



THE FUTURE OF NURSING

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2011 NBNA Day on Capitol Hill

NBNANEWS

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THE PRESIDENT SPEAKS

Dear NBNA Members,

One Year after the Affordable Care Act NBNA Advances the RWJF/IOM Report on the Future of Nursing

As we celebrate our 40th anniversary, it becomes apparent that this is a good time to reflect on our 40 years of service; why we started, our current status and how we position ourselves for the future. One thing is for sure, we have come a long way; and the stage is set for continued success. It is exciting to see how much progress we have made; and, what we will do to position ourselves for sustained growth and development in the future.

It is with a sense of pride that I think about my NBNA journey and what it has done for me. Having the opportunity to meet and represent some dynamic nurses has been very rewarding and a way to give back to others. I have worked with great mentors who helped me through graduate school and collaborated with colleagues on some cutting edge projects. I will always cherish representing NBNA at the White House when President Obama signed the SCHIP bill; Recalling the words of Vice President Biden who said nurses gave him the will to live. There are many patients who feel the same way. I have a special affinity for Miss Eboni Martin the daughter of President Yvonne Martin of the Miami chapter, who was my inspiration for creating the NBNA Summer Youth Enrichment Institute. We must do all we can to inspire our young people.

Attending NBNA local chapter events puts it up close and personal to understand how important your work is in different parts of the country. I encourage you to keep up the great work that you are doing in your communities. Invite your nursing colleagues to join your chapter. Tell them about the extraordinary ways that the chapter has helped community residents improve their health status. Tell them that one precious story that has warmed your heart in knowing how the chapter has helped to save a life, educate a student nurse, or secured medicine or even food for a senior. It is your message, your story, your memory that will draw your nursing colleagues to join NBNA.


One year ago, the Affordable Care Act was signed into law by President Obama. The health care front has been full of changes to improve the health and safety of our Nation's citizens. As health care reform is being implemented, I hope you are staying involved. Check NBNA out on Facebook with "Conversations with NBNA" which is designed to engage NBNA members and nurses around health reform and the profession of nursing. Tell us about the impact health reform is having on you and your community. How can you have access to some of the funding to improvement conditions in your communities? Let us know what steps you are taking to implement elements of health reform.

NBNA has fully embraced the recommendations of the landmark report by the Robert Wood Johnson Foundation/Institute of Medicine, "The Future of Nursing: Leading Change, Advancing Care". The report offers recommendations for sharpening the nursing workforce and redesigning the U.S. health care system. I encourage you to read the full report which can be found at www.thefutureofnursing.org to learn more about the transformation that is taking place in the profession of nursing.

The 4 key messages detailed in the report are:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other healthcare professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and information infrastructure.

The NBNA Board of Directors has approved incorporating the key messages and recommendations of this report into our strategic plan. It is important that NBNA be a part of this transformation that will improve the lives of our patients and strengthens our ability to influence health policy.

CONTINUED 

THE PRESIDENT SPEAKS, continued

NBNA has already implemented several of the recommendations that are called for in the report. One major pillar is to prepare and enable nurses to lead change, calling for nurses, nursing education and professional associations to prepare the nursing workforce to assume leadership positions across all levels. In 2008, NBNA launched its Founders Leadership Institute which provides for nurses at all levels to build their leadership skills and knowledge. The curriculum offers three platforms: self awareness, effective communications and inspiring others. The Institute offers up to 6 CEUs.

Another major pillar is to help NBNA members at all levels with financial support to attend nursing school through the NBNA Scholarship Program. Nurses should obtain the highest level of education and training as they possibly can.

NBNA is partnering with three noted organizations that will help facilitate the recommendations in the RWJF/IOM report. I am pleased to announce that NBNA is now a member of the Nursing Council of AARP Center to Champion Nursing. NBNA was appointed for another two year term to the Nursing Advisory Council of the Joint Commission. NBNA was appointed to the Nursing Advisory Council of the American Red Cross. I look forward to sharing with you the deliberations of the work through NBNA and our partnering organizations.

NBNA applauds the elements in the Affordable Care Act that promote prevention and wellness. The NBNA National Obesity Initiative is a signature program and it is off to a great start. Ten chapters are conducting a variety of programs and activities to help its membership and the community to reduce their weight, eat better, get physically active and improve overall health status.

And, finally, NBNA must engage younger nurses in order to sustain the organization over the next 40 years. They are our future. The Ad Hoc Committee, Fierce, Fabulous and Under Forty have met and are planning a forum at the NBNA Conference. This initiative is being planned by and for our members who are under 40 years of age. They know what makes their generation tick! So, let's hear from them and be the listening ear and guide. Join us as we celebrate the NBNA 40th anniversary in Indianapolis, July 13-17, 2011 and as the profession of nursing positions itself for a fabulous, phenomenal future.

Sincerely,

Debra A Toney, PhD, RN, FAAN

10th National President

Dr. Debra A. Toney, NBNA President, received the Women of Distinction Award from the National Association of Women Business Owners, Southern Nevada, on March 11, 2011 in Las Vegas, NV.

Dr. Debra A. Toney is representing the National Black Nurses Association on the AARP Center to Champion Nursing Council. She attended the meeting of the CCNA Council and Coalition on February 1, 2011.

Dr. Debra A. Toney was appointed to the Joint Commission Nursing Advisory Council in February 2011.

Dr. Debra A. Toney was featured in an article on President Obama's State of the Union Address published on the *Nursing Spectrum* webpage. To view the article go to <http://topics.nurse.com/stateoftheunion>.

Dr. Debra A. Toney was interviewed by RWJ for an article in *Sharing Nursing Knowledge*, February 2011.

Dr. Debra A. Toney was the keynote speaker at the Black History Celebration, Mercy Children's Hospital, in Kansas City, MO. The theme was "Embracing Diversity in Nursing".

Dr. Debra A. Toney was the keynote speaker at the 1st Annual Florence Stroud Black History Month Conference Series. The conference series is a collaboration between the Bay Area BNA and University of California, San Francisco School of Nursing. The theme for the event was "Healthcare Reform: Looking it Straight in the Eye".

Dr. Debra A. Toney gave greetings at the San Diego BNA anniversary celebration.

Patricia Lane, NBNA Board Member was appointed to the Future of Nursing Steering Committee for the Virginia Nurses Association.

Patricia Lane, member, NBNA Board of Directors, was elected to serve a two year term on the American Association of Neuroscience Nurses assisting in vetting candidates for AANN leadership positions.

Rita Wray, RN, MBA, FAAN, was appointed by Mississippi Governor Haley Barbour and confirmed by the Mississippi State Senate to serve on the State of Mississippi Commission on Women whose mission is to assess, collect, disseminate information and influence policies and practices that effect women through an inclusive, collaborate process.

Heart & Soul Magazine recognizes **Dr. Patricia McManus** "for your service to the community as well as for your work advocating on healthcare issues and its access, quality and inclusion for everyone; consulting on cultural competence, systems change and domestic violence and for founding the Black Health Coalition of Wisconsin. Because of your outstanding service to others and your achievements, you have been chosen to receive a 2011 Heart & Soul Award."

The Heart & Soul Awards ceremony will be held Saturday, June 18, 2011, in Baltimore, MD at 8 p.m. at the Renaissance

Baltimore Harborplace Hotel, during the 2011 Heart & Soul Awards Weekend, which is co-sponsored by The University of Maryland Medical System. Dr. McManus is the NBNA parliamentarian.

Daisy Allen, Vice President, Chicago Chapter National Black Nurses Association, has been named a Greater Chicago Regional Finalist in the 2011 *Nursing Spectrum* Nurse Excellence Program in the Community Service Category. There are six categories: Advancing and Leading the Profession, Clinical Care, Community Service, Management, Mentoring and Teaching. Daisy is one of thirty Regional Finalists, five in each category from the Greater Chicago region who will be honored at the Nursing Spectrum Excellence Awards Banquet on Friday evening, May 6, 2011 at the Chicago Marriott Schaumburg.

Six regional winners, one from each category, will be announced and will move on to the national program representing the Greater Chicago region. In the fall, the 2011 Excellence program will culminate in the naming of six national winners from among all regional winners.

Genice James-Cardé, Lifetime member of NBNA has written her first children's book, *A Father For Me*, to help children cope with living in single parent households. In the story the little boy's father is incarcerated and through his struggles he learns that God is his father and he finds comfort in knowing this. This book was written to help parents and children to communicate, heal and grow. It can be found at Amazon and your local bookstore.

Northern Connecticut Black Nurses Association

Georgia Lindo, RN, BSN, CCM retired on November 2, 2010 from Hartford Hospital after 38 years of a successful nursing career. Prior to her retirement Georgia worked as a Certified Case Manager for the Cardiology Unit. Her nursing career at Hartford Hospital spans the clinical spectrum and includes, working as a Clinical Leader in the Woman's Ambulatory Health Services, Clinical Nurse in Orthopedics and nursing in the Neurosurgical ICU and Emergency Department. Georgia served on a wide array of committees at Hartford Hospital including the Shared Governance Committee, Magnet Committee and was Chair of the Women's Health Research, Policy and Procedure Committee. Georgia was one of the founding members and first president of the Northern Connecticut Chapter and remains an active member of the Chapter.

Marcia Lowe, RN, MSN board member brought greetings on behalf of NBNA at the Montgomery Black Nurses Association's Legends in White Gala on December 11, 2010. **Dr. Debra A. Toney**, NBNA President, was the keynote speaker.

Johns Hopkins University School of Nursing (JHUSON) professor **Phyllis Sharps, PhD, RN, FAAN**, chair of the Department of Community and Public Health, has been appointed the Associate Dean for Community and Global Programs, beginning January 1. "Collaborations within our community are just

as vital as our partnerships globally, and Phyllis has a demonstrated, successful track record for both," said JHUSON Dean **Martha N. Hill, PhD, RN**. "We now have a position that will oversee the School's outreach at home and abroad while constantly exploring innovative ways to strengthen our existing partnerships."

The transition is expected to be completed by July 1. Her areas of responsibility will be comprised of all the JHUSON's community programs, wellness center, and Center for Global Nursing. The new center will work with faculty and be administratively responsible for the PAHO/WHO (Pan American Health Organization/World Health Organization), student study abroad programs, school-school collaborations, and special academic consulting and advising initiatives, such as NEW-GIZA University and Malaysia.

Miami Black Nurses Association

Dr. Marie Etienne, Member, Black Nurses Association, Miami, recently received a DNP from the University of Miami.

Dr. Marie Etienne will serve as the NBNA representative to the American Red Cross National Nursing Council for a two year term which began January 2011.

Congratulations to **Gloria McWhirter**, Vice President, Black Nurses Association, Miami and **Lenora Yates**, BNA Miami Chapter for the successful accreditation process for the Miami-Dade School of Nursing RN to BSN Program.

Southern Connecticut BNA

Paulette W. Mebane received the Master of Science in Nursing (Summa Cum Laude) on January 22, 2011 with a specialization in Nursing Informatics from Walden University. Ms. Mebane recently accepted a position at University Hospitals Health System, Cleveland, Ohio, as a Clinical Educator for the Electronic Medical Records Division. She is past president of the Southern Connecticut Black Nurses Association, Inc. and was recipient of the chapter's 2010 Mary E. Mahoney Award.

Genice T. Nelson, MSN, ANP-BC, APRN is a Doctoral of Nursing Practice Candidate for 2012 at The University of Connecticut. During the 2011 Biennial Convention in Grapevine, Texas, USA, the Honor Society of Nursing, Sigma Theta Tau International is providing an opportunity for nursing students to present their research as part of the Rising Stars of Scholarship and Research. Genice Nelson has been invited to present her research, "The Impact of Clinical Practice Guidelines for the Hospitalized Adult with Sickle Cell Disease." She is the new President of the Southern Connecticut Black Nurses Association, Inc. having been elected this past November 2010. This past September, 2010, she was voted in as a new board of directors member for the National Sickle Cell Disease Association of America, and holds the position of secretary of the local Board for Sickle Cell Disease Association of Southern Connecticut, Inc.

New England Regional Black Nurses Association, Inc.

NERBNA immunized over 100 people with the flu vaccine through members' churches in Boston and surrounding communities. Thank you to Massachusetts General Hospital for hosting the December general meeting and Kwanzaa celebration at their institution.

Margaret Brown, Sharon Callender, and Sasha DuBois participated in the Community Leadership Seminar where they shared their professional experiences with nursing students at Simmons College enrolled in the Dotson Bridge and Mentoring Program.

The 23rd Excellence in Nursing Celebration was held February 11, 2011 at the Boston Copley Marriott Hotel, in Boston, MA. The Keynote Speaker was **Dr. Gloria Harris Cater**, Dean of the Nursing and Health Sciences Division at Roxbury Community College. This year's Excellence in Nursing recipients are: **Tamara Breneus**, Brookside Community Health Center/Brigham and Women's Hospital; **LaDonna Christian**, Director of the Dotson Bridge and Mentoring Program at Simmons College; **Sasha DuBois** and **Shelly Joseph**, Brigham and Women's Hospital; **Marie Guerrier**, Massachusetts General Hospital; **Catherine Ham, Cassandra Mombrun** and **Massiel Ortiz**, Children's Hospital Boston; **Dr. Allyssa Harris**, Clinical Assistant Professor at Boston College; and **Djwan Scott**, University of Massachusetts at Lowell. **Carol Savory**, a longtime NERBNA member, was awarded the Presidential Award. Thank you to our sponsors for your continued support of this annual event: Simmons College, School of Nursing and Health Sciences who sponsored the reception; Boston College, Connell School of Nursing; Boston College, Keys to Inclusive Leadership in Nursing, Pediatric Palliative Care a HRSA Funded Program; Boston Medical Center; Brigham and Women's Hospital; Children's Hospital Boston; Dana Farber Cancer Institute; Massachusetts General Hospital; Massachusetts General Hospital, Institute of Health Professionals and Nizhoni Health Systems. This event was also the official kick-off of NERBNA's 40th year anniversary in 2012.

Fort Bend County Black Nurses Association

The chapter held a shoe drive for Haiti chaired by **Venieta Rawls** and **Yvonne Olusi**.

The chapter hosted its 9th Annual Sherry K. Taylor Golf Classic which was a tremendous success this year chaired by **Lola Denise Jefferson**.

The 10th Annual Christmas Gala chaired by **Charlie Terrell** was a huge success and a lot of fun!

The chapter celebrated National Black Nurses Day chaired by **Faye Young. Dr. Mary Holt Ashley** gave an informative continuing education unit lecture titled "Using your Strengths to Soar". Free food, free bags, free massages, free gifts, free parking, free blood pressures were taken, and door prizes

were given to the nurses! A fashion show of beautiful scrubs was provided by MPulse Healthcare and modeled by our beautiful nurses.

Thanksgiving baskets were given to senior citizens. For Christmas, FBCBNA went to a retirement facility and gave blankets, slippers, socks, and cheer. The activity was chaired by **Eva Ketchens** and **Beulah Hadrick**.

Several nurses traveled to Washington, DC for National Black Nurses Day on Capitol Hill chaired by **Marilyn Johnson**.

Beulah Hadrick, RN.BC, MSN, became an ELNEC trainer.

Bridget Lanes, RN, BSN, received her bachelor's degree from the University of Texas at Arlington in December 2010.

Lora Mayes, RN, was the keynote speaker for the Louisiana Women's Empowerment Summit in November 2010. Mrs. Mayes and her husband Rick were presented as one of the power couples for "doing business God's way."

Yvonne D. Olusi, RN, CLNC, COS-C, ACHCE, passed the Advanced Home Care Executive exam.

Octavia Sherman, RN, was selected for the Perioperative Team in Labor & Delivery at LBJ Harris County Hospital District.

South Eastern Pennsylvania Black Nurses Association

Vice President **Denise Pinder, Dr. Roberta Waite** and **Dr. Lucy E. Yates** represented the chapter by conducting screening and giving an overview of the chapter and the National organization during the Chester Chapter of Delta Sigma Theta's presentation of "My Cry In The Dark: Mental Health is REAL Health."

Norma Smith has been accepted into North Eastern University School of Nursing, Philadelphia, PA.

Juanita Tunstall has earned the BSN from Immaculata University.

Dr. Waite and **Dr. Yates** conducted a student forum on nursing and the role of professional organizations at Imhopteh Charter School.

Dr. Waite, who spoke during the February 2011, Albert Schweitzer Fellows Program at Jefferson University, has also published two book chapters and several professional articles. In addition, she gave a poster presentation on "Doctoral Student's Tool Kits" during the Doctoral Education Conference in San Diego, CA.

Dr. Yates serves on the Philadelphia Department of Health's Community Action Team for Fetal Infant HIV Mortality. The article Dr. Yates co-authored with the HIV Minority Community Partnership has been published in a recent edition of the *Journal of the Association of Nurses in Aids Care*.

Several members of the chapter attended the Thirtieth Annual Mercy-Douglas Lectureship in February, 2011.

Pursuing Nursing as a Second Career: Reflections from a 'Non-traditional' Student

Fred Davis, Student Nurse, Atlanta BNA

AT A TIME WHEN SOME INDIVIDUALS, who have been working in the nursing profession, sit on the cusp of retirement, I chose to pursue a new career and excitedly, selected nursing. I am Fred Davis, an internet technology professional, currently enrolled in the Associate Degree of Nursing program at West Georgia Technical College and student member of the Atlanta Black Nurses Association, Inc. However, I am no stranger to the National Black Nurses Association and affiliate chapters. In the mid-1990s, I presented at conferences hosted by the Cleveland Council of Black Nurses (Cleveland is my hometown) and I also presented at a conference hosted by the Atlanta chapter a few years ago.

The opportunity to return to school presented itself when I was laid-off in March, 2008. Actually, returning to school was something that I had contemplated and looked forward to with great anticipation and enthusiasm; although, I had not been a full-time, classroom student for quite a number of years. Learning is something that I have always enjoyed and working in the technology field as a computer instructor and consultant for the past 25 years, offered me the opportunity to learn and keep up with the fast pace technology environment and continually reinforce the acquired new information.

Society utilizes the term non-traditional student and in my case, returning to school in my mid-50s, I was reluctantly placed in that category. However, I personally did not categorize myself that way; nor feel it in my spirit. As I began to take classes, I noticed that a significant amount of the students were recent

high school graduates; however, the vast majority, like me, was, 'non-traditional,' and a sudden sense of relief and comfort took over. I was not alone in this life venture and looked forward to building bonds with fellow classmates! Completion of all pre-requisites were accomplished within one year; the National League of Nursing examination proved successful and currently, I am a proud nursing student working towards my third life degree.

My current association with the Atlanta Black Nurses was the result of my previous career. I provided technical support to a nurse owned consulting company and upon informing her I was a nursing student, she immediately suggested I join. Her words, "make sure you become a member of the Black Nurses; they will be a tremendous help; and you will learn quite a bit and get exposed to lots of things that regular students are not exposed to," resonate with me today. Quite fortunate for me, her company sponsored my first year membership. Being active with the organization allows me to not only see the importance and community influence, but also provides me opportunity to hone my clinical and lab skills and knowledge through health screenings and forums.

I am very happy with my second career choice. Whether you are a nursing student, a brand new nurse or an experienced nurse, please remember that age should never be a deterrent or barrier; but rather an opportunity to pursue a passion. I have a technology skill set that I can merge with my new career. Doors are open and I am ready to walk through them.

Atlanta Black Nurses Association, Inc.

Laurie C. Reid, ABNA President, **Ora Williams**, NBNA Board member and **Patty Palmer** NBNA Board Student Representative attended the Dominique Wilkins Legendary Awards at Mason Murer Gallery, Atlanta, GA. Dominique honored the most influential people in his life and career.

ABNA congratulates National Board member **Patty Palmer** for successful passing the LPN licensure exam and **Ambra Jordan** for being inducted into Sigma Theta Tau.

Laurie Reid, **Ora Williams** and **Patty Palmer** represented NBNA at the first anniversary celebration of the Let's Move campaign hosted by North Point Community Church and Ray of Hope Christian Church in Alpharetta, GA. First Lady, Michelle Obama provided highlights on the accomplishments that will provide parents with the resources they need to help their children and the family make lifestyle changes to combat obesity. ABNA is kicking it in high gear with a chapter weight loss challenge! The goal is for members to enhance their personal health and help NBNA meet our 40,000 pound weight loss challenge.

Laurie Reid was a speaker at the 2011 NBNA Day on Capitol Hill. Members who attended were **Betsy Harris**, **Joni Lovelace**, **Patty Palmer** and **Ora D. Williams**.

Patricia Johnson-Gunder attended an educational seminar at the Geriatric Society on the topic, "Anticoagulant Therapy in the Elderly Population."

Betsy Harris has joined the faculty at Emory University School of Nursing as a mental health clinical instructor.

Ora Williams, **Evelyn Miller** and **Fred Davis** provided blood pressure screenings and distributed health related literature at the Dominique Wilkins Human Highlight Health Initiative held at Greenbriar Mall, Atlanta, GA.

Ora Williams, **Eugenia Jennings**, **Lucy Parlor** and **Dr. Rhonda A. Scott** were finalists for the March of Dimes Nurse of the Year Award. The event was held at the Cobb Galleria, Atlanta, GA. Dr. Rhonda A. Scott was one of the 14 Nurses of the Year Awardees. Ora, Lucy and Eugenia each received an "Excellence in Nursing" certificate.

Laurie Reid, **Penelope Marshall** and **Yvette Terry** performed blood pressure screenings at a community health fair sponsored by the Northwest Georgia chapter of the 100 Black Women at the South Cobb Recreation Center.

ABNA continues to work in the community by participating in health fairs and partnering with The 100 Black Women, Girls Inc., the Dominique Wilkins Foundation, the CDC

NBNA MEMBERSHIP CAMPAIGN 2011

PRIZE QUALIFICATIONS AND CATEGORIES

Recruit at least one member to receive the "I Recruited a Nurse for NBNA" conference badge ribbon in Indianapolis, Indiana.

Individual Licensed Member (5 Minimum) first and second prizes will be awarded.

Recruit the highest number of licensed members (students and renewals are not valid for this individual prize) will be eligible for the following prizes:

First Place Winner

- One free NBNA Membership (national dues only for 2012)
- One complimentary Conference Registration for the 2012 NBNA Conference in Orlando, FL
- Two nights Complimentary Hotel Stay at the NBNA 2012 Conference in Orlando
- A Nikon Coolpix Digital Camera
- "I recruited a nurse for NBNA" conference badge ribbon

Second Place Winner

- One free NBNA Membership (national dues only) for 2012
- One complimentary Conference Registration for the 2012 NBNA Conference in Orlando, FL
- Two nights Complimentary Hotel Stay at the NBNA 2012 Conference in Orlando
- "I recruited a nurse for NBNA" conference badge ribbon

Lifetime Members (minimum 2) first and second prizes will be awarded

Any member recruiting the highest number of fully paid Lifetime Members (excluding members currently in partial payment status) will be eligible for the following prizes:

First Place Winner

- One free NBNA membership (national dues only) for 2012
- One complimentary conference registration for NBNA 2012 in Orlando, FL
- A Certificate for dinner for two in the Host Hotel's Restaurant in Indianapolis
- One Airline ticket or Acer Laptop Computer (NBNA's choice of airlines to be used within one year)
- "I recruited a nurse for NBNA" conference badge ribbon

Second Place Winner

- One free NBNA membership (national dues only) for 2012
- One complimentary conference registration for NBNA 2012 in Orlando, FL

- A Certificate for dinner for two in the Host Hotel's Restaurant in Indianapolis
- "I recruited a nurse for NBNA" conference badge ribbon

Student Unlicensed Member (minimum 7: A student is defined as an unlicensed provider) first and second prizes will be awarded

Recruit the highest number of paid student members. (Renewals are not valid for the student prize) will be eligible for the following prizes:

First Place Winner

- One free NBNA membership (national dues only) for 2012
- An IPOD to enjoy your favorite tunes
- "I recruited a nurse for NBNA" conference badge ribbon

Second Place Winner

- One free NBNA membership (national dues only) for 2012
- "I recruited a nurse for NBNA" conference badge ribbon

NBNA CHAPTER MEMBERSHIP AWARD

All Chapters who recruit at least 5 members will be recognized at the NBNA conference!!! 1st, 2nd & 3rd Place Winners for:

- The Largest Membership
- The Highest Retention
- The Highest New Growth Percentage
- Most New Lifetime Members

All applications must list the name of the RECRUITER and must be received in the National Office by May 31, 2011, no exceptions. The chapter president or membership chairperson of each chapter may submit a list of the members who have recruited members.

ALL DUES MUST BE PAID (local chapter and national) and sent to the local chapter. The local chapter will send the national dues to the NBNA National Office by May 31, 2011.

Applications must be submitted between the dates, January 1, 2011 - May 31, 2011. All winners must use the award in the year that has been specified, no exceptions. Potential NBNA members can go to www.nbna.org for a membership application and to pay online. You must pay BOTH national and local dues if paying online.

Make check payable to "NBNA" and mail to:

National Black Nurses Association
8630 Fenton Street, Suite 330
Silver Spring, MD 20910
PHONE: 301-589-3200 / FAX: 301-589-3223

How to Volunteer in a Disaster as a NURSE WITH THE RED CROSS

Terry B. Freeman, RN , Disaster Health Services Manager and Volunteer, Florida

EVERY YEAR THE AMERICAN Red Cross responds to more than 70,000 disasters — including approximately 150 home fires every day. Red Cross volunteers do “real work” for the American Red Cross, composing approximately 96% of the workforce; they provide relief to victims of disasters and help people prevent, prepare for, and respond to emergencies. Volunteer nurses, and other health professionals, who become Red Cross volunteers play important roles in providing these services.

Nurses can contact their local Chapter of the American Red Cross to become volunteers in Disaster Services, specifically the Disaster Health Services activity. Becoming a fully certified Red Cross volunteer prior to a disaster allows the nurse to perform from the very first hours of the disaster. Red Cross nurses must complete the volunteer registration process as well as a series of Red Cross classes in order to serve as a Disaster Health Services worker.

Steps to becoming an American Red Cross Volunteer in the Disaster Health Services Activity:

Contact your local American Red Cross Chapter

Becoming a Red Cross volunteer begins at your local chapter. You can find your local Chapter by visiting the American Red Cross website at www.redcross.org. Look for the “Find Your Red Cross” column, where you can search for the nearest chapter by your zip code.

Complete Volunteer Application Process and Orientation

Your local Chapter will ask you to fill out the volunteer application form, complete the background check process, and complete and sign agreement forms. Be ready to show the Chapter your driver’s license or state ID card and your professional, nursing license. Many chapters have an intake process, which includes conversations about what sort of volunteer work you would like to do. Let the interviewer know that you are interested in Disaster Health Services. Next, you will need to complete the American Red Cross “Orientation”. [NOTE: There are other opportunities for nurses in the Red Cross outside of disaster response to include Board membership, leadership positions, Preparedness Health and Safety Services instruction; Service to Armed Forces emergency communication, and program development.]

Disaster Services

Your next step is to begin working towards becoming a Disaster volunteer in Disaster Health Services. You will need to take “Disaster Services: An Overview” class first; this class is a prerequisite for all other training in Disaster Services. Ask your chapter about the other training you will need, including the “Disaster Health Services Response Workshop”. Ask your Chapter what else you will need to do to become a Disaster Health Services Worker.

The Disaster Services Human Resources (DSHR) System

The Red Cross uses the DSHR system to manage the workers who can respond to disasters. Ask your chapter how you can enroll in the DSHR system. Whether you wish to volunteer to deploy to disasters outside of your home area or whether you wish to work locally, all disaster volunteers should enroll in DSHR. There is a separate application form and additional documents to be completed in order to enroll. Once you are enrolled, you must update the documents once a year in order to remain a member of the DSHR system.

You will be asked which activity you would like to work in. To work in disaster response, nurses can select Disaster Health Services or Disaster Mental Health with the appropriate specialty certification. Keep in mind that when asked to work a disaster outside of your home chapter’s area, there may be a commitment for a minimum period of time (2 or 3 week assignments are common). The DSHR system keeps track of which disaster activity you wish to work in, your Red Cross and professional qualifications, the disasters you have worked on with the Red Cross, allows you to manage the times you are available, and is the one place you can keep your contact information up-to-date. When a disaster occurs, the Red Cross uses this system to find people who are qualified, trained, and available to respond NOW.

It does take a bit of planning and work to become a Red Cross Disaster Health Services volunteer. Many of us find the preparation and the work we do very rewarding. Please join our response efforts!

NBNA Awards Seed Grant to 10 NBNA CHAPTERS FOR THE NATIONAL OBESITY INITIATIVE

ON NOVEMBER 15, 2010, ten National Black Nurses Association (NBNA) chapters were selected to participate in the obesity-centered seed grant initiative. Each chapter will receive \$1,000 to carry out innovative approaches to curtail obesity within their chapter, city or state.

The focus of the submitted proposals center on strategies to curtail the obesity epidemic; as well as implementing the 40,000 pound weight loss challenge for chapter members.

During the 40th Anniversary Celebration at the 39th Annual Institute and Conference, to be held in Indianapolis, Indiana, July 13-17, 2011, these ten NBNA chapters will display their efforts around the fight against obesity via poster presentations, podium presentations, and participation during the annual chapter-hosted health fair.

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

- **Black Nurses Association of Greater Washington, DC Area, Inc.**

Healthy Life Styles Challenge [HLSC] is a multifaceted, personalized approach to encourage adherence to lifelong management of excessive weight and maintenance of weight loss by following a healthy diet and regular physical activity. Recognizing that life style change is a daunting task, HLSC will help the individual to make significant changes in small incremental steps with the goal of health improvement over time.
- **Birmingham Black Nurses Association, Inc.**

Ten pounds, ten weeks, and ten ways. Alabama ranks 2nd in the nation for obesity. The BBNA proposes to change the behavior of the membership by embracing the challenge of curtailing obesity and becoming role models for the clients of whom they treat. Chapter members will walk at least three times per week; they will attend yoga classes; and adapt for their use unique healthy recipes.
- **Central Carolina Black Nurses Council, Inc.**

Project MOVE: A Call for Action is an initiative directed at the members of the CCBNC. The project is designed to assist members to improve quality of life by focusing on a healthier lifestyle and to decrease incidence of obesity. The key components of this project are exercise, nutrition, and increased self-awareness.
- **Cleveland Council of Black Nurses of Ohio**

CCBN Healthy Lifestyle Resource Manual and Website embarks on a mission to reduce obesity among chapter members and the communities of which they serve. Members will enhance their community's health promotion role by modeling healthy behaviors and by documenting their collective experiences with weight loss. Compiled, proven weight reduction options that are grounded by journal reports of physical activity and well-balanced nutritional plans used by chapter members will be available in the form of a manual.
- **Concerned National Black Nurses of Central Savannah River Area**

Embracing a Healthier Lifestyle through Maintaining a Healthier Weight seeks to collaborate with other organizations, schools and churches to present awareness information on a healthier lifestyle, which includes the control and prevention of obesity, diabetes, and hypertension. The project's approach is family centered and selected obese families are encouraged to collectively lose 100 pounds each.
- **Eastern Oklahoma Black Nurses Association, Inc.**

Diamonds in the Rough. Oklahoma ranks 8th in the nation for obesity. The EOBNA proposes to collaborate with community advocates to conduct this after school wellness program at the Briar Glen Elementary school. The focus of the program centers on weight management, healthy eating, physical activity, and education on chronic disease illnesses.
- **Fort Bend County Black Nurses Association**

BMI Beware, A Nursing Association's Strategy for Changing BMI focuses on each member of the FBCBNA losing ten [10] pounds in recognition of FBCBNA 10 year anniversary. Changing individual behaviors by self assessment journaling, health promotion strategies, lifestyle changes/alterations, monthly meal planning, and chapter empowerment are the basis for the change in BMI endeavor.
- **Little Rock Black Nurses Association of Arkansas**

Get Fit, Get Moving is a program designed to provide members of LRBNA with fun, cardiovascular activities. Line dancing will afford participants the opportunity to burn calories, move large muscle groups, and improve overall physical fitness. The program will act as a catalyst and motivator for members, their families, and friends to move and lose pounds.

■ **Northern Connecticut Black Nurses Association, Inc.**

Hartford HEALS [Healthy Eating and Living Strategies] is an innovative and strategic approach that focuses on education and physical activity. The plan is four-fold: 1) members will tour the local Big Y grocery to better understand the NuVal system; 2) registered dietician/chef will conduct healthy eating sessions to churches and NCBNA members; 3) chapter will launch the Walk to National Convention campaign; and 4) chapter will work with the high school nursing academy to bridge the intergenerational gap.

■ **Southern Nevada Black Nurses Association, Inc.**

Getting Fit and Eating Healthy seeks to deliver an innovated approach to goal accomplishment. The key objective is to be victorious and contribute to the NBNA supported initiative to fight obesity. SNBNA will develop, guide, and demonstrate a series of options that will allow and encourage participants to maintain their enthusiasm, which will ultimately permit them to accomplish improved fitness and healthier eating habits needed for proper weight loss and effective health promotion.

Chapters have until June 1st to accomplish proposed objectives. Winners will be notified by June 15th and chapter presentations will convene in the following formats:

- The chapter documenting the “BEST” results will present at the Presidents’ Leadership Institute
- The next four chapters with good documentation results will present podium presentations during the Obesity Institute
- The final five chapters will present poster presentations during the Obesity Institute

A special thank you is given to the chapters for confirming their support of Dr. Debra A. Toney, NBNA President and the NBNA’s efforts to combat the obesity epidemic, thus becoming ambassadors for healthy eating.



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Highlights of the NBNA 2010 ANNUAL INSTITUTE AND CONFERENCE

NATIONAL BLACK NURSES ASSOCIATION celebrated its 38th Annual Institute and Conference, August 3-8, 2010, Sheraton San Diego Hotel and Marina, San Diego, CA. The theme of the conference was “NBNA: Working to Transform Nursing Practice through Health Reform”. Just over 1000 nurses and nursing students from the U.S. and the Caribbean attended the five day conference. One hundred and twenty-two exhibitors showcased their products and services, including schools of nursing, hospitals and health care systems, pharmaceutical companies, consumer based corporations, government agencies, insurance companies, managed care companies and associations.

OPENING CEREMONY AND CLOSING SESSION

The NBNA conference participants are always excited to see the 80 chapter delegates from 40 states ceremoniously parade into the hotel ballroom. NBNA President Dr. Debra A. Toney offered her presidential speech recapping the successful accomplishments since the 2009 NBNA conference and highlighted proposed initiatives for 2011 including helping to implement health reform, recruiting more members and launching a forum for NBNA members who are under the age of 40 who can continue the legacy of the organization.

Dr. Betsy L. Thompson, Chief Medical Officer for the Centers for Medicare and Medicaid Services, Regional Office in San Francisco, was the Opening Ceremony Keynote Speaker. And, Dr. Courtney Lyder, Dean, UCLA School of Nursing was the Ending Session Keynote Speaker.

NURSING CONTINUING EDUCATION SESSIONS

NBNA conference participants earned up to 18 hours of continuing education units on nursing clinical practice and disease states. Leading nursing and health experts presented at eight four hours concurrent sessions that were offered on cancer, cardiovascular health, diabetes, Health Reform I and II, obesity, research and women’s health.

A two day session was held on the highly touted ELNEC Train the Trainer end of life care program sponsored by VITAS Innovative Hospice Care.

Two separate workshops were offered for three hours each on effective nursing education strategies and on education, research and health reform in the US Virgin Islands.

Concurrent with the exhibit showcase, NBNA launched the NBNA Nursing Innovations Theater. Each of the five theaters

hosted 100 nurses to learn about a new insulin device and nutrition, childhood obesity, wound care, sleep apnea and using the broadband to improve health status.

Two Plenary Sessions were offered by nurse expert leaders. The first session on the Future of Nursing reflected the thought leaders recommendations from the Institute of Medicine and Robert Wood Johnson Foundation Future of Nursing Initiative, as well as a global perspective on nursing, partnering with communities in research to eliminate health care disparities and transforming nursing education to meet 21st century nursing practice. The second session focused on the use of technology and electronic medical records in the nursing practice.

Eight two hours concurrent workshops were held on children’s health, chronic disease, genetics, global health, mental health, nursing education, professional education and aging.

A roundtable discussion on the Transforming Nursing Education was held with nursing educators, deans and faculty, chief nursing officers and directors of nursing and regulators from National League for Nursing, National Council of State Boards of Nursing and the American Association of Colleges of Nursing.

Social media is on the minds of everyone on how to use it appropriately. Using Skype, a pharmaceutical representative showed conferees how to use various social media platforms to advocate for and to their community constituents through FaceBook, LinkedIn, Twitter and internal social media platforms.

Early morning breakfast sessions were held on Triple Negative Breast Cancer, Emerging Health Care Issues and Medicine Access, Defensive Documentation, and HIV/AIDS. And a special forum was held for the LPNs.

NBNA LEADERSHIP INSTITUTES

Three leadership forums were held. The Presidents’ Leadership Institute for the 80 NBNA chapter presidents, vice presidents and NBNA Board of Directors detailed managing specific aspects of the National Black Nurses Association such as legal and financial fiduciary responsibilities, recruitment and retention of the membership and managing meetings. The second cohort of the NBNA Founders Leadership Institute participated in exercises to enhance their leadership skills, interpersonal and communications effectiveness skills and talents to inspire and lead change. The Student Forum focuses on helping students to pass the nursing licensure exam and nursing career pathways.

NBNA CORPORATE BUSINESS

NBNA took care of its corporate business and then chartered and re-chartered several chapters: Montgomery Black Nurses Association, Eastern Colorado Black Nurses Association, New Brunswick Black Nurses Association, Eastern Oklahoma Black Nurses Association, Central Virginia Black Nurses Association, Little Rock Black Nurses Association of Arkansas and Saginaw Black Nurses Association.

NBNA AWARDS \$52,000 IN SCHOLARSHIPS

NBNA awarded \$52,000 to 18 nursing students from a variety of backgrounds, from LPN to doctoral students. Scholarships ranged from \$1000 to \$5000. Many thanks goes to the United Health Foundation for its \$40,000 contribution to the NBNA Scholarship Fund.

NBNA HONORS ITS COLLEAGUES

NBNA honored 7 nursing colleagues with the NBNA 2010 Nurse of the Year Awards:

Deborah A. Andrews, RN, MSHSA

“Administrative Nurse of the Year”

Ethelene Jane Wilmore, MSNA

“Nurse Educator of the Year”

Carthenia W. Jefferson, RN, CNN, JD

“Nurse Entrepreneur of the Year”

Bessie Trammell, RN

“Nurse of the Year for Community Service”

Kynna Wright, PhD, MPH, MSN

“Nurse Researcher of the Year”

Stephanie Lewis

“Student Nurse of the Year”

Sandra M. Webb-Booker, COL, AN, USAR

“Military Nurse of the Year”.

One of the major highlights of the conference is the President's Gala. Dr. Debra A. Toney presented the NBNA Trailblazer Award to Dr. Patricia McManus, NBNA Parliamentarian and to Dr. Linda Thompson Adams, Dean and Professor, Oakland University School of Nursing. Dr. Toney presented the Life Time Achievement Award to NBNA Founding Member and Past President Dr. Betty Smith Williams.

At the Closing Session, new NBNA Board members and Nominating Committee members were sworn into office. And, all Life Time were presented gifts for their commitment and support of the NBNA.

OTHER ACTIVITIES

Each day, NBNA members were able to keep mind and body together with a one hour yoga class. And, NBNA members dressed in red as they reminded their colleagues about promoting good cardiovascular health in women. A Silent Auction was held with the theme of “Baskets from the Heart”.

NBNA CELEBRATES ITS 40TH ANNIVERSARY

The NBNA will celebrate its 40th Anniversary and 39th Institute and Conference,

July 13-17, 2011, JW Marriott Indianapolis, Indianapolis, IN.



NBNA 2011 Conference

registration deadline: JUNE 15

(see pages 32-33)

ON THE FRONT LINES: Nurses Key to Fighting Influenza and Pneumococcal Disease

Debra A. Toney, PhD, RN, FAAN and Susan Rehm, MD

YOU PROBABLY HEARD a lot about the influenza H1N1 pandemic last year and perhaps you think the danger has passed. It has not.

H1N1 and other strains of influenza continue to cause sickness and death in our patients, family, friends, and members of our communities. Add to that another very dangerous condition, and one that is a lot less understood by the public—pneumococcal disease—and you have a one-two punch that nurses need to be equipped to fight. The key to winning the fight in both cases is vaccination. Vaccination is the most effective way to be protected against influenza and pneumococcal disease, yet tens of millions of adults who should be immunized are not.

The Centers for Disease Control and Prevention (CDC), the National Foundation for Infectious Diseases (NFID), the National Black Nurses Association, and other organizations have issued calls for increased immunization efforts aimed at adults. Nurses are on the front lines and can lead in this important effort by using proven strategies to boost vaccination rates, which can have a measurable impact on reducing unnecessary illness, disability, and death among patients and others.

THE IMPACT OF FLU AND PNEUMOCOCCAL DISEASE

Influenza can affect people of all ages. Though there are some exceptions (e.g., the 2009 H1N1 influenza pandemic), the influenza season typically runs from about October through May.[1] It causes more than 200,000 hospitalizations and up to 49,000 deaths in the U.S. yearly, depending on the types of flu viruses circulating and the level of immunity among people exposed to the viruses.[1] Flu can result in complications such as pneumonia (pneumococcal pneumonia is one type), bronchitis, sinus and ear infections, and it can worsen chronic conditions like diabetes, lung and heart disease. Recent evidence suggests that influenza can trigger heart attacks in those with cardiovascular disease.[2]

Pneumococcal diseases, which are various manifestations of infection with a bacterium called *Streptococcus pneumoniae* (the pneumococcus), are common complications of influenza, but they can occur throughout the year. The pneumococcus is a major cause of the more than 900,000 annual cases of community-acquired pneumonia in Americans 65-years of age and older. [3] *Streptococcus pneumoniae* also causes bacteremia and meningitis (so-called “invasive” pneumococcal infections), which are less common than pneumonia, but much deadlier. Fatality rates are 30% for pneumococcal meningitis, 20% for

pneumococcal bacteremia, and 5% to 7% for pneumococcal pneumonia; rates are even higher among the elderly. [4, 5]

BOOSTING VACCINATION RATES

The influenza and pneumococcal vaccines are safe and effective, and immunization rates in adults are far too low. The elderly and those who suffer from chronic disease are especially vulnerable, and there is a pressing need to raise vaccination rates among these ever-growing populations. We also need to pay special attention to African American and Hispanic individuals, who are immunized far less frequently against flu and pneumococcal disease than whites. Compared to whites, African Americans are 28% less likely to be vaccinated against influenza and 37% less likely to be vaccinated against pneumococcal disease.[6] The reasons for these disparities are numerous and complex, and include differences in access to care, lack of information, and barriers created by provider and patient beliefs and behaviors.

Nurses are uniquely poised to promote disease awareness and boost vaccination rates. Whether you work in hospitals, academic medical centers, community clinics, or private practices, you can take advantage of time spent with patients to educate them about the serious consequences of these respiratory diseases, as well as the benefits of vaccination. You should also leverage all available tools and methods to ensure that vaccinations are a routine part of adult medical care.

Nurses can take the lead in reminding patients of current recommendations, and identifying patients who are at high risk for severe illness or death. Annual flu vaccination is now recommended for everyone 6 months and older, and is 70% to 90% effective in preventing infection in healthy young adults. [7] The pneumococcal vaccine for adults (PPSV23) is recommended for everyone 65 and older and for those 19 to 64 who smoke or have asthma, chronic heart, liver, kidney or lung disease, diabetes, or immunocompromising conditions. [8] For most adults, one dose of PPSV23 is 60% to 70% effective against the pneumococcal strains responsible for more than 90% of invasive disease. [9]

Nurses should also try to anticipate and address patient concerns or other barriers to vaccination. For example, many patients incorrectly fear they will get the flu from influenza vaccine. Patients' action in response to concerns varies. For example, African Americans who share this fear are still likely to be responsive to recommendations for vaccination from African American nurses due to their perceived shared personal

beliefs and values. [10, 11] Patients should also be advised that Medicare plans provide first-dollar coverage for both vaccines [12], and that most private insurance companies provide at least partial coverage for CDC-recommended vaccinations. NFID has an array of educational materials and tools available (www.adultvaccination.org) to help you educate patients about adult immunization.

Nurses can help to ensure that timely vaccination is a part of routine care. This requires identifying, advising, and immunizing patients who have not received their seasonal influenza vaccine, as well as those who would need pneumococcal immunization, which can be given at any time throughout the year. Tools that can help nurses accomplish this include vaccine trackers and electronic medical record (EMR) systems. During influenza season, these tools can be used to generate patient reminders for vaccine appointments and to prompt doctors to give the vaccine. Similarly, EMR systems can be programmed to flag patients with specific conditions (e.g., diabetes, heart disease, asthma) that make them candidates for pneumococcal vaccination.

Standing orders have been shown to be one of the most effective methods to improve vaccination coverage. [13, 14] Standing orders programs permit nurses, where allowed by state law, to administer vaccines by following an established protocol. Standing orders directed to nurses lead to patients receiving a pneumococcal vaccine significantly more often (51%) than when reminders are sent to physicians (32%). [14] Standing orders materials are available at <http://www.immunize.org/standing%2Dorders/> and at <http://www.immunization.org/standingorders/>.

Infectious diseases are not just a problem for patients. Nurses are also at risk for infection, and you must make sure that you get vaccinated as needed to best protect yourself, your family, and your patients from serious illness.

Without a doubt, influenza and pneumococcal disease have proven to be dangerous adversaries. However, there is an array of evidence-based strategies available that gives nurses the means to combat these diseases and prevent unnecessary suffering and death.

Debra A. Toney, PhD, RN, FAAN is president of the National Black Nurses Association and President, TLC Health Care Services in Las Vegas, NV.

Susan J. Rehm, MD is a staff physician at the Cleveland Clinic and is Vice Chair of the Clinic's Department of Infectious Disease. She also serves as medical director for the National Foundation for Infectious Diseases and co-chair of NFID's Pneumococcal Disease Advisory Board.

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FROM DISTRUST TO PARTNERSHIP:

Working with African American Women to Understand the Value of Participating in Clinical Trials

CLINICAL TRIALS: These words, which conjure hopes for medical advancement for some, evoke considerable distrust of the medical community for others particularly within the African American community. Yet, under-representation of African Americans, especially women, in clinical trials, can leave clinicians with incomplete information about how ethnicity affects therapeutic response and may even contribute to morbidity and mortality (Shaya et al 2007; Branson et al 2007; BeLue et al 2006).

In a disease like systemic lupus erythematosus, that primarily affects younger women of color, participation in clinical trials could help speed research and the earlier arrival of effective treatments. African American women are three times more likely than Caucasians to develop lupus, tend to get the disease at an earlier age, and have more severe symptoms (womenshealth.gov 2009). As of February 2011, no new lupus treatment had been approved by the U.S. Food and Drug Administration (FDA) in 50 years because of the complexities of the disease and its impact on the body's immune system. According to the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health (2000), ethnicity may play a greater role in lupus than genetics.

Lupus is a chronic autoimmune connective tissue disease that can lead to inflammation and damage to any body tissue, especially joints, skin, kidneys, heart, lung, blood vessels, and brain. As with other autoimmune diseases, the immune system attacks the body's cells and tissues, resulting in inflammation and tissue damage. Lupus is one of the most complicated and variable of the autoimmune diseases with patients presenting with many different symptoms and with symptoms that may change over time.

At this time, exciting research is underway evaluating a variety of different approaches using investigational agents from immunomodulators to biologics. But, without the participation of African American women in clinical trials, lupus treatment decisions will be based on data that do not accurately reflect African Americans' clinical response. This problem extends beyond lupus to other diseases. According to the National Medical Association, clinicians may not be in the best position to appropriately care for their African American patients because clinical trial participation is not always diverse enough to generate data relevant to ethnic minorities (Powell et al 2008).

A retrospective analysis looking at participation in studies leading to approval of new medications by FDA between 1995 and 1999 found a steady decline in enrollment of African Americans in clinical trials (from 12 percent to six percent). Further, ethnicity was only considered as a factor in 53 percent of the applications (Evelyn et al 2002).

Many barriers have been identified to explain this low level of participation in clinical trials, including the historic ethical abuses that resulted in distrust of the medical community and fears of exploitation. Limited access to health care, health literacy, the complexity of the informed consent process, and inadequate information in African American communities about the availability of studies are all cited reasons for low levels of participation. Gender also influences beliefs. African American men are concerned that research is driven by financial considerations and not to benefit patients. They do not believe potential risks are fully disclosed by investigators. In contrast, women are more concerned about the researcher-patient relationship to assure they are not treated as "guinea pigs" (BeLue et al 2006). In addition, research suggests healthcare professionals may also create impediments when allowing treatment decisions to be influenced by the socioeconomic status of the patient, an attitude that may disproportionately affect access of African Americans to clinical trials (Branson et al 2007).

The disproportionate impact of lupus on African American women challenges us to find ways to facilitate participation of diverse patients in clinical trials. To make a difference in the treatment of people with lupus, nurses will play a key role in working with these patients, their families, and their community to address concerns about and better understand the potential benefits and risks of participating in a clinical trial. For more information about lupus-related clinical trials, please visit www.clinicaltrials.gov and search for "lupus." Also look for a breakfast session sponsored by Cephalon, Inc., at the upcoming Annual Meeting to learn more about lupus and the role of clinical trials in addressing health disparities for African American women.

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NBNA Supported HEART DISEASE EDUCATION

FOR THE PAST THREE YEARS, we have supported the AstraZeneca US AGAINST ATHERO (UAA) campaign. The campaign was developed after AstraZeneca learned through a Harris research survey that most Americans did not know about atherosclerosis—the buildup of plaque in the arteries that can lead to heart disease.ⁱ

The UAA tour was successful because of the hard work and dedication of more than 200 local and national groups across the nation, including NBNA. We served as a national ally partner and truly helped to create the “US” in US AGAINST ATHERO, proudly contributing to the overall success of the program.

The campaign aimed to educate Americans on reducing risk factors for atherosclerosis. Online educational resources were provided through the UAA campaign, and the Artery Explorer—a 3D motion simulator in which patients can take a virtual journey through a plaque-encrusted artery—toured 45 cities.

Throughout the course of the campaign, we mobilized local resources to help promote UAA tour stops, distributed flyers, encouraged membership attendance, and provided volunteers to staff the UAA booth and hand out information on atherosclerosis. Our volunteers also provided free blood pressure screenings and nurses on-site answered questions for attendees at the tour stops. Beyond the local community activities, we promoted the campaign nationally through our newsletter, Web site and resources, as well as online information about atherosclerosis. These efforts alone enabled UAA to reach millions of people across the country. Of those surveyed after experiencing the US AGAINST ATHERO Artery Explorer in 2009, 95% said they had an improved understanding of atherosclerosis, while 72% said they were likely to talk to their doctor for more information.ⁱⁱ

We are extremely proud of the impact NBNA and UAA have had, through health education events and media stories. Our commitment, dedication, and support has been tremendous throughout this program and has played a critical role in making great strides towards atherosclerosis and heart disease education.

ⁱ Data on File, 267046, AstraZeneca Pharmaceuticals LP.

ⁱⁱ Data on File, 300537, AstraZeneca Pharmaceuticals LP.

2009/2010 NBNA UAA STATISTICS

FOR THE PAST THREE YEARS, the National Black Nurses Association (NBNA) has served as a valuable partner for the US AGAINST ATHERO (UAA) campaign. The NBNA has reached out to its members to support the campaign and the accompanying nationwide tour which aimed to educate Americans on how to reduce their factors for atherosclerosis.

Volunteers from the NBNA provided free blood pressure screenings and nurses on-site answered questions for attendees. The NBNA has encouraged their members to participate in over 200 stops and has supported tours in 10 cities reaching communities across the country. The cities where NBNA was on-site included:

- Indianapolis
- Cleveland
- Washington, D.C.
- Atlanta
- Chicago
- New Orleans
- Memphis
- Dallas

The Application of Servant & Transformational Leadership in Nurse Leaders

Vannesia D. Morgan-Smith, MGA, RN NE-BC, Administrative Manager
Accreditation, Licensure and Regulatory Affairs
Children's National Medical Center, Washington, DC.



I HAVE BEEN A NURSE since 1980. Since graduating from University of Maryland School of Nursing, I've seen changes in healthcare with a shifted focus toward safety and quality. Over the course of my career, I have worked at several hospitals each of which displayed different leadership styles. One utilized a classical model of leadership, another was driven by servant leaders and the last had transformational leaders and was a Magnet facility. As a result, when I returned back to school for my advanced studies, I decided to examine the relationship between the Chief Nursing Officer's (CNOs) leadership characteristics and the achievement of Magnet designation.

From my experiences, it seems that a combination of both transformational and servant leadership significantly contribute to the phenomenon of each nurse leader's lived experience. In order to appreciate and acquire the leadership acumen that is needed to plan, leaders use their life experiences to reshape their vision and to achieve the mission of the organization.

The CNO is challenged to: transform and motivate their employees using creativity and innovation, create a positive relationship, strengthen their leadership by increasing business acumen, incorporate organizational change theory to create a culture of excellence, be influential within the organization, and manage the consumer's expectations. As a leader, the role of the CNO is to be a systems thinker, innovator and transformer (American Nurses Association, 2009). As Senge (1990) describes the learning organization, he describes five disciplines that are essential for a leader and for development of a learning organization. All five disciplines which are: 1) System thinking; 2) Personal mastery; 3) Mental model; 4) Building shared vision; and 5) Team learning, are tools that are identified within the ANA (2009) scope of practice for the nursing administrator.

A quality of good leadership is seeking constant self-improvement and assisting others with the same. Maslow introduced a theory which explained that people were motivated to fulfill essential or survival needs prior to being motivated to accomplish any more complex needs. He also developed a theoretical model that he named The Hierarchy of Basic Needs in the form of a pyramid that demonstrated how a person was motivated to meet physical needs such as food and water before other needs would be met. The pyramid had five levels, the needs were divided into deficient needs and growth needs. The deficient needs included physiological, security, and psycho-social

needs. If the deficient needs were not met a person would demonstrate undesired behavior. The more complex needs which included esteem and self-actualization were exhibited when a person was motivated toward self-improvement (Maslow, 1971).

Ryan and Deci (2000) expanded the intrinsic work of Maslow (1971) and developed the Self-Determination Theory (SDT). Their research focused on the intrinsic motivation factors that promoted social development and well-being. Through the continued research of Ryan and Deci (2000) they were able to identify three underlying needs of personality integration which were essential for enhanced performance.

Further research by Gagne and Deci (2005) focused on the degree of satisfaction needed for personality integration and for the employee to experience competence, relatedness and autonomy within the social environment of work.

Their work provided an additional rationale that supported Bass' (1985) transformational leadership theory which suggested that the transformational leader incorporates idealized influence, inspirational motivation, intellectual stimulation and individualized consideration into practice as an essential method to motivate employees. Not all CNOs have the characteristics of the transformational leader, however. In the absence of these qualities and executive leadership development how does the CNO change their organization's culture to produce quality and nursing excellence?

As a result of noticing these differences, I intend to explore the leadership characteristics, as perceived through the lived experience of the CNO at Magnet designated hospitals.

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How I Met Dr. Lauranne Sams

Reverend Pauline Cole, RN, BSN, MA



IT WAS IN THE YEAR OF 1959, I got married and moved to Birmingham, Alabama where I worked at University Hospital. It was there, in the following year, 1960 that me and another black nurse along with other black workers decided to boycott the little "Hole in the Wall" eating place for the blacks. It was a great success. In that year there was a lot of civil unrest in Birmingham and Montgomery, Alabama.

In the year of 1962, my husband and I moved to Montgomery, Alabama. There I worked at St. Margaret Catholic Hospital. It was very appalling to see that they placed all black clients on the same floor; gun shot wounds, stabbed wounds, new born babies, surgery cases, men, women, young children etc.

In 1964, I went over to the Veterans Administration Hospital there in Montgomery and applied for work. The Director told me that they were not hiring and even if they were, how was I going to get to work if I could not drive. I told her, if she hired me that would be my problem to get to work. So, she did not hire me. It was in that same year; I applied at the V A in Tuskegee, Alabama and was hired. I had to travel 40 miles one way to get to Tuskegee every day I worked. I lived in Montgomery Alabama.

I stayed there for approximately two years. It was during these two years that letters went out to nurses on staff at V.A and in the city inviting the nurses to attend a meeting with Dr. Lauranne Sams.

I attended the meeting on the Tuskegee Institute Campus which was held at the College of Nursing Administration building. Dr. Lauranne Sams was speaking. Her whole talk was centered on the new National Association for Black Nurses that was in the process of being formalized. It was really a recruitment meeting. I got a chance to talk to her after the meeting. She was a very interesting, dynamic, and knowledgeable individual.

I stayed there for approximately two years, and then transferred to the Montgomery V A Hospital. I was the first black nurse to apply there but the second black nurse to be hired. I worked there until the end of 1969. It was very difficult having to endure the humiliation just because I was a black nurse. Also, because this was the time of the Selma-Montgomery March. Yes I participated by keeping three young men at my home that was in the march.

We moved to Tampa in 1970, and I was hired at Tampa V.A. Hospital in 1971. In 1977, I realize that there was no Black Nurses organization in Tampa, so I talked to other nurses and we got together and started one called the Minority Nurses Organization of Tampa.

I received information from NBNA concerning the National Institute and Conference held in Miami Beach, Florida in 1974. I shared this information with the Minority Nurses group, told them I was going. I will bring info as to how to join. So, I went down and received permission to speak from the floor, telling them about our organization. I attended a meeting with Dr. Lauranne Sams and other officers. They advised as to the necessary steps to be carried out.

The Minority Nurses association of Tampa Bay was officially dissolved on February 27, 1988.

The Black Nurses Association of Tampa Bay Inc. was organized April 23, 1988.

I will be giving my first scholarship \$ 1000 through our local chapter here to a deserving student in a Baccalaureate Nursing Program. The student must live in the Tampa Bay Area and attend a BS program any where in the US. The student must belong to the Afro-American race.

The reason that I am giving the scholarship is because of the difficult time that I had in Nursing School. I had no money, my mother could not afford to send me and I had no one to send or give me money. It was through the help of my Guidance Counselor in Senior High School, that I found out about the program at Tuskegee Institute, Alabama known as the Five Year Plan.. This plan enabled me to work a year before I could even enter into my major, "Nursing" After that year I worked part-time and went to school. This was considered my first year in the nursing program.

Rev. Pauline L. Cole, Retired RN, BSN, MA

Founder: Minority Nurses of Tampa Bay, 1977

Founder: Black Nurses Association of Tampa Bay, Inc., 1988

Historian: Black Nurses Association of Tampa Bay

Rhonda's Seven Scripts to GETTING FIT!

Rhonda E. Ruben, LVN, BAAS, NBNA Board Member

MOTTO: *You eat and sleep seven days a week you should exercise seven days a week.*

GETTING FIT AND STARTING an exercise/fitness program is very challenging for most people. The hardest part about exercising is getting started, but you have to do this for you. You must put yourself first.

Physical fitness is a state of health and well-being and fitness is the ability to perform specific aspects of sports or occupations. Physical fitness is generally achieved through exercise, correct nutrition and enough rest. It is an important part of life.

Here are seven scripts why people don't exercise and seven benefits of exercise. The benefits will get your body motor running!

SEVEN EXCUSES PEOPLE GIVE FOR NOT EXERCISING.

1. Don't want to mess up my hair
2. Embarrassed to be in front of people
3. Lack of self-esteem
4. Don't have time
5. Too tired
6. Too busy
7. Not motivated

SEVEN SCRIPTS FOR THE BENEFITS OF EXERCISE.

1. Combats chronic disease and sickness.
2. Promotes better sleep and boosts your energy level.
3. Can put the spark back into your sex life.
4. Helps you manage your weight, and build muscles.
5. Improves your mood and relieves stress.
6. New relationship after separation or divorce.
7. Makes you feel good and broadens your horizon.

SEVEN SCRIPTS TO GET YOUR BODY MOTOR RUNNING!

1. Get prepared: scope out a gym, YMCA, activity center, churches and schools. Get a partner/friend. Most people work out better with people rather than alone.
2. Get a schedule: study it and see what is going to work for you.
3. Decision time: means you are ready! COMMITTED and MOTIVATED.
4. Once you decide, give yourself five days for strength training. This will help you get in the routine of exercising.
5. Pack your gym bag: tennis shoes, socks, workout gear that fits your style (bright colors are good), water, gloves, earrings and music.
6. Call your partner/friend.
7. Have a great workout and have fun.

If you are going to your job after you workout, you should pack the clothes you are wearing to work the night before and get dressed for work at the gym. *It is called being prepared!*

In closing, stay positive. If you are a paying member of a gym or an activity center, get your money's worth and go workout at that facility. There are group classes such as Spin, Group Cardio, Zumba, Kickboxing, and Yoga. You can do an individual workout on the butt burning Elliptical or the Stairmaster Machine. You will have access to a variety of weights for strength training. Some even have separate weight rooms for men and women to maintain a little privacy.

Keep it moving and let's stay healthy.

Before starting any physical exercises/fitness program, please consult your physician first.



Where Experienced Nurses Become Exceptional Nurses

Experienced Nurses: *Froedtert Health* is a regional hospital system made up of Froedtert Hospital, Milwaukee; Community Memorial Hospital, Menomonee Falls; St. Joseph's Hospital, West Bend; and the Froedtert Health Medical Group, with clinic locations throughout Waukesha and Washington counties. Joining the capabilities of an academic medical center affiliated with The Medical College of Wisconsin, two community hospitals and primary care and multi-specialty clinics, Froedtert Health delivers highly coordinated, cost-effective health care to residents of southeastern Wisconsin and beyond.

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It's Never Too Late to IMPROVE YOUR HEALTH

WITH THE START OF the New Year, we've all become a little older and wiser. So, why not put some of that wisdom into making healthier decisions over the next year? Healthy eating and regular exercise will give you energy and help you lower your chances for developing diseases such as diabetes and heart disease.

The Weight-control Information Network (WIN), a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health, offers the following tips for older adults:

Healthy Eating

- Don't skip meals. Skipping meals may slow down your metabolism or lead you to eat larger amounts of high-fat foods later in the day. To keep yourself on track, eat with a friend or someone whose company you enjoy.
- Eat just enough for you. Do not eat more food than your body will need. Make sure you are consuming enough vitamin D and vitamin B-12, as many seniors have trouble getting enough of these nutrients. Limit high fat and high salt foods. Try to get enough fiber into your diet.
- Prepare meals in advance. Cook ahead, and then freeze meals so that you have easy meals on hand for when you don't feel like cooking.

Physical Activity

- Start with 10 minutes of slower activity, and build up to 30 minutes of more brisk activity.
- Try different types of exercise. Different types of activity benefit your body in different ways. For example, aerobic activity may help you maintain weight and increase your energy, while strength training keeps your muscles and bones strong.
- Be active with family and friends. Having a buddy can help you stay active.

For more information, call WIN at 1-877-946-4627 or visit www.win.niddk.nih.gov and read the free brochure, "Young at Heart: Tips for Older Adults."

Quality Improvement in Mental Health: TELEMENTAL HEALTH

Mekeshia Bates DNP, MPH, MSN, RN, National Veterans Affairs (VA) Quality Scholar, Frances P. Bolton School of Nursing,
Case Western Reserve University

Mary Dolansky PhD, RN, Assistant Professor, Frances Payne Bolton School of Nursing,
Case Western Reserve University, VA Quality Senior Nurse Fellow

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THE QUALITY AND AVAILABILITY of mental health services are often reduced in rural and underserved areas. This is due to limited mental health specialty providers, cost, and use of non-mental health providers to provide mental health care. As a result, patients are forced to drive long distances or not receive the mental health services that are needed. In an effort to eliminate disparities and improve quality in mental health care, the use of telemental health is increasing.

Telemental health is a subspecialty of telemedicine that uses telecommunication technology to provide cost-effective mental health/ behavioral health services to rural and underserved areas. In 1959, the University of Nebraska was the first to document telemental health in the United States and in 1961 the first report was published by Wittson, Affleck, and Johnson (Godleski, Nieves, Darkisn, & Lehman, 2008).

Telemental health services are comprehensive and include the following:

- patient evaluations
- case management
- medication management
- crisis response
- pre-admission and pre-discharge planning
- treatment planning
- individual and group therapy
- family therapy
- mental status evaluations
- court commitment hearings
- case conferences
- family visits
- family and consumer support groups
- staff training
- administrative activities

The benefits of telemental health are considerable. One of the major benefits is increased access to care for a reduced cost. Clients who would not typically receive care are able to get needed services at a reduced cost as they do not need to travel. In addition, telemental health is useful in circumstances where transporting the patient to the health provider is problematic, for example in forensic settings. An added benefit of this technology to the mental health providers is that they can easily consult with and/or provide supervision to each other.

Telemental health uses several forms of technology such as electronic mail (e-mail), online self help groups, chat rooms, blogs, and websites. However, telemental health is most associated with video teleconferencing (VTC). VTC is a real time technology that allows a patient and clinician in two different locations to each view a monitor to see and hear each other. Methods such as psychotherapy by e-mail have not been extensively studied and are viewed as controversial (Morland, Green, Ruzek, & Godleski, 2007). As a result, telemental health guidelines have been established by the American Telemedicine Association to serve as a best practice reference based on clinical experience and educational tool to provide quality care to patients (Grady, Myers, & Nelson, 2009).

Although there are many benefits to telemental health, there are barriers to the use of this technology. Barriers such as technological illiteracy and resistance to change by individuals and organizations have been identified (McGinty, Saeed, Simmons, & Yildirim, 2006). In addition, cost is a huge factor. In examining the costs, several factors must be considered. This includes the cost of equipment, technical support costs, the distance the treating provider must travel to conduct the in-person service compared to the cost of support staff for the telemental service, volume of cases treated, and reimbursement rates (Gangure & Hylar, 2003).

In 2004, Ruskin et al. estimated marginal costs at \$86.16 for telemental health sessions and \$63.25 for in-patient services. However, O'Reilly et al. (2007) estimated the cost for telemental health was \$88,311 compared to \$108,549 for face-to-face services. This is an average cost of \$394 per patient for telemental health sessions and \$439 per patient for in-patient services.

Patient and provider satisfaction with telemental health services have been measured. Patient satisfaction surveys indicate that patients are satisfied with telemental health services and no difference in satisfaction ratings were noted when comparing those receiving telemental health services to in-person treatment (Ruskin et al., 2004). Patients of all age ranges appear equally satisfied and most patients rate the experience positively (McGinty et al., 2006). In contrast, provider satisfaction has had mixed reviews. Provider satisfaction was lower in the video conferencing treatment group versus the in-person treatment group (García-Lizana & Muñoz-Mayorga, 2010). However, rural provider satisfaction is reported as higher than that of suburban or urban providers (McGinty et al., 2006).

Clinical barriers in telemental health are worth noting. Providers are not physically present to handle behavioral health crises such as suicidal thoughts and aggressive behaviors. In addition, it may be difficult to assess nonverbal cues such as poor hygiene. Although patients were satisfied, they commented that clinician interactions were impersonal and perceived little empathy from the clinician. Other issues identified include lack of direct eye contact, poor sound quality, difficulty hearing instructions, and poor imaging (McGinty et al., 2006). Currently, insufficient evidence exists to determine the effectiveness of telemental health technology. More studies are needed to demonstrate effectiveness in treatment and to examine cost and clinical implications. After effectiveness is demonstrated, large scale funding is required to provide quality equipment and training for healthcare professionals. Federal and state policies also are needed to ensure reimbursement, protection of patient privacy issues, provider licensure across states issues, and assurance of service quality. Despite the need for effectiveness trials, the future of telemental health is viable as it assures access of these services to people who would otherwise be unable to receive mental health care.

Resources

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Mary A. Dolansky PhD, RN is an assistant professor at the Frances Payne Bolton School of Nursing, Case Western Reserve University. She is a Senior Fellow in the Veterans Affairs Quality Scholars program and a Quality and Safety Education for Nurses (QSEN) consultant.

AORN Offers Solutions and Tools to Support NEEDLESTICK SAFETY IN THE O.R.

Linda Groa, MSN, RN, CNOR, NEA-BC, FAAN, Executive Director/CEO, Association of Peri-Operative Registered Nurses

ACCORDING TO A REPORT published in the April, 2009 issue of the *Journal of the American College of Surgeons* (JACS), the rate of accidental sticks in non-surgical settings in hospitals has dropped 31.6% since the Needlestick Safety and Prevention Act was signed in 2000. During that same period, however, the rate of accidental sticks in OR settings has increased by 6.5 percent. What needs to take place in the operating room to keep our colleagues and patients safe?

To find out, the Association of periOperative Registered Nurses invited several leading experts in OR management and safety to join AORN's Nursing Practice Committee to offer their perspectives on the issue of sharps safety in the OR. This multidisciplinary team of experts outlined some specific actions that OR teams can take to reduce the risk of accidental sticks, including many options that can be introduced immediately, such as the use of double gloving, establishing a neutral zone to pass instruments, the use of products designed to reduce stick risk such as safety suture needles, and simpler reporting of needlestick injuries to make sure that OR teams are aware of the scope of the problem.

We know from the JACS report that while these issues affect the entire OR team, about 80% of accidental sticks in surgical procedures affect nurses or surgical technologists and 75% of sticks occur when instruments are passed from one member of the OR team directly to another. With these troubling statistics, the clear conclusion is that improved sharps safety practices must be adopted and maintained by ORs across the U.S.

According to Deborah G. Spratt, RN at Canandaigua Veterans Medical Center, concern about accidental needlestick is common among nurses. She calls for hands-free passing zones, blade-protected scalpels and blunt suture needles to create a "culture of safety" to protect both patients and nurses and other members of the OR team.

Dr. Ramon Berguer, MD, FACS, at Contra Costa Regional Medical Center finds that accidental sticks among surgeons are often not reported, perhaps because of onerous reporting requirements. He also confirms that some surgeons may be slow to adopt new and safer technologies to reduce the risk of accidental stick.

Sherri Alexander, CST, President of the Association of Surgical Technologists, calls for expanded resources to educate peri-operative teams about the risk of accidental stick, indicating that many surgical technologists support efforts to position sharps injury prevention as a key component in a "gold standard" of patient care.

Sue Barnes, RN, National Leader Infection Prevention and Control, believes that surgical suites should consider a "zero incidence" goal for infections associated with accidental needle sticks, indicating that this goal is achievable with improved safety standards and products.

In an effort to address this issue, AORN is working in collaboration with other health care organizations to identify new strategies and resources for OR teams. In March we plan to introduce a Sharps Safety Tool Kit specifically designed to provide OR teams with the tools they need to take proactive steps to reduce the risk of accidental sticks. The kit will include educational tools to help any OR team use safer devices and procedures. It will also include a universal sharps safety policy with clear guidance on acceptable standards. The kit reinforces the need for all members of the OR team to take an active role in meeting or exceeding acceptable safety standards.

The kit includes a letter to surgeons, a Sharps Safety Policy & Procedure, Neutral/Safe Zone Policy and Procedure, Sharps Safety Education Power Point, Recommendations on how to create a Sharps Safety Board for the OR, a Hands-Free Passing Zone video, a selection of Sharps Injury Prevention Devices and Guidelines for Clinical Educators, an Implementation Plan for Trialing Blunt Suture Needles, Sharps Injuries Literature Review, Sharps Safety Bibliography, and a Sharps Safety Online Resource List.

The kit is just one example of resources and strategies that OR teams can consider and access to improve safety. OR teams can and should be challenged now to set target goals for improved safety and reduced risk of infection and to develop a plan of action that will achieve those goals as quickly as possible. Without taking action, many nurses and other OR team members will remain at risk unnecessarily.

HIGHLIGHTS



More than 300 nurses and nursing students attended NBNA Day on Capitol Hill



U.S. Representative John Conyers of Michigan with nursing students



Northern Virginia BNA Members Ni'Mat Abdul-Latif Muhamad, Patricia Garrett, Jayne James, Janet Porter



New York BNA Members Mirian Moses, Bernice Headley, NBNA guest, Patricia Williams



NBNA Board Members Linda Mitchell and Marcia Lowe and Yvette Williams, Honolulu BNA (middle)

**Denesecia Green (middle),
Director External Affairs,
Centers for Medicare and
Medicaid Services**



**NBNA Day Speaker, Dr. David
Banks, Program Director,
Extramural Research
Training, National Institute
of Nursing Research with
nursing students (far left)**



**Nursing student attending
2011 NBNA Day on Capitol
Hill**





Dr. Ronnie Ursin, BNA, Baltimore, Dr. Audwin Fletcher, Direct Member, and BNA Greater Washington, DC Area members Linda Haughton and Dr. Eva Stephens



Patricia Lane, NBNA Health Policy Chair, HRSA Administrator Dr. Mary Wakefield, Dr. Debra A. Toney, NBNA President



U.S. Representative Terri Sewell, (D-AL) addresses NBNA Day on Capitol Hill



(left to right:)

E. Terri LaVelle, RN, MSN, MATS, Director, VA Center for Faith-based and Neighborhood Partnerships, Office of the Secretary

Frances E. Ashe-Goins, RN, MPH, Acting Director, Office on Women's Health, U.S. Department of Health and Human Services

Patricia Lane, MBA, RN, NBNA Health Policy Chair

Janice Phillips, PhD, RN, FAAN, Robert Wood Johnson Health Policy Fellow, Fellow in the Office of Senator John D. Rockefeller, IV

David Banks, PhD, MPH, MSSW, RN, Program Director for Training, National Institute of Nursing Institute

Dr. Debra A. Toney, NBNA President

Laurie C. Reid, RN, MS, Captain, U.S. Public Health Service, Office of Health Equity, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, STD, Viral Hepatitis & TB Prevention, CDC



Janice Phillips, PhD, RN, FAAN, Robert Wood Johnson Health Policy Fellow, Fellow in the Office of Senator John D. Rockefeller, IV



Frances E. Ashe-Goins, RN, MPH, Acting Director, Office on Women's Health, U.S. Department of Health and Human Services



Melissa Bishop-Murphy, JD, MBA, Senior Director, National Government Relations and Multicultural Affairs, Pfizer, Inc.



Dr. Toney with U.S. Representative John Conyers, (D-MI)



Dr. Toney with U.S. Representative Donna Christian Christensen, Congressional Host, (D-USVI)



Dr. Garth Graham, Director, U.S. Office of Minority Health, U.S. Department of Health and Human Services



U.S. Representative John Conyers with Dr. Randy Jones, President, Charlottesville BNA.



(left to right):

Eleanor Hinton Hoytt, CEO, Black Women's Health Imperative

Dr. Debra A. Toney, NBNA President

Julie Sochalski, PhD, RN, FAAN, Director, Division of Nursing, Health Resources and Services Administration, U.S. Department of Health and Human Services

Melissa Bishop-Murphy, JD, MBA, Senior Director, National Government Relations and Multicultural Affairs, Pfizer, Inc.

Brenda Cleary, PhD, RN, FAAN, Director, Center to Champion Nursing in America, AARP



Dr. Debra A. Toney, NBNA President, presents award to Denesecia Green, Director, External Affairs, CMS



Dr. Toney presents award to Darrel Thompson, Deputy Chief of Staff, Intergovernmental and External Affairs, Office of Senator Harry Reid, Majority Leader

NBNA Chapter Websites

ALABAMA

Birmingham BNA
www.birminghambna.org

ARIZONA

Greater Phoenix BNA
www.bnaphoenix.org

CALIFORNIA

Council of BN, Los Angeles
www.cbnlosangeles.org

Inland Empire BNA
www.iebna.org

San Diego BNA
www.sdblacknurses.org

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

COLORADO

Eastern Colorado Council of BN (Denver)
www.coloradoblacknurses.org

CONNECTICUT

Northern Connecticut BNA
www.ncbnainc.org

Southern Connecticut BNA
www.scbna.org

DISTRICT OF COLUMBIA

BNA of the Greater Washington DC Area
www.bnaofgdca.org

FLORIDA

BNA, Miami
www.bna-miami.org

Central Florida BNA
www.cfbna.org

First Coast BNA
www.fcbna.org

St. Petersburg BNA
www.orgsites.com/fl/spnbna

GEORGIA

Atlanta BNA
www.atlantablacknursesassociation.com

Concerned National BN of
Central Savannah River Area
www.cncsra.org

Savannah BNA
www.sb-na.org

HAWAII

www.honolulublacknurses.com

ILLINOIS

Chicago Chapter BNA
www.chicagochapternbna.org

INDIANA

BNA of Indianapolis
www.bna-indy.org

KENTUCKY

KYANNA BNA (Louisville)
www.kyannabna.org

LOUISIANA

New Orleans BNA
www.neworleansbna.com

Shreveport BNA
www.sbna411.org

MARYLAND

BNA of Baltimore
www.bnaofbaltimore.org

MASSACHUSETTS

New England Regional BNA
www.nerbna.org

MICHIGAN

Greater Flint BNA
www.gfbna.org

MISSISSIPPI

Mississippi Gulf Coast BNA
www.mgcbna.org

MISSOURI

Greater Kansas City BNA
www.gkcbblacknurses.org

NEVADA

Southern Nevada BNA
www.snbna.net

NEW JERSEY

Concerned BN of Newark
www.cbnn.org

Northern New Jersey BNA
www.nnjbna.com

NEW YORK

New York BNA
www.nybna.org

Queens County BNA
www.qcbna.com

NORTH CAROLINA

Central Carolina BN Council
www.ccbnc.org

OHIO

Columbus (Ohio) BNA
www.columbusblacknurses.org

Youngstown-Warren BNA
www.ywobna.org

OKLAHOMA

Eastern Oklahoma Black Nurses
Association
www.eobna.org

TENNESSEE

Nashville BNA
www.nbnanashville.org

TEXAS

BNA of Greater Houston
www.bnagh.org

Metroplex BNA (Dallas)
www.mbnafdallas.org

WISCONSIN

Milwaukee Chapter NBNA
www.mcnbna.org

2011 CONFERENCE SCHEDULE AT-A-GLANCE

TUESDAY, JULY 12

2:00 pm - 4:00 pm Board of Directors Meeting
3:00 pm - 7:00 pm REGISTRATION

WEDNESDAY, JULY 13

7:00 am - 5:00 pm REGISTRATION
8:00 am - 12:00 pm Professional Writing Workshop
8:00 am - 3:00 pm Presidents' Leadership Institute
8:00 am - 6:00 pm VITAS Innovative Hospice Care
ELNEC-For-Veterans Train-the-Trainer, Part I
Sponsored by VITAS Innovative Hospice Care, Inc.

(Pre-Registration Required. This is a two-day course. Participants must attend both sessions to receive the certificate of completion)

1:00 pm - 4:00 pm US Virgin Islands Caribbean Exploratory
Research Center
3:30 pm - 4:30 pm Monitors & Moderators Orientation
New Members/First Time Attendees
Chapter Development
Credentialling

THURSDAY, JULY 14

6:00 am - 7:00 am Aerobics
7:00 am - 5:00 pm REGISTRATION & Last Day for TICKET SALES
8:00 am - 10:00 am Business Meeting (Scholarship Awards)
(Members and invited guests only)
10:00 am - 10:30 am Chapter Line Up
10:30 am - 12:30 pm 40th ANNIVERSARY OPENING CEREMONY
Keynote Address
1:00 pm - 4:00 pm EXHIBIT HALL OPENING CEREMONY
1:00 pm - 7:00 pm ELNEC-For-Veterans Train-the-Trainer, Part II
Sponsored by VITAS Innovative Hospice Care, Inc.

(Pre-Registration Required. This is a two-day course. Participants must attend both sessions to receive the certificate of completion)

2:00 pm - 4:00 pm Fierce, Fabulous and Under Forty Forum
2:00 pm - 4:00 pm LPN Workshop

FRIDAY, JULY 15 RED DRESS DAY!

6:00 am - 7:00 am Aerobics
6:30 am - 7:45 am CEU, NON-CE Breakfast Sessions (2)
7:00 am - 5:00 pm REGISTRATION
8:00 am - 12:00 pm NBNA Institutes (6)
8:00 am - 12:00 pm Student Forum
8:00 am - 5:00 pm NBNA Youth Enrichment Institute (Part I)
8:00 am - 4:00 pm NBNA Founders Leadership Institute
By letter of acceptance only
12:00 pm - 3:00 pm Exhibit Hall Open
12:00 pm - 3:00 pm NBNA Nursing Innovation Theater
12:30 pm - 2:30 pm NBNA IOE Awards Luncheon
(Ticket Purchase Required)
3:00 pm - 4:00 pm Plenary Session

SATURDAY, JULY 16

6:00 am - 7:00 am Aerobics
6:30 am - 7:45 am CEU-NON CE Breakfast Sessions (2)
8:00 am - 10:00 am Business Meeting (Chapter Awards)
(Members and invited guests only)
8:00 am - 3:00 pm NBNA Youth Enrichment Institute (Part II)
10:00 am - 11:00 am Candidates Forum
11:00 am - 1:00 pm Exhibit Hall Open
11:00 am - 1:00 pm NBNA Nursing Innovation Theater
12:00 pm Grand Raffle & Best in Show Awards
(Exhibit Hall)
1:00 pm - 3:00 pm CEU Workshops (6)
3:00 pm - 4:00 pm Members Speak
6:00 pm - 7:00 pm Board & Lifetime Member Photo
7:00 pm - 11:00 pm 40th Anniversary Celebration & President's Banquet
(White Attire Preferred)

SUNDAY, JULY 17

8:00 am - 9:30 am Ecumenical Service
10:00 am - 12:00 pm Brunch and Closing Session

VOLUNTEERS ARE NEEDED FOR THE FOLLOWING ACTIVITIES

BAG STUFFING

Sunday, July 10 Noon to 4:00 pm

CONFERENCE REGISTRATION

Tuesday, July 12 2:00 pm to 7:00 pm
Wednesday, July 13 7:00 am to 5:00 pm
Thursday, July 14 7:00 am to 5:00 pm
Friday, July 15 7:00 am to 5:00 pm

SESSION MONITORS & MODERATORS

Wednesday, July 13 thru Sunday, July 17

HOSTESSES FOR BANQUET

Saturday, July 16 6:30 pm to 8:00 pm

Please e-mail: dmance@nbna.org.

THERE ARE THREE WAYS TO REGISTER:

1. FAX your completed form with credit card information to: 301.589.3223
2. ON-LINE AT www.NBNA.org
3. MAIL your completed form with payment to:
NBNA / Registration • 8630 Fenton Street, Suite 330 • Silver Spring, MD 20910

(Please allow two weeks for check processing)

facebook

REGISTRATION FORM PAGE 1

PAGE 1.

NAME: _____ **PHONE:** _____

1. REGISTRATION INFORMATION (EXHIBITORS AND SPONSORS DO NOT USE THIS FORM)

PLEASE PRINT CLEARLY OR TYPE. ONE REGISTRATION PER FORM. COPY FORM FOR MULTIPLE REGISTRATIONS.

NAME _____ CREDENTIALS _____
FIRST MIDDLE LAST MUST PROVIDE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE (_____) _____ HOME PHONE (_____) _____

FAX _____ E-MAIL _____

NBNA ID # _____ RN/LPN/LVN LIC. NO. _____ SOCIAL SECURITY # _____

I AM A DIRECT MEMBER (do not belong to a chapter) NAME OF CHAPTER (REQUIRED INFO): _____

EMERGENCY CONTACT: _____ PHONE _____

NUMBER OF VEGETARIAN MEAL REQUIRED: _____

2. REGISTRATION FEES (PLEASE CIRCLE THE APPROPRIATE FEES)

| MEMBER | EARLY BIRD | PRE-CON | ON SITE | NON-MEMBER | EARLY BIRD | PRE-CON | ON SITE |
|------------------------|--------------|--------------|---------------|------------------------|--------------|--------------|---------------|
| | THRU 3/31/11 | 4/1- 6/15/11 | AFTER 6/15/11 | | THRU 3/31/11 | 4/1- 6/15/11 | AFTER 6/15/11 |
| RN/LPN/LVN | \$375 | \$450 | \$575 | RN/LPN/LVN | \$550 | \$625 | \$775 |
| Student (NON-Licensed) | \$230 | \$280 | \$405 | Student (NON-Licensed) | \$305 | \$355 | \$505 |
| Retired | \$300 | \$375 | \$500 | Retired | \$375 | \$470 | \$550 |

INCLUDES (1) banquet ticket (1) brunch & closing session ticket (1) general raffle ticket (1) CEU program, business meeting (MEMBERS ONLY)

INCLUDES (1) banquet ticket (1) brunch & closing session ticket (1) general raffle ticket (1) CEU program

I am a New Member This is my first NBNA Conference

SUB-TOTAL \$ _____

SUB-TOTAL \$ _____

3. INSTITUTE REGISTRATION

To receive the full compliment of Continuing Education Units, you MUST attend the institute and/or workshop of your choice IN ITS ENTIRETY. Institutes will be held on **FRIDAY, JULY 15**. *NOTE: topics subject to change.* Please choose ONE of the following:

Cancer Cardiovascular Disease Research Diabetes Women's Health Obesity Wound Care

VITAS: ELNEC-For-Veterans Train-the-Trainer 2-Day Session (Pre-registration required) **PART I:** Wednesday, July 13 / 8:00 am - 6:00 pm
PART II: Thursday, July 14 / 1:00 pm - 7:00 pm

Presidents' Leadership Workshop (Chapter presidents, vice presidents or designated delegate ONLY)
Wednesday, July 13 / 8:00 am - 3:00 pm

NBNA Summer Youth Enrichment Institute (2-day / consent forms will be sent with registration confirmation letter.) register my:

RELATIONSHIP TO ATTENDEE

CHILD'S NAME

AGE OF CHILD

GENDER

- I will attend the **NBNA Professional Writing** workshop
 I will attend the **Chapter Development Workshop**
 I am a LPN/LVN and will attend the **LPN/LVN Workshop**

- I will attend the **Fierce, Fabulous and Under Forty Forum**
 I will attend the **Student Forum**
 I would like to **volunteer** for registration or workshop monitor or moderator

REGISTRATION FORM PAGE 2

PAGE 2.

NAME: _____ **PHONE:** _____

4. GUEST REGISTRATION*

NON-NURSE ADULTS: _____

Address: _____

(IF DIFFERENT FROM REGISTRANT'S)

CHILDREN:

_____ (age) _____

_____ (age) _____

_____ (age) _____

_____ (age) _____

OF GUESTS: _____ X \$275 = _____ **SUB-TOTAL**

* NON-NURSE GUEST(S) REGISTRATION (ADULTS OR CHILDREN) \$275 EACH. REGISTRATION INCLUDES: SESSIONS OPEN TO THE PUBLIC, EXHIBIT AREA PRESIDENT'S BANQUET, AND SUNDAY BRUNCH.

5. PURCHASE ADDITIONAL BANQUET, BRUNCH OR INSTITUTE OF EXCELLENCE CEREMONY AND LUNCHEON TICKETS

Banquet & Brunch tickets are NOT refundable after July 8, 2011.

- | | | | |
|--|---------|--|---------------------------|
| <input type="checkbox"/> INSTITUTE OF EXCELLENCE | 7/15/11 | \$75 per ticket X No. of tickets _____ | SUB-TOTAL \$ _____ |
| <input type="checkbox"/> PRESIDENT'S RECEPTION & BANQUET | 7/16/11 | \$85 per ticket X No. of tickets _____ | SUB-TOTAL \$ _____ |
| <input type="checkbox"/> BRUNCH & CLOSING SESSION | 7/17/11 | \$50 per ticket X No. of tickets _____ | SUB-TOTAL \$ _____ |

6. PAYMENT INFORMATION (NBNA ACCEPTS ONLY MASTERCARD AND VISA CREDIT CARDS.)

- Check Enclosed Check has been requested/ PO# _____ Money Order MasterCard VISA

AMOUNT ENCLOSED \$ _____ (SUB-TOTALS FROM 2, 4 & 5)

Credit Card # _____ Exp. Date: _____ Sec. Code: _____

Cardholder Name (please type or print): _____

Signature _____

(ALLOW 2 WEEKS PROCESSING TIME IF PAYING BY CHECK)

NO REQUEST FOR REFUNDS WILL BE GRANTED AFTER JUNE 17, 2011.

THERE ARE **THREE** WAYS TO REGISTER:

1. FAX your completed form with credit card information to: **301.589.3223**

2. ON-LINE @ www.NBNA.org

3. MAIL your completed form with payment to: NBNA

(Please allow 2 weeks for check processing)

8630 Fenton Street, Suite 330

Silver Spring, MD 20910

JOIN NOW AT
www.NBNA.org

ALABAMA

BIRMINGHAM BNA (11)
Deborah Andrews
Birmingham, AL
MONTGOMERY BNA (125)
Susie Jones
Birmingham, AL

ARIZONA

GREATER PHOENIX BNA (77)
Dr. Monica Ennis
Phoenix, AZ

ARKANSAS

LITTLE ROCK BNA OF ARKANSAS (126)
Rochelle McFerguson
Little Rock, AR

CALIFORNIA

BAY AREA BNA (02)
Kimberly Scott
Hayward, CA
COUNCIL OF BLACK NURSES, LOS ANGELES (01)
Joyce Spalding
Los Angeles, CA
INLAND EMPIRE BNA (58)
Sandra Waters
Riverside, CA
SAN DIEGO BNA (03)
Sharon Smith
San Diego, CA
SOUTH BAY AREA BNA (San Jose) (72)
Pamela Frazier
San Jose, CA

COLORADO

EASTERN COLORADO COUNCIL OF BLACK NURSES (DENVER) (127)
Terry Lee
Denver, CO

CONNECTICUT

NORTHERN CONNECTICUT BNA (84)
Lisa Davis
Hartford, CT
SOUTHERN CONNECTICUT BNA (36)
Genice Nelson
Hamden, CT

DISTRICT OF COLUMBIA

BNA OF GREATER WASHINGTON, DC AREA (04)
Diana Wharton
Washington, DC

FLORIDA

BIG BEND BNA (Tallahassee) (86)
Hester O'Rourke
Blountstown, FL
BNA, MIAMI (07)
Yvonne Martin
Miami Gardens, FL
BNA OF TAMPA BAY (106)
Rosa Cambridge
Tampa, FL
BNA OF THE TREASURE COAST

(122)

Felicia Stewart
Vero Beach, FL
CENTRAL FLORIDA BNA (35)
Constance Brown
Orlando, FL
CLEARWATER/LARGO BNA (39)
Audrey Lyttle
Largo, FL
FIRSTCOAST BNA (103) (JACKSONVILLE)
Janneice Caldwell-Moore
Jacksonville, FL
GREATER GAINESVILLE BNA (85)
Voncea Brusha
Gainesville, FL
Palm Beach County BNA (114)
Rochun McCray
West Palm Beach, FL
ST. PETERSBURG BNA (28)
Janie Johnson
St. Petersburg, FL

GEORGIA

ATLANTA BNA (08)
Laurie Reid
College Park, GA
COLUMBUS METRO BNA (51)
Gwendolyn McIntosh
Columbus, GA
CONCERNED NATIONAL BLACK NURSES OF CENTRAL SAVANNAH RIVER AREA (123)
Beulah Nash-Teachey
Martinez, GA
SAVANNAH BNA (64)
Lou Roberson—Harris
Savannah, GA

HAWAII

HONOLULU BNA (80)
Arlanda Fields
Mililani, HI

ILLINOIS

CHICAGO CHAPTER BNA (09)
Carolyn Rimmer
Chicago, IL
INDIANA
BNA OF INDIANAPOLIS (46)
Sandra Walker
Indianapolis, IN
NORTHWEST INDIANA BNA (110)
Mona Steele
Merrillville, IN

KANSAS

WICHITA BNA (104)
Peggy Burns
Wichita, KS

KENTUCKY

KYANNA BNA, LOUISVILLE (33)
Virginia Bradford
Louisville, KY

LOUISIANA

NEW ORLEANS BNA (52)
Trilby Barnes-Green
New Orleans, LA
SHREVEPORT BNA (22)
Katheryn Arterberry
Shreveport, LA

MARYLAND

BNA OF BALTIMORE (05)
Patricia Medley
Baltimore, MD

MASSACHUSETTS

NEW ENGLAND REGIONAL BNA (45)
Margaret Brown
Roxbury, MA
WESTERN MASSACHUSETTS BNA (40)
Gloria Wilson
Springfield, MA

MICHIGAN

DETROIT BNA (13)
Nettie Riddick
Detroit MI
GRAND RAPIDS BNA (93)
Cheryl Macon
Grand Rapids, MI

GREATER FLINT BNA (70)

Virginia Adams
Flint, MI
KALAMAZOO-MUSKEGON BNA (96)
Birthale Archie
Kentwood, MI
SAGINAW BNA (95)
Archia Jackson
Saginaw, MI

MINNESOTA

MINNESOTA BNA (111)
Shirlynn LaChapelle
Minneapolis, MN

MISSISSIPPI

MISSISSIPPI GULF COAST BNA (124)
Romeatrius Moss
Gulfport, MS

MISSOURI

GREATER KANSAS CITY BNA (74)
Jean Winfield
Kansas City, MO

NEBRASKA

OMAHA BNA (73)
Aubray Orduna
Omaha, NE

NEVADA

SOUTHERN NEVADA BNA (81)
Ann Hall
Las Vegas, NV

NEW JERSEY

CONCERNED BLACK NURSES OF CENTRAL NEW JERSEY (61)
Sandra Pritchard
Neptune, NJ
CONCERNED BLACK NURSES OF NEWARK (24)
Lynda Arnold
Newark, NJ
MID-STATE BNA OF NEW JERSEY (90)
Marilyn McCall
Somerset, NJ

NEW BRUNSWICK BNA (128)

Barbara Burton
New Brunswick, NJ
NORTHERN NEW JERSEY BNA (57)
Sandra Baker
Newark, NJ
SOUTH JERSEY CHAPTER OF THE NBNA (62)
Gail Edison
Williamstown, NJ

NEW YORK

NEW YORK BNA (14)
Susan Thompson
New York, NY
QUEENS COUNTY BNA (44)
Chidimma Azoro
Cambria Heights, NY
WESTCHESTER BNA (71)
Aisha Abdul-Hakim
Yonkers, NY

NORTH CAROLINA

CENTRAL CAROLINA COUNCIL (53)
Helen Horton
Durham, NC

OHIO

AKRON BNA (16)
Cynthia Bell
Akron, OH
BNA OF GREATER CINCINNATI (18)
Jennifer Pearce
Cincinnati, OH
CLEVELAND COUNCIL BNA (17)
Barbara Rogers
Cleveland, OH
COLUMBUS BNA (82)
Stephanie McCoy
Columbus, OH
YOUNGSTOWN WARREN BNA (67)
Lynn Veal
Youngstown, OH

OKLAHOMA

EASTERN OKLAHOMA BNA (129)
Wendy Williams
Tulsa, OK

PENNSYLVANIA

PITTSBURGH BLACK NURSES IN ACTION (31)
Jacqueline Blake
Pittsburgh, PA
SOUTHEASTERN PENNSYLVANIA BNA (56)
Karen King-Shannon
Philadelphia, PA

SOUTH CAROLINA

UPSTATE BNA (121)
Melissa Black
Greenville, SC
TRI COUNTY BNA OF CHARLESTON (27)
Earline Kinloch
Charleston, SC

TENNESSEE

MEMPHIS-RIVERBLUFF BNA (49)
Linda Green
Memphis, TN
NASHVILLE BNA (113)
Shawanda Clay
Nashville, TN

TEXAS

BNA OF GREATER HOUSTON (19)
Ruth Caggins
Houston, TX
FORT BEND COUNTY BNA (107)
Pamela Cormier
Missouri City, TX
GREATER EAST TEXAS BNA (34)
Nina Diggins
Tyler, TX
GALVESTON COUNTY GULF COAST BNA (91)
Lillian McGrew
Galveston, TX
METROPLEX BNA (DALLAS) (102)
Brenda Ross
Cedar Hill, TX
SOUTHEAST TEXAS BNA (109)
B. Midge Jacobs
Port Arthur, TX

VIRGINIA

BNA OF CHARLOTTESVILLE (29)
Dr. Randy Jones
Charlottesville, VA
CENTRAL VIRGINIA BNA (130)
Julie Muldrow
Richmond, VA
NBNA: NORTHERN VIRGINIA CHAPTER (115)
Joan Pierre
Woodbridge, VA

WISCONSIN

MILWAUKEE BNA (21)
JoAnn Lomax
Milwaukee, WI
RACINE-KENOSHA BNA (50)
Juanita Tyler
Racine, WI

DIRECT MEMBER (55)

*IF THERE IS NO CHAPTER IN YOUR AREA