-1264



STRESS RESILIENCE FOR THE FRONT LINE

Those on the front line of the COVID-19 crisis – medical personnel and hospital staff, law enforcement officers, and other healthcare workers – are under a tremendous amount of pressure and stress in normal circumstances that has only been amplified during the current pandemic. A study released by JAMA in March 2020 looking at the mental health outcomes of 1,257 health care workers attending to COVID-19 patients in 34 hospitals in China, where the outbreak started, found

that 50% showed signs of depression, 45% reported anxiety and 72% had some form of psychological distress.

Fortunately, we have the power to change our threshold of stress. Research has shown that by harnessing our executive function skills, we can down-regulate emotional responses to stress and effectively reframe threats as opportunities. Digesting an onslaught of information, navigating dynamic high-stress environments, and

employing critical reasoning skills are critical for success in any industry – but these strategic cognitive abilities are often left untrained.

In response to the impact of COVID-19 on our community, Center for BrainHealth will offer science-backed strategies and tools to help these brave men and women mitigate stress, recharge and recalibrate, and boost cognitive performance so that they can continue performing their essential jobs at an optimal level.

WHAT WE OFFER

ONLINE CONTENT:

Learn and progress at your own pace.

COGNITIVE TRAINING MODULES:

Recommend training 10-15 minutes daily, 4-hours total

- **SMART**
The Center for BrainHealth's Strategic Memory Advanced Reasoning Training (SMART) is an evidence-based cognitive training program focused on enhancing top- down executive function. Designed by cognitive neuroscientists and clinicians at the Center for BrainHealth and based on more than 20 years of scientific study and translational validation, SMART teaches a set of cognitive strategies to train the brain to filter unnecessary data, rapidly abstract and apply information across contexts, and tactically think through social, workplace, and personal problems and tasks in innovative ways – all for improved decision-making.
- **Stress Solutions**
Tactical tools for down-regulating emotional responses to stress and reframing threats as opportunities
- **Sleep**
The scientific benefits of sleep, and practical strategies for achieving optimal sleep hygiene

BRAINHEALTH BOOST VIDEO SERIES FOR FRONT-LINE & FIRST RESPONDERS:

Six brief (2-3 minute) videos tailored to front-line healthcare providers and first responders, presenting our cognitive strategies and tools to increase brain healthy habits for stress resilience

LIVE SESSIONS:

Delivered live via Zoom, recording will be shared.

STRESS RESILIENCE TOWN HALL: 45-minutes

Interactive conversation led by subject-matter experts who will give practical tips for implementing SMART tools and answer any questions you may have.

GUIDED MINDFULNESS PRACTICES:

- **10-minute Breath-Focused Brain Training**
Participants will be guided through a 10-minute mindful meditation to focus on more intentional breathing to calm the stress response.
- **20-minute Guided Body Scan**
Participants will be guided through a 20-minute body scan meditation to down-regulate emotional response to stress, recharge and build nervous system resilience.

**CLICK HERE
TO LEARN MORE**

FOR MORE INFORMATION, PLEASE CONTACT:

Paige Hayes: paige.hayes@utdallas.edu

TO REGISTER:

centerforbrainhealth.org/stressresiliencefrontlines



CENTER for
BRAINHEALTH
THE UNIVERSITY OF TEXAS AT DALLAS

Members on the Move

Your NBNA President on the Move

Dr. Martha A. Dawson, RN, FACHE

Appointment to National Boards:

National Coalition of Ethnic Minority Nurses Association
Robert Wood Johnson/AARP Nurses on Board National Committees
HistoryMakers Advisory
RWJ/AARP Equity, Diversity, and Inclusion National Steering Committee

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Nursing organization steps up to address racism and its consequences <https://www.nurse.com/blog/2020/06/29/nursing-organizations-step-up-to-address-racism-and-its-consequences/>

News Release 6/16/2020

Social distancing is a luxury not everyone can afford https://www.uab.edu/nursing/news/coronavirus/item/2455-social-distancing-is-a-luxury-not-everyone-can-afford?utm_source=MC_100006781&utm_medium=email&utm_campaign=06162020ereporter&utm_

News Release 6/8/2020

After long hospital shifts, nurses are taking to the street to treat injured protesters. <https://www.simplemost.com/nurses-treat-protectors-after-long-shifts/>

Podcast 6/5/2020

What it's like to be a black doctor and nurse right now <https://podcasts.apple.com/us/podcast/podcast-19-fivethirtyeight-on-the-novel-coronavirus/id1510635988>

Members on the Move

Your NBNA President on the Move (cont.)

Press Release 6/5/2020

Addressing the Epidemic of Violence: NBNA's Call to Action
NBNA Committee on Violence <https://www.nbna.org>

Website 6/4/2020

Long-standing issues with health care disparities' lead health care workers to protests <https://www.goodmorningamerica.com/wellness/story/long-standing-issues-health-care-disparities-lead-health-71041528>

New Release 6/3/2020

Nurses, still fighting coronavirus, serve as medics at Gorge Floyd protestors <https://thehill.com/policy/healthcare/500802-nurses-offer-support-for-black-lives-matter-as-they-continue-fighting>

Press Release 6/1/2020

How nurses are responding to Black Lives Matter <https://www.refinery29.com/en-us/2020/06/9849136/nurse-black-lives-matter-protest-response>

News Release 5/25/2020

Racial divide of coronavirus is real, so are innovations that can help. Birmingham Times. www.birminghamtimes.com/2020/05/racial-divide-of-coronavirus-is-real-so-are-innovations-that-can-help/

Website 5/21/2020

Coronavirus Primer 3: Are there approved treatments for COVID-19 www.nbna

Webs 5/3/2020

Coronavirus Primer 2: Face Covering versus Mask www.nbna.org

Website 4/26/2020

Testing and Contact Tracing COVID-19 Infections in Communities of Color in New York State <https://www.nbna.org/files/ADMIN/Website%202020/FINAL%20Merged%20NBNA%20NAHN%20NY%20Covid%20Testing%20and%20Tracing%20Brief%20April%2026%202020.3.pdf>

TV 4/24/2020

National Health Expert Emphasizes Social Isolation Despite Governor's Kemps Statewide Order Fox 54, Augusta, GA. <https://www.wfxg.com/story/42053360/national-health-expert-emphasizes-social-isolation-despite-governor-kemps-statewide-order>

TV 4/22/2020

COVID-19 Affecting African Americans Channel 6 Fox News Birmingham, AL. <https://www.wbrc.com/video/2020/04/22/covid-affecting-african-americans/>

Radio 4/21/2020

National Black Nurses President Views on COVID-19 the Mike Muse Morning Show Sirius XM Radio

CNN 4/17/2020

Nurses Speak Out About Shortage of Equipment, Staff Concerns for Family Members. Interview with April Ryan, CCN News <https://phillysfavor1007fm.com/nurses-speak-out-about-shortage-of-equipment-staff-concerns-for-family-members/>

YouTube 4/17/2020

How to Best Protect Ourselves During the Pandemic, Morning Hustle Radio Show, Interview Angie Ang <https://www.youtube.com/watch?v=K2xUyO4tYdU>

Radio 4/16/2020

COVID-19 Pandemic Quick Silva Show interview

Website 4/9/2020

Giving Voice to Nurses on the Front Lines in the Fight Against the Coronavirus <https://www.marketplace.org/2020/04/08/covid-19-is-not-the-great-equalizer-its-hitting-black-communities-hardest/>

Website 4/8/2020

COVID-19 is not the great equalizer; it's hitting Black communities hardest <https://www.marketplace.org/2020/04/08/covid-19-is-not-the-great-equalizer-its-hitting-black-communities-hardest/>

Website 4/1/2020

NBNA Strongly Support a Healthy and Safe Work Environment for Nurses on the Frontline of COVID-19 [https://www.nbna.org/files/ADMIN/Website%202020/Press%20Release%20April%201%202020%20COVID-19%20\(003\)...pdf](https://www.nbna.org/files/ADMIN/Website%202020/Press%20Release%20April%201%202020%20COVID-19%20(003)...pdf)

Website 3/30/2020

Coronavirus Primer 1: Impact on Communities of Color www.nbna.org

Magazine 3/30/2020

Update on the 2020 Pandemic: COVID-19 and NBNA Resilience <http://www.heartandsoul.com/tag/dr-martha-a-dawson/>

Members on the Move

Your NBNA President on the Move (cont.)

Website 3/9/2020

Coronavirus Health Alert: A call for health awareness and education, <https://www.nbna.org/files/ADMIN/NBNA%20Coronavirus%20Statement%202020.pdf>

Media/press releases:

Nurse Article 6/30/2020

Nursing organization step up to address racism and its consequences <https://www.nurse.com/blog/2020/06/29/nursing-organizations-step-up-to-address-racism-and-its-consequences/>

News Release 6/16/2020

Social distancing is a luxury not everyone can afford https://www.uab.edu/nursing/news/coronavirus/item/2455-social-distancing-is-a-luxury-not-everyone-can-afford?utm_source=MC_100006781&utm_medium=email&utm_campaign=06162020ereporter&utm_

News Release 6/8/2020

After long hospital shifts, nurses are taking to the street to treat injured protesters. <https://www.simplemost.com/nurses-treat-protestors-after-long-shifts/>

Podcast 6/5/2020

What it's like to be a black doctor and nurse right now <https://podcasts.apple.com/us/podcast/podcast-19-fivethirtyeight-on-the-novel-coronavirus/id1510635988>

Press Release 6/5/2020

Addressing the Epidemic of Violence: NBNA's Call to Action NBNA Committee on Violence <https://www.nbna.org>

Website 6/4/2020

Long-standing issues with health care disparities' lead healthcare workers to protests <https://www.goodmorningamerica.com/wellness/story/long-standing-issues-health-care-disparities-lead-health-71041528>

New Release 6/3/2020

Nurses, still fighting coronavirus, serve as medics at George Floyd protests <https://thehill.com/policy/healthcare/500802-nurses-offer-support-for-black-lives-matter-as-they-continue-fighting>

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COVID-19 is not the great equalizer; it's hitting black Communities hardest <https://www.marketplace.org/2020/04/08/covid-19-is-not-the-great-equalizer-its-hitting-black-communities-hardest/>

Website 4/1/2020

NBNA Strongly Support a Healthy and Safe Work Environment for Nurses on the Frontline of COVID-19 [https://www.nbna.org/files/ADMIN/Website%202020/Press%20Release%20April%201%202020%20COVID-19%20\(003\)...pdf](https://www.nbna.org/files/ADMIN/Website%202020/Press%20Release%20April%201%202020%20COVID-19%20(003)...pdf)

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Website 3/9/2020

Coronavirus Health Alert: A call for health awareness and education, <https://www.nbna.org/files/ADMIN/NBNA%20Coronavirus%20Statement%202020.pdf>

Members on the Move

Dr. Sheldon Fields, NBNA First Vice President was a panelist on a webinar sponsored by AJN on the topic of “Nurses Role in Addressing Racism”, on August 19, 2020.

The manuscript by **Dr. Marcia Lowe**, NBNA Second Vice President, entitled "An Exploratory Study of the Influence of Perceived Organizational Support, Coworker Social Support, the Nursing Practice Environment, and Nurse Demographics on Burnout in Palliative Care Nurses" has been accepted for publication in the December 2020 issue of *The Journal of Hospice and Palliative Nursing* (Volume 22, No. 6). This is Dr. Lowe's dissertation topic.

Dr. Shirley Evers-Manly is the new interim dean at the School of Nursing, Alcorn University.

Dr. Cheryl Woods Giscombe received a \$3.1 grant from NIH National Institute for Minority Health and Health Disparities to conduct research to help African American women reduce their risk for cardiometabolic conditions such as diabetes, hypertension, cardiovascular disease and stroke. This is a 5 year student. Dr. Giscombe is professor at the University of North Carolina at Chapel Hill.

Currently in press with the *Journal of Professional Nursing*, **Dr. Kechinyere C. Iheduru-Anderson** from Central Michigan University published a new article titled [The White/Black Hierarchy Institutionalizes White Supremacy in Nursing and Nursing Leadership in the United States](#). In this article, the author explores how the perception of racial bias affects the motivation of African American nurses in the US to seek nursing leadership and faculty positions, as well as perceived racism-related barriers that prevent these individuals from moving forward with their careers in academia and nursing leadership. Dr. Iheduru-Anderson is a member of the Lansing Area Black Nurses Association.

Bethsheba Johnson received her Doctor of Nursing Practice degree from the University of Texas Health Sciences Center at Houston Cizik School of Nursing Leadership on August 11, 2020.

Tavell L. Kindall, PhD, DNP, RN, received his PhD from William Carey University on August 8, 2020.

Lovoria Williams, PhD, FNP-BC, FAANP, received a five-year \$2,966,335 National Institute of Diabetes and Digestive and Kidney Diseases award entitled “*Enhancing the Diabetes Prevention Program to promote weight loss among non-responders in a community based lifestyle intervention*”.

Dr. Williams, through prior research, has developed a comprehensive weight management program, *Fit Body & Soul*, and now she will expand her work to assess potential non-responders. Integrating

a group-based intervention for community-dwelling Blacks, she will identify potential weight loss non-responders, defined as <1% weight loss, at four weeks post baseline. The study will conduct a cluster-randomized trial with 500 participants who are nested within 20 community sites.

Dr. Lovoria Williams was appointed to serve on a newly named Commission for Racial Justice & Equality by Lexington, Kentucky Mayor Linda Gorton. Dr. Williams will serve as vice chair of one of five subcommittees. The Commission will seek solutions to dismantle systemic racism in Fayette County. Dr. Williams is an Associate Professor at the University of Kentucky College of Nursing and the President of the Lexington Black Nurses Association.



Kina L. Jackson, DNP, MA, APRN, AGPCNP-BC, CCM, recently completed the requirements for the Doctor of Nursing Practice (DNP) degree at the Duke University School of Nursing in July 2020. The title of her DNP scholarly project was “Group Coaching Among African American Individuals with Prediabetes in A Faith-Based Setting”. Kina obtained her Master of Science in Nursing from Duke University and her Bachelor

of Science in Nursing from Winston Salem State University. She currently practices as an adult gerontology nurse practitioner with plans to obtain a nurse faculty position. Kina is a founding officer of the Piedmont Black Nurses Association in Charlotte, NC.

Edwin Aroke, PhD, CRNA will give the Goldie D. Brangman Diversity and Inclusion Lecture at the 87th American Association of Nurse Anesthetists Congress in August 2020. Dr. Aroke is an Assistant Professor at the University of Alabama Birmingham School of Nursing. Dr. Aroke's lecture is entitled “Individual Differences in Pain: Taking a Closer Look at the Role of Sex, Race, and Social Class in Pain”. He will also



Members on the Move

discuss steps CRNAs can take to decrease pain disparities. This lecture was established by AANA in 2018 as a way to celebrate former AANA president Goldie Brangman, the first woman of color in a leadership position of AANA and well-known champion of diversity and inclusion. Dr. Aroke is a member of the Birmingham Black Nurses Association.

<https://www.uab.edu/nursing/news/home/global-leadership/item/2425-aroke-presenting-at-aana-annual-congress>

Debra A. Mann, DNP, RN, ACNS-BC, NEA-BC co-authored an article entitled “Call to Arms: The Frontline Nurse Experience Amidst the Coronavirus 2019 Pandemic”; published in the Georgia Nursing, a publication of the Georgia Nurses Foundation. Dr. Mann is a member of the Middle Georgia Black Nurses Association.

Beverly Malone, PhD, RN, FAAN was named a Living Legend by the American Academy of Nursing. She will be conferred this honor at the AAN Virtual Conference in October. Dr. Malone is a remarkable health care leader and champion for the nursing profession whose vision at the National League for Nursing (NLN), has advanced the science and stature of nursing education. Dr. Malone’s skilled ability to inspire and facilitate greater collaboration among stakeholders has resulted in expanded diversity within the profession and nursing education while advancing excellence in care. Her distinguished career has impacted all facets of public health by advocating for improvements to policies, education, administration, and clinical practice. In testament to her leadership, Dr. Malone was appointed as Deputy Assistant Secretary for Health within the Department of Health and Human Services, the highest position that a nurse had ever held at that time, under President Bill Clinton. Following her appointment, Dr. Malone relocated to the United Kingdom to serve as General Secretary of the Royal College of Nursing, the largest professional union of nursing staff in the world, thus cementing her legacy internationally. Ranked as among the 100 Most Influential People in Healthcare by Modern Healthcare magazine, Dr. Malone currently serves as Chief Executive Officer of NLN. Dr. Malone is a Lifetime Member of the National Black Nurses Association.

The American Academy of Nursing announced its 2020 AAN Fellows:

- **Randolph Rasch**, PhD, RN, FAANP, Dean, Michigan State University
- **Lauren Underwood**, MSN, MPH, RN, Member, United States House of Representatives
- **Eddie Bernice Johnson**, MPA, RN, Member, United States House of Representatives

- **Kahlil Demonbreun**, DNP, RNC-OB, WHNP-BC, ANP-BC, FAANP, Women’s Health Medical Director/Women’s Health Nurse Practitioner WJB Dorn VA Medical Center
- **James L. Dickens**, DNP, APRN, FNP-BC, FAANP, Senior Program Manager Officer, U.S. Public Health Service

Piri Ackerman-Barger, PhD, RN, was appointed to the newly created position of Associate Dean for Health Equity, Diversity and Inclusion at the Betty Irene Moore School of Nursing, University of California Davis. In this position, Dr. Ackerman-Barger will lead the school’s efforts to create a diverse and welcoming setting in which to learn, work and collaborate. She will also design initiatives so the school’s learning environments, workforce, programs, services and partnerships are more diverse and inclusive. Dr. Ackerman-Barger is an associate clinical professor and a member of the Capitol City Black Nurses Association,

Eboni Harris, PhD, APRN, FNP-BC, Secretary, Midlands of South Carolina Black Nurses Association, Inc., recently graduated from the Amy V. Cockcroft Leadership Fellowship program. Since 1994, the fellowship has provided opportunities for healthcare professionals to expand their leadership capacity. The program prepares nurse leaders to meet the demands of today’s healthcare environment. During the year-long fellowship participants engage in activities that build skills and provide strategies for success as a healthcare leader. Dr. Harris joins a class of 250 leaders across the nation to finish the program since its inception.

Lori Vick, PhD, MAT, RN, Vice President, Midlands of South Carolina Black Nurses Association, Inc. was recently awarded a NIH grant titled, Hydroxyurea Adherence Project (HAP). The purpose of HAP is to collaborate with persons with sickle cell disease (SCD) to identify strategies to improve adherence to Hydroxyurea (HU).

Careismatic Brands, Inc. debuted the “Tiff Talks” series, with nurse and diversity and inclusion specialist Tiffany Gibson of @[NewNurseAcademy](#). The series began its weekly on July 28, 2020, at @[CherokeeUniforms](#) Instagram. Tiffany will define diversity, inclusion and equity; will address the current social climate and racial injustice; and will discuss the goal of the Black Lives Matter movement – with a Q&A at the end of tomorrow’s 30-minute talk. Tiffany is a recipient of the 2020 NBNA Under 40 Award. The award honors emerging leaders under 40-years-old who have “shown strong leadership and demonstrated excellence and innovation in their practice setting, in their NBNA chapters and in the communities they serve.”

Members on the Move

Sasha DuBois, NBNA Secretary, was appointed to the Executive Advisory Committee for Diversity, Inclusion, Health Equity and Community Health at Brigham and Women's Hospital in Boston. Sasha is a Nurse Director at the Brigham.



Sherri L. Smith-Keys, DNP, MSN, RN came to Arizona College of Nursing – Dallas in 2020 after leading and serving for 8 years in the areas of academic and clinical operations. Her career in nursing began over 35 years ago with a clinical specialty in Pediatrics. Among her areas of skill is her penchant towards leadership, staff development and student

outcomes. She has made a career of helping others to live out the

dreams that education facilitates. As the Dean of Nursing, having the responsibility for program accreditation, faculty development, nurturing student success and improving outcomes through policy and procedure management. Student-centric, evidenced-based, community centered, interprofessional, and quality improvement all drive systems at Arizona College that explore equity and better population outcomes.

- Dean of Nursing
- DNP in Nursing, Walden University
- MSN Nursing/Education, Regis University
- BSN, Nursing, University of Texas, Arlington

Coming to Arizona College has been a great decision for me and my family. The mission and vision at Arizona College is very deliberate and impactful for this generation and future generations of nurse generalist entering the workforce.

Chapters on the Move

Greater NYC Black Nurses Association

On Sunday, June 7, 2020, the Greater New York City Chapter of NBNA organized a peaceful rally and march against police brutality and racism. The rally started in Manhattan at Union Square - 14th Street with over 800 people gathered. It was a march that called together Black healthcare providers and other Black professionals but that also attracted many others who came out in support. Those gathered then marched over 5 miles through the streets of Manhattan and over the Manhattan Bridge into downtown Brooklyn ending at the Barclays Center for a final rally. Along the way the peaceful protesters chanted, sang and stopped to take a knee for 8 minutes and 46 seconds in memory of George Floyd.



The chapter held another march on Sunday June 14, 2020, starting at the Barclays Center in Brooklyn and marching to Grand Army Plaza to meet up with a planned march by the Afro-Caribbean communities in New York City.



Jasmin Waters, MS, NPD-BC, Vice President, New York BNA and Sabrina Newton, LPN, NBNA Board Member along with Greater New York City Black Nurses Association Board Members and Suffolk County Black Nurses Association members.



 IN CASE YOU MISSED THE FIRST MARCH, WE ARE DOING IT AGAIN!

Healthcare Providers March Against Police Brutality

DATE: Sunday June 14, 2020
TIME: 12:30PM
LOCATION: BARCLAY CENTER



Please wear your stethoscopes, scrubs, and/or white coats. We will be marching to Grand Army Plaza. Remember to wear your mask!

Chapters on the Move

Greater NYC Black Nurses Association (cont.)



Jewel BLM close up



Jose Perpignan and wife



Dr. Johnson Bull horn addressing crowd



Dr. Keillie Bryant Dr Selena Gilles Jose Perpignan



The crowd



Montifore nurses

Chapters on the Move

Greater NYC Black Nurses Association (cont.)



Protest RN



The crowd fist up

SEPABNA Chapter

Our Chapter President, Monica Harmon, MSN, MPH, RN, and Co-Chair of the Health Policy Committee, Eula Davis, MPH, MSN, RN-BC, advocated for nurses during the Philadelphia City Council Committee public hearing on 06/12/2020. Additionally, the link to

the hearing <https://youtu.be/bFnNP4GfkPM>. The video briefly cuts out during Ms. Harmon's testimony, but it picks up for Ms. Davis' testimony and the question and answer session with Ms. Harmon.



Monica Harmon gives Testimony during Philadelphia City Council Public Hearing

Chapters on the Move

Chicago Chapter National Black Nurses Association

Chicago Chapter NBNA members participated in the Woodlawn Community Peace Walk.



Central Ohio Black Nurses Association

Central Ohio Black Nurses Association standing with our men and boys of The African American Male Initiative in solidarity against racial discrimination and injustices in Columbus, Ohio June 2, 2020.

On August 9, 2020, Central Ohio BNA provided free health screenings for Men's Health Week for the Initiative.



Chapters on the Move

Birmingham Black Nurses Association

BBNA president Deborah Thedford-Zimmerman with NBNA president Dr. Martha Dawson participated in the African American Heritage Month celebration at the UAB School of Nursing on February 20, 2020. They were featured in the segment titled “Innovators That Walk Among Us.”

On March 2, 2020, BBNA members Drs. Cyndi Cortes, Lee Hardin, and Jennifer Coleman conducted a session on “Study Skills & Test-taking Strategies at Jefferson State Community College. Forty nursing students attended the interactive presentation.

Sixteen BBNA chapter members traveled to Montgomery on March 12 to attend the Open House/Membership Drive held by the Montgomery Black Nurses Association. An informational session on “How to Identify and Assist Human Trafficking Victims” was presented as part of the program.

BBNA student member, Melanie Wren, was awarded the Alabama State Nurses Association 2020 Helen Wilson Leadership Scholarship, based on her leadership and community involvement. She was also selected for the Gamma Eta Chapter Outstanding Student Award. Gamma Eta is the local chapter of Sigma Theta Tau International Honor Society of Nursing. Melanie Wren is the student representative on the BBNA Board of Directors. She is a senior nursing student at Samford University.

BBNA president Deborah Thedford-Zimmerman posted a video message to all nurses on National Nurses Day. President Thedford-Zimmerman thanked all Birmingham area nurses and offered words of encouragement during the COVID-19 pandemic.

During Nurses Week celebrations at Children’s of Alabama, Dr. Theresa Rodgers received Level 4 recognition, and Kimberly Bell received Level 2 recognition in the category of Nurses Excellence for Nurse Practitioners. The awards included a certificate and a monetary award. At UAB, Sasha Harris received the Clinical Nurse Excellence Award during Nurses Week.

BBNA members celebrated National Nurses’ Month with a variety of activities to support those affected by the COVID-19 pandemic. Lunch and dinner were sponsored for nurses caring for patients at the University of Alabama at Birmingham Hospital in the neuro intensive care unit, nephrology, ENT, head and neck departments, and nuclear medicine. Face coverings/masks were provided to BBNA members and to employees of the Jefferson County Sheriff’s Department.

On May 11, members of the Birmingham Black Nurses Association partnered with the city of Birmingham Council District 1 to host a drive-through food drive. The Community Food Bank of Central Alabama provided perishable and nonperishable food items. BBNA distributed food boxes and reusable face masks to over 350 cars. BBNA also collaborated with Birmingham’s District 4 City Councilor and the clergy of Birmingham to host a drive-through food drive for Birmingham’s District 4 on May 29, 2020.

BBNA hosted a virtual meeting with U.S. Congresswoman Terri Sewell on May 15, 2020. Alabama State Nurses Association President Sarah Wilkinson-Buchmann and Executive Director John Ziegler were also invited to participate. Congresswoman Sewell provided a briefing in response to several questions submitted by BBNA related to congressional funding, tax credits, and workforce issues of concern to nurses. Congresswoman Sewell discussed several bills, resolutions, and aid packages currently being discussed in Congress and her efforts on behalf of nurses. Congresswoman Sewell is the representative from Alabama’s 7th Congressional District, which includes Birmingham.

BBNA received a COVID-19 Community Grant funded by the partnership of NBNA and the Black Hollywood Education and Resource Center. Chapter members held a “Meal and Face Mask” giveaway for COVID-19 frontline staff on May 20, 2020. BBNA chapter members, stationed at four locations of Moe’s Original Barbecue, provided complimentary lunch and face masks from 11:30am-2:30pm for frontline workers who visited the restaurant.

On May 26, BBNA member Dr. Tedra Smith led chapter members in a food drive benefitting residents of First Light, an emergency shelter for homeless women and children in downtown Birmingham.

BBNA also provided cash support to Grace House and Children’s Village. Grace House Ministries provides residential care for girls ages 6-18 who have been placed in state custody. Children’s Village provides a home for girls and boys aged 6-18 who have been abandoned, abused, and neglected.

Dr. Lindsey Harris, president-elect of the Alabama State Nurses Association, has been selected by Samford University as the 2020 Outstanding Young Alumnus of the Year. She will be recognized during the university’s homecoming activities in November 2020. Dr. Harris is also a past president of BBNA and a past student member of the chapter’s mentorship program.

Chapters on the Move

Birmingham Black Nurses Association (cont.)



Innovators – Dr. Martha Dawson;
Deborah Thedford-Zimmerman



Dr. Martha Dawson with members of the Montgomery Black Nurses Association Open House



Dr. Martha Dawson, Birmingham Councilor Clinton Woods, BBNA President
Deborah Thedford-Zimmerman at the District 1 Community Food Drive



BBNA members at Montgomery Black Nurses Association Open House



We Served Our Own!! Deborah
Thedford-Zimmerman, RN
President Birmingham Black
Nurses Association, Inc.



BBNA immediate past
president, Dr. Lindsey Harris

Chapters on the Move

Birmingham Black Nurses Association (cont.)

BBNA provided meals for the nurses at UAB Hospital's neuro intensive care unit, nephrology, ENT, head and neck departments, and nuclear medicine. Face masks were provided to UAB Hospital's outpatients receiving dialysis treatment and to employees at the Jefferson County Sheriff's Department. Two community mobile food pantries were also hosted.



Deborah Thedford-Zimmerman, RN giving mask to front liner.



MEAL & FACE MASK
SUPPORTING COVID-19 FRONTLINE STAFF

Sponsored by:
BBNA
Birmingham Black Nurses
Association Inc.

COMPLIMENTARY SANDWICH AND 1 SIDE
(TRAVELING LIGHT MEAL)
LIMITED AMOUNT PROVIDED
TRAVELING LIGHT MEAL 50% OFF THEREAFTER!

WEDNESDAY, MAY 20TH, 2020
11:30 - 2:30PM
MOE'S ORIGINAL BBQ
HOOVER, LAKEVIEW, TRUSSVILLE, VESTAVIA

info@birmingham@bna.org
www.birminghambna.org



Chapters on the Move

Birmingham Black Nurses Association (cont.)



Dr. Karen Harris, member BBNA staff thanking BBNA for a meal.



Dr. Martha Dawson, President NBNA, Birmingham Councilman Clinton Woods, District 1, Deborah Thedford-Zimmerman, President BBNA and Amanda Plain, Administrative Assistant to Councilman Woods during the mobile pantry and face mask give away.

The New England Minority Nursing Collaborative receives \$10,000 award from the National Network of Libraries of Medicine

The New England Regional Black Nurses Association, Inc., Northern Connecticut Black Nurses Association, Southern Connecticut Black Nurses Association, Western Massachusetts Black Nurses Association, National Association of Hispanic Nurses Western Massachusetts, National Association of Hispanic Nurses Massachusetts, and National Association of Hispanic Nurses Hartford. received a \$10,000 award from the Network of the National Network of Libraries of Medicine, New England Region (NNLM NER) to implement *"The New England Minority Nursing Collaborative: Promoting Access to Health Information"* project. The New England Regional Black Nurses Association (NERBNA) is the lead and fiduciary organization for this project.

These seven New England Chapters of the National Black Nurses Association, Inc. (NBNA) and the National Association of Hispanic Nurses (NAHN) have been conference partners for the past four years. The NEMNLC, was established in 2014 by three Robert Wood Johnson Executive Nurse Fellows (RWJENF), Alumni (Lisa Davis, Debra Washington, Gaurdia Banister), has gained recognition for its commitment to leadership through organizational networking, collaboration, mentorship, and advocacy related to health disparities. The NEMNLC is a collaboration of a total of ten New England Chapters including the Cape Verdean Nurses Association and the National Association of Nigerian Nurses.

The purpose of this collaboration is multi-faceted. Aimed to engage community organizations, health care providers, community

organizations, and the general public, the project focuses on several areas of significance associated with access to health information. These areas of significance include: 1) increase awareness of health information to underserved populations, 2) utilization of health information to nursing students, nurses and other minority professionals in healthcare, and 3) access to professional development opportunities in order to increase cultural competence with respect to health information access.

The NNLM NER/NEMNLC's comprehensive approach on how to access and utilize health information resources will utilize expert speakers, virtual educational sessions, and NNLM online publications to maximize the distribution of knowledge and expertise relevant to reducing health disparities. These strategies will serve to educate individuals and communities on reliable health information resources that are publicly available and disseminated through online platforms. The incorporation of educational outreach by educators, community members, and collaborative partners in the New England region, aims to provide participants with knowledge on how to effectively access health information to make informed healthcare decisions, reduce health disparities, and become a prepared healthcare workforce to meet the needs of increasingly diverse populations.

Sasha DuBois, MSN, RN, President, NERBNA and NBNA Secretary is the project lead and **Lisa Davis**, MBA, MPH, BS, RN President, Midlands of SC BNA and NEMNLC founder and Coordinator is the co-lead for this project.

Chapters on the Move

Midlands of South Carolina Black Nurses Association



Midlands of SC BNA Members with NBNA President Dr. Martha A. Dawson (4th on the left)

The Midlands of South Carolina Black Nurses Association has been awarded \$10,000 from the RWJ Alumni Network Activation Fund. 49 applications were received and their project is one of seven that was funded. The initiative will be led by Lisa Davis, MBA, MPH, BS, RN, President, Midlands of South Carolina Black Nurses Association, Inc. Ms. Davis will be collaborating with RWJF alumnae Jeanette Andrews, PhD, RN, FAAN, and Robin Dail, PhD, RN, FAAN on this project. Ms. Davis and Dean Andrews are alumni of the RWJF Executive Nurse Fellows Program, 2007 cohort and founding members of the Midlands of South Carolina Black Nurses Association, Inc. Dr. Dail is an alumna of the 2010 RWJF Nurse Faculty Scholars Program and Associate Dean for Faculty Affairs and Professor at the University of South Carolina (UofSC), College of Nursing (CON). The UofSC CON, will be a partner organization.

The project will use photovoice, a qualitative method used for community-based participatory research to document and portray reality- in this case, the experiences that African Americans face in the context of COVID-19. Photovoice is an empowering and flexible process that combines photography with grassroots social action

and is often used in public health and education. COVID-19 is a public health crisis, and photovoice will be a powerful educational platform now and in the future. Photovoice and narratives will allow us never to forget this time while also serving as a call to action that these alarming inequities should never happen again.

Individuals benefiting from the COVID-19 leadership project include the African American community, health care providers, legislators, educators, the public health sector, and spiritual communities. The beneficiaries will have the ability to learn about the African American community's experience with COVID-19 and develop ways to engage this population in addressing inequities amplified by COVID-19.

The RWJF Alumni Network builds connections among the graduates of multiple RWJF Leadership Programs around common interests, experiments with new approaches, peer learning and collaborative action to address the systemic inequities that create barriers to every person leading the healthiest life possible.

Chapters on the Move

New Orleans BNA Drive By Parade; Care Packages for Nurses



Chapters on the Move

New Orleans BNA Drive By Parade; Care Packages for Nurses



Chapters on the Move

New Orleans BNA Drive By Parade; Care Packages for Nurses



Chapters on the Move

New Orleans Black Nurses Association

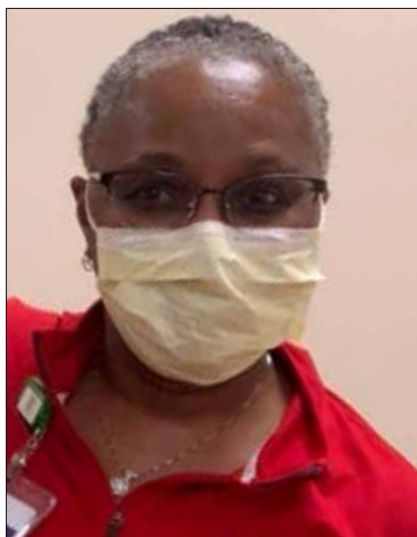


C.J. Marbley, RN, Chief Nursing Officer and Vice President of Patient Services, New Orleans East Hospital, receives delivery of PPEs from Direct Relief. The donation of the PPEs were as a result of a fundraiser held by Diddy and Team Love. New Orleans East Hospital also provided community testing at one of New Orleans city courts. C.J. is the Vice President of the New Orleans Black Nurses Association.

Nurse Warriors Battle COVID-19



Nurse Warriors Battle COVID-19



Nurse Warriors Battle COVID-19



Chapter Presidents

ALABAMA

Birmingham BNA (11)	Deborah Thedford-Zimmerman	Birmingham, AL
Montgomery BNA (125)	Katherine Means	Montgomery, AL
Northern Alabama BNA (180)	Bridgette Taylor	Harvest, AL
Tuskegee/East Alabama NBNA (177)	Dr. Cordelia Nnedu	Tuskegee Institute, AL
West Alabama Chapter of the NBNA (184)	Dr. Johnny Tice	Tuscaloosa, AL

ARIZONA

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

Little Rock BNA of Arkansas (126)	Jason Williams	Little Rock, AR
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CALIFORNIA

Bay Area BNA (02)	Norma Faris-Taylor	Oakland, CA
Capitol City BNA (162)	Carter Todd	Sacramento, CA
Central Valley BNA (150)	Dr. Jeanette Moore	Fresno, CA
Council of Black Nurses, Los Angeles (01)	Barbara Collier	Los Angeles, CA
Greater Inland Empire BNA (188)	Nia M. Martin	Corona, CA
San Diego BNA (03)	Samantha Gambles Farr	San Diego, CA

COLORADO

Eastern Colorado Council of BN (Denver) (127)	Robin Bruce	Denver, CO
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CONNECTICUT

Northern Connecticut BNA (84)	Marlene D. Harris	Hartford, CT
Southern Connecticut BNA (36)	Andrea Murrell	West Haven, CT

DISTRICT OF COLUMBIA

BNA of Greater Washington, DC Area (04)	Dr. Pier Broadnax	Washington, DC
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FLORIDA

Big Bend BNA (Tallahassee) (86)	Katrina Rivers	Tallahassee, FL
BNA, Tampa Bay (106)	Rosa Cambridge	Tampa, FL
Central Florida BNA (35)	Eloise Abrahams	Orlando, FL
First Coast BNA (Jacksonville) (103)	Dr. Carol Jenkins-Neil	Jacksonville, FL
Greater Fort Lauderdale Broward Chapter of the NBNA (145)	Lyn Peugeot	Fort Lauderdale, FL
Greater Gainesville BNA (85)	Voncea Brusha	Gainesville, FL
Miami Chapter - BNA (07)	Patrise Tyson	Miami, FL
Palm Beach County BNA (114)	Rochun McCray	West Palm Beach, FL
St. Petersburg BNA (28)	Janie Johnson	St. Petersburg, FL
Treasure Coast Council of BN (161)	Dr. Ophelia McDaniels	Port Saint Lucie, FL
Volusia Flagler Putnam Chapter of the NBNA (187)	Dr. Alma Dixon	Palm Coast, FL

Chapter Presidents

GEORGIA

Atlanta BNA (08)	Seara McGarity	College Park, GA
Columbus Metro BNA (51)	Pamela Rainey	Columbus, GA
Concerned National BN of Central Savannah River Area (123)	Romona Johnson	Martinez, GA
Middle Georgia BNA (153)	Dr. Debra Mann	Dublin, GA
Okefenokee BNA (148)	Connie Bussey	Waycross, GA
Savannah BNA (64)	Yvonne Bradshaw	Savannah, GA

HAWAII

Honolulu BNA (80)	Linda Mitchell	Aiea, HI
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ILLINOIS

Alliance of BNA of Illinois (178)	Beatrice Mbaocha	Chicago, IL
BNA of Central Illinois (143)	Dr. Elaine Hardy	Bloomington, IL
Chicago Chapter NBNA (09)	Ellen Durant	Chicago, IL
Greater Illinois BNA (147)	Patricia Roberts	Bolingbrook IL
Illinois South Suburban NBNA (168)	Dr. Carol Alexander	Matteson, IL
North Shore BNA (172)	Linda Spriggs	Gurnee, IL

INDIANA

BNA of Indianapolis (46)	Katherine Bates	Indianapolis, IN
Lake County Indiana BNA (169)	Michelle Moore	Merrillville, IN
Northwest Indiana BNA (110)	Mona Steele	Gary, IN

KANSAS

Wichita BNA (104)	Linda Wright	Wichita, KS
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KENTUCKY

KYANNA BNA, Louisville (33)	Alona Pack	Louisville, KY
Lexington Chapter of the NBNA (134)	Dr. Lovoria Williams	Lexington, KY

LOUISIANA

Acadiana BNA (131)	Iris Malone	Lafayette, LA
Bayou Region BNA (140)	Salina James	Thibodaux, LA
New Orleans BNA (52)	Mary Kelly	New Orleans, LA
Shreveport BNA (22)	Bertresea Evans	Shreveport, LA
Southeastern Louisiana BNA (174)	Rachel Weary	Abita Springs, LA

MARYLAND

BNA of Baltimore (05)	Dr. Vaple Robinson	Baltimore, MD
BN of Southern Maryland (137)	Kim Cartwright	Clinton, MD
Greater Bowie Maryland NBNA (166)	Dr. Jacqueline Newsome-Williams	Chevy Chase, MD

MASSACHUSETTS

New England Regional BNA (45)	Sasha DuBois	Roxbury, MA
Western Massachusetts BNA (40)	Anne Mistivar-Payen	Springfield, MA

Chapter Presidents

MICHIGAN

Detroit BNA (13)	Nettie Riddick	Detroit MI
Grand Rapids BNA (93)	Aundrea Robinson	Grand Rapids, MI
Greater Flint BNA (70)	Juanita Wells	Flint, MI
Kalamazoo-Muskegon BNA (96)	Dr. Birthale Archie	Kentwood, MI
Lansing Area BNA (149)	Meseret Hailu	Lansing, MI
Southwest Michigan BNA (175)	Deborah Spates	Berrien Springs, MI

MINNESOTA

Minnesota BNA (111)	Sara Wiggins	St. Paul, MN
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MISSOURI

BNA of Greater St. Louis (144)	Quita Stephens	St. Louis, MO
Greater Kansas City BNA (74)	Iris Culbert	Kansas City, MO
Mid-Missouri BNA (171)	Felicia Anunoby	Jefferson City, MO

NEBRASKA

Omaha BNA (73)	Shanda Ross	Omaha, NE
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NEVADA

Southern Nevada BNA (81)	Lauren Edgar	Las Vegas, NV
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NEW JERSEY

Concerned BN of Central New Jersey (61)	Terri Ivory	Neptune, NJ
Concerned Black Nurses of Newark (24)	Banita Herndon	Newark, NJ
Mid State BNA of New Jersey (90)	Tracy Smith-Tinson	Somerset, NJ
Middlesex Regional BNA (136)	Marchelle Boyd	New Brunswick, NJ
New Jersey Integrated BNA (157)	Thomas Hill	Lyons, NJ
Northern New Jersey BNA (57)	Dr. Melissa Richardson	Newark, NJ

NEW YORK

Greater New York City BNA (167)	Dr. Julius Johnson	Brooklyn, NY
New York BNA (14)	Dr. Rose Ellington-Murray	New York, NY
Rochester BNA (182)	Dr. Yvette Conyers	Rochester, NY
Suffolk County BNA (183)	Jacqueline Winston	Ridge, NY

NORTH CAROLINA

Central Carolina BN Council (53)	Bertha Williams	Durham, NC
Piedmont BNA (181)	Tammy Woods	Charlotte, NC

OHIO

Akron BNA (16)	Deandrea Mayes	Akron, OH
BNA of Greater Cincinnati (18)	Dr. Regina Hutchins	Cincinnati, OH
Central Ohio BNA (185)	LaToya Gibson	Columbus, OH
Cleveland Council BNA (17)	Dr. LaTonya Martin	Cleveland, OH
Columbus BNA (82)	Pauline Zarrieff	Columbus, OH
Youngstown Warren BNA (67)	Carol Smith	Youngstown, OH

Chapter Presidents

OKLAHOMA

Eastern Oklahoma BNA (129) Rickesha Clark.....Tulsa, OK
Oklahoma City BNA (173) Irene Phillips Jones, OK

OREGON

Alliance of BNA of Oregon (186)..... Danaya Hall Portland, OR

PENNSYLVANIA

Pittsburgh BN in Action (31) Dr. Dawndra JonesPittsburgh, PA
Southeastern Pennsylvania Area BNA (56)..... Monica Harmon..... Philadelphia, PA

SOUTH CAROLINA

Columbia Area BNA (164) Whakeela James..... Columbia, SC
Midlands of South Carolina BNA (179) Lisa Davis..... Columbia, SC
Tri-County BNA of Charleston (27) Vivian Frasier-Gathers Charleston, SC

TENNESSEE

Memphis-Riverbluff BNA (49) Betty Miller..... Memphis, TN
Nashville BNA (113) Shawanda Clay Nashville, TN

TEXAS

BNA of Austin (151) Janet VanBrakle Austin, TX
BNA of Greater Houston (19) Cynthia Brown..... Houston, TX
Central Texas BNA (163) Mack Parker..... Temple, TX
Fort Bend County BNA (107) Marilyn Johnson Pearland, TX
Galveston County Gulf Coast BNA (91) Leon McGrew Galveston, TX
Greater East Texas BNA (34) Melody Hopkins Tyler, TX
Metroplex BNA (Dallas) (102)..... Dr. Becky Small Dallas, TX
Southeast Texas BNA (109) Stephanie Williams Port Arthur, TX

VIRGINIA

BNA of Charlottesville (29) David Simmons, Jr. Charlottesville, VA
Central Virginia Chapter of the NBNA (130)..... Dr. Tamara Broadnax North Chesterfield, VA
NBNA: Northern Virginia Chapter (115)..... Joan Pierre..... Woodbridge, VA

WISCONSIN

Milwaukee BNA (21) Karina Brown Milwaukee, WI
Racine-Kenosha BNA (50) Joyce Wadlington Racine, WI

Direct Member (55)*

*Only if there is no Chapter in your area