

NATIONAL BLACK NURSES ASSOCIATION

NBNA NEWS

NBNA Day on Capitol Hill



Also inside this issue:

24

EMBRACING
THE JOURNEY
AS NEW
FACULTY AT
KENTUCKY
STATE SON

26

WHAT'S THE
HELIX?
HOW GENETICS
HAS IMPACTED
THE HISTORY
OF DIABETES

31

ENSURING
ACCESS FOR
CONTINUOUS
HEALTHCARE:
NBNA'S
BRAIN HEALTH
LAUNCH



VANDERBILT®

School of Nursing

VALERE POTTER ENDOWED CHAIR IN NURSING

Vanderbilt University School of Nursing invites applications from senior nurse scientists with established multidisciplinary programs of research for its prestigious Valere Potter Endowed Chair in Nursing.

The successful applicant will have a sustained history of scholarship, mentorship and external funding, as well as potential for continued funding. The Valere Potter Endowed Chair will have the opportunity to initiate and lead a high-caliber independent research program. Teaching in doctoral and postdoctoral programs, academic achievement and continued contributions to the field will be expected.

Vanderbilt operates in an innovative and interprofessional collaborative culture. Currently, the school seeks to grow research in the areas of acute and chronic illness; pregnancy outcomes; mother/infant health and family health; innovations in practice models for implementation science; palliative care and end-of-life science; health technologies innovations; and data science.

QUALIFICATIONS

PhD or DNSc. Candidates must be at the rank of professor and eligible for appointment as a full-time, tenured endowed professor.

Vanderbilt values diversity and demonstrates commitment through a variety of initiatives. We encourage individuals from historically-underrepresented groups to apply.

APPLY

Evaluation of applications will begin immediately. See full details at <http://vanderbi.it/alamq>. All inquiries are confidential.

ABOUT VANDERBILT UNIVERSITY SCHOOL OF NURSING

As part of Vanderbilt University, one of the nation's top private research institutions, VUSN has a long-standing reputation for excellence in nursing education, practice, research and informatics. It offers Master of Science in Nursing, Doctor of Nursing Practice and PhD in Nursing Science degrees as well as Post-Master's Certificates.

VUSN is located in Nashville, Tennessee, named one of the nation's hottest cities by Forbes and The New York Times. The city is home to more than 400 health care businesses, including the region's top research hospital, Vanderbilt University Medical Center. Vanderbilt University and Vanderbilt University Medical Center, a separate nonprofit, share a respected name and enjoy close collaboration through practice, education and research.



VANDERBILT®

School of Nursing

Vanderbilt University School of Nursing has positions available for tenure-track professors, associate professors and/or assistant professors in these priority areas:

- **Oncology**
- **Cardiovascular Health**
- **Data Science**

Appointments may be made at the rank of assistant, associate or full professor, commensurate with experience.

QUALIFICATIONS

PhD or equivalent research doctorate. Postdoctoral experience is preferred. For a professor or associate professor appointment, the successful candidate will have an established competitive program of research and strong evidence of potential to develop a competitive program of research, as well as a history of external grant funding, teaching excellence and professional service. For an assistant professor rank, candidates should have sustained productivity appropriate for career state and demonstrated interest in interdisciplinary collaboration.

Vanderbilt values diversity and demonstrates this commitment through a variety of initiatives.

We encourage individuals from historically-underrepresented groups to apply.

Evaluation of applications will begin immediately. See full details at <http://vanderbi.it/alamq>. All inquiries are confidential.

ABOUT VANDERBILT UNIVERSITY SCHOOL OF NURSING

As part of Vanderbilt University, one of the nation's top private research institutions, VUSN has a long-standing reputation for excellence in nursing education, practice, research and informatics. It offers Master of Science in Nursing, Doctor of Nursing Practice and PhD in Nursing Science degrees as well as Post-Master's Certificates.

VUSN is located in Nashville, Tennessee, named one of the nation's hottest cities by Forbes and The New York Times. The city is home to more than 400 health care businesses, including the region's top research hospital, Vanderbilt University Medical Center. Vanderbilt University and Vanderbilt University Medical Center, a separate nonprofit, share a respected name and enjoy close collaboration through practice, education and research.

FEATURES

NBNA President's Letter	4
In the News	7
NBNA Day on Capital Hill	11
Embracing the Journey as New Faculty at Kentucky State University School of Nursing	24
What's The Helix? How Genetics Has Impacted the History of Diabetes	26
Academic Progression in Nursing	28
Health Education Helps Break Down Barriers, Promote Access and Reduce Disparities	30
Ensuring Access for Continuous Healthcare (EACH): NBNA's Brain Health Launch	31
3 Ways To Help A Loved One Receive Proper Nursing Home Care	33
A Perspective on Race and Racism in Nursing	35
A Perspective on Resources to Help Strengthen Engagement in the Policy Arena	37
Physical Education: Exercise Their Minds	39
Changing the Face of Nursing for our Future	41
Chapters In Service	43
Members On the Move	45
Chapter Websites	46
Chapter Presidents	48

Raising Sand!!!

Eric J. Williams, DNP, RN, CNE, FAAN
President, National Black Nurses Association

When I was growing up, the older family members didn't say raising a ruckus, they called it "raising sand".

I know some of you more seasoned nurses really want to call it what it really is "raising Cain".

That's what the kids are doing..."raising sand".

They don't believe that they have anything to lose.

Because they are losing...they are losing their lives. Losing their lives from gun violence.

Losing their lives by assaults of all kinds.

The 23 year old man who was killed by knife in Bowie, MD...called a "hate" crime.

The two churches in South Carolina and Texas by gun violence.

The sex trafficking all over the world.

The domestic abuse...a whole family held in captivity by their parents.

The bullying by children and adults...and by health professionals in the work place.

The unwarranted brutal force by those who should be protecting America's citizens.

The violence against nurses by patients.

For more than 2 years, the National Black Nurses Association has been raising awareness of violence as a public health crisis.

For more than 2 years, NBNA chapters have held rallies and Townhall meetings.



We have been on radio and television and Facebook and Twitter and in newspapers.

We have met with elected officials on Capitol Hill and at State Capitols.

We stand with the Black Women for Positive Change on its national efforts against violence.

We stand with the American Academy of Nursing on its efforts asking the Congress to launch a national commission on gun violence.

We need you to stand with NBNA as we continue our national program against Gun Violence.

We call on every chapter to host an event on Saturday, April 28, to raise awareness about violence of all kinds.

We call on every NBNA member and their family and friends to support the Friends of NBNA to help NBNA stem gun violence and all violence.

We need you Now, More than Ever!!!

Eric J. Williams, DNP, RN, CNE, FAAN
12th NBNA President



The National Black Nurses Association is accepting applications for the Nurse of the Year Awards!

Application deadline is April 15, 2018

To complete your application online and to review criteria, please follow this link:

<https://form.jotform.com/63473494697170>

To complete your paper application and to review criteria, please follow this link:

<http://files.constantcontact.com/96631cd6201/4e52e457-e97f-4cfc-8b93-a5bedd6f62c4.pdf>

Application Deadline: April 15, 2018!!!!!!

For Further information, contact the National Black Nurses Association at

Phone: 301-589-3200; Fax: 301-589-3223;
Email: charold@nbna.org and or Scholarship and Awards Committee Chair,
Dr. Sheldon Fields at
Sheldon.fields40@gmail.com.

NBNA NATIONAL OFFICE STAFF:

Dr. Millicent Gorham
Executive Director and Associate Editor

Dianne Mance
Conference Services Manager

Estella A. Lazenby
Membership Services Manager

Frederick George Thomas
Administrative Assistant

Crystal Barney-Harold
Administrative Assistant

Yanina Maysonet
Administrative Assistant

BOARD OF DIRECTORS:

Dr. Eric J. Williams
President, Los Angeles, CA

Lola Denise Jefferson
1st Vice President, Houston, TX

Dr. Birthale Archie
2nd Vice President, Kentwood, MI

Kendrick Terrill Clack
Secretary, Fort Bend County BNA, Missouri City, TX

Trilby Barnes-Green
Treasurer, New Orleans, LA

Reverend Deidre Walton
Immediate Past President, Phoenix, AZ

Dr. Martha Dawson
Historian, Birmingham, AL

Dr. Patricia McManus
Parliamentarian, Milwaukee, WI

MEMBER:

Shenelle Tate
*Student Representative, New Orleans BNA
New Orleans, LA*

Dr. Angela M. Allen
BNA of Greater Phoenix, AZ, Phoenix, AZ

Kim Cartwright
Black Nurses of Southern Maryland, Temple Hills, MD

Sasha DuBois
New England Regional BNA, Boston, MA

Dr. Sheldon D. Fields
Council of Black Nurses, LA, Hollis, NY

Dr. C. Alicia Georges
Ex-Officio, New York BNA Bronx, NY

Thomas Hill
New Jersey Integrated BNA, Plainfield, NJ

Deborah Jones
Galveston BNA Texas City, TX

Joni Mae Lovelace
Atlanta BNA, Atlanta, GA

Kim Scott
Bay Area BNA, Oakland, CA

Dr. Katherine Tucker
Northern CT BNA, New Haven, CT

Dr. Millicent Gorham
Executive Director

Click Below to Register

<http://www.nbna.org/files/2018%20reg.pdf>



Annual Institute and Conference

2018

Tuesday | July 31 – Sunday | August 5

St. Louis Union Station Hotel

St. Louis, MO

www.nbna.org



NATIONAL BLACK NURSES ASSOCIATION

In the News

The National Institutes of Health Launches the *All of Us* Research Program



Precision medicine has been a buzzword in health care circles for years now – but the National Institutes of Health (NIH) is poised to launch a major new research effort that will make it a reality. The *All of Us* Research Program seeks to enroll one million or more participants who will share their health information and begin a new era in medical research and treatment.

Two major goals set this NIH effort apart from typical medical research. First, they aim to have 50 percent of participants from racial and ethnic minority communities. Second, they aim to have 75 percent of participants from groups that have been historically underrepresented in research. Achieving these goals will require significant effort to build trust, overcome barriers, and work with participants as true partners in research.

The All of Us Research Program is not one single health study; it will be a database that researchers can use to run thousands of health studies. The data collected can be used by any researcher in the U.S. and around the world, as long as they follow strict privacy and security rules. We hope that researchers will use this data to achieve a wide range of medical breakthroughs.

Health care providers have a critical role to play in this effort. Based on our commitment to reducing health disparities and expanding participation in clinical research, the National Black Nurses Association is excited to help spread the word about this program and ensure that our members are educated about its promise and accomplishments over time.

“*All of Us* has the potential to redefine the future of health in the United States,” said Millicent Gorham, Executive Director. “We’re excited to work with the NIH to ensure that this program brings together communities throughout the United States to drive better outcomes, earlier disease identification and precise treatment solutions.”

To learn more about the program, including what it means to be a participant, please visit <https://allofus.nih.gov/>.



Tackle Hunger by Driving SNAP Enrollment Among Older Americans

Stacey Davis

Hunger is a crisis affecting about 10 million older Americans, according to the National Council of Aging. For many, a proper diet is impacted by access and cost –with as many 63 percent of older adults having to make a choice between medical care and food¹.

As the U.S. population of older adults grows, so does the urgency to address food insecurity. The good news is that we can help put food back on the table by making sure eligible seniors take advantage of the Supplemental Nutrition Assistance Program (SNAP), which is underutilized by many today.

Low program enrollment among seniors leaves food benefits unclaimed.

The Faces of Food Insecurity

Today, almost 80 percent of older adults have one chronic disease and 77 percent have at least two². Seniors often sacrifice one necessity for another as they manage rising living and health costs on a fixed income. African-Americans are most likely to be impacted – at a rate that is twice that of white, non-Hispanic households³.

Nutrition is the foundation for good health and nutritional needs are the greatest during illness and disease. Yet, only about 42 percent of older Americans eligible for SNAP participate, reports the U.S. Department of Agriculture (USDA), the agency that oversees the program. The low enrollment numbers are largely due to lack of awareness and other barriers.

How You Can Help

Nurses are a patient's greatest advocate in recognizing food security issues. If a patient is recognized to be lacking the nutrition of a balanced diet, nurses can help initiate a conversation about nutrition needs and resources beyond the hospital– offering SNAP enrollment as an option.

To get a conversation started, there are several organizations that provide information on SNAP and food pantries. The National Council on Aging, Feeding America, and American Association of Retired Persons (AARP) are a few of the organizations to direct patients to for helpful information.

Easing SNAP Enrollment

To help increase enrollment among older adults, the USDA has streamlined the application process and established additional food services. The program even allows homebound seniors to use their SNAP benefits through government run and non-profit purchase and delivery services. On the state level, similar provisions have been made to ease the application and recertification processes.



Stacey is a policy professional with Abbott Nutrition. An Atlanta native, she holds a Master's in Health Administration/Master's in Business Administration from Georgia State University and a Master's in Public Affairs from Western Carolina University (North Carolina). Stacey obtained her Bachelor's degree from Shorter University (Georgia). As a daughter of baby boomer generation parents, she understands the importance of proper nutrition and how it allows older Americans to maintain a high quality of life.

¹ Feeding America: Baby Boomers and Beyond <http://www.feedingamerica.org/research/senior-hunger-research/baby-boomers-executive-summary.pdf> pg. 15 figure 8

² National Council on Aging: Healthy Aging Facts; <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/>

³ Feeding America, 2017; <http://www.feedingamerica.org/assets/pdfs/fact-sheets/african-american-hunger-fact-sheet.pdf>

In the News

SNAP: Eligibility and Application

Who is eligible? Older Americans who are 60 years of age and older can apply for SNAP benefits based on the “special rules” the USDA has in place. SNAP applicants should locate and contact their local SNAP office to learn about eligibility and the necessary information needed for the application process. Individuals who are unable to speak for themselves must identify in writing an “authorized representative.” SNAP requires the completion of an application form and a face-to-face interview with the applicant. The application will verify income, expenses and household status. And, in unique circumstances, the in-office interview may be waived. As an alternative, a telephone or home visit will be scheduled.

Additional eligibility considerations include what resources an applicant can maintain and allowable deductions.

Call to Action

The senior hunger epidemic is a growing issue across America. Governing bodies are raising awareness for food program services, increasing access to proper nutrition, and eliminating SNAP application barriers. As our population of older Americans continues to grow so do our efforts around awareness and advocacy. As you work with patients and their families, please remind them of available food resources and benefits, including SNAP.

Additional Sources:

“Fact Sheet: USDA Support for Older Americans.” *Food and Nutrition Service*, 17 Oct. 2017, www.fns.usda.gov/pressrelease/2015/020215.

“Facts About Senior Hunger.” NCOA, 2 Dec. 2016, www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/.

“Senior Hunger Fact Sheet.” *feedingamerica.org*, Feeding America, Sept. 2017, <http://www.feedingamerica.org/assets/pdfs/fact-sheets/senior-hunger-fact-sheet.pdf>

“QuickFacts.” *U.S. Census Bureau QuickFacts Selected: UNITED STATES, 2016*, www.census.gov/quickfacts/fact/table/US/PST045216.

Heimlich, Russell. “Baby Boomers Retire.” *Pew Research Center*, 28 Dec. 2010, www.pewresearch.org/fact-tank/2010/12/29/baby-boomers-retire/

“National Center for Health Statistics.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 3 May 2017, www.cdc.gov/nchs/fastats/older-american-health.htm.

Proctor, Bernadette D., et al. “Income and Poverty in the United States: 2015.” *United States Census Bureau*, Sept. 2016, www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf.

“Supplemental Nutrition Assistance Program (SNAP).” *Food and Nutrition Service*, 1 May 2017, www.fns.usda.gov/snap/snap-special-rules-elderly-or-disabled.

“African American Hunger Facts.” *feedingamerica.org*, Feeding America, Sept. 2017, <http://www.feedingamerica.org/assets/pdfs/fact-sheets/african-american-hunger-fact-sheet.pdf>

“Baby Boomers and Beyond: Facing Hunger After Fifty.” *Feeding America*, 2013, <http://www.feedingamerica.org/research/senior-hunger-research/baby-boomers-executive-summary.pdf>

Reaching for the Highest Standards in Correctional Healthcare

*Stan R. Wofford, MBA, CCHP
Senior Vice President, Correct Care Solutions*

If you were to randomly ask someone on the street to close their eyes and picture a nurse, how many people do you think would arrive at an image of a nursing professional in a county jail or state correctional facility for the mentally ill? Chances are, not many. And yet, thousands of professional healthcare providers go to work each day in correctional facilities, caring for one of the most challenging patient populations in the United States.

With more than 12 years working in correctional healthcare environments, I understand first-hand the pressures associated with inmate medical and mental healthcare. I also understand the tremendous rewards that come with offering quality care to a population who is not accustomed to receiving it.

What many people do not realize is that correctional healthcare abides by some of the highest standards in the profession. It is governed by federal and state regulation and overseen by accreditation organizations such as the American Correctional Association (ACA) and the National Commission on Correctional Healthcare (NCCHC) — both of which set forth standards of care that any hospital system in the country would be proud to achieve. While accreditation from either of these entities is not mandatory, many of the facilities that I have worked in have taken it upon themselves to achieve recognition by these organizations because they sincerely care about the level of service they are providing and the long-term welfare of their patients.

And who is on the front lines when it comes to achieving and upholding these accreditations? That's right, the nurses. The nurses in correctional environments are not only tasked with treating a multitude of ailments and diseases, but they are also responsible for ensuring the treatment is timely, consistent, and in accordance with provider orders. They must work with correctional staff to coordinate best practices as it relates to medical and mental health strategies, and they must play a hands-on role in administering treatment. All while they are adhering to very stringent standards and protocols that they voluntarily strived to achieve.

Having the ability to work with nursing professionals in facilities all over the country, I can say with certainty that these men and women are very proud, hard-working people. They are committed personally to the jobs they are performing and they are measuring themselves against a very intense criteria upheld by organizations that represent the gold standard in correctional healthcare. I'm honored to work in their company and to share their pursuit of excellence. And I highly recommend to anyone looking for a nursing experience unlike any other, to spend some time in this specialized segment of the industry. Its challenges are exceeded only by the sense of purpose and achievement that come with serving patients who need our help the most.



Stan Wofford is the senior vice president, Correct Care Solutions, providing guidance and management to regional leaders within CCS' State and Federal Division. Stan provides supervisory training, quality improvement, risk minimization, and accreditation compliance.

NBNA Day on Capitol Hill



Dr. Katherine Tucker, NBNA Board Member and Dr. Birthale Archie, Second Vice President and Chair, Health Policy Committee.



Dr. Eric J. Williams, NBNA President, welcomes the NBNA Day on Capitol Hill attendees.



Dr. Birthale Archie (middle) and Dr. Sheldon Fields, Co-chair, Health Policy Committee lead the march to Capitol Hill.

NBNA Day on Capitol Hill



Dr. Martha Dawson, NBNA Historian and NBNA Board Members Kim Scott and Sasha DuBois.



Stephanie Doibo (right), President, Cleveland Council of Black Nurses.



Dr. Louise Aurelien presenting on "Shackling of Incarcerated Women".



Pfizer representatives, Jennifer Jones and Jasmine Johnson; and, Diane Deese, VITAS Healthcare.

NBNA Day on Capitol Hill



Carolyn TenEyck of ProLacta Bioscience and Dr. Michal A. Young, Howard University Hospital.



NBNA Day on Capitol Hill Attendees.



NBNA Day on Capitol Hill Attendees on the steps of the U.S. Capitol.

NBNA Day on Capitol Hill



Melissa Bishop-Murphy of Pfizer speaking on Access to Healthcare.



NBNA Secretary Kendrick Clack and NBNA First Vice President Lola Denise Jefferson.



NBNA Members from the State of New Jersey.

NBNA Day on Capitol Hill



NBNA Day on Capitol Hill Attendees.



Dr. Betty Braxter presenting on "Shackling of Incarcerated Pregnant Women".



Dr. Birthale Archie, Chair, Dr. Sheldon Fields, Co-chair and Dr. Janice Phillips, Co-chair NBNA Health Policy Committee.

NBNA Day on Capitol Hill



Rosemary Allen Jenkins, Dr. Larider Ruffin, president, Northern NJ BNA.



NBNA Day on Capitol Hill Attendees.



Dr. Birthale Archie, Chair, Health Policy Committee (second from left).



Lola Denise Jefferson, First Vice President and Dr. Patricia McManus, Parliamentarian.

NBNA Day on Capitol Hill



Sally Welsh, Hospice and Palliative Nurses Association, Cheri Dei-Rogers, Strayer University School of Nursing, Carolyn TenEyck of ProLacta Bioscience.



Sarah Lenz Lock of AARP speaking on the AARP Brain Health Initiative.



NBNA Day on Capitol Hill Attendees.

NBNA Day on Capitol Hill



NBNA Day on Capitol Hill Attendees.



Patricia Lane of Bon Secours Richmond Health System speaking on Brain Health.



Dr. Michael Ybarra of the Pharmaceutical Research and Manufacturers of America addressing "The Value Collaborative".



Representative Allyson Schwartz speaking on Medicare Advantage Program and Dr. Martha Dawson, NBNA Historian, presented on human donor milk safety.

NBNA Day on Capitol Hill



NBNA Speakers Patricia Lane, Dr. Betty Braxter, Dr. Louise Aurelien, Dr. Birthale Archie, Dr. Michal Young, Dr. Martha Dawson, Robert Blancato, Dr. Janice Phillips and Diane Deese.



NBNA Members from the State of Pennsylvania.

NBNA Day on Capitol Hill



GNYC-BNA Sabrina Newton, Dr. Selena Giles, Dr. Sandy Cayo, Dr. Julius Johnson, and Monique Terrant.



Chicago Chapter NBNA President Ellen Durant, Pfizer representative Jasmine Johnson (two in the middle).



Shenelle Tate, NBNA Student Representative, Sheila Ferdinand, Trilby Barnes Green, NBNA Treasurer.

NBNA Day on Capitol Hill



NBNA Day on Capitol Hill Attendees.



NBNA First Vice President Lola Denise Jefferson, Dr. Betty Braxter, Stephanie Doibo and Dr. Louise Aurelien.



Dr. C. Alicia Georges, AARP President-elect, Representative Allyson Schwartz of Better Medicare Alliance, Dr. Birthale Archie and Robert Blancato of the National Association of Nutrition and Aging Services Programs.

NBNA Day on Capitol Hill



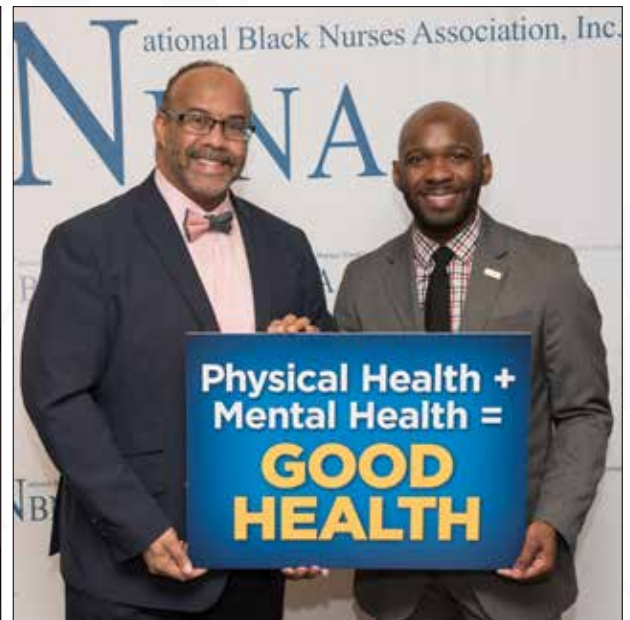
Beverly Morgan, Velma Henderson, Kim Cartwright, NBNA Board Member and Ottamissiah “Missy” Moore of the Black Nurses of Southern Maryland.



NBNA Day on Capitol Hill Attendees.



Dr. C. Alicia Georges, Sarah Lenz Lock, Patricia Lane, and Dr. Michal Young



Dr. Sheldon Fields, NBNA Board Member and Kendrick Clack, NBNA Secretary.

NBNA Day on Capitol Hill



GNYC-BNA with NYU Students Keiry Sierra (NYU student), Sabrina Newton, Dr. Selena Giles, Dr. Sandy Giles, Dr. Julius Johnson, Samantha Bennet, Dr. Sheldon D. Fields, & Kaitlin Rupp (NYU Student).



Janet Porter, Patricia Lane, Dr. Eric J. Williams, Board members Dr. Angela Allen and Thomas Hill.

Embracing the Journey as New Faculty at Kentucky State University School of Nursing

Cathy Al Meedny, MSN, RN

Lisa Turner, MSN, RN

Cynthia L. Williams, MSN, APRN, FNP-C

The faculty of Kentucky State University (KySU) approach teaching and learning from a holistic perspective whereby program and course curricula are designed to utilize simulation and traditional teaching methods as an effective system that positively effect outcomes. This can oftentimes be a daunting task for experienced clinicians transitioning into the role of educator. A fundamental expectation for all faculty, regardless of academic or educator experience, is the ability to incorporate teaching-and-learning strategies shown by research to be effective in educating diverse student learners. Diverse student learners include students from racially, ethnically, culturally, and linguistically diverse families and communities of lower socioeconomic status. Teaching strategies must also accommodate the learning styles of our millennial and centennial students.

The KySU faculty strive to be innovative in our teaching and learning approaches. As faculty at one of the nation's most recognized Historically Black Colleges and Universities, we feel that our primary purpose in working at this institution is to be significantly impactful on the lives of our KySU nursing students. We want to teach, mentor and cultivate a learning environment for the next generation of nurses and nurse leaders because the students of today are our hope for tomorrow (Montenery, Jones, Perry, Ross & Zoucha, 2013). From taking a personal interest in our students' successes to assisting in their development as a socially conscious being dedicated to service, we are here – to do the most!

Even as novice faculty we are considered a vital part of the academy. As such, the expectation is engagement and productivity at the level of an academy faculty member. In addition to meeting the expectations of academic immersion, we are also learning to efficiently and effectively navigate the normal challenges of adjusting to a new position. All of these transformative advancements are occurring within a rapidly shifting context – new faculty in a transitional institution. In the last six months a new President, new Provost and new School of Nursing Chairperson were installed. Transitions of this magnitude have led to the feeling that we are attempting to navigate an unfamiliar terrain without a roadmap.

There is a large body of literature devoted to faculty perceptions and experiences. Most of the literature is crafted to speak from a place of pessimism. We acknowledge there are stressors and tensions that influence the dynamics of the academic landscape and, not all of the resultant outcomes will be advantageous. However, we felt that employing a more optimistic methodology to the academic experience would provide a meaning contrast and facilitate a more comprehensive reflection.

A major challenge we faced was the installation of a new Chairperson. A concern we had as novice faculty was restrained communication, which has been shown to increase the level of stress and frustration that is oftentimes a side effect of entering a new environment (Dhed & Mollica, 2013). Having a nursing Chairperson who has an “open door” policy, communicates unreservedly and regularly to all faculty, supports new faculty, understands the barriers that may present, and has a focus to move forward in growing the KySU school of nursing is an invaluable asset (Salvucci & Lawless, 2016).

Teaching millennial and centennial students requires special considerations. According to McQueen, Cockroft & Mullins (2017, p. 23), “The future of nursing demands that nurse educators have the ability to support millennial students and their goal attainment through different learning modalities and that they have the willingness to endorse and mentor students as the new pioneers in the practice of nursing.” As faculty, we need to recognize that students are digitally intuitive. Considerations for the digital savvy of millennial and centennial students as a part of the classroom experience must be sufficient to facilitate the teaching-learning experience. One example of tech incorporation and implementation was the use of the SIM MAN 3G manikin. Using this modality, students have learned how to respond to scenarios from simple emergencies such as a mild asthma attack to a complex scenario like Code Blue.



Cathy Al-Meedny, MSN, RN, is an Assistant Professor of Nursing at Kentucky State University in the School of Nursing. She teaches Fundamentals of Nursing and Adult Medical-Surgical Nursing. She received her MSN in Primary Care from Indiana Wesleyan University.



Lisa Turner, MSN, RN, is currently an Assistant Professor at Kentucky State University in the School of Nursing. She teaches Foundations, as well as Behavioral Health. She earned a MSN in Nursing Education and is a Doctoral student in pursuit of a PhD in Nursing Education.



Cynthia Williams, MSN, APRN, FNP-C, is an Assistant Professor at Kentucky State University in the School of Nursing. Her area of practice and academic expertise is Pediatric Health Care.

We have also found the concept of *diversity* to be another critical facet of the educational experience. Nurse educators must have the desire to embrace cultures that are outside of their representations of “normal.” Educators must do more than teach the concept of cultural competence, they must live the concept of cultural competence. Students oftentimes more readily identify with faculty and clinical instructors who can successfully maneuver the diversity landscape. This resonates strongly with faculty who are of European ancestry teaching at KySU. Today’s student is often not what the establishment thinks of as “traditional.” As such, the educator must be willing to develop an understanding of the multi-faceted perspectives of diverse populations.

We have so much to learn and experience as new faculty at the KySU School of Nursing and we look forward to the challenge. We envision that we have become the new faculty at a nursing school that will ultimately become a powerhouse in educating the nurses of the future.

References

1. Dhed, A. M., & Mollica, M. (2013). Mentoring new faculty. *Procedia Social and Behavioral Sciences*, 106, 1821-1824. doi:10.1016/j.shspro.2013.12.2016
2. McQueen, L., Cockroft, M., & Mullins, N. (2017). Imogene kings’ theory of goal attainment and the millennial nurse: an important mentoring tool for nurse educators. *Teaching and Learning in Nursing*, 12, 223-225.
3. Montenery, S. M., Jones, A. D., Perry, N., Ross, D., & Zoucha, R. (2013). Cultural competence in nursing faculty: a journey, not a destination. *Journal of Professional Nursing*, 29(6), e51-e57. doi:10.1016/j.profnurs.2013.09.003
4. Salvucci, C., & Lawless, C. A. (2016). Nursing faculty diversity: Barriers and perceptions on recruitment, hiring and retention. *Journal of Cultural Diversity*, 23, 65.

What's The Helix? How Genetics Has Impacted the History of Diabetes



Dr. Yolanda Powell-Young is a Professor of nursing. She is the architect for the “What’s the Helix” features, joint founder of the NBNA ProGENE Institute, and Editor-in-Chief of the NBNANews.

Yolanda M. Powell-Young, PhD, MSN, PCNS-BC, CPN

Germany, 1889, Oskar Minkowski and Joseph von Mering hypothesized that the pancreas was responsible for the development of diabetes (Bliss, 1984). In 1910, Sir Edward Albert Sharpey-Shafer named the missing “pancreatic substance” responsible for diabetes - Insulin. Frederick Banting, John Macleod, Charles Best, and J.B. Collip extracted and refined the first form of insulin at the University of Toronto in 1921. Leonard Thompson, a 14-year-old boy dying from type 1 (T1) diabetes in a Toronto hospital, became the first person to receive an injection of insulin in 1922. As a result of their research in the area of diabetes and insulin development, Banting, Macleod, Best, and Collip received the Nobel Prize in Medicine in 1923. Shortly thereafter, Eli Lilly started large-scale production of insulin. Novo Nordisk Pharmaceuticals, Inc. introduced the first long-acting insulin in 1936. The first genetically engineered, “human” insulin (i.e., Humulin) was produced in 1978 using *E. coli* bacteria.

Diabetes was first discovered more than 2,000 year ago as an affliction that caused a myriad of symptoms. Particularly, excessive thirst, weight loss and honey-sweet urine (McGuire & Beerman, 2007). Before the discovery of insulin, T1 diabetes was a feared disease that most certainly led to death. Luckily, many people diagnosed with diabetes today enjoy healthy, otherwise normal, lives thanks to advances in treatment, most notably insulin. This is particularly relevant for African Americans who are disparately impacted by diabetes.

Current data indicates that approximately 13% of non-Hispanic African American adults have a diagnosis of diabetes (Office of Minority Health, 2016). Moreover, African American adults are 80% more likely than non-Hispanic European American adults to be diagnosed with diabetes. Statistical forecasts predict an increase

in the prevalence of diabetes among African American adults over the next three decades.

Today, it is well-documented that genetics play a very strong role in the development of diabetes. Studies have revealed that first degree relatives of individuals with types 1 and 2 diabetes are about 3-6 times more likely to develop the diabetes than individuals without a positive family history of the disease. At present, there is evidence that more than 20 regions of the genome may be involved in an individual’s genetic susceptibility to diabetes.

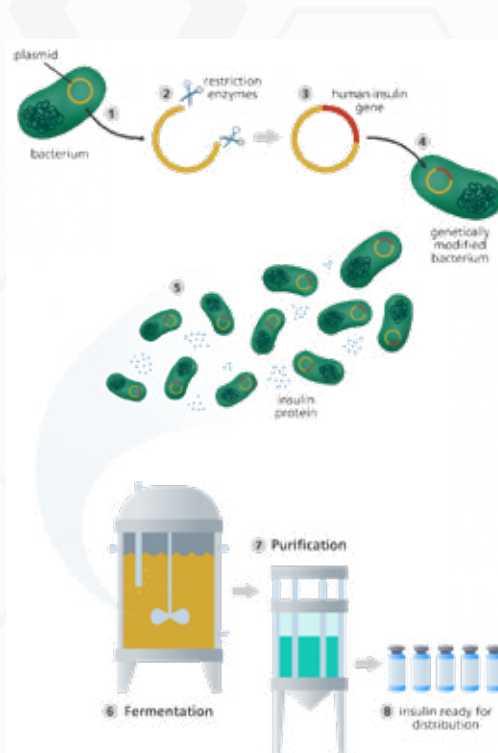


Image Credit: Genome Research Limited.

Similarly, genetic engineering plays a critical role in the continued refinement of insulin treatment options. Until the 1980s, animal insulin was the only treatment for T1 diabetes. These days the use of animal insulin has largely been replaced by human insulin. Today insulin comes in many types, forms and routes of administration. Genetic engineering is responsible for the production of human insulins, insulin analogs and the next generation insulins such as smart insulin. Glucose responsive insulin, known as 'smart' insulin is designed to automatically respond to changing blood glucose levels. Whether taken as an injection or pill, this product is designed to eliminate hypoglycemia, hyperglycemia, multiple daily injections, and the need for carbohydrate counting in people diagnosed with T1 diabetes.

Unlike animal insulin harvested from cattle and pigs, genetic engineering involves the extraction of a gene from one living organism and inserting it into another organism, so that the receiving organism can express the product of the gene. The first step in a genetically engineered manipulation is to locate a single gene from among the thousands comprising the genome. The major steps in the genetic engineering process of insulin after gene identification is illustrated in Figure 1. Briefly, a small piece of DNA is removed from E. coli bacteria and, a piece of human DNA that carries the gene for human insulin is inserted into the open space. The genetically

changed piece of DNA is inserted into a new E. coli cell. Insulin is made through cell division and fermentation. After enough insulin is made, the product is purified and packaged for medicinal use, and prescribed by health care providers around the world.

Today genetic engineering is used in the battle to effectively combat a multitude of health problems. We cannot deny the fantastical impact that - Insulin – a product resulting from a fusion of genetics and genetic engineering – has had on improving the health of individuals and societies around the world.

References

1. Bliss, M. (1984). The discovery of insulin. University of Chicago Press: Chicago
2. McGuire, M. and Beerman, K.A. (2012). Nutrition, impaired glucose regulation, & diabetes. In Nutritional sciences: From fundamentals to food. pp. 160-171. Thomson Wadsworth: Canada
3. U.S. Department of Health and Human Services Office of Minority Health (2016). Diabetes and African Americans. Retrieved from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvl=18>

Deferred Tuition Available at Excelsior College

Excelsior College offers you the option of deferring tuition payment until your course is completed. Deferred tuition is available to partnership students who are eligible for tuition reimbursement from their employer, as well as veterans using Chapters 30, 35, 1607 and 1606 (or active duty military using veteran benefits).

With deferred tuition, instead of paying at time of registration or using a payment plan, payment is deducted from a credit card, checking account, or savings account approximately three weeks after the course end date. This allows time for the student to submit tuition reimbursement paperwork for a refund.

To learn more about this new program, follow this link: <https://www.excelsior.edu/web/partners/tuition-deferral1>

This payment option helps remove one of the obstacles you face in returning to school. We encourage you to learn more about our partnership with Excelsior College, a leader in degree completion for working adults, by visiting partner page: <https://my.excelsior.edu/web/partners/national-black-nurses-association>

Life happens. Keep learning.

Academic Progression in Nursing

Karen Faison, PhD, APRN-BC, CNE

The need for the BSN prepared RN has been established through both professional nursing organizations and the Institute of Medicine's (IOM) *The Future of Nursing: Leading Change, Advancing Health* (2011). The complexity of healthcare, the Affordable Care Act and the critical thinking skills necessary to safely utilize advances in technology are all attributed with bringing about the changes in nursing preparation. Employers are recognizing the value of a BSN prepared RN due to improved patient outcomes followed by stronger interprofessional collaboration and quality care. The BSN prepared RN is necessary for healthcare facilities desiring magnet status. Magnet status is a sign of nursing excellence, which requires the BSN for leadership positions. Nationwide there are 471 healthcare facilities with magnet recognition (ANCC, 2017). In order to further increase the number of healthcare facilities that offer such quality care, there must be an increase in RNs with a bachelor's degree.

The goal is for 80% of all RNs to be prepared with a bachelor of science in nursing by 2020. The demand for the BSN has been the catalyst for the increase in the number of BSN completion programs. Most of these programs are online, providing access to RNs who are employed full time, therefore desiring part time study.

The Bureau of Labor Statistics documents nursing as the number one healthcare field with the largest demand for workers in the field (BLS, 2017). The need for the RN workforce outpaces the supply. There are approximately 3 million RNs currently licensed to practice. In 2009, the majority of RNs held the associate's degree as the highest degree in nursing. Since that time, there has been a steady increase in the number of RNs with the BSN. In fact, as of 2016, there are more RNs with the BSN in comparison to the associate's degree. Currently 47.4% of all RNs with the associate's degree have obtained the BSN. This is compared to 29.4% of associate degree nurses in 2009 (AACN, December, 2017).

Although there has been a steady increase in the number of programs and the number of RNs with the BSN, it is unlikely the IOM goal of 80% BSN prepared RNs will be reached by 2020. Several models are being developed to improve the ease of degree completion for the number of RNs still in need of the BSN.



Dr. Faison is Professor/Chair in the Department of Nursing at Virginia State University. She is a 2017 Richmond Memorial Healthcare Foundation Equity and Health Fellow. In 2015, she was the recipient of the Nancy Vance Award, the highest recognition from the Virginia Nurses Foundation.

In order to facilitate successful RN student enrollment, many BSN programs are developing curricula that facilitate academic progression in nursing without duplication of coursework. Partnerships between community colleges and universities for transfer credits are encouraged (Transforming Nursing Education, 2017). Several options are being proposed to further foster such partnerships. These include:

- Receiving the RN-BSN from a community college. Where feasible, the RN completes the baccalaureate degree in a community college.
- State or regionally shared outcomes-based curriculum. While admission to the baccalaureate program requires a separate application, community college associate degree programs and the university partner to develop shared standardized outcomes.
- Accelerated options to include: RN-MSN and/or RN-DNP. This provides the opportunity for the associate degree nurse to obtain the MSN in a shorter time period without obtaining the BSN.
- Shared statewide or regional curricula. This establishes a collaboration between the community college and university to permit a transition from the associate degree in nursing to a BSN without repeating coursework.
- Shared baccalaureate curriculum. This model shortens the time between nurses obtaining an associate and baccalaureate degree in that the community college works with university allowing students to take classes at both, obtaining the RN license after completion of the BSN program.

Nursing is a practice discipline. Curriculum guidelines require a clinical practicum as a component of the BSN completion program (AACN, 2008). This is not your prelicensure clinical experience which focused on psychomotor skills in a variety of patient care settings. Instead, the clinical practicum gives the RN student the opportunity to demonstrate the acquisition of new knowledge and

competencies at the BSN level. The practicum typically occurs in settings where healthcare is delivered or health is influenced. The RN student works closely with the program's clinical coordinator to research, develop and/or implement a plan. Healthcare facilities are encouraged to partner with universities to provide clinical practice opportunities for the RN-BSN student. With continued emphasis on the many benefits resulting from a BSN prepared workforce and innovative nursing curricula, a 100% RN workforce may be on the horizon.

References

1. American Association of Colleges of Nursing, Enrollment & Graduates in Baccalaureate and Graduate Programs in Nursing (December, 2017). Retrieved from <https://campaignforaction.org>
2. American Association of Colleges of Nursing (2008). The essentials of baccalaureate education for professional nursing practice. Washington, DC: Author.
3. American Nurses Credentialing Center, Magnet Status (2017). Retrieved from www.nursecredentialing.com.
4. Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.
5. Occupational Outlook Handbook (2017). Retrieved from <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>
6. Transforming Nursing Education (December, 2017). Retrieved from <https://campaignforaction.org>



Click Below to Register

<http://www.nbna.org/files/2018%20reg.pdf>

Health Education Helps Break Down Barriers, Promote Access and Reduce Disparities

Phillip B. Duncan, MD, FACC



Dr. Phillip B. Duncan, FACC is the founder of Heart Care For You, Cardiac Health Management Network (CHMN), P.C. in Chester, Virginia. ABC's Seven Steps booklet can be accessed at <http://abc-patient.com/7Steps/index.html#/1/>

More than 600,000 Americans die each year of heart disease. African Americans are 33% more likely to die from heart disease and stroke than other Americans. Serving patients who suffer from heart disease and addressing this disparity are my passions and have fueled my work as a patient-centered cardiologist for more than 30 years. The goal of my practice and my own work is to improve the cardiovascular health of the communities we serve by bringing education and compassionate care to our patients.

Throughout my career I have been involved with societies and associations where the missions focused on cardiovascular disease risk, healthy lifestyles and reducing disparities in cardiovascular outcomes. I remain very engaged with the Association of Black Cardiologists (ABC) because their mission includes working to eliminate cardiovascular disparities, in part through education. The National Black Nurses Association does similarly important work to educate and ensure access to high-quality patient care for African Americans and other underrepresented groups. Organizations working together toward common goals have the capacity to make a real difference in fostering excellence in patient care.

Education is one of the ABC's key initiatives. Relative to its mission the ABC publishes educational pieces for patients and physicians. The purpose of these educational resources is to provide information about heart disease and other cardiovascular disparities impacting African Americans. A resource that is currently in development is titled *Seven Steps to a Healthy Heart*. In addition to core lessons about eating smart, exercising and not using tobacco, one of the seven steps focuses on access to quality health care and services.

Patients should be encouraged to speak openly with their primary health care provider in the development of a personalized plan

of care that addresses their unique cardiovascular health needs. Discussion between patient and provider should also include new avenues in cardiovascular therapy that may be beneficial for a patient's individual health status. Medications such as proprotein convertase subtilisin/kexin type 9 inhibitors (PCSK9Is) for high cholesterol and Angiotensin II Receptor Blocker Nephilysin Inhibitor (ARNI) for heart failure are examples of new treatment therapies that may be discussed as part of a personalized drug treatment strategy.

Insurance companies may act as a barrier to care. Oftentimes novel medications require prior authorization from the primary care provider. Working through the prior authorization process can be time consuming and often requires submission of additional documentation. These extra hurdles, particularly if unforeseen, may negatively impact the seamless provision of patient care. For example, delay in the start of a prescription medication. Although most barriers can be overcome, being educated about the potential for encountering barriers is important to prevent patients, providers and support personnel from becoming discouraged with the process.

Why do I share this? Because there is no better time than now for your patients to become more educated about their cardiovascular health. I encourage you and your patients to visit abc-patient.com for more information. When published, the ABC's Seven Steps booklet can also be downloaded from this site.

For patients who are being denied coverage or care; or who are experiencing improper barriers by their health insurer, please visit [Know Your Rights](#) for steps that health care providers and patients can take to alleviate this issue. Together, we can break down barriers, promote access and reduce disparities in our communities through increased cardiovascular health education. And it starts with you.

Ensuring Access for Continuous Healthcare (EACH): NBNA's Brain Health Launch

Patricia C. Lane, MBA, BSN, SCRN



Patricia Lane, MBA, BSN, SCRN is currently the Administrative Director for Bon Secours Virginia Health System in Richmond Virginia. Ms. Lane served on the

Board of Directors for the American Association of Neuroscience Nurses and the National Black Nurses Association. She serves on the National Hospital Accreditation Board for AHA. In 2013 Ms. Lane received the NBNA Trailblazer award for her commitment to the community and leadership. Ms. Lane is a member of the Central Virginia Chapter of the National Black Nurses Association and the Chair of NBNA's Brain Health Initiative.

The 30th National Black Nurses Day on Capitol Hill was the perfect time to launch -- Brain Health -- a partnership initiative between the NBNA and the American Association of Retired Persons (AARP). The Brain Health collaborative stemmed from an enthusiasm that both partnering organizations have to increase brain health awareness. A major aim of the Brain Health platform is to engage in efforts that ensure access for continuous healthcare (EACH) for those who are at-risk for or experiencing challenges with brain health.

Brain health refers to the ability to remember, learn, play, concentrate and maintain a clear, active mind. It's being able to draw on the strengths of your brain—information management, logic, judgement, perspective and wisdom. Simply, brain health is all about making the most of your brain and helping reduce some risks to it as you age. Sarah Lock - Senior Vice President for Policy AARP's Policy, Research and International Affairs and Executive Director of the Global Council on Brain Health opened our panel presentation. Ms. Lock shared why brain health is an important public health issue for persons age 50 and above.

For example, the Global Council on Brain Health suggests that African American adults experience dementia at twice the rate of White Americans. Up to 35% of dementias are due to potentially modifiable risk factors such as exercise and diet. Data from an AARP survey revealed that approximately 96% of adults believe exercise and diet are important to brain health. However, only 56% of adults currently exercise or eat a healthy diet.

A greater incidence of brain health related illnesses means greater healthcare expenditures. Medicare spending for people 65+ with dementia is up to five times higher than for those without dementia. Medicaid payments are 19 times higher. By 2040, the cost of caring for people with dementia is expected to account for approximately 25% of total Medicare expenditures.

Improving the Brain Health of aging Americans may lower health care costs. As such, the NBNA Brain Health Committee is asking you to join us in our call to action by:

- Working with organizations like (American Heart Association, AARP, Alzheimer's Association) on Brain Health Initiatives
- Sharing the Brain health definition with family and friends
- Be an active advocate for National Brain Awareness Week March 12-18
- Read our dedicated Brain Awareness Issue in an upcoming Newsletter
- Linking the NBNA Health Policy Committee with Brain Health Committee
- Answer the call for NBNA members to participate in brain health research

Pathways to Engagement

The Brain Awareness Campaign is a worldwide celebration of the brain. The campaign brings together scientists, families, schools, and communities. Brain Awareness Week is officially March 12-18, 2018 and there are many ways to get involved throughout the year. As a chapter or member please take time to peruse the official website and review the wonderful resources. There are a few online resources that will also help you create an event for Brain Awareness Week this year. The NBNA Brain Health committee recommends reading the BrainFacts.org page on <http://www.brainfacts.org/for-educators/programs-and-events/brain-awareness-week-slide-show>.

Examples of Suggested Activities for Brain Awareness Week

- Visit local schools to present lectures, hands-on activities, demonstrations, and experiments about the brain to students. Get started by visiting your child's school, or ask your colleagues if they have children in local schools.
- Contact after-school programs in your community (Boys & Girls Clubs, Girl/Boy Scouts, etc.) and volunteer to present hands-on activities, demonstrations, and experiments about the brain to participating children.
- Organize a brain art, essay, poetry, music, or drama competition for local schoolchildren. Choose a topic of relevance and interest to a younger audience.
- Set up and staff an exhibit table at a local hospital, doctors' office, community center, or shopping mall and distribute the free Dana publications and BAW promotional materials available for order by registered BAW partners (USA only).
- Coordinate a lecture or series of lectures about the brain. Consider choosing a theme for your lecture series, and organize several talks on related topics.
- Organize a health fair. Invite local organizations to staff exhibit booths, distribute materials, offer free health screenings, and more.
- Use social media! Post a daily brain fact or brain fitness tip on NBNA Facebook, or tweet about the brain (use #brainweek). Be sure to connect with Brain Awareness Week's official Facebook page and share our posts.
- Write an article or editorial about BAW and the importance of brain research for your newsletter. Even articles which appear post-campaign will help spread the word about this important effort.

The National Black Nurses Association is accepting applications for the Nurse of the Year Awards!

Application deadline is April 15, 2018

To complete your application online and to review criteria, please follow this link:

<https://form.jotform.com/63473494697170>

To complete your paper application and to review criteria, please follow this link:

<http://files.constantcontact.com/96631cd6201/4e52e457-e97f-4cfc-8b93-a5bedd6f62c4.pdf>

For Further information, contact the National Black Nurses Association at

Phone: 301-589-3200; Fax: 301-589-3223; Email: charold@nbna.org and or Scholarship and Awards Committee Chair, Dr. Sheldon Fields at Sheldon.fields40@gmail.com.

3 Ways To Help A Loved One Receive Proper Nursing Home Care

Nigel Parker



Nigel Parker, founder and CEO of RashEndZ Inc. (www.RashEndZ.com), is a senior management

and systems engineer professional with more than 25 years experience in aerospace, medical simulation and other high-tech industries. Parker is the inventor of REZair, a skin-aeration liner that can be inserted inside a diaper, incontinence garment or wound dressing. The liner connects to any air/oxygen source and circulates air or oxygen on rashes, helping to keep the skin dry and speed healing.

It's an almost weekly occurrence across the country. Nursing homes face lawsuits over patients who develop severe pressure ulcers (i.e., bedsores) that in some cases lead to death. One week it is a now-closed nursing home in California dealing with its third such lawsuit. Another week it is a New Jersey nursing home sued by the family of a woman who died after reportedly suffering from a pressure ulcer that wasn't properly monitored and cared for. For families, such situations lead to heartache and tragedy. For the nursing homes, they lead to costly litigation and damaged reputations.

Issues like these are typically resolved through litigation. However, the number and publicity of lawsuits purporting negligence raise questions about care quality and reporting. For example, what family members can do if they suspect a nursing home resident is not receiving proper care or is in danger? Part of the answer, patient advocates say, is to understand the kinds of problems that could present for this special population and, to be on the lookout for signs of improper, unskilled, or substandard treatment.

Pressure ulcers are a major concern for older adults confined to nursing homes. In many instances, pressure ulcers are caused from a lack of attention and improper medical care in nursing homes. Nursing homes have the responsibility to ensure pressure ulcers do not develop on patients who cannot move without restriction or that are confined to a wheelchair or bed. Pressure ulcers are preventable with proper care of the nursing home patient. As such, pressure ulcers are considered one of the many signs of nursing home abuse and nursing home neglect.

A major reason for the development of pressure ulcers is incontinence skincare that is substandard. Continuous exposure to urine and feces is one of the most common causes of skin

breakdown. The chemical present in these waste products has an effect on the skin making it fragile and causing it to break and injure easily. Feces, in particular, can break down the skin because residual enzymes and bacteria are present in them. Fecal bacteria may pierce the skin escalating the risk of secondary infection. Those who suffer from incontinence and are required to wear diapers at all times need special caring for the skin. Their skin needs to be kept clean and dry all the time.

"It's a serious concern for nursing home residents," says Nigel Parker, founder and CEO of RashEndZ Inc., a company that developed a skin-aeration liner for incontinence garments that prevents and treats incontinence associated rashes. Just how serious? Pressure ulcers affect up to 2.5 million patients annually, according to the Agency for Healthcare Quality and Research. Moreover, complications from pressure ulcers include pain, scarring, infection, prolonged rehabilitation, surgery, and permanent disability. About 60,000 patients die as a direct result of pressure ulcers each year.

"The patient's well-being is the primary reason this needs to be addressed," Parker says. "But if that's not incentive enough for health-care providers, pressure ulcers also result in 17,000 lawsuits a year, so nursing homes and other health facilities risk liability if they don't handle the problem." Although the residents' care is the nursing home staff's responsibility, friends and relatives should do their part to make sure proper care is happening, Parker says. The National Consumer Voice for Quality Long-Term Care, a patient advocacy group, offers a few suggestions on monitoring and reporting problems:

- **Make unannounced visits.** Visits are an important time to look for changes in your loved one's health and mental status, but those visits don't need to be predictable. Vary the times and days you visit to see the care your loved one receives when no one expects you.
- **Don't delay in reporting problems.** Document and report concerns and problems to staff members directly involved as soon as they arise. If nothing changes, report your concern to staff supervisors in writing and in a meeting.

- **Seek outside help.** If the facility fails to address your concern, you might want to seek a third party's assistance. Contact your local ombudsman, who advocates for nursing home residents. You can find an ombudsman at www.ltombudsman.org.

"It's critical that family members educate themselves about the issues that occur in nursing homes or other healthcare facilities," Parker says. "It so often falls to each individual to act as their loved one's advocate."

April 28 has been designated as the NBNA Day Against Violence

The NBNA President Dr. Eric J. Williams is asking that the 100 NBNA chapters host an activity relating to eliminating violence. 21 chapters participated in the Week of Non-Violence in October 2017 in collaboration with the Black Women of Positive Change. Your chapter may collaborate with other local community-based organizations on their efforts. And, you may ask other community-based organizations to collaborate with your violence reduction effort.

The Miami chapter will host its annual breakfast on March 25th.

You can choose how you wish to showcase the chapter's work on violence reduction.

And, you can choose the topic.

1. Gun Violence
2. Mass Shootings
3. Bullying by children
4. Bullying in the Workplace
5. Human trafficking
6. Domestic Violence
7. Suicide
8. Rape
9. Pedophilia

You may host:

- Workshop
- Webinar
- Radio Show
- Television Show
- Rally
- Use Social Media content
- Blog
- Play/Skit
- Song
- Rap a Song

Young people's March on Washington, March 24.

Please see the video article from 2016 that highlighted the work of Chicago Chapter.

<http://abc7chicago.com/1315567/>

Please let the National Office know about the activity that your chapter is planning.

We look forward to hearing from you by March 31.

A Perspective on Race and Racism in Nursing

Kechi Iheduru-Anderson, DNP, RN, CNE, CWCN

Black nurses are underrepresented in the nursing profession, in general, and to a greater extent in academia and nursing leadership. Over the years a number of initiatives have been designed to increase the ancestral diversity of the nursing profession. Examples of diversity campaigns include, the Robert Wood Johnson and AARP Future of Nursing: Campaign for Action (<https://campaignforaction.org/issue/increasing-diversity-in-nursing/>); Health Resources and Services Administration (HRSA) Nursing Workforce Diversity Program (<https://bhw.hrsa.gov/fundingopportunities/?id=71a65b17-a6c8-45cf-a944-99b0d256cef>); and the Institute of Medicine action campaign based on their landmark Future of Nursing report (<http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Nursing%20Education%202010%20Brief.pdf>).

The discussion surrounding race, racism and racial injustice has increased within the confines of our homes and communities. However, there is very little discussion about the impact of race and racism within the environment of nursing. Reasons for this communication failure among nurses working in the varied aspects of the profession are many. Strain on peer and collegial relationships is often cited as a barrier to discussion at all levels of the professional hierarchy (Vukic, Jetsy, Mathews & Etowa, 2012).

Many believe that open and honest dialogue about the impact of race and racism in nursing and the nursing workplace is the only way to understand, and thus mitigate, the influence of deep rooted biases, whether conscious or unconscious, on the lack of progression among ethnic minorities in the nursing profession. Specifically, underrepresentation in all aspects of nursing. Including but not limited to underrepresentation in nursing programs which translates into an underrepresentation of diversity in the workforce, and fewer career prospects for nurses from ethnically diverse backgrounds. However, the social perceptions of black nurses by others (i.e., stereotypes); dominant power relations; and a lack of empathy from non-Black nurses in the workspace are all reasons cited by Black nurses as influencing their lives and careers.

The experience of otherness is something Black nurses who work in environments where predominantly white nurses are employed can



Kechi Iheduru-Anderson DNP, RN, CNE, CWCN is Assistant Chair of Nursing and the Director of the RN to BSN Program at

Laboure College in Milton, Massachusetts. Kechi earned her Doctor of Nursing Practice degree in nursing education and master's degree in nursing leadership and healthcare administration from Regis College, Weston, Massachusetts. She is a certified nurse educator. Her interests focus on multi-cultural inclusion, and she has done work studying factors to improve implicit bias and lateral violence in nursing.

attest to. It is the feeling that those not of your ethnic background lack the capacity to understand challenges that are unique to your ethnic group. The manifestation of this feeling of otherness more often than not leads to a conversation fraught with passionate expression such as frustration, passion, anger, defensiveness, accusation, apologies, and personal affront. In my experience conversations like this always end quickly due to the level of discomfort. Yet, every day in the workplace racism continues to manifest.

It is my belief that education is a crucial first-step toward the ability to speak openly about personal experiences and observations of racially-motivated discrimination. In Smith's (2015) blog titled *How to have a conversation about race?* he offers several suggestions to facilitate meaningful conversation about race. For example, approaching a conversation with respect, putting aside our preconceptions, examining motivations, embracing the discomfort of not knowing, tempering your reaction, and meaningful breaks. Getting comfortable with one's story was also suggested. By realizing and owning one's story, one opens the space to be honest. Stories are powerful tools that cultivate dialogue and bring us to a place of forward movement.

From a systems perspective, organizations can assist in facilitating meaningful dialogue by providing conversational settings for people to raise racial awareness, talk about race and racism with people from different racial/ethnic backgrounds, and to strengthen a desire for interracial bridging. Listening, sharing, asking questions, identifying assumptions, exploring differences, and forging collaborations (Nagda & Zúñiga, 2003) to enable people from different backgrounds to get to know each other beyond superficialities and as real people. Studies

have established that racial climate issues have consequences for employee, student and patient outcomes (Nadal, 2014; Bernard, 2017).

References

1. Bernard, D. L., Lige, Q. M., Willis, H. A., Sosoo, E. E., & Neblett, E. W. (2017). Impostor phenomenon and mental health: The influence of racial discrimination and gender. *Journal of counseling psychology*, 64(2), 155.
2. Kendall, F. (2012). *Understanding white privilege: Creating pathways to authentic relationships across race*. Routledge.
3. Lee, P., (2017). I'm the descendant of a founding father and I have two black daughters — and I am racist. Retrieved December 18, 2017 from [https://www.washingtonpost.com/news/post-nation/wp/2017/11/03/im-the-descendant-of-a-](https://www.washingtonpost.com/news/post-nation/wp/2017/11/03/im-the-descendant-of-a-founding-father-and-i-have-two-black-daughters-and-i-am-racist/?tid=a_inl&utm_term=.22bea20caf0a)
4. Smith, D., (2015). The 8 R's of Talking About Race: How to Have Meaningful Conversations. Retrieved January 29, 2018 from <https://www.netimpact.org/blog/the-8-r%E2%80%99s-of-talking-about-race-how-to-have-meaningful-conversations>
5. Nagda, B. R. A., & Zúñiga, X. (2003). Fostering meaningful racial engagement through intergroup dialogues. *Group Processes & Intergroup Relations*, 6(1), 111-128.
6. Nadal, K. L., Wong, Y., Griffin, K. E., Davidoff, K., & Sriken, J. (2014). The adverse impact of racial microaggressions on college students' self-esteem. *Journal of college student development*, 55(5), 461-474.
7. Vukic, A., Jesty, C., Mathews, S. V., & Etowa, J. (2012). *Understanding race and racism in nursing: Insights from Aboriginal Nurses*. ISRN nursing, 2012.



Click Below to Register

<http://www.nbna.org/files/2018%20reg.pdf>

A Perspective on Resources to Help Strengthen Engagement in the Policy Arena

Janice Phillips, PhD, RN, FAAN



Dr. Phillips is the Director of Nursing Research and Health Equity Nursing Administration, Rush University Medical Center, Chicago, IL and the co-chair of the NBNA Health Policy Committee.

Nurses work in environments that are driven by political decisions and are governed by health care policies that are politically driven. As more nurses become engaged in analyzing and influencing health policy, key challenges will include staying abreast of emerging policy issues and successfully navigating the ever-shifting dynamics of the policy-making process. In an effort to assure that nurses are actively guided and prepared to fulfill the role of policy advocate, many professional nursing associations and organizations provide training and development resources for members interested in community, social justice and policy advocacy. The National Black Nurses Association (NBNA) is one such organization.

The mission of the NBNA *is to represent and provide a forum for Black Nurses to advocate and implement strategies to ensure access to the highest quality of healthcare for persons of color.* To this end, considerable resources and energies are allocated to the training and development of members in becoming effective community and policy advocates. If we want nurses to advance to positions of leadership within health care and the society at large, we need to facilitate deliberate and purposive mentoring processes. The NBNA Capitol Hill Day is one such mentoring resource.

For decades the NBNA has offered a platform for members of the organization and other interested stakeholders to mobilize and engage with legislators regarding health policies that impact the profession and the broader population. Nurses come from across the country to lobby their legislators, learn about NBNA's legislative-advocacy agenda, and network with numerous participants regarding a myriad of legislative priorities. Nurses seasoned in the area of political advocacy are partnered with junior nurse advocates for mentoring in the art of politics and advocacy, generally, and advancing the NBNA health policy agenda, specifically. To

conclude the guided experience, mentors and mentees participate in a debriefing with the aim of identifying ways to strengthen future NBNA advocacy efforts. Newly imprinted nurse advocates are encouraged to continue their advocacy efforts beyond the confines of the NBNA. More specifically, to improve patient and community outcomes once they return to their respective states and chapters.

Remaining up-to-date on current policy events at the local, state, and federal levels is essential to becoming and remaining an effective advocate in the current political environment. There is a myriad of resources that can assist interested nurses with remaining current on policy issues. A fundamental resource, particularly useful for novice and aspiring advocates, is the website of their professional or specialty organization. There is frequently a policy link that will direct one to information regarding the advocacy/legislative agenda for that organization. The link for the NBNA policy section of the website is <http://www.nbna.org/pol>.

Journals that speak to the political healthcare climate include: *Health Affairs* (one of the most widely read journals by Congressional members and staff), *American Journal of Public Health*, *Journal of Mental Health Policy*, *Journal of Public Health Policy*, *Milbank Quarterly*, and *Policy, Politics and Nursing Practice*.

Sources that are helpful in tracking legislation at the State and Federal levels include: National Council of State Legislators: <http://www.ncsl.org/>;

Congress.Gov: <https://www.congress.gov/>; and govtrack: <https://www.govtrack.us/congress/bills/#find>.

Organizations devoted to student and faculty initiatives include: Nurse Internship in Washington: <http://www.nursing-alliance.org/dnn/Events/NIWI-Nurse-in-Washington-Internship>;

Robert Wood Johnson Health Policy Fellowship:
<http://www.healthpolicyfellows.org/>;

American Association Colleges of Nursing Faculty Policy Intensive:
<http://www.aacnnursing.org/Policy-Advocacy/Get-Involved/Faculty-Policy-Intensive>;

and the Student Policy Summit:
<http://www.aacnnursing.org/Policy-Advocacy/Get-Involved/Student-Policy-Summit>.

Other professional resources include the:

American Nurses Association:
<http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy>;

American Association Colleges of Nursing:
<http://www.aacnnursing.org/Policy-Advocacy>;

American Association of Public Health:
<https://www.apha.org/policies-and-advocacy>;

National League of Nursing:
<http://www.nln.org/advocacy-public-policy>;

National Council State Boards of Nursing:
<https://www.ncsbn.org/policy-and-government.htm>;

National Conference of State Legislatures:
<http://www.ncsl.org/>;

National Institutes of Health (NIH) Office of Legislative Policy and Analysis:
<https://www.govtrack.us/congress/bills/#find>; and

Health Resources and Services Administration (HRSA) Bureaus, Offices and Legislative Affairs:
<https://www.hrsa.gov/about/organization/bureaus/index.html>

Today, America needs nurses who can deliver the best possible care to patients.

What that means: an RN degree is no longer enough. To stay knowledgeable, versatile and competitive, nurses need an advanced nursing degree. I know this because I was there. As a graduate of Strayer University's RN to BSN program, I know how a BSN degree can change a career. That's why I want to share with you these exclusive opportunities for your RNs.

DOWNLOAD and SHARE this Strayer BSN Savings flyer with your new RNs!

http://images.learning.strayeruniversity.edu/Web/StrayerEducation/%7Bd0a4c4b0-b633-41d8-a1cf-615aa2240127%7D_NursingScholarshipFlyerFinal.pdf

At Strayer University, we make a CCNE-accredited online BSN more affordable than ever. With our program, your RNs could:

- Save up to 50% off tuition with our transfer scholarships*
- Save 25% off tuition with our Strayer Graduation Fund
- Save \$2,000 off tuition with our RN to BSN Scholarship
- Get a brand-new laptop plus Microsoft software—on us

Want some printed flyers to share with your nurses? I'll be happy to mail you some.

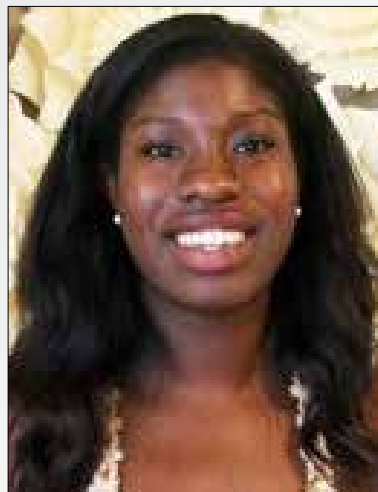
Remember to share this great opportunity with your new RNs today!
Spring classes for Strayer University's BSN program start April 2!

* New undergraduate students must have at least 2 classes (or credits equivalent to 2 classes) with at least one class (or credits equivalent to 1 class) taken in the past 12 months to transfer into Strayer University.



Physical Education: Exercise Their Minds

Tracy Weldon



Tracy Weldon is the state and community advocacy manager of Voices for Healthy Kids, a joint initiative of the Robert Wood Johnson Foundation and the American Heart Association. Tracy provides strategic direction and technical assistance to state and local policy campaigns to improve health in schools.

The bell for fifth period rings, and you happily realize it's time for physical education. Finally, you can take a break from the periodic table and deciphering the difference between an atom and a molecule. It turns out, physical education was more than a mental break. Studies show daily physical activity can decrease obesity and increase concentration for school kids, and yet over the years, our schools have deprioritized physical education and other physical activity (e.g., recess). While society is fixated on health and fitness, as seen by the rising trend in fitness programs and diets, our children are receiving fewer opportunities to be physically active during the school day. Nurses play a key role in educating their communities about the benefits of physical activity for children. School nurses have the unique opportunity to advocate for physical education in their schools and school system.

Children, like adults, need physical activity in their day to maintain a healthy lifestyle and prevent disease. It is well documented that regular physical activity is associated with a healthier, longer life and a lower risk of heart disease, high blood pressure, diabetes, obesity, and mental health problems. Children and adolescents should have 60 minutes (1 hour) or more of physical activity daily. Most of the 60 or more minutes a day should be either moderate- or vigorous-intensity aerobic physical activity and should include vigorous-intensity physical activity at least 3 days a week (USDHHS, 2008).

Beyond the health benefits, children who engage in physical activity get better grades, attend school more often, and behave better in class (Alliance for a Healthier Generation, 2017). Currently, however, only 4% of elementary, 8% of middle, and 2% of U.S. high schools provide time for children to be physically active on a daily basis for the entire school year (American Heart Association, 2017). We also know that Black and Hispanic girls have the lowest rates of physical activity in our nation. High-quality physical activity incorporated a part of the school day itinerary would facilitate change toward positively changing these statistics.

Voices for Healthy Kids is a joint initiative between the Robert Wood Johnson Foundation and the American Heart Association. The purpose of the initiative is to support communities across the nation in assuring that children have access to healthy food and physical activity where they live, learn, and play. Through state and local advocacy efforts, the initiative promotes more frequent, effective physical education programs in schools as the cornerstone of comprehensive physical activity before, during, and after the school day.

Voices for Healthy Kids advocacy efforts are seeing success in many states. For example, advocates for physical activity helped to successfully pass a law in November 2015 that requires all of the 1,700 schools in New York City to implement physical activity programs and submit publicly available reports regarding the quality of each physical education programs offered at a particular school. To facilitate program implementation, the city devoted \$9 million to hire certified physical activity teachers for all elementary schools and \$105 million to ensure that all schools have a designated physical activity space by 2021.

Another example for success occurred in the state of Oregon where year 2007 legislation required public schools to provide elementary students with 30 minutes of physical education per day and middle school students with 45 minutes of daily physical education. However, published reports from multiple sources demonstrated that 10 years after the legislative mandates, many schools were not meeting the 30- and 40-minute requirements. As a result, advocates for physical activity mobilized and helped to successfully pass updated legislation that requires the Oregon Department of Education to provide technical assistance to schools that need help providing the required minutes of daily physical activity.

Many school nurses have embraced the role of advocate for health and are engaged in improving the lives of children in schools across the nation. Nurses of the NBNA can also make a difference by lending their voices to this call to action at: physicaleducation.voicesforhealthykids.org/. To further assist nurses become more involved, there are national models and toolkits designed to assist in promoting physical activity in schools. An example of such a model is the *Whole School, Whole Child, Whole Community* published by the CDC. The model advocates a collaborative approach to wellness that speaks to physical activity as a component of good health that includes nurses as a component to the approach to ensuring children are active at school (National Association of School Nurses, 2016). We welcome your voice to ensure all children can exercise their minds!

References

1. National Association of School Nurses. School Wellness. January 2016. <https://www.nasn.org/nasn-resources/practice-topics/school-wellness>
2. American Heart Association (2017). Physical education and physical activity. Retrieved from https://www.voicesactioncenter.org/physical_activity_and_education
3. U.S. Department of Health and Human Services (2008). 2008 Physical activity guidelines for Americans. Retrieved from <https://health.gov/paguidelines/pdf/paguide.pdf>



WMU Bronson School of Nursing Bernadine M. Lacey Endowed Chair

The Western Michigan University Bronson School of Nursing in the College of Health and Human Services, Kalamazoo, Michigan is seeking an outstanding leader for the position of the Bernardine M. Lacey Endowed Chair at rank of full professor. The Endowed Chair will continue to develop a program of research, mentor faculty and students in research and practice, contribute to the advancement of the nursing profession and the future of the school and its students through outstanding research and education.

Required experience and accomplishments include: Excellence in research and scholarship with demonstrated ability to generate extramural funding; Master's or higher degree in nursing; earned research doctorate in nursing or related field; current Registered Nurse (RN) license with eligibility for licensure in Michigan; evidence of scholarly publications in refereed journals; record of global engagement; evidence of teaching excellence in graduate level nursing education; recognized for scholarly achievements as evidenced by academic accomplishments, publications and service commensurate with rank of Professor.

Position responsibilities include: Promote and develop research agenda for the Bronson School of Nursing and its faculty; mentor and assist faculty members in generating funding for research development; encourage and facilitate student involvement in ongoing research; work with individual faculty members on scholarly productivity, including writing for publication, grants, and research proposals/implantation; teach courses in the school's MSN program in an on-line format; advance own program of research.

Western Michigan University, a learner centered, discovery driven and globally engaged public research university, enrolls more than 23,000 students from 100 nations around the globe. WMU has been designated by the Carnegie Foundation for the Advancement of Teaching as one of just 147 public institutions in the nation with high or very high research activity.

Please visit www.wmich.edu/hr/jobs (Posting #0604229 - Professor) for detailed information and application procedures. WMU is an Equal Opportunity/Affirmative Action Employer. Minorities, women, veterans, individuals with disabilities and all other qualified individuals are encouraged to apply.

Changing the Face of Nursing for our Future

Ebonie Wright, BSN, RN, CWOCN
Elaine Hardy, PhD, RN

Matriculating nursing school was a daunting prospect for many reasons. Remaining in the nursing profession while seeking opportunities to advance my career has been equally daunting as well for a variety of reasons. Upon reflection, I discovered that a crucial, but missing link to my academic and professional satisfaction was – diversity – or should I say --a lack of people who look like me.

During my tenure working in the acute care and home health settings I have not seen many nurses who resemble me. As a Black female student currently enrolled in a graduate nursing program I have noticed that, generally speaking, neither the nursing students nor the nursing faculty resemble me in physical appearance. Contemplating the state of diversity in nursing institutions where I have worked or been educated, I felt compelled to express my thoughts on diversity relative to the profession and education.

Research has demonstrated the connection between diversity in the nursing workforce, and the nursing professions' ability to culturally, competently and effectively tackle the challenge of disparities in health and healthcare among ancestral minority and other underrepresented groups (American Association of Colleges of Nursing [AACN], 2017). Black Americans currently account for 13% of the total population. Yet, only 9% of nurses prepared at the baccalaureate level are Black. This percentage has been spiraling downward for the past decade. My experiences validate these statistics. Beyond the Black nursing school administrator at the institution where I am enrolled as a graduate student, the student population and faculty members that I have encountered are predominantly females of European ancestry.

There is a plethora of information related to the impact of health disparities among Black Americans, particularly in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates (Mingo, 2008). In an effort to mitigate the impact of the aforementioned disparities, there must be an ongoing movement within the nursing profession to advance the number of Black nurses in baccalaureate programs who complete their plan of study and pass the NCLEX-RN®.

Fewer baccalaureate prepared Black nurses means fewer Black nurses to meet the needs of their communities. Fewer baccalaureate prepared Black nurses portends a less robust pool of Black nurses available to consider, apply for, and enter graduate nursing programs. Black nurses prepared at the graduate level are needed to lead, educate, and conduct research. Unfortunately, the barriers to success are many.

Barriers may include poor academic preparation, as well as environmental and familial stressors. For example, the Health Resources and Services Administration (2000) reported that minority students are oftentimes poorly informed about careers in nursing. Mingo (2008) suggested that students entering a baccalaureate-nursing program from a low achieving high school frequently overestimate their ability to complete a rigorous scientific curriculum. Coleman (2008) found that although Black students study hard, oftentimes they study alone, without the support of other Black students. The stress of not performing well in school, combined with feelings of alienation due to the difficulty of finding peer and faculty support, especially in nursing programs with a predominantly White enrollment, can lead to detrimental health consequences. Physical manifestations of stress include insomnia, higher blood pressure, and depression and anxiety (Mingo, 2008).

Nursing remains a profession made up of predominantly White females (Bednarz, 2010) and has been slow to encompass diversity within its ranks. A less diverse cadre of nursing educators makes it difficult for Black nursing students to see themselves as future clinicians, leaders and educators. Nursing as a profession espouses holism as a key element in patient care (Lancellotti, 2008). However, as a Black nurse and graduate student it is my belief that the leaders/managers/educators within the profession typically do not bear in mind the philosophical foundation of holism as it relates to mentoring or educating professionals and students from diverse populations. This lack of consideration for diversity manifests as a disregard for the needs of those who are different that serves to further alienate Black students.

Efforts that speak to greater inclusiveness and facilitate success for Black students in nursing is needed. Considerations for the unique cultural, and educational needs of Black students and other student cohorts underrepresented in nursing must be advanced. Initiating formal diversity pipeline programs can bring more students into nursing programs, and work to promote professional and academic achievement (Carthon, Nguyen, Chittams, Park & Guevara, 2014). Nursing is such a rewarding career choice. I look forward to seeing future minorities enter the profession.



Ebonie Wright, BSN, RN, CWOCN has been a registered nurse for fourteen years and is a member of the Central Illinois Black Nurses Association, and DNP student at the University of Illinois – Chicago in the Advance Population Health Nursing program.



Elaine Hardy, PhD, RN is the Director and Clinical Assistant Professor at UIC Peoria College of Nursing. Dr. Hardy received her PhD in Nursing with a concentration in Women's Health from the University of Illinois at Chicago in 2011. Dr. Hardy conducts research focused on disparities in health experienced by midlife African American women and improving workforce diversity in healthcare and higher education.

References

1. American Association of Colleges of Nursing (2017). *Diversity, inclusion, & equity in academic nursing*. AACN Position Statement. Retrieved from: <http://www.aacnnursing.org/News-Information/Position-Statements-White-Papers/Diversity>
2. Bednarz, H., Schim, S., & Doorenbos, A. (2010). Cultural diversity in nursing education: Perils, pitfalls, and pearls. *J. Nurs Educ.* 49(5); 253-260. doi: 10.3928/01484834-20100115-02.
3. Carthon, J.M.B., Nguyen, T.H., Chittams, J., Park, E., & Guevara, J. (2014). Measuring success: Results from a national survey of recruitment and retention initiatives in the nursing workforce. *Nursing Outlook*, 62(2014); 259-267. doi.org/10.1016
4. Coleman, L.D. (2008). *Experiences of African American students in a predominantly White, two-year nursing program*. ABNF Journal 19(1), 8-13. Retrieved from: <http://proxy.cc.uic.edu/login?url=https://search-proquest-com.proxy.cc.uic.edu/docview/218876868?accountid=14552>.
5. Health Resources and Services Administration (2000). *Nurse advisory council on nursing and education*. Retrieved from: <https://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/firstreport.pdf>
6. Lancellotti, K. (2008). Culture care theory: A framework for expanding awareness of diversity and racism in nursing education. *Journal of Professional Nursing*, 24(3); 179-183. doi: 10.1016/j.profnurs.2007.10.007
7. Mingo, A. D. (2008). *Barriers and facilitators affecting African Americans continuation into graduate programs in nursing*. ABNF Journal 19(2), 51-63. Retrieved from: <http://web.b.ebscohost.com.proxy.cc.uic.edu/ehost/detail/detail?vid=0&sid=5be099d7-3294-4eb8-84c7-5bbbef88ab39%40pdc-v-sessmgr01&bdata=#AN=105795660&db=rzh>

Chapters in Service

GREATER NYC-BNA CHAPTER

–TEXAS TWO-STEP CPR–



Weekend community event teaching CPR in NYC
Dr. Sheldon D. Fields and B. Jose Perpignan with
Dr. OZ.



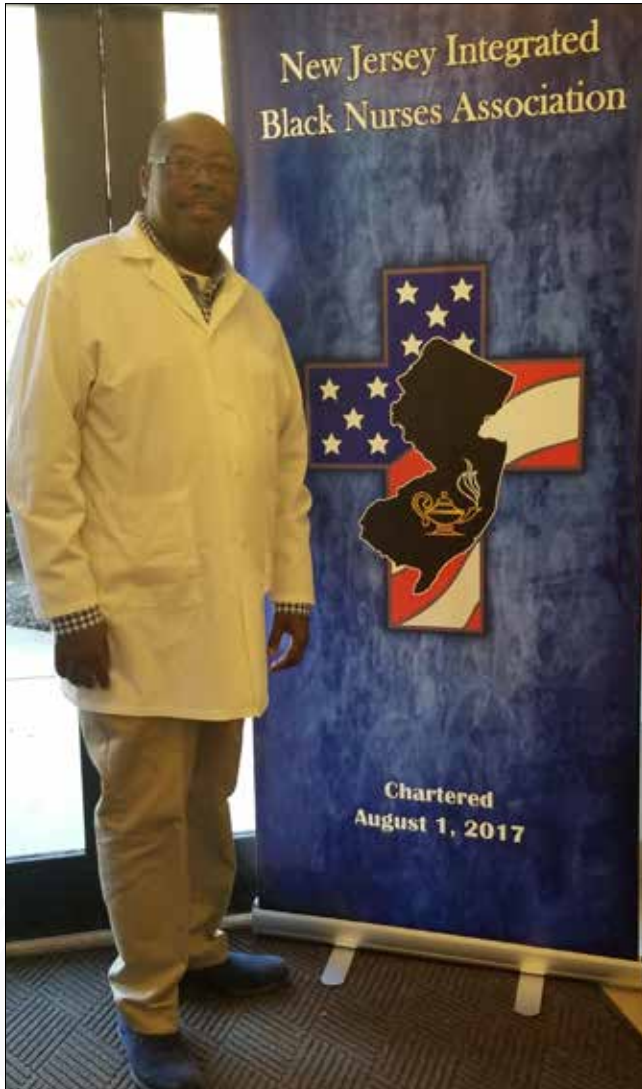
Left to Right: Jose Perpignan, B. Dr. Julius Johnson, C. Dr. Sheldon D. Fields, D. Sabrina Newton, E. Sean White, F. Dr. Donte Flanagan, G. Toshawna Adams, H. Tracey Morales-Wright (Nothern NJ - BNA), I. Tikina Wilkins



Dr. Patricia McManus, NBNA Parliamentarian has been appointed Interim Health Commissioner for the City of Milwaukee, WI.

Chapters in Service

NEW JERSEY INTEGRATED BLACK NURSES ASSOCIATION



Thomas Hill, NBNA Board Member.



Yolanda Jackson, chapter president (left), guest, Thomas Hill, NBNA Board Member, at a health fair.

Members on the Move

Dr. Eric J. Williams, NBNA President, was inducted into the Centennial Wall of Fame at McDonough 35 Senior High School for his accomplishments as a Black nurse and the impact in nursing. McDonough 35 was the first Black high school in New Orleans to be established for Blacks to receive an education beyond 8th grade and was the only college prep high school for African Americans.

Dr. Katherine Tucker, NBNA Board Member, was elected as the Vice Chair of the Democratic Town Committee of West Haven, CT.

Lola Denise Jefferson, NBNA Second Vice President, led a group of nurses from the Fort Bend County Texas BNA on a health mission to Haiti.

Kendrick Clack, NBNA Secretary, will receive the Forty and Under Award from the National Minority Quality Forum, on April 17, 2018, Ritz Carlton Hotel, Washington, DC.

Chris Bryant received his DNP from Grand Canyon University.

Dr. Katherine Tucker was appointed to the Heart Failure Society Advisory Council that is leading an effort with the goal of reducing the significant medical and economic burden of heart failure and improving patients' lives.

Dr. Martha Dawson, NBNA Historian, was appointed to the Hospice and Palliative Nurses Association Steering Committee on advance care planning.

Dr. Sheldon Fields, NBNA Board Member, was appointed to the Hospice and Palliative Nurses Association Steering Committee on pain management and opioids.

Dr. Sheldon Fields was appointed to serve on the Lupus Multi-Cultural Engagement Partnership launched by the Lupus Research Alliance and the National Minority Quality Forum.

Monica Harmon, President, South Eastern Pennsylvania Area Black Nurses Association, was appointed to the Disparities in Shingles Immunization-GSK Ad Board. The Ad Board seeks to better understand effective interventions targeting adult vaccines and how to help reduce shingles vaccine access disparities.

Dr. Debra A. Toney is the newly elected President of the National Coalition of Ethnic Minority Nurses Association.

Ottamissiah "Missy" Moore is the newly elected President of the National Alliance of Wound Care and Ostomy.

Catherine L. Gilliss, PhD, RN, FAAN, was recently named Dean and Margretta Madden Styles Dean's Professor of Nursing, Associate Vice Chancellor for Nursing Affairs at UCSF

Beverly Malone, PhD, RN, FAAN, CEO of the National League for Nursing, was chosen as one of the Top 25 Minority Executives in Healthcare for 2018 by *Modern Healthcare* magazine. She was recognized for her impact on health care policy and access to care for underserved and vulnerable populations. Dr. Malone will be formally recognized on July 18 at an awards dinner in Chicago.

Dr. Darlene Ruffin-Alexander, was appointed parliamentarian of the State of Georgia National Council of Negro Women at the August convention, **Ruffin-Alexander** will serve a two-year term. Dr. Ruffin-Alexander, was the recipient of the Outstanding Service Award presented by Gamma Phi Delta Sorority, Inc., April 2017 and presented the keynote for the Annual Meeting of Gamma Phi Delta Sorority, Inc., in October 2017, Nashville, TN. The National Women of Achievement, Inc., presented its first Vanguard Award of Excellence in Leadership to **Dr. Ruffin-Alexander** who served as the sixth nation president of NWOA. The National Council of Negro Women, Inc., State of Georgia also presented **Dr. Ruffin-Alexander** with the Chairman's Movers and Shakers Award.

Chapter Websites

ALABAMA

Birmingham BNA (11) www.birminghambna.org

ARIZONA

BNA Greater Phoenix Area (77) www.bnaphoenix.org

ARKANSAS

Little Rock BNA of Arkansas (126) www.lrbnaa.nursingnetwork.org

CALIFORNIA

Bay Area BNA (02) www.babna.org

Council of Black Nurses, Los Angeles (01) www.cbnlosangeles.org

Inland Empire BNA (58) www.iebna.org

San Diego BNA (03) www.sdblacknurses.org

South Bay Area BNA (San Jose) (72) www.sbbna.org

COLORADO

Eastern Colorado Council of BN (Denver) (127) www.eccbn.org

Mile High BNA (156) www.denverbna.org

CONNECTICUT

Northern Connecticut BNA (84) www.ncbna.org

Southern Connecticut BNA (36) www.scbna.nursingnetwork.com

DISTRICT OF COLUMBIA

BNA of Greater Washington, DC Area (04) www.bnaofgdca.org

FLORIDA

BNA, Miami (07) www.bna_miami.org

BNA, Tampa Bay (106) www.tbbna.org

Central Florida BNA (35) www.cfbnaoforlando.org

First Coast BNA (Jacksonville) (103) www.fcbna.info

St. Petersburg BNA (28) www.orgsites.com/fl/spnbna

GEORGIA

Atlanta BNA (08) www.atlantablacknurses.com

Concerned National BN of Central Savannah River Area (123) www.cnofcsra.org

Savannah BNA (64) www.savbna.org

HAWAII

Honolulu BNA (80) www.honolulublacknurses.com

ILLINOIS

Chicago Chapter NBNA (09) www.ccnbna.org

Greater Illinois BNA (147) www.gibna.org

INDIANA

BNA of Indianapolis (46) www.bna-indy.org

Northwest Indiana BNA (110) nwibna.nursingnetwork.com

KENTUCKY

KYANNA BNA, Louisville (33) www.kyannabna.org

LOUISIANA

Shreveport BNA (22) www.sbna411.org

MARYLAND

BNA of Baltimore (05) www.bnabaltimore.org

BN of Southern Maryland (137) www.bnsmd.org

MASSACHUSETTS

New England Regional BNA (45) www.nerbna.org

Western Massachusetts BNA (40) www.wmbnurses.org

Chapter Websites

MICHIGAN

- Grand Rapids BNA (93) www.grbna.nursingnetwork.com
Greater Flint BNA (70) www.greaterflintbna@gmail.com
Kalamazoo-Muskegon BNA (96) <https://kmmbna.nursingnetwork.com>
Lansing Area BNA (149) labna.nursingnetwork.com

MISSOURI

- BNA of Greater St. Louis (144) www.bna-stlouis.org
Greater Kansas City BNA (74) www.gkcblacknurses.org

NEVADA

- Southern Nevada BNA (81) <https://snbna.nursingnetwork.com>

NEW JERSEY

- Concerned BN of Central New Jersey (61) www.cbncnj.com
Concerned Black Nurses of Newark (24) www.cbnn.nursingnetwork.com
Mid State BNA of New Jersey (90) msbna.nursingnetwork.com
New Jersey Integrated BNA (157) <https://njibna.nursingnetwork.com>
Northern New Jersey BNA (57) www.nnjbna.com

NEW YORK

- New York BNA (14) www.nybna.org
Queens County BNA (44) www.qcbna.com

NORTH CAROLINA

- Central Carolina Black Nurses Council (53) www.ccbn@nursingnetwork.com

OHIO

- Cleveland Council BNA (17) www.clevelandcouncilofblacknurses.org
Columbus BNA (82) www.cbnaohio.org
Youngstown Warren BNA (67) www.youngstown-warrenobna.org

OKLAHOMA

- Eastern Oklahoma BNA (129) www.eobna.org

PENNSYLVANIA

- Pittsburgh BN in Action (31) www.pittsburghbna.nursingnetwork.com
Southeastern Pennsylvania Area BNA (56) www.sepabna.org

SOUTH CAROLINA

- Tri-County BNA of Charleston (27) www.tricountyblacknurses.org

TENNESSEE

- Nashville BNA (113) www.nbnanashville.org

TEXAS

- Fort Bend County BNA (107) www.fcbna.org
Metroplex BNA (Dallas) (102) <https://mbna.shutterfly.com/>

VIRGINIA

- Central Virginia BNA (130) bnacv.nursingnetwork.com

WISCONSIN

- Milwaukee BNA (21) www.milwaukeebna.org

Chapter Presidents

ALABAMA

Birmingham BNA (11) Dr. Lindsey Harris Birmingham, AL
Montgomery BNA (125) Katherine Means Montgomery, AL

ARIZONA

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

ARKANSAS

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

CALIFORNIA

Bay Area BNA (02) Gregory Woods Oakland, CA
Central Valley BNA (150) Dr. Jeanette Moore Fresno, CA
Council of Black Nurses, Los Angeles (01) Pastor Chadwick Ricks Los Angeles, CA
Inland Empire BNA (58) Kim Anthony Riverside, CA
San Diego BNA (03) Ethel Weekly-Avant San Diego, CA
South Bay Area BNA (San Jose) (72) Sandra McKinney San Jose, CA

COLORADO

Eastern Colorado Council of BN (Denver) (127) Dr. Margie Ball-Cook Denver, CO
Mile High BNA (156) Yumuriel Whitaker Aurora, CO

CONNECTICUT

Northern Connecticut BNA (84) Florence Johnson Hartford, CT
Southern Connecticut BNA (36) Dr. Katherine Tucker New Haven, CT

DELAWARE

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

DISTRICT OF COLUMBIA

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

FLORIDA

Big Bend BNA (Tallahassee) (86) Katrina Rivers Tallahassee, FL
BNA, Miami (07) Patrise Tyson Miami, FL
BNA, Tampa Bay (106) Rosa Cambridge Tampa, FL
Central Florida BNA (35) Lois Wilson Orlando, FL
Clearwater/ Largo BNA (39) Antonia McGarrah Largo, FL
First Coast BNA (Jacksonville) (103) Dr. Carol Neil Jacksonville, FL
Greater Fort Lauderdale Broward Chapter
of the NBNA (145) Deborah Mizell Fort Lauderdale, FL
Greater Gainesville BNA (85) Voncea Brusha Gainesville, FL
Palm Beach County BNA (114) Avis Brown West Palm Beach, FL
St. Petersburg BNA (28) Janie Johnson St. Petersburg, FL

GEORGIA

Atlanta BNA (08) Seara McGarity College Park, GA
Columbus Metro BNA (51) Pamela Rainey Columbus, GA

Chapter Presidents

Concerned National BN of Central Savannah

River Area (123)	Theresa Brisker	Martinez, GA
Middle Georgia BNA (153)	Dr. Debra Mann	Dublin, GA
Okefenokee BNA (148)	Tanya Renee Burse	Waycross, GA
Savannah BNA (64)	Cheryl Capers	Savannah, GA

HAWAII

Honolulu BNA (80)	Linda Mitchell	Aiea, HI
-----------------------------	--------------------------	----------

ILLINOIS

BNA of Central Illinois (143)	Rita Myles	Bloomington, IL
Chicago Chapter NBNA (09)	Ellen Durant	Chicago, IL
Greater Illinois BNA (147)	Jacinta Staples	Bolingbrook IL

INDIANA

BNA of Indianapolis (46)	Sallye Morris	Indianapolis, IN
Northwest Indiana BNA (110)	Mona Steele	Gary, IN

KANSAS

Wichita BNA (104)	Linda Wright	Wichita, KS
-----------------------------	------------------------	-------------

KENTUCKY

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

LOUISIANA

Acadiana BNA (131)	Dr. Nellie Prudhomme	Lafayette, LA
Bayou Region BNA (140)	Salina James	Thibodaux, LA
New Orleans BNA (52)	Georgette Mims	New Orleans, LA
Northeast Louisiana BNA (152)	Lisa Smart	Monroe, LA
Shreveport BNA (22)	Bertresea Evans	Shreveport, LA
Teche BNA (158)	Theleisha Nelson	New Iberia, LA

MARYLAND

BNA of Baltimore (05)	Barbara Crosby	Baltimore, MD
BN of Southern Maryland (137)	Kim Cartwright	Temple Hills, MD
Downtown Baltimore SON BNA (154)	Jasmin Shivers	Baltimore, MD

MASSACHUSETTS

New England Regional BNA (45)	Tarma Johnson	Roxbury, MA
---	-------------------------	-------------

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)	Shahidah El-Amin	Kentwood, MI
Lansing Area BNA (149)	Meseret Hailu	Lansing, MI

Chapter Presidents

MISSOURI

BNA of Greater St. Louis (144) Quita Stephens St. Louis, MO
Greater Kansas City BNA (74) Iris Culbert Kansas City, MO

NEBRASKA

Omaha BNA (73) Shanda Ross Omaha, NE

NEVADA

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

NEW JERSEY

Concerned BN of Central New Jersey (61) Sandra Pritchard Neptune, NJ
Concerned Black Nurses of Newark (24) Dr. Lois Greene Newark, NJ
Mid State BNA of New Jersey (90) Tracy Smith-Tinson Somerset, NJ
Middlesex Regional BNA (136) Cheryl Myers New Brunswick, NJ
New Jersey Integrated BNA (157) Yolanda Jackson Lyons, NJ
Northern New Jersey BNA (57) Dr. Larider Ruffin Newark, NJ
South Jersey Chapter of the NBNA (62) T. Maria Jones Williamstown, NJ

NEW YORK

New York BNA (14) Nelline Shaw New York, NY
Queens County BNA (44) Darlene Barker-Ifill Cambria Heights, NY
Westchester BNA (71) Altrude Lewis-Thorpe Yonkers, NY

NORTH CAROLINA

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

OHIO

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

OKLAHOMA

Eastern Oklahoma BNA (129) Anita Williams Tulsa, OK

PENNSYLVANIA

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

SOUTH CAROLINA

Tri-County BNA of Charleston (27) Wanda Brown Charleston, SC
Upstate BNA (155) Dr. Colleen Kilgore Greenville, SC

TENNESSEE

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

Chapter Presidents

TEXAS

BNA of Austin (151)	Janet VanBrakle	Austin, TX
BNA of Greater Houston (19)	Dr. Bettye Davis Lewis	Houston, TX
Fort Bend County BNA (107)	Marilyn Johnson	Pearland, TX
Galveston County Gulf Coast BNA (91)	Lillian Mcgrew	Galveston, TX
Greater East Texas BNA (34)	Melody Hopkins	Tyler, TX
Metroplex BNA (Dallas) (102)	Jacqueline Miller	Dallas, TX
San Antonio BNA (159)	Lionel Lyde	San Antonio, TX
Southeast Texas BNA (109)	Stephanie Williams	Port Arthur, TX

VIRGINIA

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

WISCONSIN

Milwaukee BNA (21)	Dr. Melanie Gray	Milwaukee, WI
Racine-Kenosha BNA (50)	Gwen Perry-Brye	Racine, WI

Direct Member (55)*

*Only if there is no Chapter in your area