

NATIONAL BLACK NURSES ASSOCIATION

# NBNA

NEWS

## *All Things NBNA!*



### *Also inside this issue:*

18

THE GIFT  
THAT KEEPS  
ON GIVING

26

PERILS  
OF VIDEO  
CONFERENCING

16

FIRST COAST  
BNA  
INTERNSHIP  
PROGRAM

National Black Nurses Association

# NBNA

# Better TOGETHER

Join more than 300,000 African American nursing professionals in 114 chapters across the U.S. and become a NBNA Member.

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**WE REPRESENT:**

Registered Nurses (RN), Licensed Vocational/Practical Nurses (LVN/LPN), Nursing Students, Advanced Practice Nurses, Retired Nurses, Clinicians, Nurse Educators, Researchers and Scholars, Policymakers, Entrepreneurs, and more!



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National Black Nurses Association

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# FEATURES

Message From the Co-Editor-in-Chief	8
History Speaks	9
NBNA President's Letter	10
First Coast Black Nurses Association Get Out the Vote Campaign	14
Maximizing Mentorship	15
How My Mentor Has Supported Me	15
The First Coast Black Nurses Association Partners with the Annie Ruth Foundation Summer Internship Program	16
The Gift That Keeps on Giving	18
LPN/LVN's: Experiences on the Frontlines of the COVID-19 Pandemic	21
Testing and Contact-Tracing COVID-19 Infections in Black Americans in the United States	23
The Perils of Video Conferencing	26
Cultural Consideration Training Takes on Heightened Importance in 2020	31
National Black Nurses Association Older Adult Malnutrition Resolution	32

## ON THE COVER

The Central Ohio Black  
Nurses Association  
(see page 43)

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Millicent Gorham, PhD (Hon), MBA, FAAN, Editor-in Chief.  
Jennifer Coleman, PhD, RN, CNE, COI, Co-Editor-in Chief.

## NBNA NEWS

# FEATURES (continued)

Heart Patients, Keep Trying	35
Recognizing National Alzheimer's Disease Awareness Month with the Alzheimer's Association	36
Chapters on the Move	42
Members on the Move	52
NBNA Chapter Presidents	62





**NBNA**  
NATIONAL BLACK NURSES ASSOCIATION, INC.

*Celebrating 50 years of Innovative Community  
Service, Practice, Education, and Research in Nursing*



**REGISTRATION BROCHURE**

**49<sup>TH</sup> ANNUAL**  
**INSTITUTE & CONFERENCE**

**August 3 – August 8, 2021**  
**Hilton Anatole Hotel | Dallas, TX**







# NBNA

NATIONAL BLACK NURSES ASSOCIATION, INC.

*Celebrating 50 years of Innovative Community Service, Practice, Education, and Research in Nursing*

A nighttime photograph of a modern building with a glass facade and a large, illuminated canopy. The building is reflected in a pond in the foreground. The sky is dark, and the city lights are visible in the background.

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### NBNA Virtual Conference 2020

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

Congratulations NBNA, on the success of the organization's first virtual conference. The 2020 NBNA Annual Institute and Conference was an amazing experience!

Thank you to our event sponsors, our corporate roundtable sponsors, exhibitors, and attendees for making the conference a huge success. A special thank you is offered to our NBNA President, Dr. Martha Dawson; NBNA Executive Director, Dr. Millicent Gorham; and to the dynamic NBNA office staff for providing us with a virtual experience that was second to none! The close attention to every detail of the 3-day event was very apparent and was much appreciated. The conference theme, *Nursing Resilience: Disruptions in Practice, Research, Education, Policy and Entrepreneurship*, clearly describes the current challenges facing the nursing profession. After several very educational preconference presentations, the opening plenary session challenged us to confront and plan successful strategies in relation to diversity, inclusion, and equity, and to recognize our capacity for resilience. Our presidential and keynote addresses concluded the opening ceremony and were followed by an unexpected highlight of the opening day of the conference: a night of networking and jazz! Conference days 2 and 3 were equally as fun, entertaining, and educational as the opening day. Concurrent sessions were varied and educational, and opportunities to network with fellow attendees were plentiful. The interactive nature of the virtual exhibit hall was another pleasant surprise as some exhibitors invited attendees to fully connect with the exhibitors' products. The awards presentations on the final day were inspiring as usual and served to challenge each chapter to strive further, to do more, and to expand their reach into the community.

As we come to the close of 2020, *the International Year of the Nurse and Midwife*, I am proud to report that NBNA and its members have certainly shared our expertise at the highest levels of care and concern. Members of NBNA chapters continue to offer community health and safety education in all available venues. The resilience of NBNA and its members continues on full display amidst the ongoing coronavirus pandemic.

NBNA - Be energized as we head into the 50th anniversary of the founding of this dynamic organization. Now, more than ever, our mission to ensure quality healthcare to vulnerable populations across the lifespan is critical. Each of us must continue to recognize the value of our ability to engage in critical conversations and activities on behalf of the communities for whom we are privileged to provide care.

Plan to be in attendance in Dallas, Texas in August 2021 for our 50th anniversary celebration. Gather with us as we renew our collective commitment to service, practice, education, and research.

Respectfully,

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



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# NBNA Presidential Moments

In this issue of *NBNA News*, we continue our look at the NBNA past presidents.

### 7th NBNA President – Betty Smith Williams, Dr. PH, RN, FAAN (1996–1999)

Dr. Betty Smith Williams is a founding member of the National Black Nurses Association, making the motion in 1971 to establish the organization. She is also a founding member of the Council of Black Nurses, Los Angeles. In 1972, as a result of the efforts of Dr. Williams and other NBNA founders, the American Nurses Association (ANA) agreed to address the lack of representation and involvement of Blacks and other minorities in ANA. The Affirmative Action Task Force was created, and Dr. Williams was a member with the aim of ensuring ongoing and effective participation of Black nurses in the programs of ANA. In 1998, Dr. Williams was responsible for the first-ever reception and program for African American deans of schools of nursing that was jointly sponsored by NBNA and ANA. Under the direction of Dr. Williams, a history book of the National Black Nurses Association was published.

Dr. Betty Smith Williams was the first Black nursing graduate of the Frances Payne Bolton School of Nursing at Case Western Reserve University. As a faculty member at Mount St Mary's College, she became the first Black woman in California to teach in a baccalaureate program. She earned a doctorate in public health and joined the faculty at UCLA, serving as the first Black assistant dean of Student Affairs and assistant dean of Academic Affairs. Dr. Williams also served as the first Black dean of the school of nursing at the University of Colorado Health Science Center.

Dr. Williams was elected a Fellow in the American Academy of Nursing in 1980 and was named a Living Legend by the Academy in 2010. She received the Distinguished Alumnae award from the Frances Payne Bolton School of Nursing. The UCLA School of Public Health established the Betty Smith Williams Scholarship for African American graduate students. Dr. Williams is a former national treasurer of Delta Sigma Theta Sorority, Inc.

Dr. Williams advanced a multicultural focus with the goal to unite Black nurses nationally and to ensure cultural competency in health care. She cofounded the National Coalition of Ethnic Minority Nurse Associations where she served as its first president. The organization is a group of five national nursing organizations and addresses cultural diversity in the nursing profession and health disparities among diverse groups.

### 8th NBNA President – Hilda Richards, EdD, RN, FAAN (1999–2003)

Dr. Hilda Richards earned her master's and doctoral degrees from Columbia University. She also earned a master's of public administration in health administration from New York University. Dr. Richards served Ohio University as the first Black and the first female academic dean of its College of Health and Human Services when appointed in 1979. In 1993, Dr. Richards was appointed chancellor of Indiana University Northwest where she became the first African American chancellor in the entire Indiana University system.

Dr. Hilda Richards was a member of the New York chapter before joining the National Black Nurses Association in 1971 when it was formed. She served on the NBNA Board of Directors and as first vice president before becoming the eighth NBNA president in 1999. Fiscal stewardship toward the organization was established as each NBNA board member was required to demonstrate financial commitment and support to the organization.

Dr. Richards' accomplishments during her presidency of NBNA also included increasing the number of available scholarships offered each year by NBNA. She established an endowed scholarship for an associate degree nurse who is pursuing a baccalaureate degree in nursing. The NBNA annual *Nurse of the Year* awards were also launched during Dr. Richards' presidency. Another focal area was to increase the number of nurse researchers from ethnic minority groups and to raise awareness of NBNA. Dr. Richards created the *Journal of the National Black Nurses Association* and served as editor at its inception.

Dr. Richards was named one of the 100 Most Influential Black Americans by *Ebony* magazine. In 2005 she was awarded an honorary doctorate from Medgar Evers College, City University of New York for her work as chair of the nursing program and as associate dean of academic affairs.

# *Giving Thanks: Reflection on the Year 2020*

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



**A**s I begin to reflect on what to say, I am reminded of *A Tale of Two Cities* (1859) by Charles Dickens. "It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us..." This reads as though Dickens was envisioning COVID-19. We are approaching the end of 2020, a distinctive period in the history of nursing, health care, America, and the world. The nursing profession entered this year with the celebration of 2020 as the *Year of the Nurse and Nurse Midwife*. Little did we know that a pandemic would test not only our commitment to this noble profession, but our faith in humankind.

During COVID-19, the National Black Nurses Association's (NBNA) members, Board, partners, and sponsors are leading and succeeding by doing more with less. As early adaptors, NBNA relied on our pillars of strength: community engagement, strategic partnerships, and membership support. Our members continue to play key roles in support, service, education, and advocacy. NBNA is out front supporting frontline caregivers, disseminating knowledge to nurses and the public, providing personal protective equipment, and addressing physical and mental health needs of nurses and the populations we serve. We give our time, our hearts, and financial resources. We are still giving and doing. Our gratitude encompasses every aspect of nursing practice from chief nurse executives, bedside care providers, advanced practice nurses, deans, faculty, and student nurses. Compassion fatigue is present from the bedside to the corporate suite as nurses are placed in positions of altering the care they provide to fit the new normal around COVID-19. Both

practice leaders and bedside nurses are working long, exhausting hours.

I will not list the organizations that have long been friends and supporters of NBNA or the new relationships we are creating for fear that I may overlook someone or an organization. However, I want to give a shout-out and say we could not have done it without each of you. Your unselfish giving of your time and resources has helped us to provide services to frontline workers and our communities.

Yes, this is a challenging moment in history; we have witnessed the good, the bad, and the ugly. We are revisiting the dark, sleeping past of our nation around social inequities and injustices relative to systemic and institutional racism. This truth is evidenced by the disproportionate number of Black and Brown US citizens who are dying from COVID-19 and the economic hardship these populations are enduring as essential workers while sustaining the US. Within our larger society, corporate environments must take a new look at deep-seated policies, procedures, and practices that are designed to impede and disenfranchise a disproportionate number of their Black and Brown employees, limiting career advancement and income growth. The nursing profession needs to have crucial conversations around equality, equity, and inclusivity. We must help organizational leaders understand this wave of change and that the need for change is not about training and academic exercises. It is about changing one's heart toward humanity through the lens of social justice and fairness. It is time for nursing to address its own issues as a profession around intentional and unintentional



## Letter From the President

discrimination relative to the lack of significant increases in the Black and Brown nursing workforce.

There is a lack of diversity and inclusivity in the corporate suite and in decision-making seats. In reality, the focus on the underrepresentation of nurses of color has been too long coming and can no longer be hidden under the discussion of social determinants and disadvantages in our larger society. The focus must be about the lack of a diverse nursing workforce which starts in the schools of nursing. So, what are we going to do about it? The wicked question is: Are schools of nursing willing to examine their practices around selection, enrollment, treatment, matriculation, and graduation of nurses of color? It is time for student treatment to take center stage and become underscored as a central topic of discussion. If we fail in this arena of social justice, then we fail as caring human beings, and it does not matter if the world thinks we are the most trusted profession because trust comes from doing the right thing.

If we want a healthy outcome, it is time that we address the issues around institutional racism from its roots, and commit to change from the inside out. Our future depends on changing and moving

away from “business as usual.” My dear colleagues, it appears that we may enter into winter with much despair. However, I believe change is going to come. I hope by spring 2021 there is a glimmer of light that brings measurable solutions by the summer for both racism and COVID-19. To contain the spread of COVID-19, we must continue to use best practices, science, and human caring. This same approach can be used to eliminate systemic and institutional injustices. It will take time for a critical mass of the US and world population to receive a COVID-19 vaccine and solve institutional issues. Therefore, nurses and other health professionals must role model best practices as public stewards. This is not the time for us to become weary; however, we must practice self-care. History has taught us, and wisdom demands, both personal and professional commitment to a higher call for the survival of mankind.

Thank you, thank you. Happy Thanksgiving and a Blessed Holiday Season.

With Love,

Dr. Martha A. Dawson, RN, FACHE  
NBNA President

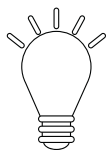




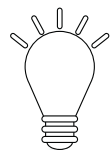
# **THE NBNA COLLABORATIVE MENTORSHIP PROGRAM WANTS YOU!**

**Chapter Mentor Ambassadors (CMA) are mentors who commit to advancing the NBNACMP purpose of supporting growth and development of nurses as they transition in professional practice.**

## **What is needed?**



- Become NBNACMP mentor
- Recruit mentors and mentees for NBNACMP
- Serve as liaison between the NBNACMP and chapter



**If you are interested in becoming a CMA, send your name, phone number, email address, and chapter to: [nbnacmpmail@gmail.com](mailto:nbnacmpmail@gmail.com)**

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# *First Coast Black Nurses Association Get Out the Vote Campaign*

Jacqueline Lee, MSN, RN  
Carol J. Neil, PhD, RN



**Jacqueline Lee** is a Retired Clinical Coordinator at Florida State College at Jacksonville. She is the 2nd Vice President of First Coast BNA.



**Dr. Carol J. Neil** is a Professor of Nursing in the RN to BSN Program, Florida State College at Jacksonville. She is the President of First Coast BNA.

**T**he First Coast Black Nurses Association (FCBNA) participated in the violence reduction campaign with the following topic as follows: the census, voter registration and police reform. During food drive distribution members were able to not only distributed PPE but educate the participants on our 3 topics. We served over 100 participants for each food distribution event on August 18, September 22, and October 20th. As people from the low-income community of Bentwood would drive up to get their food we were able to educate them on various topics and distributed PPE. We not only informed them of the importance of the census but we were able to get them to fill out the paperwork.

Several members visited senior centers to educate them on the importance of voting. We determined if a census report was completed and if they were registered voters. Those in need of assistance of completion of the census report, voter registration or a mail-in ballot was provided. We were able to get seniors to complete the paperwork to request an absentee ballot and we personally took their ballots to the supervisor of election offices. We were well received by the seniors living in the senior centers. We decided to take on the initiative to do more educational programming with this vulnerable population.

Through texting and phone banking, 975 contacts to voters were completed. We surpassed our goal of 700 contacts. The chapter's

partnership with the Boys & Girls Clubs was not successful due to Duval County's School Board policy regarding after school programs due to COVID 19. Plans are underway with a new partnership with the Police Athletic League (PAL) and Jacksonville's Sheriff Office. During this partnership we will be able to address police reform with students ages 12 to 17 years old. Our plans for this educational endeavor will be an interactive stimulating discussion about the topic of police reform. We are grateful for the committee members serving to aid in dissemination of information on the National Initiative on Violence Reduction.



# Maximizing Mentorship

Kim J. Scott, MSN, MBA, RN



**Kim J. Scott** is the Service Unit Manager Chronic Conditions Management, Kaiser Permanente East Bay–North California. She is the NBNA Collaborative Mentorship Program Chair.

**W**hen it comes to maximizing the mentorship relationship, NBNA Collaborative Mentorship Program chair, Kim Scott, and her mentee, Keamiyah Walker have perfected the synergy. The mentor/mentee relationship is called a dyad. Kim has a passion for mentorship and has mentored for over twenty years. This year an opportunity was presented to the mentorship chair to educate parents who have had their children taken out of the home into foster care. Initially the ask was to have nurses conduct the education with the parents, but Kim felt the request would be best to utilize her mentees and nursing students to provide the education to the parents. The mentees also helped Kim to develop the curriculum that included topics such as social determinants of health, adverse childhood events (ACE), and parenting skills. While the team would volunteer to do this work, Kim pays the four mentees she hired a salary, and promoted Keamiyah to a supervisor.

The relationship of a dyad is reciprocal. As the mentor guides and helps the mentee, the mentor can also learn from the mentee. Kim

*If you cannot see where you are going,  
ask someone who has been there before.*

**J LOREN NORRIS**

has learned from Keamiyah. She was in foster care, and helped Kim learn about the unique circumstances of the foster care population. This unique population of patients is one not covered in most nursing school curriculum. It falls under the category of Forensic Nursing.

<https://www.nbna.org/mentorshipprogram>

## How My Mentor Has Supported Me

Keamiyah Walker, BS, MSN (c)



**Keamiyah Walker**

**M**y mentor-mentee relationship with Kim J. Scott has been one of mutual respect and support. Since being paired with Kim, I have gained confidence in setting professional priorities and achieving all endeavors I wish to accomplish. Kim has supported me in developing my goals of improving communications and building a professional network of Black nurses. She has introduced me to her professional circles of longtime friends and colleagues. I am excited to continue our mentorship relationship.

# *The First Coast Black Nurses Association Partners with the Annie Ruth Foundation Summer Internship Program*

Wendy H. Jackson, BS, BSN, MSN, MBA  
Adam O. Smith, FNP

**T**he First Coast Black Nurses Association partnered with the Annie Ruth Foundation. The Annie Ruth Foundation's Summer Internship Program, is a rigorous, one-year, points-based program that focuses on personal, academic and career development. Over the course of the year, students are required to complete an application process, write a 1,000-word essay focused on their career aspiration, complete 30 hours of classroom instruction and complete a professional interview. In addition, students are required to participate in a community service project. Ultimately, award recipients are placed in a safe, professional environment that directly aligns with their career aspiration. The students receive hands-on experience in their desired career field and earn money for hours worked from the Annie Ruth Foundation. In 2020, 25 students were selected as award recipients. This number included 10 aspiring medical professionals. However, as a result of the COVID-19 pandemic, the

internship experience for the class of 2020 was postponed until the summer of 2021.

According to the Executive Director, Dee Wilcox, The Annie Ruth Foundation was so grateful to the First Coast Black Nurses Association for developing a 30- hour virtual learning experience for aspiring medical professionals. Under the leadership of nurses Wendy Jackson and Adam Smith, aspiring medical professionals attended a 1½ hour lecture series each Thursday for 6 consecutive weeks. Additionally, the students were broken into three small groups and given one of three focus topics: Diabetes Mellitus, Hypertension and Mental Health. Based on the groups assigned topic, each group was required to work 4 hours per week to produce a 10-page research paper and develop a PowerPoint presentation. The experience also required the students to create a vision board of which they shared with the large group.

All of our activities took place over a 6-week period during the months of June to July. We mentored ten high school students with the same criteria of having a desire to pursue a career as a healthcare professional. Weekly lessons on topics such as choosing a career based on their personality, setting goals, making a vision board, creating a resume, and how to manage finances were implemented. Our weekly guest speakers included nurses, a nurse anesthetist, nurse practitioners, a nursing administrator, an entrepreneur, and a former high school counselor who discussed how to apply for scholarships for college. Students were given a group project on a chronic disease and applied the nursing process to create an evidenced-based research paper and PowerPoint presentation from journals and clinical guidelines. Students were required to present the information to the group. The First Coast Black Nurses will continue to partner annually with the Annie Ruth Foundation mentorship program every summer. Students stated this exposed them to the diverse roles nursing offered and were pleased with program results.

Under normal circumstances, the students would have been placed in physician offices and medical centers to complete their internship experience. However, The First Coast Black Nurses was able to afford the students this opportunity using weekly virtual experience meetings with guest speakers from different backgrounds in the medical field. The virtual experience enabled the students to 1) understand, first-hand, what it's like to work in various fields of nursing, 2) develop their knowledge of common diseases that are well-known in the African American race and 3)





**Wendy H. Jackson** is an adjunct professor for several colleges in the Jacksonville, Florida area. She is currently pursuing her DNP at her alma mater, Jacksonville University. Wendy also has a great love for helping children and the indigent and in her spare time, she is a free-lance writer for a publishing company.



**Mr. Adam O. Smith** is a certified Family Nurse Practitioner and brings with him over 7 years of experience working within the medical profession. He currently works at Northeast Florida Endocrine & Diabetes Associates as a midlevel provider on the endocrinology service. Mr. Smith sees patients at many area hospitals in Jacksonville,

Florida. He also sees patients in clinic on an outpatient basis.

Mr. Smith is a Jacksonville, Florida native and completed undergraduate studies at Florida A & M University in Tallahassee, FL. He then moved to Birmingham Alabama where his nursing career began and also completed graduate school earning Master's of Science in nursing to practice as a Family Nurse Practitioner. Mr. Smith's philosophy of healthcare is that patients are at the center of the healthcare team and play an integral role in their medical care.

strengthen their communication skills. The knowledge and skills the students received via this experience were invaluable! We are looking forward to partnering with the Annie Ruth Foundation so that this virtual experience can be offered to future Award Recipients who aspire to become medical professionals.

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# The Gift That Keeps on Giving

Marsha D. Thomas, RN, BA



**Marsha D. Thomas** is the outgoing President of Black Nurses Association of Greater Cincinnati,

a title she has held for a few years. She has been a foreign medical missionary for many years, having worked in Kenya, Tanzania, Jamaica, Ghana and Benin Republic where she is currently building a clinic. Her greatest passion is "helping others less fortunate than herself." Marsha has an associates degree in nursing and a bachelors degree in Healthcare Administration/ Planning.

**S**everal years ago, I went to Tanzania, East Africa with teachers and students from The University of Cincinnati School of Medicine and School of Nursing. This was not my first trip to Africa, but it would become one of my most memorable. A few days before I left, my mother sent an envelope to me with specific instructions. "Help someone in Africa."

We flew to Tanzania and held clinic in three obscure villages. As Multiple Sclerosis has already taken its toll on my mobility, I was the triage nurse in one village with the help of a translator. On our last day of clinic, I interviewed a father who brought in his 1-year-old daughter, or so I thought. But through the translator, I learned the child in the bonnet was in fact his son, who had been burned over 75% of his head the previous year.

Once I saw the extent of the injury, I immediately took him to our head doctor. I never saw the man and his son again. Every evening we would discuss the cases we had seen and our head doctor naturally discussed this very tragic case. The little boy had tumbled head first into a cooking fire almost a year before we saw him. The general consensus was that we couldn't do anything for the toddler as he would need numerous surgeries, which just weren't available in the "bush" of Africa.

Finally it was the night before we were due to leave for America and as I was packing, I discovered I still had my mother's money. Earlier that day, we had toured a hospital that was about a mile away. The director showed us the pediatric wing as she gave us a tour. I decided to donate the money to that hospital before I left that country.

So, I started walking by myself about 9:00 pm, in the dark. I felt compelled by an unseen force to do exactly as my mother had asked me to do. I was terribly afraid. I finally arrived at the hospital and our team leaders were meeting with the administrators. They were very surprised to see me. I explained my reason for trekking alone, in the dark on another continent. I told them about my mother's wishes. I also told them to write my mother and tell her what they did with her money.

About six weeks later I got a copy of a letter that was sent to my mother. After the greetings, it explained about our meeting and how I left the continent thinking they were going to buy bed nets for the "pediatric wing". But they explained they everyone had a "change of heart." Finally, the letter stated what they actually did with her money:

1. Paid for a car and a driver to take a public health nurse out to the village to access the little boy with the severe burn to his head
2. Paid to bring the little boy and his mother to the hospital
3. Paid for the little boy to be admitted for skin graft surgery
4. Paid for the surgery and his four weeks post op
5. Paid for he and his mother's return trip with extra supplies for his bandage change.

And, after all of that, there was still \$10 dollars left over. I have told this story numerous times. Everyone always asks, "How much money did my mother send?" It was \$100.00 American dollars!

Unfortunately, there was no running water in the toddler's village. His wounds got infected. He became quite ill. Emergency meetings were held as people consulted on what was best for him. And as the saying goes: "This is the rest of the story!"

We have a world famous Children's Hospital in our city. Some of the team doctors who came with us were surgeons. Our Children's Hospital agreed to let the surgeons do another skin graft surgery for free. The hospital would donate admission, pre and post op care. A doctor and his family would continue his care at their home.



Incidentally, while he was with them, he learned some English. Our State Department would cover visas, etc. Delta Airlines would give him a round trip ticket to our Children's Hospital from his home in Tanzania. Our local news station covered everything from his arrival, surgeries, departure, etc. When he left America, he went to live with the administrators of the hospital in Tanzania. They sent him to school during the week and he would go to visit his parents on weekends. This arrangement would continue for several years.

Right now, he is a healthy 15-year-old young man who speaks English fluently. He is doing well physically and academically. My mother's "gift" made a difference in this life. And, we do not yet know how his life will impact others. I am a member of NBNA's Global Health Committee; and, this is why we do what we do!



**Toddler Ashubuti, with his mother right after he got his first skin graft in Tanzania, which didn't take.**



**Ashubuti as a 15 year old now with a worker.**

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# LPN/LVNs: Experiences on the Frontlines of the COVID-19 Pandemic

Sabrina Newton, LPN  
Kim J. Cartwright, LPN, WCC  
Denise K. Ferrell, DNP, RN

*Some were asked to work in the Covid clinics and others, such as myself, volunteered to screen patients and employees entering the building. I was unable to work the Covid unit, due to being immunocompromised. My job initially said LPNs can't work on the floors, so they used us as CNAs, if we wanted to work overtime. But they changed that for this pandemic. We were told we had mandatory training for things we basically did in school during our clinical rotation. We had to go through the process of drawing blood, hanging IVs, transferring patients and admits; these are things most of us already had been trained in. We were told in the past, since we are LPNs, we were not allowed to do them here. It only changed due to the pandemic."*

## 2. Do you feel supported by management?

*"Fortunately, I am fully supported by management from my immediate supervisor to the President of the department. We have been mandated to take leave due to the financial burdens on the organization. I have not been affected but the team I manage has been pushed to take leave that they may not have. The company is allowing them to "borrow leave and repay as they come back to normal hours. We are working within the emergency preparedness policies in our organization and deployed a special COVID team to manage the patients that are admitted with COVID or are PUI."*

*"No, we were initially told we can't take any time off at all. We were told not to wear our masks, especially, if they were N95 brought in from outside. They (hospital administration) were telling us the blue surgical masks were enough, unless we were actually doing an aerosol treatment on a patient. They finally approved us wearing outside masks, including N95. "I have not seen any new policies in place for this new pandemic. Every day, we have new instructions or changes made."*

## 3. Do you have stress or anxiety at this time of uncertainty?

*"YES! My anxiety is more for family than that I'm unable to work and am not able to assist financially. I realize my role as a nurse has always been a risk for contagions. In school, you learn universal precautions, as though everyone is contagious until otherwise determined. I am not anxious about the virus per se, just the ripple effect on family and the community. African Americans were already high risk with comorbidities and not provided the services and education to be healthy. I am trying to keep educating family and the community. I give CDC information to the church, to place*

**C**urrently, many parts of the world are struggling to control the COVID-19 pandemic. It has invaded lives around the globe, including the United States. The world has not seen a pandemic of this magnitude since 1918 when the Spanish Flu killed millions. The number of deaths was estimated to be at least 50 million worldwide with about 675,000 occurring in the United States (CDC, 2019). COVID-19 has no respect of persons as it has affected diverse ethnic and racial backgrounds, the young and old, rich and poor, and all educational levels. The coronavirus has now infected more than 1.2 million people across the country, and African Americans, Hispanics and other minority populations are disproportionately being affected by the virus (AARP, 2020).

Healthcare professionals are challenged to administer care while safeguarding themselves against the deadly virus. Licensed practical/licensed vocational nurses (LPN/LVNs) are no exception. There are 973,727 active PN licenses in the United States (NCSBN, 2020). To truly understand the impact of the pandemic on practicing minority LPN/LVNs, three questions were asked to better understand their role, management support, and personal well-being.

### 1. What is your duty/role as an LPN/LVN during the COVID-19 outbreak?

*"I work at a home health agency as a supervisor in business development. My role changes weekly. I have been assigned to do tent testing, supply management for PPE, and managing referrals to the agency of positive COVID and Persons Under Investigation (PUI) patients."*

*"During the onset of this pandemic, all LPNs were trained alongside the RNs to prepare to work on the Covid units."*



**Sabrina Newton** is a Nurse Case Manager at SCO Family of Services in a foster care clinic. Additionally, she is a staff nurse at an inpatient detox treatment facility. Sabrina is the current LPN Representative on the NBNA Board of Directors and serves as the First Vice President of the Greater New York City Black Nurses Association.



**Kim J. Cartwright** works in Home Health as an account manager and

supervisor. She has been an LPN for more than 30 years. Kim is passionate about educating the community on the disparities that affect people of color. She is the first LPN to start a chapter under NBNA and is the current President of the Black Nurses of Southern Maryland, which was chartered in 2012. Kim is a past LPN Representative on the NBNA Board of Directors.



**Dr. Denise K. Ferrell** is Associate Dean for Community Engagement

and Public Service and Director for Diversity and Inclusion at Michigan State University, College of Nursing. Dr. Ferrell's research and work focuses on minority nursing students' retention, minority nursing pipeline, mentoring, and community service-learning. Currently, she is a member of the Lansing Area Black Nurses Association and served as past President of the Black Nurses Association of Indianapolis.

*on the website. Some people feel better, for some reason hearing things on a personal level versus the news."*

*"My personal stress at this time is not having been paid while out of work. I have had additional empathetic stress for colleagues who report they are overworked, do not have enough PPE and staff, etc. and about the rising numbers of infected New Yorkers with deaths each day."*

*"I don't feel I have anxiety, but I do feel stressed that I may bring this virus home to my family. We screen people coming into the facility. But the only protection we were given is a surgical mask, and a physical barrier that most of the patients and employees step around to hear us ask the screening questions. We've had patients say they are positive and are returning due to worsening symptoms. I had an employee who said she'd recently been exposed. I saw her leaving the building an hour later, so I'm guessing she may have tested positive. I don't think we have enough protection against this virus."*

In summary, LPN/LVN roles and places of employment varied from supervisory in-home health agencies to staff nurses in acute hospital settings and clinics. Some felt supported and valued by management, while others did not. Each of them felt anxiety and/or stress due to the effects of the pandemic i.e., financial strain, lack of PPE, exposure to family members, overworked co-workers, and infection or deaths in their communities. LPN/LVNs are important team members and critical to healthcare delivery. We must ensure that *all* nurses, who touch patients daily in varied health care settings, are acknowledged as essential partners to meet the varied needs of today's complex health care system (NLN, 2014). America has seen its most resilient LPN/LVN nursing workforce during this crisis; one filled with hope, courage and sacrifice.

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# Testing and Contact-Tracing COVID-19 Infections in Black Americans in the United States

Loretta Taylor Lee, PhD, RN, CRNP, FNP-BC  
Sharon Rogers, RN, BSN, MSM, NEC, MSN Ed

**T**he National Black Nurses Association (NBNA) is committed to improving the health outcomes for all people living in the United States (US). To fulfill our commitment, NBNA is advancing the battle against the novel corona virus, COVID-19. NBNA has formed a partnership with Pfizer, one of the world's premier pharmaceutical companies, to provide mental health and wellness services for nurses on the frontlines caring for COVID-19 patients. NBNA has mobilized nurses to COVID-19 testing sites in historically black neighborhoods such as Seminole County, Florida. These two exemplars provide evidence of NBNA's commitment to improve the health outcomes for individuals in the US during this unprecedented public health crisis.

Black Americans (BA) are three times more likely to die from COVID-19 compared to their White American counterparts (Garg, 2020). One-third of reported COVID-19 cases affect BA, yet they represent only 13% of the US population (Reduce, 2020). Although some statistical evidence reports on the racial/ethnic disparities of COVID-19, there remains little doubt that cases among people of color, specifically BA are under or not reported. A majority of BA are employed as essential workers. Their increased exposure to the virus due to occupation coupled with low income earning positions are factors that increase the likelihood of community spread and individual risk as well as decreased or delayed reporting of symptoms.

An overwhelming amount of data report that many BA have unaddressed social determinants of health (SDOH) that affect their access to health care (Aladdin et al., 2020; Henderson et al., 2020; Kominski et al., 2017). Reporting racial/ethnic health outcomes is recommended for all 50 states. Such reporting remains a challenge in states with high numbers of BA due to SDOH. Given that SDOH create barriers for access to health care, it is imperative that we continually develop and promote innovative strategies aimed at increasing testing and contact tracing for COVID-19 infections within vulnerable populations. The purpose of this article is to recommend effective strategies to increase COVID-19 testing and contact tracing among populations of color.

The US federal government and state and local governments must maximize equity and minimize obstacles to testing for COVID-19 to address observed disparities among BA and other communities of color. The collection of data is a necessity to monitor and track disparities among racial and ethnic groups in the number of COVID-19 cases, complications, and deaths. The data must be analyzed and translated into usable metrics that will translate to evidence for improved clinical management of patients, allocation of resources, and public health information. The federal, state, and local governments should immediately provide and significantly improve access to health care and testing sites for BA and people of color within their own communities. Telehealth medicine is a proven effective strategy for slowing the transmission of corona virus by reducing person-to-person contact (Smith, 2020). In areas of the Deep South, such as rural Alabama and for individuals with low incomes, lack of transportation or limited Internet access, telehealth medicine is not a reliable option. In these instances, trusted community advocates and health-related groups such as local chapters of NBNA play a critical role in reaching these communities. NBNA and their local chapters can play a pivotal role in controlling the spread of corona virus by rapidly deploying large numbers of nurses to testing sites in low income and or remote areas. These skilled nurses can provide clinical services when local clinics or hospitals cannot provide telehealth medicine or person-to-person appointments. Moreover, these organizations are trusted entities within the BA community, churches, and barbershops. Research data have suggested that churches and barbershops play an important role in improving the health status of individuals in the BA community (Sussman & Heisler, 2018). Mobilizing local Black Nurses Associations under the auspices of NBNA in areas where telehealth is not a viable strategy, and in churches and barbershops are promising strategies that have potential to increase patient



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practitioner at the University of Alabama at Birmingham. Her areas of research interest are health disparities, specifically among men of color and health policies designed to improve access to care for underrepresented populations. She serves as an associate editor for the international journal of *Ethnicity and Health*. Dr. Lee is the recipient of the 2020 NBNA Educator of the Year Award.



**Sharon Rogers** is the First Vice President of the Black Nurses Association, Miami Chapter and chairs the Health Policy and Legislation and Program Committees. She serves on the National Black Nurses Association Health Policy Committee and was a participant during the discussion panel and media event for “NBNA 2018 Capitol Hill Day”.  
Academic/Clinical Professor

trust and engagement, while improving access to care delivered by professional experts in BA communities. Additionally, these interventions will engage communities of color in early testing/diagnosis and potentially decrease morbidity/mortality.

Equally as important as COVID-19 testing is contact tracing. Contact tracing is essential and a key strategy for preventing further spread of COVID-19 by supporting patients and warning contacts of exposure (Kretzschmar, 2020). The contacts must be supported during the quarantine phase to maintain a safe, sustainable, and effective period to prevent any additional transmission. Effective contact tracing requires an understanding of general principles and medical terminology such as exposure, infection, infectious period, symptoms of disease, pre-symptomatic, and asymptomatic infections. It is necessary to have excellent interpersonal and cultural sensitivity skills. Furthermore, it is important to build capacity to be resourceful in locating patients and contacts reluctant to engage in conversation or who may be difficult to reach. It is imperative that contact tracers be trusted in the BA community (CDC, 2020). Policies and procedures must be developed and implemented to develop an effective and efficient contact tracing program, specifically in communities of color. Such programs are feasible through collaborations with public (e.g. public health departments) and private health-related organizations such as NBNA.

Without comprehensive strategies designed to reduce the burden of COVID-19 infections, the virus could substantially contribute to more health disparities for BA and subsequent economic collapse

of the US healthcare system. BA COVID-19 burden estimates provide useful information for public health decision-makers to prioritize interventions for addressing novel testing and contact tracing strategies within communities of color. Accordingly, federal and state policymakers, professional healthcare organizations and health systems should provide emergency funding for targeted testing sites in areas that are majority BA. In addition, funding must be provided to develop partnerships between national organizations such as NBNA and public health-related organizations to establish an infrastructure for testing and contact tracing in trusted community sites.

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# The Perils of Video Conferencing

Erma Jean Smith-King,  
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**C** OVID-19 has impacted almost every aspect of life from working in academia to maintaining zoological gardens. The normal way of existence has been altered by social distancing which requires maintaining physical distance between people and reducing the number of times people become in contact with one another. Video conferencing has become the preeminent platform for communication and has replaced many face to face interactions for delivery of courses, discussions, meetings, and socialization. A phenomenon called video conferencing fatigue is raging has become more widespread with its use.

Video conference fatigue, commonly known as Zoom fatigue, applies to any video calling interface such as Google Hangouts, Skype, FaceTime, Microsoft Teams and others. This explosion of virtual interactions during the pandemic is extremely hard on the brain, causing physical and mental drain and exhaustion.

Several explanations explain how this phenomenon taxes the brain.

**Non-verbal communication** - Picking up on nonverbal cues can be discerned more easily in face to face interaction because the brain focuses partly on spoken words and on non-verbal cues. Because a person is framed only from the shoulders up, the possibility of viewing hand gestures or other body language is diminished. And, when the video quality is inferior, deciphering minute facial expressions is dashed. Processing nonverbal cues is harder on a video chat, consuming a lot of energy, draining the brain and adding to cognitive overload.

**Gaze awareness** – The ability to tell what someone is looking at by watching the direction of their eyes defines gaze awareness which is present in face to face contact. Research shows that a significant amount of information is passed through gaze and facial expressions as well as improved collaboration efficiency in a partner's gaze. On a video call, people are not able to see directly into the eyes of those that they are talking to because the camera is not located in the same place as the person who is receiving

the information. This lack of gaze awareness can lead to people feeling like they are not being listened too, causing frustration with their peers.

**Continuous partial attention** – Limited attention to the video chat is the concern here due to constant scanning of multiple inputs while concomitantly completing other tasks such as sending emails, scrolling through social media, and typing in the chat room. Not being present to any one thing drains the prefrontal cortex. Our brain jumps from stimuli to stimuli which results in tiredness and impoverished thinking. Juggling too many things at once stretches one mentally thin.

**Technical issues** – A transmission delay due to the interruption of internet speed may cause a person to freeze on the screen and unable to be heard by others. This can likely cause frustration and tiredness from repetition of information. Research shows that delays on phone or conferencing systems shape our views of people negatively; people perceive the responder as less friendly or focused in delays of 1.2 seconds.

**Performance pressure** – The self-awareness of being seen on the screen can lead to people feeling that they have to portray themselves in a certain way. There are concerns about appearance as well as performance. Keeping up a high level of performance on the screen is tiring, nerve wracking and stressful.

## Reducing the Fatigue

1. Video calls may not always be the most efficient option. Limit video calls to only those that are necessary- if a meeting can take place over the telephone or email, people may find these options less tiring. Shared document platforms with detailed comments can reduce the need to meet.
2. Do not schedule back to back meetings. Give your brain a chance to switch gears between meetings. Taking a break from



the screen between meetings allows some buffer between meetings.

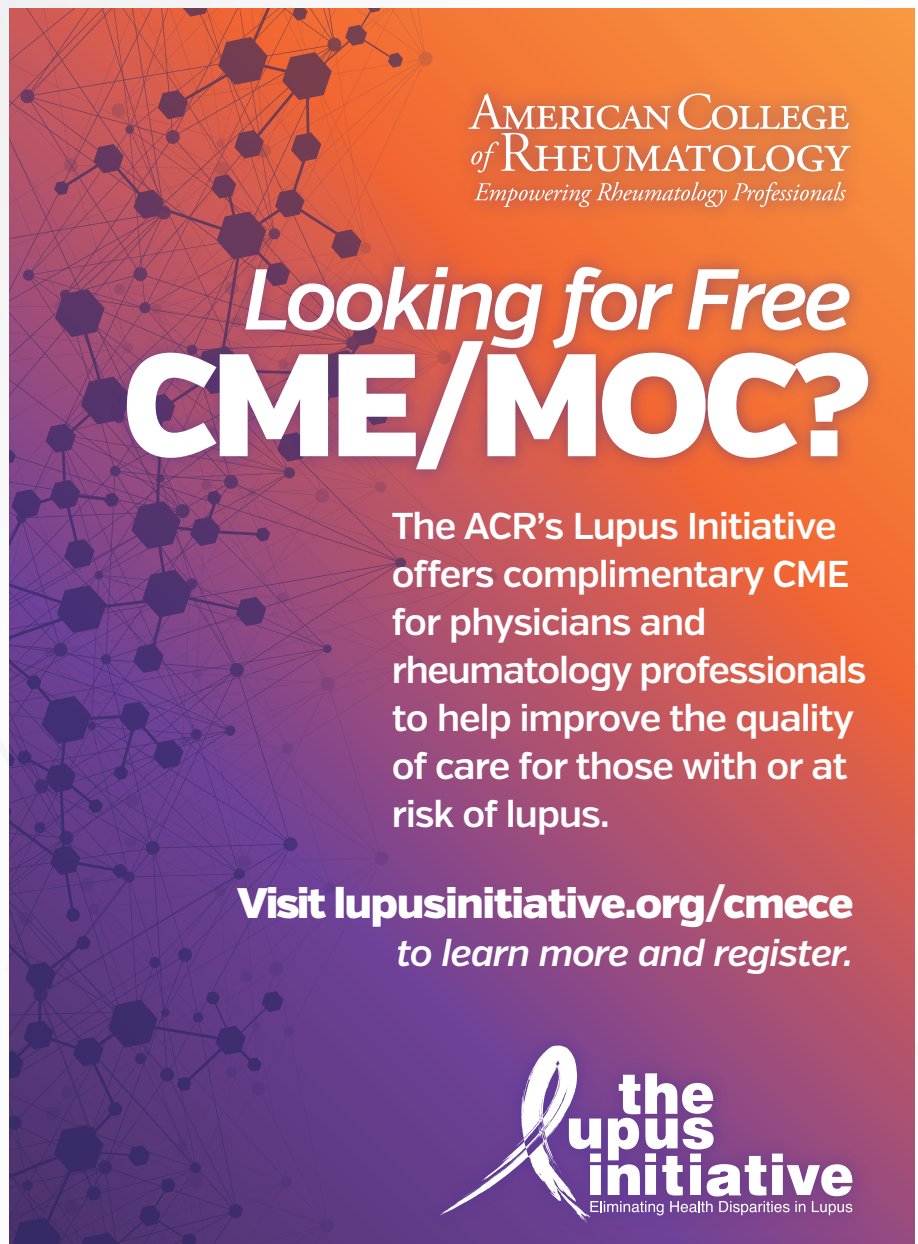
3. Avoid the chat stream – be present to what is being said.
4. Use speaker view rather than gallery to focus on one face at a time which is less distracting and over stimulating. This helps too with seeing nonverbal cues because the picture is larger.
5. Set guidelines at the beginning on the video such as muting and using the video features.

## Conclusion

Being employed and staying connected are the benefits of video chats, but it can make us tired. Incorporating some of the interventions discussed can help improve our mental and physical wellbeing during this pandemic.

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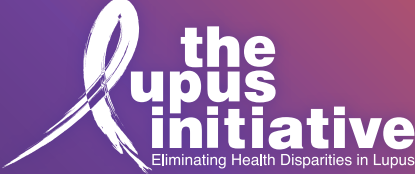


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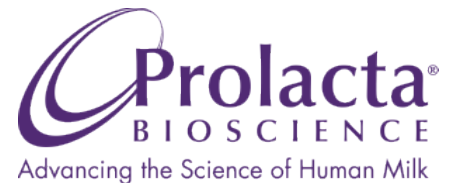
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# Cultural Consideration Training Takes on Heightened Importance in 2020

Diane Deese, VITAS® Healthcare

In an environment of high-profile cultural conversation around the Black Lives Matter movement, the healthcare community finds itself with an opportunity to recommit to conscious, deliberate exploration of inequities for Black patients, all patients of color, and underserved communities.

The national discussion also reminds us to rededicate ourselves to unbiased, culturally sensitive care as integral to the everyday healthcare that we provide.

Twenty years ago, ELNEC was a trailblazer in healthcare education when it included Module 5 on Cultural and Spiritual Considerations in End-of-Life Care into all of the ELNEC curricula. Now in 2020, we have the opportunity to reinforce the value of cultural training while expanding its definition so that we can deliver better, more relatable healthcare information, interactions, and services to our patients, families, the Black community, all communities of color, and other underserved communities.

We start with the knowledge that the health of Black and other patients of color has been compromised for generations because of inadequate, inaccessible, ignored, inappropriate, or nonexistent care.

As an ELNEC Trainer since 2003, I know that decisions about end-of-life care are never made easily, and that we as providers can best support our patients by understanding the 360-degree dynamics involved in these decisions. Providers must not rush the conversation or decision-making process. They must meet each patient individually, without personal biases, and without pre-judging an entire group, culture, or race.

Having Module 5 within each ELNEC curriculum helps us explore tangible solutions that healthcare providers and clinicians can take back to their own practices, patients, communities, and peers with heightened awareness, new eyes, and a commitment to listen even more sensitively. Even if we as Trainers must reduce the number of modules we can teach

at one setting, weaving certain elements of the Cultural Considerations Module into each topic can make a difference.

A renewed, expanded focus on culture can help providers understand:

- The unique factors that complicate diagnoses for patient as they near the end of life
- The cultural factors that influence patients' reluctance to embrace or consider end-of-life care
- The complexity of patients' and families' conversations and decisions about end-of-life care due to multiple cultural, faith-based, community-based, and individual/family challenges, dynamics and beliefs around death and dying.
- The need for patient-centered care to acknowledge and incorporate issues of culture, faith, spirituality, family dynamics, and other factors

"Knowledge is power," says Dr. Bruce Walker, president of Black Nurses Rock, a nursing organization with 41 U.S. chapters. "Having conversations about end-of-life care before there's a

crisis makes a huge difference. Sessions on cultural consideration enlighten us and challenge us to look a little deeper into ourselves to make sure we're being just and sensitive around the care we provide. We can be the bridge that closes the gap between underserved communities and the resources that are available to them."

The greatest benefit of cultural sensitivity training is creating an audience of front-line healthcare providers who return to their patients, practices, clinics, hospitals, and communities with the skills and commitment to support conversations about end-of-life options and care with their patients, says Priscilla Murphy, president of Chi Eta Phi Nursing Sorority, Inc., which has 105 graduate and 31 undergraduate U.S. chapters.

"If we truly understand where a person is coming from—physically, spiritually, culturally, and within the dynamics of their own family or community—then we can co-develop a care plan that is unique to them as individuals and sensitive to their culture," says Dr. Martha Dawson, president of the National Black Nurses Association, which has 118 chapters in 36 states. Through NBNA's educational partnership with VITAS, thousands of members have received an ELNEC certificate. "We can let patients and families decide how they want to be cared for or what their end-of-life transition should be."

Trained healthcare providers can improve how they assess patients, build trust, open channels of communication about end-of-life care and transitions, acknowledge and overcome taboos, and help patients and families talk and plan ahead for the care they want—and don't want—as they near the end of life. They can extend those conversations by providing information in church newsletters, health fairs, community centers, and among their healthcare peers.

At VITAS® Healthcare, we applaud ELNEC for including Cultural and Spiritual Considerations in End-of-Life Care as a training module. Together, we can move forward by exploring these issues with new, conscious eyes to become better, more compassionate healthcare providers, and educated agents of change in our professional settings.



# National Black Nurses Association Older Adult Malnutrition Resolution



**Mary Beth** is the Director of Health Policy and Programs for the Abbott Nutrition Division of Abbott where she works to research, develop, and partner on programs/policies that help improve the nutrition of vulnerable populations and communities

Mary Beth Arensberg, PhD, RDN, LDN, FAND

**W**hereas poor nutrition, otherwise known as malnutrition, can result in loss of lean body mass, leading to complications that impact patient health outcomes including reduced recovery from surgery, illness, or chronic disease, increased susceptibility to illness and infection, impaired wound healing, increased risk for falls and fractures, increased health disparities, rising healthcare costs, and ultimately undermine the promotion of health and wellness.

Whereas one of every two older adults is at risk of becoming or is malnourished, and it is estimated that the economic burden of community-based, disease-associated malnutrition in the U.S. is \$157 billion per year. Older age, chronic disease, and food insecurity are often associated with malnutrition; in particular, cancer and cancer care increase the risk of malnutrition, and older patients with cancer are one of the patient populations most underdiagnosed with malnutrition. Older African Americans have increased rates of chronic diseases and have been found to have a significantly higher risk of malnutrition.

Whereas nurses in collaboration with dietitians and other healthcare professionals are on the frontline for malnutrition screening and monitoring as well as working to improve nutrition intake. Yet, there is a lack of sufficient nutrition education in the core training curricula of nursing schools and the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update* recommendations specifically include integrating training modules for malnutrition prevention, identification, and treatment into curriculums for nurses.

Whereas nurses are leaders in quality improvement and malnutrition quality improvement projects have been demonstrated to enhance

the culture of patient safety, reduce patient lengths of stay, and lower readmission rates. The multidisciplinary Malnutrition Quality Improvement Initiative has developed specific tools and quality measures to support changes among the care team's clinical knowledge and raise awareness of best practices for optimal nutrition care delivery through patient-centered approaches that improve coordination across the care team.

Whereas the Centers for Medicare and Medicaid Services (CMS) have approved the inclusion of malnutrition quality measures into two Qualified Clinical Data Registries (QCDRs), which is vital in advancing evidence-based high-quality care, however the use of malnutrition quality measures in most public and private accountability programs is still lacking.

Whereas a 2019 Government Accountability Office (GAO) report on nutrition assistance programs found that federal nutrition guidelines do not address the varying nutritional needs of older adults, such as those with chronic conditions or age-related changes. Thus, federal nutrition assistance programs are not meeting older adults' nutritional needs.

Whereas community nutrition programs supported by the Older Americans Act (OAA) provide an important resource to help keep older adults out of healthcare institutions and the recent "Supporting Older Americans Act of 2020" includes for the first-time screening for malnutrition as part of broader nutrition screening. Yet, OAA programs are still not adequately funded to meet all the nutrition needs of older adults.

Whereas access to nutrition interventions including therapeutic nutrition (defined as the use of specific nutrients, disease-specific nutrition products, and complete and balanced oral nutrition supplements to help manage a health problem) is critical to helping restore lean body mass, resolve malnutrition, and thus improve

clinical outcomes, reduce health care costs, and keep people and communities healthy.

Whereas a recent systematic review found that nutrition interventions can improve health and nutrition outcomes for community-dwelling older adults, yet the families and caregivers who often provide nutrition care for older adults are not aware of how to identify and intervene for malnutrition.

Therefore, be it resolved that members of National Black Nurses Association support the need for direct, culturally competent nursing leadership across the continuum of healthcare to advocate for the systematic malnutrition screening and interventions for older adults.

- NBNA recommends that nutrition be recognized as a key indicator of older adult health and that nutrition becomes a vital sign for older adults.
- NBNA encourages the inclusion of nutrition training in nursing school core curricula and continuing education, with specific attention given to preventive malnutrition screening and subsequent nutrition interventions for older adults.
- NBNA supports malnutrition measurement and documentation being developed as summative measures and subsequently included in standard nursing language.

- NBNA endorses the inclusion of malnutrition screening and intervention in electronic health record (EHR) templates visible to all healthcare professionals.
- NBNA urges CMS to move beyond the inclusion of malnutrition quality measures in two QCDRs and recommends CMS adopt malnutrition quality measures in the inpatient rule and evaluate other potential policy levers like the Oncology Care Model, to address malnutrition in the Medicare population.
- NBNA recommends including malnutrition screening and intervention in state- and hospital-level transitional care models, hospital licensure regulations and hospital rating/ comparison measures, local quality improvement solutions, and private accountability programs.
- NBNA encourages Executive action be taken on the recommendations from the GAO report on nutrition assistance programs to better address the nutrition needs of older adults.
- NBNA supports increased emphasis on nutrition for healthy aging through new provisions in the OAA, specifically provisions addressing older adults' unique nutritional needs with nutrition interventions that are culturally and age-sensitive and that allow states more flexibility in providing oral nutrition supplements in addition to, not just as a replacement for, regular meals.

## Charting the future for a strong and healthy community.



### Doctor of Nursing Practice

#### Programs

- DNP-Family Nurse Practitioner
- DNP-Adult Gerontology Primary Care Nurse Practitioner
- Nurse Practitioner (NP) to DNP

#### Jennifer Cortes-Klein '20

**"As a first-generation Latina, I look forward to being able to serve vulnerable communities by providing an integrative approach to health care and addressing social injustice through systems-level change."**



[Learn more](#)

- NBNA encourages the development of education programs to raise public and caregiver awareness of older adult malnutrition.
- NBNA recommends that nurses join with the over 100 other members of the Defeat Malnutrition Today coalition malnutrition to achieve greater focus on malnutrition screening and intervention through regulatory and legislative change across the nation's healthcare system.

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## Celebrate Yourself During National Nurses Week

May 6-12, 2021

Give yourself the gift of self-care! Visit NBNA RE:SET's Navigator to take a quick emotional fitness survey. You'll receive a personalized report as well as recommendations to begin your mental health journey.

 [nbnaRESET.com](http://nbnaRESET.com) | [#NBNAReset](https://twitter.com/NBNAReset)



# Heart Patients, Keep Trying

Christie Ballantyne, MD



**Dr. Christie Ballantyne** is director of the Center for Cardiometabolic Disease Prevention and Chief of Cardiology at Baylor College of Medicine and a member of the Alliance for Patient Access' Cardiovascular Disease Working Group.

**N**ew medications are expanding the toolbox for health care providers like me to treat patients with high cholesterol. That gives more than 100 million at-risk Americans a better shot at effective, patient-centered care.

In March 2020, a new drug called bempedoic acid became available. The drug lowers LDL cholesterol and joins the existing cadre of treatment options, which include:

- Statins, first-line, time-tested drugs that have protected countless patients from heart attack and stroke
- Ezetimibe, often used alongside statins and changes to diet
- PCSK9 inhibitors, innovative injectable drugs that can lower LDL cholesterol for patients who don't have an adequate response to statins.

When I treat my patients for high blood pressure, I have multiple options for therapy. These include tablets that contain two medications, making it easier for patients to use combination therapy to reduce blood pressure to meet the lower treatment target in our guidelines. Because many patients need combination therapies to adequately lower LDL cholesterol, having choices is important.

Bempedoic acid marks a valuable addition to available treatments and is now available in a combination tablet with ezetimibe. It's designed especially for high-risk patients on maximally tolerated statins, people with heart disease or those with an inherited form of high cholesterol called familial hypercholesterolemia. It's yet another option for patients who may not adequately respond to statins or perhaps can't tolerate them.

Let me be clear that, across the board, the biggest problem with



statins is patients not taking them as prescribed. Patients give up. Some decide not to take anything at all. This is dangerous.

Statin-associated side effects do occur from time to time. Patients with side effects commonly complain of muscle cramps, pain or weakness. I believe patients when they report these symptoms. But I do not view them as a rationale for giving up. Yes, muscle cramps can be debilitating. But a heart attack or stroke is much, much worse.

Sometimes addressing side effects is a simple matter of switching statins. Patients typically go through two to three different statins before finding the right statin. They also may need to try reducing the dose to find both the statin and the dose they can tolerate. In some cases, non-statin drugs may be needed in addition to maximally tolerated statin therapy to adequately lower LDL cholesterol, as clearly stated in the most recent guidelines.

The introduction of bempedoic acid serves as a hopeful reminder to patients that we continue to research and develop new options to help them lower their levels of LDL cholesterol. Yes, finding the right treatment regimen can require some trial and error. But as therapies like bempedoic acid and PCSK9 inhibitors show us, the treatment choices continue to expand.

For each patient, a tailored treatment plan of diet, exercise and medications can be developed in consultation with a health care provider. It is important not to give up until patients find the regimen of lifestyle and drug therapy that works for them. As non-statin medications add to our treatment options, I hope more patients will take control of their heart health and continue to work with their health care providers to optimally control LDL cholesterol, along with other risk factors. This will help to prevent cardiovascular events, which remain a major cause of pain, suffering and death in our society.

# Recognizing National Alzheimer's Disease Awareness Month with the Alzheimer's Association

Carl V. Hill, PhD, MPH  
Emeobong "Eme" Martin, MPH

**D**uring the last eight months, have you found it difficult to remember recent events, felt confused, anxious, depressed or noticed other behavioral changes? Indeed, the present pandemic has created challenging times where many of us may have felt one or more of the above noted differences. However, these signs and several others are also key indicators for dementia. Defined by a group of specific symptoms, including difficulty completing familiar tasks, new problems with speaking and/or writing clearly, dementia is an umbrella term for "memory loss and other cognitive abilities serious enough to interfere with daily life." ([www.alz.org](http://www.alz.org)). Alzheimer's is the most prevalent form of dementia, accounting for nearly 80% of all dementias but other forms - including vascular dementia - may be important for health disparities. In the United States, more than 5 million people are living with Alzheimer's and all other dementias.

African Americans are 2-3 times more likely to develop dementia, when compared to their non-Hispanic White counterparts. Of further alarm is that some research suggests that a misdiagnosis of

dementia is more common among African-American patients than non-Hispanic Whites, creating a strong imperative to educate the African-American community and their providers about Alzheimer's disease and dementia. Last, Black/African Americans represent less than 5% of study participants enrolled in Alzheimer's and other dementia clinical trials.

These disparities in dementia care and underrepresentation of Black/African Americans in dementia research led to an inaugural partnership meeting with the Alzheimer's Association and National Black Nurses Association earlier this month. Dr. Carl V. Hill and Ms. Emeobong Martin of the Alzheimer's Association met with Dr. Millicent Gorham, NBNA Executive Director and Patricia Lane, NBNA's National Chair, Ad Hoc Committee on Brain Health combined minds to discuss collaborative opportunities to increase education, training and community engagement for NBNA members.

"The goals of the National Black Nurses Association are to create a forum to advocate for the highest quality of care for communities of color firmly aligns with the Alzheimer's Association's priority to achieve health equity in care for African-Americans patients and families living with dementia", notes Emeobong Martin. "We look forward to combining minds and outline creative collaboration strategies to improve the health of the vulnerable populations our organizations serve."

Conversations between the two organizations will continue as an outline for a collaborative action plan is created for calendar year 2021.



**Dr. Carl V. Hill** is currently serving as interim chief diversity and inclusion officer for the Alzheimer's Association, overseeing strategic initiatives to strengthen the Association's outreach to all populations, providing communities

with resources and support to address the Alzheimer's crisis. He is also the Association's vice president, Scientific Engagement. In this role, he leads strategic efforts to create global awareness of the Association's international research program. He is an alumnus of the National Medical Fellowships, Inc./W.K. Kellogg Foundation Health Policy Fellowship Program. Dr. Hill holds a master's degree in public health from Morehouse School of Medicine, and he received its Distinguished Alumnus Award in 2019.



**Emeobong "Eme" Martin** is the Regional Director for Health Systems with the Alzheimer's Association. In her role, she is responsible for building strategic partnerships with the top 25 healthcare systems and federally-

qualified health centers throughout the District of Columbia, Maryland and Virginia. In addition to regional health system engagement, Eme also leads the partnership strategy with the Veterans Health Administration for the Association. Focusing on timely and early detection, she assists health systems with customizing practices best suited for their patient populations. Eme is the recipient of the 2016 National Minority Quality Forum's 40 Under 40 Leaders in Health Award.



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- ◆ And much more!

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**COMING SOON**

# NBNA STUDENT CONNECT



*Hey Students*

We want to hear from you ! Take the survey  
<https://forms.gle/8ENWrrAttrTaEwL4eA>

Have you heard about the new student resource created just for you !!

## Introducing "NBNA Student Connect"

### Purpose:

- Provide regular communication so students can express views and ideas
- Facilitate educational opportunities for student nurse members
- Communicate to student nurse members via NBNA website, newsletter and blogs
- Meeting with NBNA president and Membership Chair periodically
- Social Media Networking Forum on Facebook (including live sessions)



Be sure to fill out the NBNA Student Connect Survey during NBNA Day on Capitol Hill on Feb 4th, 2021



# Chapters on the Move

## NEW CHAPTER: Greater Inland Empire BNA



*Greater Inland Empire*  
**BNA**  
BLACK NURSES ASSOCIATION, INC.

 Nia Martin President	 Anita Cox Vice President							 Clarissa Smith Secretary	 Nanette Logan Treasurer
 Alexis Smith	 Denise Roberts	 Amanda Madrid	 Beullah Terrell	 ClaDonna Lamela	 Melody Herron	 Victoria Dorris	 Sade Roberts		
 Jarcelyn Williams	 Talesha Harris	 Christine Warren	 Ramona Halbach	 Kimberly Anthony	 Geneya Wilkinson	 LaTosha Hunte	 Bolaji Babtunde		
 Nia Price	 Tamarra Crandall	 Sade Stephenson	 Ariana Fraizer	 Ashley Crellin	 Catrina Barksdale	 Kenechi Ogbuchiekwe	 Linda Dhennin		
 <h3>At Your Service</h3> 				 Tatyana Jackson	 Tiffany Arms Burnham	 Deanna Moore Ford	 Donna Evans		

Not Pictured: Angela Coaston, Angela Johnson, Barbara Butts, Bianca Offer, Brooke Davis, Ekene Mmegwa, Felecia Grays, Janessa Walters, Janiece Barnes, Jazmyn Jordan, Jennifer Burgor, Joni Burries, Kimberley Smith, Monica Woingust, Patricia Cocfield, Shavonne Welch, Tayla White, Thelma Bledsoe, Willie Grant & Wondra Julien

# Chapters on the Move

## NEW CHAPTER: NBNA Central Ohio

The Central Ohio Black Nurses Association was founded by LaToya Gibson during the historical 2020 Covid-19 pandemic. Due to the virus, business was a bit unusual. However, it hasn't slowed them down not one bit! The COBNA has delivered meals on wheels to the elderly as well as ran a PPE drive just to name a few. They've marched

together in solidarity with local politicians all while protesting for equality within their community when racial tension was at an all time high. Together, they will continue to teach the values of NBNA for many decades to come!!!



In the very front: LaToya Gibson, Founder and President. To the right middle: Ronell Swain. To the left middle: Markeeta Evans. Left side going up: Alicia Frazier, Yordonas Kidane, Patrece Stevens. At the top middle: Denise Brooks. To the right going up: Ta'Shala Woodruff, Roxanne Sutton, Saran Conde, Kimberly Williams. Others not pictured: Angeline Austin, Almeeta Bradley, Tera Walker, Yolonda Stroh, Antoinette Slate, Deborah Hayford, Tavarus Shurelds, Marietha Bosley, Yonka Johnson, Leslie Alexander, Tannah Penny, Kamesha Reed, Rama Diara, Nyanza Griffin, Nila Duke, Raydiance Thompson, Mabel Akua Amposah, Alicia Wright, Andrea Massey, Shaniqua Fortner,



CAPTION??

## Midlands of South Carolina Black Nurses Association

The Midlands of South Carolina Black Nurses Association, Inc., partnered with Power in Changing (local diaper bank), Mocha Mamas Milk, Helping Hands for Single Parents and other organizations to host a community baby shower for pregnant women living in Richland County. Chapter members shared information on safe sleep, WIC, breastfeeding, car seat safety, oral health, and much more. In total, about 75 families in need were provided with free diapers, wipes, menstrual products, and educational materials. On November 10, 2020, the chapter hosted a follow-up educational webinar for pregnant women. This free webinar will be facilitated by Curisa Tucker, MSN, RN, member, Midlands of SC BNA.



Lisa Davis, Tisha Felder (Mocha Mamas), Curisa Tucker, Kamiya Shosan.



# Chapters on the Move

## NEW CHAPTER: Volusia Flagler Putnam Chapter of NBNA



**Alma Y. Dixon EdD MSN MPH RN**  
Caregiver Advocate VITAS  
Healthcare  
Founding President Volusia Flagler  
Putnam, Inc Chapter NBNA



**Linda Sharpe Matthews BSN RN**  
President Flagler County NAACP  
Vice President Volusia Flagler  
Putnam Chapter



**Kimberly Davis RN**  
Program Administrator Quality  
Caregivers Medical Academy  
Secretary Volusia Flagler Putnam  
Chapter NBNA



**Christine Heusner Robinson MSN RN**  
Instructor, Clinical Coordinator  
School of Nursing Bethune-Cookman  
University School of Nursing  
Treasurer Volusia Flagler Putnam  
Chapter NBNA

The Volusia Flagler Putnam Chapter of NBNA covers three counties that stretch from East Central to Northeast Florida. The chapter's membership includes new graduates and ARNPs. The chapter themes are social justice, diversity, health equity and mentorship. The colors are cream and gold. The first program initiative will focus on mental health within the black community and other communities of color.

**Orjanette Bryant**, ARNP, joined the practice of the newly founded Phoenix Primary Care Clinic that will provide care for uninsured and underinsured children and adults in Flagler County.



**Orjanette Bryant**

**Linda Sharpe Matthews**, Vice President of the Chapter and President of the Flagler County NAACP, facilitated the Virtual March to commemorate the anniversary of the March on Washington. There were over 400 participants in more than 200 cars that drove through Flagler County in an effort to make the community aware of the need to get out the vote. The event received full media coverage.

**Alma Dixon** President of the Chapter participated on a panel at the 2020 NBNA Conference. Her session was entitled "Managing Stress Associated with Caring for Covid-19 Patients"

1. Tabria Black
2. Orjanette Bryant
3. Odella Caffee
4. Shannon Clark
5. Melinda Cook
6. Maya Davis
7. Deshon Davis
8. Joy Eurie
9. Shameika Flavors-Stalling
10. Tamara Ford
11. Deirdre Fuller
12. April Gray
13. Candace Heller
14. Felicia Josey
15. Jacqueline King
16. Daniel Kiptoo
17. Shanda Milton
18. William Peeples
19. Charlotte Prince
20. Tamika Robertson
21. Shebna Sainvilus Gustamat
22. Daniel Smith
23. Shawna Tindell
24. Sandra Tucker
25. Teanna Walker
26. Lorna Wilson
27. Briante Wilson

# Chapters on the Move

## NEW CHAPTER: Alliance of Black Nurses Association of Oregon

We chartered the first chapter in the Pacific Northwest on February 9th 2020. Earlier this month we completed our first strategic planning meeting and identified building pipeline to nursing, member recruitment and member support as our top priorities over the next year.



### NURSE OF THE YEAR AWARDS



The NBNA is accepting applications for

- Administrative Nurse
- Advanced Practice Nurse
- Community Service Nurse
- Nurse Educator
- Nurse Entrepreneur
- Nurse Researcher
- Staff Nurse
- Student Nurse
- Uniformed Services Nurse

**Deadline: May 15, 2021 - 5:00PM EST**

[Application](#)

[Awards Criteria and General Information](#)

[Visit NBNA Awards](#)



### UNDER 40 AWARDS

NBNA Salutes Its Next Generation of Nursing Leaders

The Under 40 Award will honor and celebrate NBNA members who are 40 years old and under who have shown strong leadership and demonstrated excellence and innovation in their practice setting, in their NBNA chapters and in the communities they serve.

These are the emerging leaders who will carry the vision and the mission of our Founders into the future.

These young leaders are the "way forward" for our communities and our organization. These young leaders are the "Future of Nursing".



**Deadline: April 15, 2021 - 5:00 pm EST**

[Application](#)

[Visit NBNA Under 40](#)

# Chapters on the Move

## NBNA's 40 and Under Awardees 2020



### **Dr. Yvette Conyers DNP, MS, RN, FNP-C, CTN-B**

**St. John Fisher College Rochester, NY Rochester Black Nurses Association 2018**

Dr. Yvette Conyers was one of the founding members and President for the Rochester Chapter of NBNA that began in 2018. A community activist NP, Yvette's primary interests include addressing the social determinants of health towards social justice. Dr. Yvette Conyers focus is to increase awareness of health disparities among the underrepresented individuals in her community. She is passionate about increasing students from underrepresented groups towards the prestigious calling of the nursing profession. She has been instrumental from the start in launching the Rochester Chapter of the NBNA, which aims to create additional opportunities, for student and licensed nurses from various backgrounds to come together for a common goal: to impact the community of color and address health care disparities.



### **Gaea A. Daniel, PhD, RN**

**Emory University Atlanta, GA Atlanta Black Nurses Association 2017**

As a bedside nurse in the Surgical/Transplant ICU, Dr. Daniel held leadership roles on her unit's Magnet committee, Wound team, and Patient-centered Care team. Additionally, she was trained to precept new nurses. As active member of the Atlanta Black Nurses Association, Dr. Daniel is a consistent volunteer in our community-oriented activities, which include community health fairs and our memory screening project in collaboration with Emory University School of Medicine and the National Alzheimer's Foundation. Board member, All of Us research project lead GNLC Diversity Committee Co-chair. She aspires to become a nurse scientist with a program of research that focus on sexual outcomes of health women of color.



### **Tiffany Gibson MSN, NPD-BC, CPN**

**Abington Jefferson Health SEPABNA 2016**

Coordinated the collaboration between Abington Hospital with Chosen 300, nonprofit organization with a mission to distribute meals and services to the homeless throughout the Philadelphia Region and around the world. Another partnership Tiffany spearheaded was a book and school supply donation of over 800 items to the Philadelphia Reads book bank. She recently completed a graduate program on Diversity and Inclusion on her own. Tiffany consistently demonstrates a commitment to diversity and inclusion by advocating for the best care possible for this patient population and ensuring the nursing staff have the skills they need to be able to provide that care." Ms. Gibson plans to pursue a DNP.



# Chapters on the Move

## NBNA's 40 and Under Awardees 2020 (cont)



### **Angela McGaskey MSN, RN, CNML**

**MD Anderson Cancer Center Houston, Texas Fort Bend County Black Nurse Association 2018**

As a research nurse manager in #1 ranked cancer center, she assists in bringing clinical trials to thoracic head and neck patients. Serve as chairperson for CEU submissions, Chair-Ashley Jadine Foundation Walk for teen suicide. I envision myself researching and developing technological tools that will promote the advancement of healthcare for underserved communities and the nursing community. Angela serves as a pillar in her community as a mentor to both young girls and boys. Providing guidance for resume development, college selection, and generalized healthcare needs for youth. She serves on the Board for Team Texas Explosion, a youth basketball organization in Fort Bend County.



### **Jessica H. Mills, BSN, RN**

**Ralph H Johnson VAMC Charleston, SC Tri-County Black Nurses Association 2015**

Jessica is currently pursuing a DNP FNP at the University of South Carolina. Ms. Mills serves as a clinical resource and superuser on her nursing unit. In addition, she participates in process improvement project to ensure the unit meets national benchmarks and works in interdisciplinary team to provide evidence-based care. Her leadership is evident as she is the charge nurse, and also serves as a resource for other nurses in the surgical ICU. Ms. Mills works in the community with the Tri-County BNA through providing information, screening and promoting scholarship among undergraduate nursing students.



### **Dr. Jenitre Moore, RN, BSN, DNP, CRNA**

**Envision Physician Services, Jacksonville, FL Member of First Coast Black Nurses Association 2018**

Dr. Moore is active on several committees with FCBNA and demonstrates a commitment to nursing excellence and practice in everything she does. She is active in the community she serves. She has been an active member of various nursing organizations such as the Florida Association of Nurse Anesthetists and American Association of Critical Care Nurses. She is currently a board member of the Diversity CRNA Mentorship Program. In addition, she mentors future nurses through FCBNA and her role as a Clinical Coordinator at a local University. Her 10-year plan is to continue mentoring student nurses in developing their skills for nursing.

# Chapters on the Move

## NBNA's 40 and Under Awardees 2020 (cont)



### **Mercy Ngosa Mumba, PhD, RN, CMS, RN**

**University of Alabama-Capstone College of Nursing Tuscaloosa, Alabama; West Alabama Black Nurses Association 2019; West Alabama Chapter- Black Nurses Association, Founding Member and Chair of the Scholarship Committee**

Dr. Mumba is a natural leader and serves her community not only at the college of nursing but also with her church which she serves in many capacities. She has received many awards. Dr. Mumba is a mentor to both her colleagues and students. Her 5-year goal is to transition into an Associate Dean of Research position at an R1 research institution. She also has a 10-year goal to become a Dean for a College of Nursing.



### **Taylor Washington, BSN, RN**

**University of Alabama at Birmingham Hospital, Member of Birmingham Black Nurses Association, Inc. 2018**

Ms. Washington is currently pursuing an MSN at University of Alabama at Birmingham School of Nursing. Taylor was very active in NBNA local chapter activities. She continues her involvement and currently serves as the chapter treasurer and mentor for nursing students. Taylor is enrolled in the MSN Nurse Practitioner Pathway at UABSON while working fulltime. Ms. Taylor Washington demonstrates an unwavering commitment to adult and geriatric mental health and a focus on addiction medicine and behavioral health. She is interested in prevention, treatment, and education with the goal of improving overall mental health of African American populations. She wants to serve as a psychiatric mental health nurse practitioner, and a clinic, offering telehealth medicine located in an underserved community, caring for minorities affected by drug addiction.



### **Jasmin Waterman, MS, NPD-BC**

**NYU Langone Health, Brooklyn, NY Currently a member of the New York Black Nurses Association, Inc. 2006**

Ms. Waterman's leadership at the local level is evident as she has served as Vice President, Recording Secretary, Community Service Chairperson, Bylaws Committee Chairperson and Website Chairperson. Ms. Waterman has organized and participated in events including health fairs, health education workshops, clothing, and toy drives, and serving food to the community. She has also identified a need to support runaway and homeless high school graduates. My latest involvement has been fostering relationships with the Community and Nursing Schools so students could participate in health education and screening. As a Minority Nurse Leader, Ms. Waterman enjoys mentoring and supporting nurses and students to let them know that anything is possible. Her goal is to become a major contributor, consultant in Nursing Innovation and education technology. Incorporating more game-based learning, virtual reality, and interactive learning into nursing to enhance engagement.

# Chapters on the Move

## Columbus Georgia Metro Black Nurses Association (CGMBNA)

The year 2020 presented CGMBNA with many challenges. But, under the leadership of President Gwendolyn McIntosh the chapter has continued to remain active and play a key role in health-related issues within the Columbus Metro area. Prior to the onset of the COVID-19 Pandemic, members supported Delta Sigma Theta Sorority at a community health fair in January 2020 where members provided blood pressure checks and health education. The CGMBNA President and Rhonda Galloway, Vice President, attended the 32nd Annual National Black Nurses Day on Capitol Hill on February 6th. Ms. McIntosh serves on NBNA's Health Policy Committee. VP Galloway also represented CGMBNA in Nurses, Inc. *Healthy Heart Go Red Fashion Show* held at the Cunningham Center. The annual event focuses on raising awareness and educating individuals on heart health.

With the onset of COVID-19, CGMBNA's Health Heroes continued to work on the front lines to provide patient care. Retired RN Eileen Albritton volunteered with the Columbus Health Department to help with its COVID-19 hotline and to provide contact tracing. Members also served as consultants with their various churches to provide input on developing COVID-19 guidelines and implementing recommendations for social distancing. Members also used their personal social media platforms to educate individuals on COVID-19 and encouraged them to vote. CGMBNA quickly adopted technology and under the guidance of Louise Cofield. We began to use Zoom to host our monthly meetings. Louise, the Education Liaison, also shared with the membership various opportunities to participate in online educational offerings.

Two of CGMBNA's signature events, the 'Xcellence in Nursing Awards and Scholarship Brunch (May) and its Annual Red Dress Ball (November) were both cancelled as a result of COVID-19, but CGMBNA was still able to award a book scholarship to a nursing student who is enrolled in the licensed practical nurse program at Columbus Technical College. Financial donations were made to the Community Foundation of Chattahoochee Valley to support families in need secondary to the impact of COVID-19 and to MercyMed, a free clinic

that provides COVID-19 testing and care. CGMBNA President McIntosh and Treasurer Agnes Shelton continued to actively serve on the Domestic Violence Roundtable (DVR) of Columbus, GA and represented CGMBNA at various events to include a quarterly educational lunch and learns; and its annual Candlelight Vigil which recognized survivors and victims of domestic violence who lost their lives (all held via zoom). DVR also provided a Thank You Lunch and hand sanitizer to over 87 environmental workers at local hospitals and CGMBNA provided financial support for this event as well as support for Jacobe Love's documentary film focusing on domestic violence being done for DVR. CGMBNA also participated in a fund-raising event in support of Micah's Promise whose mission is to provide housing and counseling to victims of sex trafficking. The President also supported the Multiple Myeloma Walk.

Congratulations are extended to Dr. Tanesh Buckner, NP, who was recognized as the 2019-2020 Zeta of the Year by OAZ Zeta Phi Beta chapter, Americus, GA, where she was described as the epitome of a Finer Women. She also received her Doctor of Nursing Practice from Grand Canyon University – Class of 2020. The year 2020 also brought grief to CGMBNA with the death of long-time member Mrs. Georgia Stampley who served in various leadership positions to include President, Treasurer and in many other roles.



CGMBNA members at their 2019 Annual Red Dress Ball (the late Mrs. Georgia Stampley is pictured middle of the first row).



# Chapters on the Move

## Columbus Georgia Metro Black Nurses Association (CGMBNA) cont.



CGMBNA collaborating with the DVR.



National Institutes  
of Health



## Are you a frontline worker and a parent?

The National Institutes of Health is conducting an interview study on the impacts that COVID-19 has had on mothers and fathers who are also essential workers.



To share your story and help research, please click the link below.

<https://www.surveymonkey.com/r/COVIDparenting>

By clicking on the link above, you will be taken to a website where you'll be asked to provide a few details about yourself. If you are deemed eligible, a member of the NIH Department of Bioethics will contact you to schedule a phone or video interview. You must be at least 18 years old to participate.

Those who complete the phone interview will be given a \$40 gift card for their time.



The information you provide us will remain confidential, meaning we will not identify you or your family by name. This study was exempted from full IRB review by the NIH IRB board. For questions, contact Dr. Skye Miner, [skye\\_miner@nih.gov](mailto:skye_miner@nih.gov) or 301-435-8724.

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**Please note:** The Certified Diabetes Care and Education Specialist (CDCES) certification was formerly known as the Certified Diabetes Educator (CDE) certification.

The program is accredited by the National Commission for Certifying Agencies (NCCA).





# Members on the Move

**Dr. Martha A. Dawson**, NBNA President, was interviewed by Reverend Sharpton on his “PoliticsNation” MSNBC show on December 5, 2020 relative to the “Love Letter” published by the Black Coalition Against COVID. Dr. Dawson represents NBNA on the Coalition.

**Dr. Martha A. Dawson** was interviewed by the BBC and the segment was aired on BBC and NPR relative to the “Love Letter” published by the Black Coalition Against COVID.

## Appointments:

**Dr. Martha A. Dawson** was appointed to the Direct Relief – Health Equity Fund Advisory Committee <https://www.prnewswire.com/news-releases/direct-relief-establishes-fund-for-health-equity-with-initial-75-million-301238812.html?>

**Dr. Martha A. Dawson**, NBNA President, is the Co-Convener and lead on the National Commission to Address Racism in Nursing. <https://www.nursingworld.org/news/news-releases/2021/leading-nursing-organizations-launch-the-national-commission-to-address-racism-in-nursing/>

**Dr. Martha A. Dawson** is the Co-Convener of the Black Coalition Against COVID. <https://www.facebook.com/BCAC19>

## Presentations:

**Dr. Dawson has been the keynote and presented extensively from August 2020 - March 2021.**

**Dawson, M. A.** (2020, November 30). *Racial/Ethnic Minorities in the COVID-19 Pandemic and Implications for Nursing Research*. Paper presented at The Emory University NHWSN 2020 International Nursing Research Workshop, Atlanta, GA.

**Dawson, M. A.** (2021, January 12). Health Equity Action Forum: *The Value of Diversifying the Nursing Workforce to Achieve Health Equity*. The panel presentation webinar was hosted by the Future of Nursing Campaign for Action and AARP.

**Dawson, M. A.** (2020, September 24-26). Tri-chair. *59th National Convention of the National Council of Negro Women – Black Families in Reunion*. Webinar presented for the National Council of Negro Women, Silver Spring, MD.

## Publications:

**Williams, E., & Dawson, M. A.** (2021). Cultivating Diversity in Nursing Leadership: Role of the Sponsor. *Voice of Nursing Leadership, AONL Newsletter*. March 2021.

**Dawson, M. A.** (2021). Black Nurses Collaborative Approach to Addressing COVID-19 in Black Communities. *The Journal of Racial and Ethnic Health Disparities*, <https://doi.org/10.1007/s40615-021-00987-9>

**Gakumo, C. A., Darwish, S. A., & Dawson, M. A.** (2021). In **M. H. Oermann, J. C. DeGagne and B. C. Phillips** (Eds). Preparing students for interprofessional work in the global village: The role of nurse educators. *Teaching in Nursing and Role of the Educator Third Edition* (pp. 432-451). New York, NY: Springer Publishing Company, LLC. ISBN: 978-08261-5262-6 <https://img.thriftbooks.com/api/images/i/m/3391DAC3F4EB6DF1979A4A389FEC5DA2E380A559.jpg>

NBNA Board Member **Denise Ferrell**, DNP, RN, is now the Associate Dean for Strategic Partnerships and Associate Professor, Marian University, Leighton School of Nursing, Indianapolis, IN.

NBNA First Vice President **Sheldon Fields**, PhD, RN, FNP-BC, AACRN, FAANP, FNAP, FAAN was appointed the first Associate Dean for Equity and Inclusion at Penn State University in October 2020. He co-authored an article entitled “*Patient-Focused Selection of PrEP Medication for Individuals at Risk of HIV: A Narrative Review*”. <https://link.springer.com/article/10.1007/s40121-020-00384-5>

CNN article on the NBNA RE:SET mental health wellness program featuring NBNA Board Member **Trilby Barnes-Green**, NBNA member **Dr. Cheryl Taylor** and NBNA Executive Director **Dr. Millicent Gorham**. <https://www.cnn.com/2021/02/22/health/black-nurses-mental-health-wellness/index.html>

**Marcia Lowe**, PhD, RN, NBNA Second Vice President, was a guest panelist at the virtual presentation hosted by the Association of Black Cardiologist’s Spirit of the Heart Community Forum and Wellness Symposium on Saturday, November 14, 2020. Dr. Lowe spoke on the topic of Coronavirus (COVID 19) and cardiovascular health.

**Sasha DuBois**, MSN, RN, NBNA Secretary, co-authored an article entitled “Taking a Stand: Developing a Nurse’s Pledge to Champion Diversity, Equity and Inclusivity”. The article was on the development of a pledge between the New England Regional Black Nurses Association and the American Organization of Nursing Leaders. The other NERBNA co-authors are Vice President Cassandra Mombrun and Nadia Raymond. The pledge is being used throughout the Nation. [AONL Article](#)

**Eric J. Williams**, DNP, RN, CNE, ANEF, FAAN, is the interim associate dean of Health Sciences at Santa Monica College, Santa Monica, CA. Dr. Williams is the NBNA Immediate Past President. He

# Members on the Move

is the Co-Lead for the Campaign for Action Diversity, Equity and Inclusivity, AARP Robert Wood Johnson Foundation.

**Saby St. Pierre**, MSN, CCRN, was featured in the *Massachusetts Report on Nursing*, September 2020 issue of the Massachusetts Nurses Association, highlighting her experiences during the pandemic as an ICU/Stat Nurse. The article is entitled “Advanced Care Planning: Understanding the Barriers”. [Click for Article](#)

**Ottamissiah “Missy” Moore** has been appointed to the Board of Directors of the American Diabetes Association of the National Capital Area.

**Beverly Morgan** has been appointed to the Board of Directors of the American Diabetes Association of the National Capital Area.

**Patricia Lane**, RN, MBA, FAAN, was elected as president-elect of the Neuroscience Nurses Association of America.

## San Diego Black Nurses Association

<https://youtu.be/WU5flu4ONXc>

<https://www.google.com/amp/s/www.nbcsandiego.com/news/local/san-diego-nurses-push-to-get-black-and-latino-residents-vaccinated/2548576/%3fbcid=IwAR2daJuxaGWbH20xXBgwr0EXtjYcWqcCiJg7F8I5SHK8FhBmVXOsJOrUbZg&>

<https://www.sandiegouniontribune.com/communities/san-diego/story/2021-03-17/san-diegos-black-nurses-focus-on-vaccinating-black-residents-in-southeastern-san-diego>

## Midlands of South Carolina Black Nurses Association

**Cheedy Jaja**, PhD, MPH, MSN, PMHNP-BC, APRN, member, Midlands of South Carolina BNA, was selected into the 2020 Class of Fellows of the American Academy of Nursing. A Fulbright Scholar, Dr. Jaja's research interest is in sickle cell disease pain and pharmacogenetics. He was a frontline worker during the Ebola crisis while establishing Sierra Leone's first sickle cell registry.



**Cheedy Jaja**

**Alison Haggwood**, MSN, BSN, RN, member, Midlands of South Carolina BNA, was a recipient of the Voice of Public Health Award from the South Carolina Public Health Association. Alison is a Nurse Epidemiologist and Director of the Healthcare Associated Infection Section, SC Department of Health and Environmental Control.

**Iquashia Hall**, BSN, RN, member, Midlands of South Carolina BNA, graduated from the University of South Carolina, College of Nursing. Iquashia passed the NCLEX and is employed by Prisma Health in their nurse residency program.

**Eboni Herbert Harris**, PhD, APRN, FNP-BS, Secretary, Midlands of South Carolina BNA, has been named as the Director of the University of SC, College of Nursing's new Master's Entry to Practice Nursing (MEPN). The first in SC, the program will prepare non-nurse baccalaureate prepared individuals to enter the nursing profession as master's degree graduates. This unique program provides the opportunity to gain education and experience as a direct-care provider of nursing in a variety of settings. Graduates will be eligible to sit for the National Council Licensure Examination for Registered Nurses (NCLEX).



**Eboni Herbert Harris**

## Atlanta Black Nurses Association

Congratulations: **Zoey Smoot**, RN, BSN on passing the NCLEX.

Evelyn C. Miller, Immediate Past President and Monica Moore, Student Representative, participated with Congressman David Scott's COVID testing and food distribution on September 19, 2020.

Congratulations: NBNA Under 40 Awardee **Dr. Gaea Daniel**.

Congratulations: **Courtney Phillips**, MPH, Emory University School of Nursing, Atlanta, GA, Member, Atlanta Black Nurses Association! Courtney received the \$1000 Jayhal Foundation Scholarship from the National Black Nurses Association. The JayHal Foundation Scholarship is provided by Reverend Deidre Walton, Past NBNA President. The scholarship is provided to a generic associate degree or BSN student who has at least one year left to graduate; shows evidence of community service; and, has a GPA of 2.7 or above.

# Members on the Move

## Atlanta Black Nurses Association (cont.)



**Jasmine Garrett, NUR '19, receives the Leadership Award from Dean Streit at the 2019 Nurse Pinning Ceremony.**

NBNA Mid-size Chapter Award was given for recruiting the Highest Number of Student Members to **Jasmine Garrett**, BSN, RN, ABNA, Inc. Corresponding Secretary Acknowledgement per: Linda Strait, PhD, RN, Dean, Georgia Baptist College of Nursing: "As Dean of the Georgia Baptist College of Nursing, I want to share with you a story of an amazing 2019 graduate who received scholarship support and has decided to "pay it forward." During the time Jasmine Garrett was a B.S.N. student, the College received grant support from the Health Resources and Service Administration (HRSA) Nursing Workforce Diversity (NWD) program. The grant supported students through stipends and other success measures, which were all aimed toward retention and promotion of achievement.

While some students like Jasmine have benefited from the NWD program, not all nursing students can receive grant funding. Jasmine wanted to make a difference. It was in the summer of 2020 when Jasmine was moved beyond words at the loss of Breonna Taylor's life. Breonna, a 26-year-old African-American emergency medical technician from Louisville, Kentucky, aspired to become a registered nurse before her tragic and untimely death. It was at that moment when Jasmine was determined to develop a scholarship and pay it forward. The Diversity in Nursing Scholarship will commemorate

and share Breonna Taylor's story of perseverance, service and dedication while providing supplemental financial assistance to African-American students and other racial and ethnic minorities enrolled in the College of Nursing. I am so very proud of Jasmine's leadership as a nurse and of her compassion as a human being." ABNA, Inc. Salutes Jasmine!!!!

Congratulations to ABNA, Inc. scholarship awardees **Wendy Miller** and **Courtney Phillips**.

ABNA, Inc. held its very 1st Virtual Prayer Breakfast October 3, 2020. NBNA President Dr. Martha A. Dawson was the keynote speaker. Dr. Dawson provided an inspirational and insightful presentation entitled "Nurses-Powerful, Influential, Caring Voices". It was very well attended (121) and well received by all!

**Gaea A. Daniel**, PhD, RN and **LaDonia D. Patterson**, EdD, RN, CNE, members of the Atlanta Black Nurses Association are the co-project directors for the "High School to Higher Education: Increasing Black Male Representation in Nursing" pipeline program. The program was designed to facilitate entry into the nursing profession for Black men in the Metro Atlanta area and is an extension of Dr. Patterson's scholarly work, which focuses on the experiences of Black men in nursing and efforts to diversify the nursing workforce.

This pipeline program is being supported by funds that were awarded to the Georgia Nursing Leadership Coalition (GNLC) from the Future of Nursing: *Campaign for Action*, an initiative of AARP Foundation, AARP, and the Robert Wood Johnson Foundation. As co-chairs of the GNLC Diversity Committee, Drs. Daniel and Patterson are the thought leaders who co-wrote the project proposal on behalf of GNLC in collaboration with GNLC leaders Drs. Lisa Eichelberger, Karen Rawls, and Rebecca Wheeler.

The Atlanta Black Nurses Association, Clayton County Fire and Emergency Services, Clayton State University School of Nursing, Emory University Nell Hodgson Woodruff School of Nursing, Georgia Nurses Association, and United Advanced Practice Nurses of Georgia have committed to be community partners and provided matching funds for the project. Brief descriptions of the project can be found on the websites for the [Future of Nursing: Campaign for Action](#) and the [Georgia Nursing Leadership Coalition](#).



# Members on the Move

## New Orleans Black Nurses Association

There is no doubt that while campaigns and elections continue to move to digital arenas, the traditional forms of campaigning continue to play a big role in elections. Political signage is a perfect example of this as candidates plaster yards, buildings and busy roadways with campaign promises, political slogans and get out the vote messages. The New Orleans Black Nurses Health Advocacy Committee used signage for the Get Out the Vote campaign for the 2020 elections. During the month of October until election day, several members of the organizations stood on busy street corners, intersections, and highways with the aim of increasing voter turnout in the 2020 elections. We would like to give a special thanks to Mr. Raymond Washington for clocking over 25 hours.



## Piedmont Black Nurses Association

**Dr. 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. 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



**Kina Jackson**

with plans to obtain a nurse faculty position. Kina is a member of the Piedmont Black Nurses Association in Charlotte, NC.

Piedmont BNA partnered with Novant Health's African American Business Resource Group on "Project Warmth". PBNA's Vice President, Dianne Hicks and the Community Outreach Committee gathered supplies to serve the homeless in the Charlotte, NC "tent city" area. The neighbors residing in tent city were very grateful for the support provided during this event. PBNA was able to provide 125 blessing bags containing toiletries, hats, gloves, blankets, etc.

On September 26, 2020, Piedmont BNA participated in the Town of East Spencer, NC "Community Day". Members distributed masks and provided education regarding the dangers of smoking/vaping to greater than 150 attendees.

# Members on the Move

## Piedmont Black Nurses Association (cont.)



Piedmont BNA VP, Dianne Hicks preparing to distribute blessing bags to tent city neighbors.



Piedmont BNA members gather to stuff bags to distribute to homeless neighbors in the Charlotte, NC area.



Piedmont BNA associate members supporting "Project Warmth".



Piedmont BNA members pictured from left to right. Tamika Burns, president, Tammy Woods, Zandria Lewis and Chandra Brown.



# Members on the Move

## Piedmont Black Nurses Association (cont.)



Piedmont BNA VP Dianne Hicks provides education to a community day attendee.



Piedmont BNA member Tamika Burns educating a community day attendee on the dangers of vaping.

## Black Nurses Association of Greater St. Louis



Left to right, Crystal Bailey (Program Committee Chair), U.S. Representative Cori Bush (D-MO), Mia Glover (Vice President), and Dawn Patrick (Treasurer).



# Members on the Move

## Acadiana Black Nurses Association

ABNA members coordinated an early Thanksgiving project at the Allen P. August Multipurpose Center in Lake Charles, LA. Individuals were very thankful for the supplies and gave heartfelt testimonies and praises as well. Lucille Woodard and Dr. Jeanine Thomas also drove into the nearby neighborhood delivering supplies to those who were not able to walk up to the center or heard about the event. Supplies distributed included household cleaning supplies, pesticides, insect repellent, toiletries, food and clothing, and much more. A few members from the LSNA District IV heard of the effort and also joined in by delivering clothes and household appliances. We were blessed with beautiful weather and fellowship.

ABNA thank the NBNA for the generous donation in making this happen including donations from our liaison Trilby Barnes (National Board of Director) and Black Nurses of Greater Houston Chapter (Cynthia Brown, President).



Sitting Sharonetta Brooks, RN  
Back in rear, Ida Fusilier, RN



From left to right back row: Sheila Pritchett (LSNA VP), GraciAna Breaux, Dr. Nellie Prudhomme (ABNA Immediate Past President), Vanessa Mouton-Sholes, Ida Fusilier, Sheryllyn Greene, Angela Brown (ABNA Historian)  
Front row left to right Patricia LaBrosse, Elsie Meaux (LSNA President) Lucille Woodard VP ABNA, Patsy Bienvenue, Dr. Jeanine Thomas (ABNA Past President) Sharonetta Brooks (ABNA Parliamentarian Center (Dr. Iris Malone, ABNA )President



Members assisting Lake Charles residents with much needed supplies

NBNA and Corporate Roundtable member Prolacta Bioscience recognize the value of human donor milk nutrition for premature infants in the Neonatal Intensive Care Unit (NICU).

With increased demand however comes responsibility to ensure the safety of this biologic product in an unregulated environment.

[Human Donor Milk: How the Risks to Infants Have Changed](#)

#FIRSTRESPONDERSFIRST

**NBNA**  
NATIONAL BLACK NURSES ASSOCIATION, INC.

**New  
Survey!**  
for NBNA Members!

November 10, 2020

**Dear NBNA Members and Friends of NBNA:**

The National Black Nurses Association is partnering with the T.H. Chan School of Public Health at Harvard University and First Responders First to offer a survey to gauge the mental health wellness of nurses.

Dr. Stephanie Ferguson, Dr. Shekhar Saxena, Dr. Bizu Gelaye are conducting a research study to understand the wellbeing and mental health needs of frontline health care workers in the United States.

Frontline workers are defined as nurses who are working in the emergency department, ICU, labor and delivery, COVID-19 floors, psychiatric floors, testing, and tracing and tracking.

**Please share this link with frontline healthcare workers (e.g. nurses, physicians, social workers).  
You may access the survey here:  
[Harvard First Responders First Survey.](#)**



## National Black Nurses Association, Inc.

Dear Advertiser/Recruiter:

Thank you for your interest in advertising with the National Black Nurses Association, Inc.

Attached is information on advertising in:

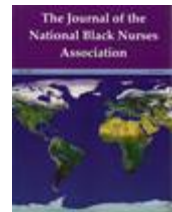
- NBNA's **eNewsletter**

NBNA Newsletters are printed quarterly (Winter, Spring, Summer and Fall) and placed on our website at [www.nbna.org](http://www.nbna.org).



- ***The Journal of National Black Nurses Association*** (JNBNA)

The Journal is published twice a year (Spring/Summer and Fall/Winter). Articles are considered on a continuing basis.



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

- Advertising in the Annual Souvenir Program
- Online Job Posting
- Posting Banner Ads

All ads must be pre-paid by VISA or MasterCard. Please fill out the attached form and email it to [admin@nbna.org](mailto:admin@nbna.org).

For online job posting, please submit the text in WORD format to: [admin@nbna.org](mailto:admin@nbna.org). You will receive a price quote. Upon your approval, an invoice with payment information will be sent and the listing will be posted within 48 business hours after payment is received. *Please note that NBNA cannot post company logos at this time.*

Should you have additional questions or require more information, please call (301) 589-3200 or email [admin@nbna.org](mailto:admin@nbna.org).

**THANK YOU FOR YOUR BUSINESS.**

**National Black Nurses Association, Inc.**

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**NBNA Website Banner ADS**  
**\$5,000 (qtr); \$10,000 (1/2 yr); \$20,000 (1 yr)**  
**1920 pixels x 475 pixels maximum**

**E-Blast - \$1,000.00 (emailed to all members)**

Forward information in an image file (jpeg, png, or gif) in 800 pixels wide at any length to [admin@nbna.org](mailto:admin@nbna.org) also tell us the date the blast is to be delivered to the membership body.

**NBNA News** is a quarterly newsletter placed on our website at [www.nbna.org](http://www.nbna.org). The NBNA eNewsletter includes information on nursing activities, current research issues, national news, chapter news, career opportunities, and health legislation updates. The NBNA eNewsletter is published *Winter, Spring, Summer* and *Fall*.

**CIRCULATION: 5.000**

Color Ads		
Full Page:	7.5"W x 10"D	\$600.00
½ Page:	7.5"W x 5"D or 3.5"W x 10"D	\$325.00
¼ Page:	3.25"W x 5"D	\$200.00

**Ad Deadlines listed below (check all that apply)**

- Winter - copy due February 10
- Spring - copy due April 10
- Summer - copy due August 10
- Fall - copy due November 10

**Journal of NBNA** is a bi-annual, professional journal that features articles relevant to Black health care; nursing practice and administration; education; research and consumer issues. The Journal is published *Spring/Summer* and *Fall/Winter*.

Submit ads only in B/W		
Full Page:	7.25" x 9.25"	\$1,500.00
½ Page:	7.25" x 4.5"	\$ 750.00
¼ Page:	3.5" x 4.5"	\$ 375.00

**Ad Deadlines:** Fall/Winter – copy due November 30  
 Spring/Summer – copy due May 30

**Job Posting Information**

**\*\* Submit Ad to [admin@nbna.org](mailto:admin@nbna.org) in a WORD format only to receive a price quote\*\***

The cost listed below is for 18 lines per posting. The average 1,494 characters is for the 18 lines, spaces are not included.  
 Add \$10.00 per line if your posting is over 18 lines.

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30 days	\$ 325.00
1 Run (60 days)	\$ 375.00
2 Runs (120 days)	\$ 650.00
3 Runs (180 days)	\$1,000.00
4 Runs (240 days)	\$1,325.00

**Deadline May 8, 2021 - for Program Book Ads**

NBNA Conference Program Book		
<a href="mailto:dmance@nbna.org">Email ad copy to dmance@nbna.org</a>		
TOTAL COST		
Full Page Color:	7.5"W x 10"D	\$1,300.00
Full Page Black/White:	7.5"W x 10"D	\$1,000.00
½ Page Color:	7.5"W x 5"D or	\$ 800.00
½ Page Black/White:	3.5"W x 10"D	\$ 600.00
¼ Page Color:	3.25"W x 5"D	\$ 475.00
¼ Page Black/White:		\$ 325.00
Inside Front Cover: Color	7.5"W x 10"D	\$1,500.00
Inside Back Cover: Color	7.5"W x 10"D	\$1,700.00
Back Cover: Color	7.5"W x 10"D	\$1,700.00
2-Page Spread:	16"W x 10"D	\$1,600.00

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Birmingham BNA (11)	Alean Nash	Birmingham, AL
Montgomery BNA (125)	Katherine Means	Montgomery, AL
Northern Alabama BNA (180)	Frederick Richardson	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)	Lauren Banks	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)	Ozena Floyd	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)	Catrice Ackerman	Fort Lauderdale, FL
Greater Gainesville BNA (85)	Voncea Brusha	Gainesville, FL
Miami Chapter - BNA (07)	Dr. Marie Etienne	Miami, FL
Palm Beach County BNA (114)	Rochun McCray	West Palm Beach, FL
St. Petersburg BNA (28)	Bonita Clark	St. Petersburg, FL
Treasure Coast Council of BN (161)	Ruth Davis	Port Saint Lucie, FL
Volusia Flagler Putnam Chapter of the NBNA (187)	Dr. Alma Dixon	Palm Coast, FL

# Chapter Presidents

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Atlanta BNA (08)	Seara McGarity	College Park, GA
Columbus Metro BNA (51)	Gwendolyn McIntosh	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)	Pam Cummings	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)	Ethel L. Walton	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)	Cynetha Bethel-Jaiteh	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)	Dr. Mary Kelly	New Orleans, LA
Shreveport BNA (22)	Bertresea Evans	Shreveport, LA
Southeastern Louisiana BNA (174)	Rachel Weary	Abita Springs, LA

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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)	Dr. Leonora Muhammad	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

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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

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Piedmont BNA - Charlotte (181)	Tammy Woods	Charlotte, NC

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Akron BNA (16)	Deandrea Mayes-Bell	Akron, OH
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Central Ohio BNA (185)	LaToya Gibson	Columbus, OH
Cleveland Council BNA (17)	Dr. LaTonya Martin	Cleveland, OH
Columbus BNA (82)	Janice Smith	Columbus, OH
Youngstown Warren BNA (67)	Carol Smith	Youngstown, OH

# Chapter Presidents

## OKLAHOMA

Eastern Oklahoma BNA (129) ..... Wendy Williams ..... Tulsa, OK

Oklahoma City BNA (173) ..... Irene Phillips ..... Jones, OK

## OREGON

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

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Pittsburgh BN in Action (31) ..... Dr. Dawndra Jones ..... Pittsburgh, PA

Southeastern Pennsylvania Area BNA (56)..... Monica Harmon ..... Philadelphia, PA

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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

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Nashville BNA (113) ..... Shawanda Clay ..... Nashville, TN

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BNA of Greater Houston (19) ..... Cynthia Brown ..... Houston, TX

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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) ..... Bernadine Julun-Jacobs ..... Port Arthur, TX

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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

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