

SUMMER
2021

NBNA NEWS

*NBNA Celebrates its 50th Anniversary
at the 2021 Conference!*



NBNA CHAPTERS ATTEND THE
UNDER 40 FORUM LIVE WATCH PARTY
HOSTED BY VITAS HEALTHCARE



In this Issue

- 4** Message from the Co-Editor in Chief
- 6** NBNA President's Letter
- 8** NBNA Conference Highlights
- 11** NBNA Conference Plenary Session
- 13** NBNA Conference Opening Ceremony
- 20** A Message from Mary Beth Donahue
- 22** Wound Healing and Nutrition
- 26** Positive Outcomes of the NBNA Ad Hoc Committee on Obesity
- 29** The Important Role of Clinicians in Supporting Our Communities
- 31** Mass Shootings in the United States: Then and Now
- 34** Members on the Move
- 35** Chapters on the Move
- 36** Chapter Presidents

NBNA NATIONAL OFFICE STAFF:

Dr. Millicent Gorham

Executive Director / Editor-in-Chief

Dianne Mance

Conference Services Manager

Estella A. Lazenby

Membership Services Manager

Tracy Rudd

Administrative Assistant

Keisha Ricks

Communications / Marketing Services Manager

BOARD OF DIRECTORS:

Dr. Martha A. Dawson

President, Birmingham, AL

Dr. Sheldon Fields

First Vice President, Hollis, NY

Dr. Marcia Lowe

Second Vice President, Birmingham, AL

Sasha DuBois

Secretary, Boston, MA

Reverend Dr. Evelyn Collier-Dixon

Treasurer, Chicago, IL

Dr. Eric J. Williams

Immediate Past President, Los Angeles, CA

Dr. Lovene Knight

Parliamentarian, Los Angeles, CA

Cynthia Bell

Historian, Akron, OH

Constance Brown

*Central Florida Black Nurses Association,
Orlando, FL*

Dr. Chris Bryant

Eastern Colorado BNA, Denver, CO

Dr. Shirley Evers-Manly

*Council of Black Nurses, Los Angeles,
Los Angeles, CA*

Dr. C. Alicia Georges

Ex-Officio, New York BNA, Bronx, NY

Dr. Millicent Gorham

Executive Director

Dr. Rebecca Harris-Smith

Acadiana BNA, New Orleans, LA

Dr. Leonora Muhammad

*Black Nurses Association of Greater St. Louis,
St. Louis, MO*

Kim Cartwright

Black Nurses of Southern Maryland, Clinton, MD

Dr. Mary Kelly

*New Orleans Black Nurses Association,
New Orleans, LA*

Dr. Angelo Moore

Central Carolina Black Nurses Council, Durham, NC

Ardenia Norris

*Student Representative
Auburn University at Montgomery Birmingham Black
Nurses Association*

Carter Todd

Capitol City Black Nurses Association, Sacramento, CA

NBNA NEWS

The NBNA News is printed quarterly; please contact the National Office for publication dates.

NBNA News • 8630 Fenton Street, Suite 910 • Silver Spring, MD 20910 • www.NBNA.org

Millicent Gorham, PhD (Hon), MBA, FAAN, Editor-in Chief

Keisha Ricks, MPA, Co-Editor-in Chief

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

NBNA – A Golden Celebration!

The 50th anniversary celebration of the founding of the National Black Nurses Association, Inc. (NBNA) was the event of a lifetime! The theme of this year is *“Celebrating 50 Years of Innovative Community Service, Practice, Education, and Research in Nursing.”* Fifty years of service, practice, education, and research in nursing were acknowledged on a grand scale. The first-rate, remarkable conference sessions reminded NBNA members and friends of the reason for the organization’s founding and continued existence.

NBNA salutes its First President Dr. Lauranne Sams (deceased) and all of our past presidents, Dr. Carrie Rogers Brown, E. Lorraine Baugh, Ophelia Long (deceased), Dr. C. Alicia Georges, Dr. Linda Burnes Bolton, Dr. Betty Smith Williams, Dr. Hilda Richards, Dr. Bettye Davis Lewis, Dr. Debra A. Toney, Reverend Deidre Walton and Dr. Eric J. Williams. And, we thank the presidents of the 111 NBNA chapters and their leadership teams and volunteers for the exemplary work that you do in our communities to keep us all healthy and strong.

Thank you to our host chapter, the Metroplex Black Nurses Association of Dallas and our NBNA President, Dr. Martha A. Dawson and Conference Chairperson Dr. Eric J. Williams for a superior event. A huge thanks to NBNA Executive Director, Dr. Millicent Gorham, and the dynamic NBNA office staff, Dianne Mance, Estella Lazenby, Keisha Ricks, and Tracy Rudd, for arranging a virtual experience of the highest quality and standards! We are sincerely appreciative and in awe of the staff’s attention to conference logistics. Their hard work resulted in an amazing conference for attendees, sponsors, and exhibitors.

The preconference session on Wednesday, presented by the American Red Cross, reminded us of the importance of increasing diversity in the nation’s blood supply. Each of us must be an advocate and educate others on the value of blood donation. Wednesday’s activities concluded with chapters across the nation hosting Live Under 40 Watch parties sponsored by VITAS Healthcare.

The opening keynote address by The Rockefeller Foundation Executive Vice President Otis Rolley explored the need to advance the nation’s work on health equity. The COVID19 pandemic has pulled back the curtain exposing the necessity of doing more to reduce health care disparities.

The plenary session reminded us how to increase and employ resiliency in our important work as we focus on health equity. The speakers offered specific tips to keep us all resilient as we keep our patients healthy.

The presidential address energized us as the NBNA President Dr. Martha A. Dawson guided us through a reflection of our beginnings and a bold awareness of why we remain relevant and viable 50 years later.

NBNA was excited to award the Lifetime Achievement Award to U.S. Representative Eddie Bernice Johnson and Trailblazer Awards to U.S. Representatives Cori Bush and Lauren Underwood.

NBNA was delighted to present Lifetime Achievement Awards, Trailblazer Awards, Nurse of the Year Awards, Forty and Under Awards to deserving NBNA members.



A Message from the Co-Editor in Chief

The remainder of the conference was equally as impressive as the opening day; concurrent sessions and varied symposia were educational and thought-provoking. The virtual exhibit hall and the poster sessions were great opportunities to network and connect. The awards presentations recognized and celebrated the inspiring work of our NBNA chapters and individual members. A spectacular point to mention is the awarding of an unprecedented \$172,000 in scholarships to support the educational efforts of our NBNA members!

Another key feature of the conference was the plenary session hosted by the American Academy of Nursing (AAN). The AAN President Dr. Eileen Sullivan-Marx, Dean, New York University Rory Meyers College of Nursing excited the members to draw on their body of work, their subject matter expertise and the impact of their work and consider becoming Fellows of the American Academy of Nursing.

The closing session presenter, Ena Williams, Senior Vice President and Chief Nursing Officer, Yale New Haven Hospital, encouraged all of us to be innovative as we look for opportunities and by seizing the moments that are at hand.

NBNA honors our 53 new Lifetime Members and thank them for their unwavering commitment to our mission.

We are most appreciative of the NBNA Corporate Roundtable Members, Partners, Sponsors, Exhibitors and

Advertisers who helped to make this 49th Conference and 50th Anniversary such an overwhelming success.

Our fiftieth anniversary celebration energized and fortified us to remain vigilant in our commitment to positively impact the health status of the nation's population, particularly those who are traditionally underserved.

Over these past 50 years, NBNA STILL has much to celebrate. NBNA members have continued to share their expertise. We remain the voice for underrepresented groups as we continue to care for the health and safety of patients, families, communities, and the nation. We are in position to reframe, reconstitute and reconfigure our nation's health system aiming for health equity for ALL U.S. residents. There is GREAT opportunity. For half a century, the NBNA and its local chapters have leveraged opportunities to advance the health status of the nation's residents. May we continue our advocacy efforts on behalf of the health and well-being of those for whom we are committed to serve.

NBNA – Be renewed in our determination to continue making a difference in service, practice, education and research in nursing.

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

Diversity, Equity, Equality, and Inclusion (DE2I): From There to Here and Back Using New Lenses to Address Organizational Practices

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

*There is nothing new under the sun
(Ecclesiastes 1:9KJV),
and doing the same things gets the same results.*

For the last 2 years, I have listened to conversations around diversity, equity, and inclusion (DEI) and racism. I have observed a heightened emphasis on developing and recruiting for new DEI staffing positions. However, these positions have existed for decades in businesses, universities and healthcare organizations. Mostly, the work assigned to these positions appears to focus on “training” around the concepts of diversity, equity and inclusion.



In case you have not noticed, organizations receive awards and recognitions for being the most “diverse”. Diversity typically involves counting every difference within an organization or department/unit. Therefore, a department could have one person from a different race, one person from a different gender identity, two people representing different ethnicities, three females, one tall person, two short persons, five people representing different countries, etc., and receive the award for being the most diverse department. Since diversity is the analytical profile of differences in the organization, it is easy to measure and is ideal for developing dashboards that are then translated to mean organizational excellence, (Dawson 2018a; Dawson 2018b). Reaching a diversity goal is low hanging fruit relative to supportive, respectful and safe work environments.

Equity is about fairness and justice. Equity in the workplace means that every person has access to and receives the resources they need to achieve and do their best work. Equity is about the impartiality of decision-makers and leaders in the organization. There are three types of organizational justices that employees use to perceive if the workplace is fair: 1) Distributive justice focuses on perceived fairness of distribution of recognition and resources; 2) Procedural

justice focuses on how processes and procedures are used to make resources and support allocation decisions; and 3) Interactional justice is dependent on decision-makers' and leaders' behaviors in making decisions (DeConinck, 2010). Of course, many will say these concepts are perceived fairness, and that is why equity is much more difficult to translate into a measurement without taking the pulse of an organization's most valuable resources, its diverse workforce.

Some leaders may argue that measuring employees' perceptions of equity using surveys is subjective and based on employees' perceptions of leaders' fair-mindedness. However, there are opportunities for measuring equity other than employee surveys; but the process requires a commitment and a deep dive into leaders' practices of rewarding employees based on their inputs and the outputs they are receiving. The organization may evaluate salary equity, promotion practices, training and development, and opportunities to impact revenue such as grant writing, and leadership roles over revenue producing activities and centers. Organizations must perform the baseline work of identifying leaders and decision-makers "work around" **practices that provide illusions fairness**. This may mean evaluating and addressing an organization's equality practices. Equity and equality are not defined the same and are not interchangeable concepts.

From my vantage point, organizational equality is different from the social policy view of equality that focuses on everything being equal amongst races, ethnicity, gender, and other societal or human characteristics. This is why I believe we are having such push-back and attacks on the "critical race theory". Equal treatment in organizations is essential. The focus of organizational equality is a state of being treated equally in professional status, progression in one's career, promotional opportunities, salary, and the right to share in all the benefits and to be heard and given respect as an essential voice at the table. Therefore, it has always mystified me as to why organizations are so quick to hire someone to address DEI. Then, behave as if one individual can address and change these types of organizational issues instead of the leaders addressing the organizational culture and climate. Organizations that are serious about stepping into this space **would** start with evaluating and addressing the behaviors and practices of leaders and decision-makers. Of course, this action would mean that the goals and strategies of the board and top leaders are designed to improve the treatment of employees in the workplace and embrace differences as tactical assets.

This approach requires what I call organizational bravery and internal self-examinations. The approach also means

stepping into the space of organizational equality. Therefore, using the above definition of equality, the new acronym DEE-I or DE²I would be used to change the work environment through the lens of those who are working under physical, mental, and spiritual distress. In addition, I would argue that addressing diversity, equity and equality would accelerate the development of an inclusive environment. This approach is out-of-the-box thinking, and one has to really focus on the two concepts of equity and equality and what these terms mean relative to organizational improvement.

In order to address organizational culture and climate, in addition to behaviors and practices of leaders, the focus cannot just be on diversity, equity, and inclusion. I truly believe we have to also focus on organizational equality. To translate, this means you have to see me and ask how you are treating me in your organization as value added. A simple suggestion is to ask yourself how many of your leaders have I trained to become my supervisors? So, while I may have had access to the same training and resources, in the larger sense of organization justice/fairness and in the end, I was not treated equally. Therefore, I cannot I feel I am being included, as if I "belong". Belonging means I can be my authentic self, both professionally and personally, with respect to culture and lived experiences (Glassdoor Team, 2021).

Another practice that leadership can adopt is connectedness. Organizations that are reaching for excellence want everyone to feel connected to the primary business. Connectedness is the process of merging my heart and work with the strategic direction of the organization which is embedded in the mission, vision and value statements. Moving forward, the challenge for leaders is to envision a better way of leading and to allow the focus to be on employees and the business and not the leader's role and position.

References:

1. Dawson, M. A. (2018a). If not now when: Addressing diversity, equity, and inclusion in nursing. *National Black Nurses Quarterly Newsletter, Spring*, 41 & 43. https://www.nbna.org/files/cs_NBNA_SPRING_2018_FINAL_rev02.pdf
2. Dawson, M. A. (2018b) Minority Nurse: Thoughts on nursing <https://minoritynurse.com/martha-dawson-thoughts-nursing/>
3. DeConinck, J. B. (2010). The effect of organization justice, perceived organizational support and perceived supervisor support on marketing employees' level of trust. *Journal of Business Research*, (63) 1349-1355.
4. Glassdoor Team (2021). What Is Diversity, Inclusion and Belonging? Blog <https://www.glassdoor.com/employers/blog/what-is-diversity-inclusion-and-belonging/>



The Virtual 49th Annual Institute and Conference and 50th Anniversary Celebration was adapted to a virtual event this year to ensure the benefits from the traditional conference continued in a COVID safe way. We also understand the need for attendees to balance workload and learning - the conference offered recordings, networking events, gala and social events and live sessions.

The 2021 conference was held over five days from August 4-8, 2021. The theme this year is *"Celebrating 50 Years of Innovative Community Service, Practice, Education and Research in Nursing."*

Conference Objectives:

- Discuss the importance of a nurse's ability to be resilient and practice self-care.
- Discuss disruptive trends in health care delivery and inequity in healthcare.
- Examine emerging opportunities for transforming the future of nursing through innovative nursing/ interdisciplinary practice, education, research and policy advocacy.
- Identify new models of care to reduce inequities in health care and improve health outcomes for minority and underserved communities.

Highlights of the conference included:

- 5 days of live and recorded content
- 3 days of NBNA workshops, mentorship sessions, Under 40 events, development programs, lunch and learns
- 45 NBNA members were awarded scholarships
- 35 contact hours offered

This year's virtual conference provided a range of options to consume knowledge and engage with speakers, exhibitors and colleagues.

Check out some of our highlights below from the conference. Don't forget to share your virtual conference highlights with us. To join the conversation on social media, follow and mention NBNA on [Twitter](#), [Instagram](#), and [Facebook](#) and use the hashtags #NBNACelebrates50Years, #NBNAResilient, #NBNAConference21.

Go to www.nbna.org and check out the 2021 Conference Souvenir Program Book for scholarship recipients, Under 40 Awardees, Nurse of the Year Awardees, NBNA Lifetime Achievement and Trailblazer Awardees and Chapter and Membership Awardees.

Three U.S. Members of Congress Awarded Presidential Awards

Presentation of the Presidential Awards

During the President's Gala, hosted by Dr. Martha A. Dawson, NBNA President and CEO, shared her heartfelt remarks as she honored three nurses who currently serve in the U.S. House of Representatives. "They are activists, advocates for nursing and for the communities that they serve. They are staunch believers of social and racial justice here in the United States and worldwide. They are strong African American women unbossed and unbroken. I am grateful to call them colleagues and friends," she said as she addressed the virtual audience.

NBNA is pleased to present the NBNA Presidential Awards to these three ambitious U.S. Representatives: **Eddie Bernice Johnson, Lauren Underwood and Cori Bush.**



The Honorable Eddie Bernice Johnson, United States House of Representatives, Dallas, TX

Congresswoman Johnson is the highest-ranking Texan on the House Transportation and Infrastructure Committee and the first nurse to be elected to the U.S. Congress.

"I was the first nurse elected to Congress - this background has been instrumental in how I work to achieve my legislative goals, develop a plan, execute again with a strategy, and organize while having a strong sense of compassion and empathy," stated Congresswoman Johnson. "In the face of extreme adversity, including long hours due to understaffed hospitals, health risks of COVID-19 exposure, and mass trauma due to severe stress - nurses have demonstrated the resiliency and dedication that defines our profession. I've been proud to advocate on behalf of these nurses throughout my career in Congress, and the NBNA has been there every step of the way."

Congresswoman Johnson presented NBNA a congressional resolution, which she introduced in the House of Representatives that following week. The resolution was given to NBNA for their commitment to education, and educating and training a pipeline of American Nurses. It highlights the importance of NBNA's work now more than ever before. "This effort reaffirms our commitment to work alongside one another in the years to come," said Congresswoman Johnson.



Three U.S. Members of Congress Awarded Presidential Awards (cont.)

Congresswoman Johnson began her career as the first female African American Chief Psychiatric Nurse at the V.A. Hospital in Dallas. In 1972, she became the first nurse ever elected to the Texas State House and achieved that same distinction upon her election to the Texas Senate in 1986. From 2011 to 2018, she served as the Science, Space and Technology Committee's first African American and first female Ranking Member. She is the founder of the Diversity & Innovation Caucus, the founder and co-chair of the Congressional Homelessness Caucus, co-chair of the Congressional Lupus Caucus. Congresswoman Johnson had the honor to serve as Chair of the Congressional Black Caucus during the 107th Congress.

Established in 2016, her acclaimed initiative, *A World of Women for World Peace*, has gained national and international recognition. She decided that she needed to do her part in "bringing a culture of peace to the world. She started with the mothers of young boys who were consigned to war in Africa to facilitate "peace-building, peace-making and peace-keeping activities across the world." This important international initiative helps to "re-emphasize the necessity of peace and diplomacy across the globe."



The Honorable Lauren Underwood, Unites States House of Representatives (D-IL), Naperville, IL

Congresswoman Lauren Underwood serves Illinois' 14th Congressional District and was sworn into the 116th U.S. Congress on January 3, 2019. Congresswoman Underwood is the first woman,

the first person of color, and the first millennial to represent her community in Congress. She is also the youngest African American woman to serve in the United States House of Representatives.

"I would like to thank the National Black Nurses Association for the invitation to join you for your 50th anniversary conference. And I would especially like to thank your president, Dr. Martha A. Dawson, for her leadership to carry the associations mission forward into its 50th year for half a century," stated Congresswoman Underwood. "The National Black Nurses Association has been committed to expanding access to high quality healthcare for African Americans and other people of color. Your association has been a leading change agent, helping to enact important policies that have improved health outcomes, advance equity, and save lives.

I want to say 'thank you', your work has been even more challenging and important over the past year and a half, since the start of this pandemic."

Last year, Congresswoman Underwood and Senator Jeff Merkley, unveiled a sweeping agenda to support nurses on the front lines of the COVID-19 pandemic - including access to testing treatment, paid childcare, and mental health resources. Congresswoman Underwood discussed the need to support our nation's nurses that will extend far beyond this public health emergency. She introduced the Future Advancement of Academic Nursing Act, which would make a historic \$1 billion investment in schools of nursing to strengthen nursing education and grow the nursing workforce. Another initiative she discussed was the Momnibus Act which includes 12 bills that will build on existing legislation to comprehensively address every driver and maternal mortality morbidity and disparities in the United States.

"It's unacceptable that in the wealthiest country on Earth, we have the highest pregnancy related mortality rate in the developed world. Black mothers are three to four times more likely to die from pregnancy related causes than white mothers, a disparity that cuts across education levels, income brackets, and any other demographic factors to address both the clinical and non-clinical drivers of this crisis," said Congresswoman Underwood.

The Momnibus Act would make investments to grow and diversify the perinatal workforce, provide funding for community-based organizations, address social determinants of health, and support pregnant people and new moms with mental health conditions and substance use disorders. These are critical policies that will save lives.

"I am grateful for the support of the National Black Nurses Association on the Momnibus Act, and I know I'll be able to continue to count on you to advocate for this policy, and many others that are important for nurses and the patients you care for. Thank you for your work on these issues and thank you for 50 years of good trouble. Here's to many more years of impact and service to come," stated Congresswoman Underwood.

Congresswoman Underwood serves on the House Committee on Appropriations, one of the money committees and the House Committee on Veterans' Affairs. Congresswoman Underwood co-founded and co-chairs the [Black Maternal Health Caucus](#), which elevates the Black maternal health crisis within Congress and advances policy solutions to improve maternal health outcomes and end



Three U.S. Members of Congress Awarded Presidential Awards (cont.)

disparities. Her name will forever be linked to The Momnibus Act, a series of 12 bills folded into one inclusive piece of legislation, endorsed by more than 240 organizations including the NBNA. The bill makes critical investment in pregnant and post-partum veterans, diversifies the perinatal workforce, and supports moms with maternal mental health conditions and incarcerated moms. She also serves on the House Democratic Steering and Policy Committee. Representative Underwood is a member of the Future Forum, a group of young Democratic Members of Congress committed to listening to and standing up for the next generation of Americans, the Gun Violence Prevention Task Force, Congressional Black Caucus and the LGBT Equality Caucus.



The Honorable Cori Bush, United States House of Representatives (D-MO), St. Louis, MO

Congresswoman Cori Bush is a registered nurse, community activist, organizer, single mother, and ordained pastor, serving her first term as the representative of Missouri's 1st Congressional District.

"As many of you know, long before I came to Congress, I was a nurse, and still am," said Congresswoman Bush. "I was inspired by my grandmother's - both nurses themselves. I would see them in their white dresses white hat white stockings and white shoes." Congresswoman Bush shared that it wasn't until she started working as a Candy Striper in a hospital that she first saw a black nurse doing the work.

"I watched as she cared for her patients and took charge on that floor. I saw how many people responded to her and knew that that's what I wanted to do. I wanted to help people," she said. And helping people was what she did. Representative Bush provided care not only to patients in hospitals and clinics, however she also provided that same care to people protesting in defense of Black Lives Matter on the streets of Ferguson, Missouri. Throughout the pandemic, nurses have often been called essential workers, as the work they do is beyond essential. The role of a nurse goes beyond checking vital signs and administering

medication - being a nurse means providing comfort and showing compassion towards what can be the worst days of a person's life. Being a nurse means forming relationships with not just your patients, but their families as well. Bush stated that, "being a nurse means giving your whole heart to the people you care for, and being a black nurse means that despite the discrimination from both patients and coworkers, lower wages and the higher likelihood of holding student debt, we continue to provide excellent care for all."

Congresswoman Bush is the first Black woman and first nurse to represent Missouri; the first woman to represent Missouri's 1st Congressional District; and the first activist from the movement fighting for Black lives elected to the United States Congress. Congresswoman Bush is passionate about her mission in Congress because she has lived the experiences of those that she represents, unhoused, survivor of heinous violence, and hardships that most people would have counted her down and out.

In 2014, following the murder of Michael Brown, Jr. Congresswoman Bush spent more than 400 days protesting for justice — leading on the 'Ferguson Frontline' as a nurse and clergy. During the day, Representative Bush was responsible for providing triage-medical care and resources to her community. In the evenings, she would return to march for justice — surviving police brutality in the process. In the years following, she continued her activism as a co-founder of The Truth Telling Project and as a leader of the protest group #ExpectUS.

Congresswoman Bush is the recipient of the 2015 "Woman of Courage" Award from the Emmett Till Legacy Foundation. In June of 2019, she was selected Top Nurse by the International Nurses Association. In October of 2020, the Jefferson City NAACP awarded Congresswoman Bush their prestigious "Trailblazer Award." Her guiding principle is "to make sure every single person in her district, in our country, and around the world lives a decent life."

NBNA is honored to present the NBNA Trailblazer Awards, the Lifetime NBNA Membership Award and Life Time Memberships to Congresswomen **Eddie Bernice Johnson, Lauren Underwood and Cori Bush**. We are ecstatic for your leadership and activism.



Resiliency & Recovery

Ten Essential Tips for Nurses to Stay Resilient

Imana “MO” Minard, MSN-ed, RN, CENP, EMT-P

It is no secret that being a nurse is both rewarding and stressful. No one goes into nursing expecting a cakewalk either. This profession is not only physically demanding, but mentally and emotionally taxing, too. Nurses are expected to be strong in the face of suffering and tragedy, while also showing compassion and empathy. Straddling this line can be hard at times.

During the **NBNA Plenary Session I Innovative Leaders Strategy to Foster Nurse Resilience** session, we learned that it is essential to prioritize your mental wellbeing. By taking care of yourself, you’ll be less likely to experience burnout and better able to provide top-quality care to every patient. Tapping into your inner self is one of the core avenues towards resiliency and recovery.

Here’s some strategies to get to your inner self and can help nurses manage stress and stay positive all year long:

1. Be Still and Make Self-Care a Priority

Nurses are inclined to focus on the needs of others. Therefore, you should make a point to squeeze in at least one self-care activity that makes you happy every day, such as reading your favorite book or taking a bubble bath.

2. Spend Time with Positive People and Evaluate Your Circle

When work life feels hopeless, nurses can benefit from reaching out to others to gain some positive energy. Increasing social contact and venting to a good listener are great ways to relieve stress and calm anxious nerves. Sharing work concerns, problems, or thoughts with loved ones or your peers can also help build trust and strengthen these relationships.

3. Set Aside Relaxation and Quiet Time

Practicing daily relaxation techniques, such as prayer, meditation, yoga, or deep breathing, can help nurses



Imana “MO” Minard is a Director of Nursing for Beaumont Farmington Hills in Southeast MI. She is Certified in Executive Nursing Practice through the American Organization of Nursing Leadership, an award-winning radio host and prominent nurse influencer in Metro Detroit.

achieve a state of restfulness. However, it takes daily practice to earn the full benefits. Getting into a habit of engaging in regular relaxation time can lead to improvements in overall health and happiness.

4. Begin the Day with Positive Self-Talk or Quote

Daily positive affirmations, also known as self-talk, can have a significant influence on how we react to our environment, jobs, and other people. Making a habit of this can help increase self-esteem and reduce feelings of anxiety and depression. For instance, write a positive affirmation and keep it handy at work to refer to when starting to feel overwhelmed.



STRATEGIES TO TAP INTO YOUR INNER SELF

- Be Still
- Tell Your Brain to Be Quiet
- Practice Self Affirmations
- Read a Positive Quote Daily
- Evaluate Your Circle
- Exercise Self Awareness
- Initiate Gratitude

5. Keep a Consistent Exercise Routine

Regular exercise is an excellent way to manage nursing stress and work burnout. As the Centers for Disease Control and Prevention points out, at least 30 minutes of daily physical activity helps to improve mental health, cognitive function, and quality of sleep, as well as decreases depression and the risk of many cardiac diseases.

6. Just Say No to Extra Shifts

Nurses are often eager to assist when someone asks for help, however sometimes you just have to say 'no.' Working long hours can lead to burnout and even compromise patients' safety. Saying no to extra shifts also leaves time for more meaningful things in life. This could mean more quality time with family and friends, walking and exercising, or starting a new hobby. Plus, when we achieve a better work-life balance, we become more successful as nurses.

7. Take a Break from Social Media and News

There can be a lot of distractions on social media platforms, and disconnecting is sometimes needed. Aim

to also turn off cell phones, put away the laptop, and stop checking email. Instead, try spending some time outdoors and breathe in fresh air while doing something physically active and enjoyable.

8. Aim for 8 Hours of Sleep

Getting enough sleep every day is paramount—particularly for nurses. An article from health.gov discusses several benefits of sleep. This includes an elevated mood, reduced feelings of stress, improved cognitive function, and better maintenance of a healthy weight. Therefore, it's important to make time for a few calming activities to help unwind after a stressful day.

9. Write a Plan and Start a Gratitude Journal

Despite the hard times, there is always something to be thankful for. Writing about what we're thankful for can encourage feelings of optimism and boost overall well-being. Writing your gratitude in a journal works by adjusting our focus and changing how we perceive situations over time. This type of writing allows us to see more of the world around us, deepening our appreciation for the things and experiences we have.

10. Take time to RE:SET

NBNA, powered by the Pfizer Foundation, delivers RE:SET – a FREE, mental wellness program developed for NBNA members to help them RE:SET, recharge and widen their circle of support. Take advantage of this gift at <https://www.nbnareset.com/> today!

Stress and feeling overwhelmed are an inevitable part of nurse's life. However, by fostering healthy habits and coping strategies can help reduce feelings of burnout and boost resilience. Try to take a pause with the hustle and bustle of everyday life and incorporate a few of these actionable steps every week to maintain a better work-life balance and improve overall health.



There Should Be No Disparity Between People of Color and Whites in Relation to Vaccination

Otis Rolley

Otis leads The Rockefeller Foundation's 2030 sustainability development goal (SDG) of decent work and economic growth, SDG Goal 8, within the United States. Recognizing low wage workers as essential, even prior to COVID-19, Otis directs all U.S. work focused on enhancing the ability of every working person to meet the basic financial needs of their family and have a path to a better future. With a focus on equity, Otis provides stewardship for U.S. grant making and investing that is aligned to strategic levers to fill key U.S. economic opportunity gaps in tax and budget policy design and implementation, access to capital and asset ownership and worker coalition-building and advocacy.

During Mr. Rolley's keynote presentation, he discussed that In April of 2021, The Rockefeller Foundation announced a historic \$20 million investment in an equity first vaccine program aimed to increase vaccinations among black indigenous people of color, and through hyper local community driven models to increase access and confidence. It was launched because of a national strategy that did not seek to directly combat inequities.

"Our goal is simple. There should be no disparity between people of color and whites. I'm proud to say that we are very close to achieving that goal," stated Mr. Rolley. "But in partnership with foundation leaders and community leaders all around this country, we decided that an equity first agenda needed to be a priority."

The initiative and strategy were formed by a survey conducted by a leading millennial and black owned public opinion research firm. The study found that while a vast majority of respondents wanted to get vaccinated, they also faced discrimination in medical settings and barriers to access. It also found that while most respondents wanted to get vaccinated, when eligible, a majority also did not know how to get vaccinated. This was contrary to all the scuttlebutt that organizations were hearing in reference to people of color having high rates of vaccine hesitancy.



Otis Rolley
Senior Vice President,
U.S. Equity and
Economic Opportunity
Initiative (US EEO)
at The Rockefeller
Foundation, New York,
NY.

Here are some of the issues that were addressed in relations to people of color and vaccine hesitancy:

- People of color wanted access to information and access to the vaccine.
- Two thirds indicated that they did not have enough information and did not know where to go about receiving it.
- They did not know where to go to get the vaccine.

"We're proud to collaborate with organizations that are working with key local institutions, community-based organizations, and government agencies, to ensure that disproportionately impacted communities and low wage workers are adequately served and equitably vaccinated. This work would not be possible without the **National Black Nurses Association**, and its members," Mr. Rolley stated during his keynote.

The Initiative will support resource hubs to increase access to healthcare, housing, and other ground critical health sustaining needs. The Rockefeller Foundation will continue to deliver on the \$25 million commitment to equitably vaccinate the nation and to support community-driven organizations like NBNA who continue to "fight the good fight."



Addressing Health Equity Through Innovative Nursing Leadership

Ena Williams, MBA, MSM, BSN, RN, CENP

There are many definitions out there in relations to health equity, however according to the [Centers for Disease Control and Prevention \(CDC\)](#), health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Your zip code can determine your quality of life and lifespan.

Ms. Williams discussed how to become a leader who can innovate no matter the role, educational level, responsibilities, experience level, or wherever one finds themselves being of service. Leadership involves action, which means that at all times, a nurse should be in motion. How can nurse leaders become action-oriented individuals and innovators? Below are a few takeaways you may want to consider:

Nurses should

- Address the social position or social determinants of the population—which is equity—using new ideas, practices, invention, or new ways of thinking.
- Help to raise the collective voices and make sure that we are part of leading the change.
- As leaders, find their place at the table.

As a matter of fact, black nurses have been innovating for centuries, even when things have always stood in the way of progress. Black nurses have always found a way to innovate. One of the very early black nursing innovators was Mary Secole. The NBNA celebrates 50 years and was led by Dr. Lauranne Sams. Black nurses have made tremendous impacts and progress in our society, even when at times we may face adversity.

However, there is still much more work to do.



Ena Williams
Senior Vice President
and Chief Nursing
Officer Yale New
Haven Hospital, New
Haven, CT.

No other time has this been more visible than through this pandemic. Many may not want to acknowledge that inequities were a result of how the systems and structures were designed. However, the struggle continues to be exemplified in our inequities and access to care. Varied decisions are made based on the perceptions of the caregiver, and the patient data shows that minority patients, despite their socio-economic status or wealth, are subject to the same disparities, because of the color of their skin or their ethnicity.

Black patients are given less pain meds because of the perception that they are drug-seekers and can tolerate pain more than other races. They are often not heard in the same manner as other patients. Studies have shown that as a result, patients will not speak up for fear of retaliation or withholding of care, and some are really scared that something bad will happen to them.

So, this is the moment to be the innovative nurse leader. As black nurses, we have the responsibility to innovate for change.



NBNA Receives \$248,000 from Direct Relief to Establish the NBNA Early Experiential Mini Nurse Academy (EEMNAC)

Dr. Martha A. Dawson, NBNA President

Dr. Martha A. Dawson, NBNA President, shared her sentiments and remarks regarding the generous \$248,000 gift from Direct Relief to establish the Early Experiential Mini Nurse Academy (EEMNAC).

The EEMNAC is a learning program for youth with the goal to increase awareness and understanding of the roles of nurses in health care. The purpose is to introduce children to the art and science of nursing and the roles that nurses play in health care and society. Students who participate in and complete the program will be prepared to apply to college and pursue a degree in nursing. The long-term goal is to increase the percentage of African Americans/Blacks in the nursing profession.

In 1975, Black registered nurses were 3.2% of the US RN population, and in 2018, Black RNs were 7.8% of the 4.0 million RNs in the US. The goal of the NBNA Mini Nurse Academy is to increase the percentage of Black RNs in the US to 15.6% by 2035.



Martha A. Dawson, DNP, RN, FACHE, President and CEO, National Black Nurses Association, Associate Professor, University of Alabama, Birmingham, School of Nursing

The framework for this project is based on the sport/athletic training and education model. Students start early participating in sports events such as ball games, track and field, gymnastics, dance, and tennis with the belief that “practice make perfect” and will lead to a professional sport career.

NBNA looks forward to setting the stage for the next generation of Black nurses in the country thanks to Direct Relief’s generous gift!



19 Chapters Attend Under 40 Forum Live Watch Party Hosted by VITAS Healthcare

It was a grand time as 19 NBNA chapters moved and grooved to the band Silkee Smoove. Singing “why the NBNA in me,” it was the perfect time to fellowship and demonstrate through excitement and cheer, why NBNA is the perfect choice and home for aspiring, seasoned, and retired nurses.

There was not only live music, however NBNA members and guest participated in line dances and raffles.

Take a peek at some of the snapshots from the event and look at how much fun NBNA had during this night. Thank you ViTAS Healthcare for a grand night.





Live Watch Party (cont)



NBNA Takes Over Chicago for the 50th Annual Conference on July 26-31, 2022



NBNA is excited to be back with you in person to celebrate the 50th Annual Conference taking place in Chicago, July 26-31, 2022, at the Hilton Chicago Hotel. Please save the date!

Thank you to all our attendees and collaborators for sharing your enthusiasm and participation at this year's 49th Annual Conference and 50th

Anniversary year. We are excited to see you in Chicago in 2022!

To view the official program book for this year's conference, go [here](#). You can also find more conference related information and updates at <https://www.nbna.org/conf>. Follow us on [Instagram](#), [Facebook](#), and [Twitter](#)!

Improving Outcomes for People with Multiple Sclerosis

AVAILABLE POSTDOCTORAL OPPORTUNITIES BEGINNING JULY 1, 2021

Introduction

The long-term objective of this new postdoctoral training program is to improve the effectiveness of rehabilitation interventions in people with multiple sclerosis (MS). Research indicates that interventions involving the learning of self-management skills and engaging in healthy behaviors have only a modest effect on improving function and quality of life in people with MS. Innovative research is needed to optimize the effectiveness of self-management and rehabilitation interventions in people with MS. Such research will need to be (a) interdisciplinary, (b) inclusive, and (c) designed to identify the best strategies to improve outcomes of adherence and health.



Available Opportunity

Postdoctoral opportunities exist for nurse scientists to receive research training to improve rehabilitation and self-management outcomes in people with MS. This innovative training program is a collaboration involving the Cleveland Clinic Department of Physical Medicine and Rehabilitation and Frances Payne Bolton School of Nursing at Case Western Reserve University. The training program is sponsored by the National Multiple Sclerosis Society and a grant from the Patient-Centered Outcomes Research Institute. Mentoring will be provided under the direction of Matthew Plow, PhD, Francois Bethoux, MD, and Ronald L. Hickman, Jr., PhD, RN, ACNP-BC, FNAP, FAAN. Ideal applicants will be PhD-prepared nurses. Applicants who are PhD-prepared in rehabilitation or exercise science will also be considered. Qualified candidates from historically marginalized groups, ethnic minorities, sexual and gender minorities, and persons with disabilities are invited to apply.

Training Activities

Perplexing questions remain on designing self-management and rehabilitation interventions that incorporate optimal dosing, the most effective skills and behaviors to improve health outcomes, and the best ways to promote adherence. Training will be tailored to the selected candidates interests. It will include learning about rehabilitation concepts, universal research design principles, and the pathology and psychosocial impact of MS. After completing this introductory training, advanced training will be concentrated in the following areas: digital and blood biomarker discovery, function and quality of life measurement, technology-enhanced behavior change, and multiphase optimization strategies.

Benefits

- Access to several datasets and hands on experience with conducting large clinical trials
- Receive novel training from mentors with established research programs
- Salary for 2 to 3 years of duration commensurate with experience
- Stipend to conduct pilot study

Contact

Matthew Plow, PhD

Tel: 216.368.8969 **Email:** map208@case.edu
<https://case.edu/nursing/i-well-research>



FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

A Message from Mary Beth Donahue

President and CEO of the Better Medicare Alliance



Mary Beth Donahue is the President and CEO of Better Medicare Alliance, a coalition of 160 ally organizations – including the National Black Nurses Association – and more than 600,000 grassroots advocates committed to protecting and strengthening Medicare Advantage.

Learn more at www.bettermedicarealliance.org

Dear National Black Nurses Association,

It is my absolute pleasure to work alongside you and support the outstanding work of the National Black Nurses Association as the new President and CEO of the Better Medicare Alliance.

I arrived at Better Medicare Alliance by way of the Department of Health and Human Services, where I served as Chief of Staff during the Clinton Administration. Most recently, I served as Executive Director of Kidney Care Partners, a coalition of stakeholders dedicated to improving quality of care for individuals living with kidney diseases.

As you may know, Better Medicare Alliance and the National Black Nurses Association enjoy a strong partnership that I look forward to seeing continue.

Better Medicare Alliance is a community of 600,000 grassroots advocates and 160 diverse organizations – provider groups, community partners, health plans, and professional associations like NBNA – working together to protect and strengthen Medicare Advantage, the public-private partnership in Medicare where nearly 27 million seniors and individuals with disabilities receive coverage today.

The guidance and involvement of NBNA has been invaluable in this effort. You all are truly the experts in your field; frontline heroes who are interacting daily with beneficiaries and delivering compassionate, lifesaving care. We owe you a debt of gratitude always, but especially now as you serve and sacrifice to keep our communities healthy and safe amid the COVID-19 pandemic.

As I conclude my first month at the helm of Better Medicare Alliance, I find myself looking back on all that the organization has accomplished to date, and how each of you at NBNA helped bring us to where we are today.

In 2019, NBNA joined Better Medicare Alliance for a timely, impactful convening with other health care leaders on health equity – providing insights and expertise that would inform a report following shortly thereafter.

Last year, your President, Dr. Martha A. Dawson, lent her voice to a powerful joint op-ed with Better Medicare Alliance on the ways COVID-19 awakened many Americans to deep, longstanding racial disparities in health care and how Medicare Advantage offers important tools to remedy these injustices.

As we look ahead to the remainder of 2021 and beyond, I humbly ask for your organization's continued involvement.

The partnership between NBNA and Better Medicare Alliance has flourished because you value the same data and research that we do.

Minority beneficiaries are increasingly choosing Medicare Advantage over Fee-for-Service (FFS) Medicare. Since 2013, minority enrollment in Medicare Advantage has jumped by 111 percent and, today, 49 percent of Black Medicare beneficiaries choose Medicare Advantage. By comparison, Medicare Advantage enrolls 42 percent of the overall Medicare population.

Separately, polling from Morning Consult shows that Medicare Advantage enjoys a 99 percent satisfaction rate among minority beneficiaries, due in part to its meaningful cost protections, extra benefits, and better health outcomes when compared to FFS Medicare.

These successes don't happen by accident. Medicare Advantage depends on continued bipartisan support from policymakers to keep costs low and quality high for beneficiaries.

Fortunately, that support remains strong. Last year, a record-setting 403 members of Congress declared their support of Medicare Advantage – marking a bipartisan supermajority of Capitol Hill.

More recently, 70 Members of Congress in districts with Medicare Advantage enrollment rates above 50 percent sent a letter to the Biden administration expressing their support for Medicare Advantage. Friends of NBNA like Reps. Val

Demings, Frederica Wilson, Nikema Williams, Terri Sewell, and others were among the list of co-signers.

With the help and guidance of valued allies like NBNA, Better Medicare Alliance will continue championing affordable, high-quality health care for every Medicare beneficiary – regardless of their identity, zip code, background, or how they choose to receive their Medicare benefits.

I am grateful to stand alongside you in these efforts. As my work with Better Medicare Alliance continues, I am hopeful to meet many of you and hear your perspectives firsthand along the way.

Thank you for the special care you provide to our beneficiaries.

Enhance Your Career with Board-Certification for Case Managers



CCM Certification
*The professional recognition
you deserve!*

Are you an ACM? ACM CE
credits count for the CCM!

**Apply for the CCM® Nov. 1, 2021
through Jan. 31, 2022.**

ARE YOU ELIGIBLE?
Learn more at bit.ly/eligibleccm.



Commission for Case Manager Certification • 1120 Route 73, Ste 200 • Mount Laurel, NJ 08054
ccmchq@ccmcertification.org • www.ccmcertification.org • 856-380-6836

H216.08.2021

Wound Healing and Nutrition

Lacresha Johnson, MS, RDN, LD

Hannah Matheson, BSN, RN, WCC

Wound care is a growing issue nationally and a burden for the healthcare system. In 2018, an estimated 8.2 million¹ individuals with Medicare had wounds with and without infection, costing ~ \$28.1 billion to \$96.8 billion¹ to treat. The Medicare analysis revealed that approximately 3% of adults 65 years and older had open wounds and 3.5% of the U.S. population had venous leg ulcers.¹ People with diabetes are particularly susceptible to wounds, approximately 22.5 million individuals with diabetes are estimated to develop one or more-foot ulcers in their life time.¹

Minority populations are disproportionately affected by diseases and conditions that affect wound healing like diabetes, peripheral arterial disease, obesity, and malnutrition. African Americans have the highest rates of diabetes at 16.4% compared to 11.9% for their white counterparts.² The African American population also has the highest rates of obesity at 49.6%³ and experience hunger at rates of 21.5% while the national average is 13.4%.⁴ These compounding factors can lead to African Americans being vulnerable to chronic wounds.

The burden of wound care is an important issue for inpatient and outpatient settings; in the U.S and Canada 20% of older adults in long term care facilities have been documented to have pressure ulcers.¹ Annually, 2.5 million U.S. adults develop pressure ulcers.¹ The cost of wound care is expected to increase due to the rapidly aging population, growing rates of diabetes, malnutrition, and obesity.

Why nutrition is important

By targeting the issue of wound care, the healthcare system could save billions of dollars annually, reduce length of stay, reduce hospital admissions, and support better patient health outcomes. One risk factor for poor wound healing is malnutrition. Malnutrition slows down wound healing due to nutrient deficiencies. Disease-associated malnutrition in older adults costs \$51.3 billion annually.⁵ With 1 out of 2 older adults being at risk for malnutrition or malnourished⁵ older adults' risk for wound care issues is exacerbated.

A common type of malnutrition in wound patients is protein energy malnutrition, which can result in involuntary weight loss. When intake of calories and protein is inadequate to meet the needs of the body, the result is catabolic breakdown of muscle to access protein for energy. As the patient loses more and more lean body mass, dietary protein cannot be used for wound healing and is instead re-routed to restore the lost muscle mass. Wound healing will stall until the lean body mass is restored.

Proper nutrition is pivotal for individuals with wounds to heal properly. It is crucial for chronic wound patients to be followed closely by a dietitian to assess their protein and caloric needs and make recommendations for appropriate diets and supplements.

Specialized nutrition for wound care

For patients who struggle to acquire enough nutrients from their diet, specialized oral nutrition supplements can help. Such specialized products to support wound healing include these key nutrients:

- **Protein:** ~ 1.2 to 1.5 g/kg of body weight, depending on the severity of wound⁶
- **Arginine:** an amino acid important to help increase blood flow and vasodilation
- **Glutamine:** an amino acid that can stimulate collagen production, help regulate nitrogen metabolism, and support the immune system
- **HMB (beta-hydroxy-beta-methylbutyrate):** is a metabolite from the amino acid leucine. It helps reduce inflammation and protect muscles from stress-related damage
- **Micronutrients, zinc, and Vitamin C, E, and B12:** support wound healing.

Malnutrition is a common factor that can lead to wound chronicity which reveals that wound care needs interdisciplinary collaboration to be successful. The collaboration between nursing and dietitians is particularly important in wound healing. Dietitians can address the issue of malnutrition with proper screening and ensure patients are receiving good nutrition to promote wound healing and nurses' expertise in wound bed preparation will lead to assessment to determine if changes are needed in the clinical care plan and how an integrated wound care program can be beneficial.

Clinical care plans and developing an integrated wound care program

Preparation of the wound bed is a comprehensive approach to managing wounds that focuses on removing local barriers to healing and promoting the healing process.

One approach uses the **TIME** framework:⁷

- **T**issue management
- **I**nflammation and infection control
- **M**oisture balance
- **E**pithelial edge advancement.

Nurses and other wound care providers utilize this framework to develop a clinical plan of care that will remove necrotic tissue, manage the bacteria levels in the wound, maintain a moist wound environment and promote re-epithelialization and restoration of skin function.⁸

Case studies have shown that having an integrated wound care program can lead to decreased costs and lengths of stay in hospitals. The integrated wound care program leads to better continuity of care by placing patients at the center of care and facilitating patient visits in inpatient, outpatient, and home care settings, and everywhere in between. These wound care programs have interdisciplinary teams who have training and expertise on wound healing. A Midwest hospital found that having a wound care model led to length of stay being decreased by 4 days⁹ and total costs for care per patient decreasing by \$3,400.⁹

Wound care is a critical issue costing the healthcare system millions of dollars. It is intensified by health care inequities that have led to minority populations having a greater risk for conditions like diabetes, obesity, cardiac issues, and malnutrition. This increases their vulnerability for chronic, nonhealing wounds. Medical systems can no longer rely on individual physicians, nurses, dietitians just seeing patients in single settings to solve multidimensional issues like wound care. Collaboration, continuity of care, and identifying barriers like malnutrition must be a part of the solution.

References

1. Sen CK. Human Wounds and Its Burden: An Updated Compendium of Estimates. *Adv Wound Care (New Rochelle)*. 2019;8(2):39-48. doi:10.1089/wound.2019.0946
2. National Diabetes Statistic 2020 Estimates of Diabetes and Its Burden in the United States. U.S. Department of Health and Human Services Centers for Disease Control and Prevention. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>. Accessed April 14, 2021.
3. Adult Obesity Facts. Centers for Disease Control and Prevention. [https://www.cdc.gov/obesity/data/adult.html#:~:text=Obesity%20affects%20some%20groups%20more%20than%20others&text=Non%2DHispanic%20Black%20adults%20\(49.6,Hispanic%20Asian%20adults%20\(17.4%25](https://www.cdc.gov/obesity/data/adult.html#:~:text=Obesity%20affects%20some%20groups%20more%20than%20others&text=Non%2DHispanic%20Black%20adults%20(49.6,Hispanic%20Asian%20adults%20(17.4%25). Published February 11, 2021. Accessed April 14, 2021.
4. Hunger is a Racial Equity Issue. The Alliance to End Hunger. https://alliancetoendhunger.org/wp-content/uploads/2017/07/Hill-advocacy-fact-sheet_HUNGER-IS-A-RACIAL-EQUITY-ISSUE_Alliance-to-End-Hunger.pdf. Published July 2017. Accessed April 14, 2021.
5. The Malnutrition Quality Collaborative. National Blueprint: Achieving Quality Malnutrition Care. Washington, DC: Avalere and Defeat Malnutrition Today; 2020:60. https://www.defeatmalnutrition.today/sites/default/files/National_Blueprint_MAY2020_Update_OnlinePDF_FINAL.pdf. Accessed September 21, 2020.
6. Collins N. Protein and Wound Healing, *Advances in Skin & Wound Care*: November-December 2001 - Volume 14 - Issue 6 - p 288-289
7. Vera M. Wound Bed Preparation and Beyond. *Wound Source*. <https://www.woundsource.com/blog/wound-bed-preparation-and-beyond>. Published August 21, 2016. Accessed April 7, 2020.
8. Quain AM, Khardori NM. Nutrition in Wound Care Management: A Comprehensive Overview. *Wounds*. 2015;27(12):327-335.



Lachesha Johnson is a registered dietitian nutritionist from Cleveland, Ohio. Ms. Johnson is passionate about healthy aging, food justice, and health equity with an emphasis on utilizing nutrition as the vehicle to improving chronic health conditions and cancer prevention. She is currently a Health Policy consultant at Abbott Nutrition.



Hannah Matheson is a nurse with Boston Health Care for the Homeless Program. She has been Wound Care Certified® through The National Alliance for Wound Care and Ostomy since 2016. In addition to wound care, she is passionate about social justice, harm reduction and striving towards equity in health care. She lives outside of Boston, MA with her partner and pet cockatiel.

9. Mattina C. Integrated Wound Care Program Resulted in Decreased Costs, Length of Stay. AJMC. <https://www.ajmc.com/view/integrated-wound-care-program-resulted-in-decreased-costs-length-of-stay>. Publish December 16, 2016. Accessed April 14, 2021.

Resources

- Wound Care 101: https://journals.lww.com/nursing/Fulltext/2019/10000/Wound_Care_101.10.aspx
- Association for the Advancement of Wound Care: <https://aawonline.memberclicks.net/resources>
- Optimizing Nutrition Care at Christian Hospital Wound Care Hyperbarics Center: <https://anhi.org/resources/podcasts-and-videos/christian-hospital-wound-care>
- Nutrition and Wound Care: Why it Matters for Value-based Healthcare: <https://anhi.org/education/course-catalog/E6FD9514B0374E21B3A9DC790E8B9508>
- Pressure Injury Nutrition in the COVID-19 Pandemic: <https://anhi.org/resources/podcasts-and-videos/litchford-pittman-pressure-wound-nutrition-and-covid-19>

Compassion.

We need your heart.

Spectrum Health Grand Rapids is top ranked for nursing excellence and committed to improving health, inspiring hope and saving lives.

Apply today



**Spectrum
Health**

Positive Outcomes of the NBNA Ad Hoc Committee on Obesity

Lola Denise Jefferson, ThD, MA, RNC, BSN, CVRN

Obesity continues to be a major problem in the United States of America. African American women have the highest rates of obesity or being overweight compared to other groups in the United States of America. About 4 out of 5 African American women are overweight or obese. In 2018, African Americans were 20 percent less likely to engage in physical activity as compared to non-Hispanic whites.¹

The NBNA Ad Hoc Committee on Obesity wants to END OBESITY! The Obesity Committee accomplished many goals set forth by the committee. Article on Obesity was published in the NBNA Spring 2021 newsletter.

Four informative webinars were presented. The final webinar, "Obesity and COVID-19" was co-hosted by the National Black Nurses Association and BlackDoctor.org; and, sponsored by Johnson & Johnson. Dr. Joseph Gathe, Jr. offered the presentation. Dr. Gathe explained that adults with excess weight are at a higher risk of severe illness with COVID-19. In addition, by being obese increases the risk of hospitalization with the COVID infection.

There were five successful exercise sessions. Before each workout session, a ten minutes lecture on obesity was given. The exercise sessions were hosted by professional personal trainer Jo Ann Goodie-Charles, owner of Fit Just4You Health Gym. Ms. Goodie-Charles is also a member of the NBNA and the Fort Bend County Black Nurses Association. Ms. Goodie-Charles worked us out!!! She began with chair aerobics. If chair aerobics were not challenging enough for you, she recommended that you stand and attempt to complete the work out! We were honored by President Dr. Martha A. Dawson for attending. Dr. Dawson did a great job with keeping up with Mrs. Goodie-Charles.

Our last activity was the 1st Get Out and Move event, Saturday, July 3, 2021. This was the first weekend that President Biden suggested a soft opening for the country to gather in small groups. The Obesity Committee decided to have an activity for all of the NBNA chapters to exercise and get moving together but in their own time zones! Chapters were encouraged to do any activity together such as walking, jogging, line-dancing, biking, skating, or whatever gets you up and moving. Many chapters participated in this activity.



Lola Denise Jefferson is Founder, Past President and Executive Director of the Fort Bend County Black Nurses Association. Dr. Jefferson is the past NBNA First Vice President. She is the House Supervisor for the Kindred Sugar Land Hospital in Houston, TX

Akron BNA and Board Member Cynthia Bell walked in a mall and then outside. **BNA of Greater Houston** President Cynthia Brown was out of town at a family reunion but she gathered her family together for dancing. **BNA of Greater St. Louis** and NBNA Board Member & BNASL President Dr. Leonora Muhammed partnered with 2 Divine Fitness for aerobic exercise for one hour. **Central Carolina Council of Black Nurses** and Co-Chair of the Ad Hoc Committee on Obesity Helen Horton warmed up with Tai Chi and then they walked 3.4 miles. **Fort Bend County BNA** and Ad Hoc Committee on Obesity Chair Dr. Lola Denise Jefferson walked a long trail in the park while President Marilyn Johnson was out town but joined by working out in the hotel gym. **Southeastern Louisiana BNA** President Rachel Weary walked through the neighborhood.

Call To Action

The Ad Hoc Committee on Obesity is challenging the NBNA members to Help End Obesity! The challenge can be accomplished by encouraging everyone to get out and move and then join them. Lead by example and display more nutritious ways to eat and snack. We can all participate and accomplish this goal. Let's get moving!!! Let's End Obesity!!!

Reference

1. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=25>

Members of the Ad Hoc Committee on Obesity 2020 - 2021

Dr. Lola Denise Jefferson - Chair
Helen Horton - Co-Chair
Dr. Chris Bryant
Yvette Hall
Laurie Reid
Lois Wilson



Akron Black Nurses Association



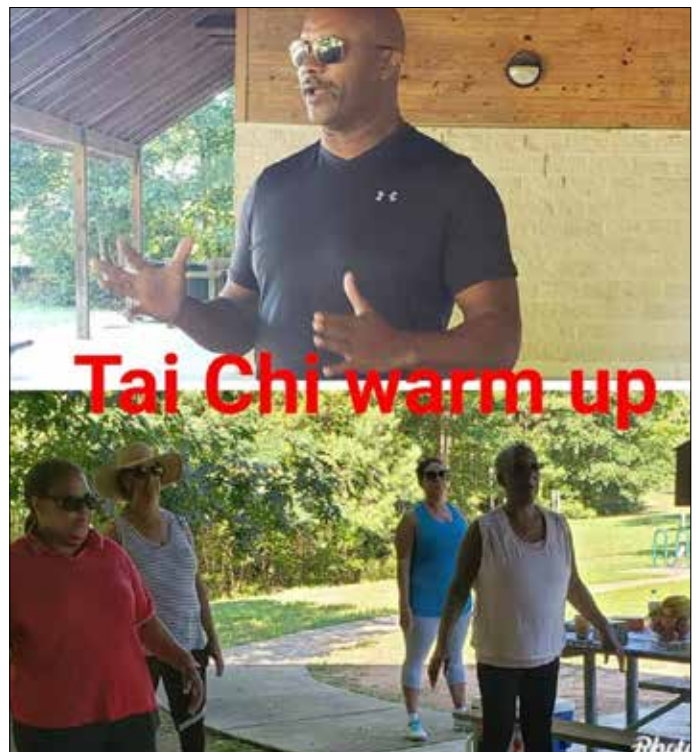
**Southeastern Louisiana Black Nurses
Association – Rachel Weary, President**



Central Carolina Council of Black Nurses



Fort Bend County Black Nurses Association



Central Carolina Council of Black Nurses



Black Nurses Association of Greater St. Louis



Creating a Culture of Diversity



FRONTIER NURSING UNIVERSITY®

Frontier.edu/NBNA

FNU is a three-time winner of the *INSIGHT Into Diversity* "Higher Education Excellence in Diversity (HEED) Award."



Top Colleges for Diversity

Earn an **MSN** or **DNP** through our Innovative Distance Education Programs

Specialties Offered:

- Certified Nurse-Midwife
- Family Nurse Practitioner
- Women's Health Care Nurse Practitioner
- Psychiatric-Mental Health Nurse Practitioner

The Important Role of Clinicians in Supporting Our Communities

Carolyn Scott, MAET, BSN, RN, CCM

Now, more than ever before — given the staggering impact of the COVID-19 pandemic — individuals, families and communities need support to access food, physical and mental health care services, and housing. Services such as food pantries, companion and aide services, housing services, Medicaid application assistance, substance abuse treatment, mental health treatment, and postnatal services in community settings are available in many communities across the country. While many of these services are not considered medical care, health care professionals can help direct those in need to vital resources that impact health.

Services to Address Hunger

Americans have experienced a sharp increase in food insecurity since the pandemic's onset. In 2019, the overall food insecurity rate in the United States was the lowest it had been in more than 20 years, with approximately 35 million people (1 in 10) experiencing food insecurity, including nearly 11 million children.¹ These numbers have since skyrocketed to 42 million people (1 in 8), including 13 million children (1 in 6), projected to experience food insecurity in 2021.² Making patients aware of local food banks and pantries, along with the hours of operation, would be useful to many more people now than in years past. UnitedHealth Group worked to address hunger at the beginning of the pandemic³ by organizing its cafeteria and food service teams to provide more than 75,000 meals a week in Minneapolis-St. Paul, Minnesota; Greensboro, North Carolina; Hartford, Connecticut; and Las Vegas, Nevada. Additional grant partnerships created with local nonprofits across the country helped UnitedHealth Group donate more than 69.6 million meals in 2020 alone.

Help with Mental Health Resources

Another pressing need is clinician referrals to community-based services providing mental health resources. Studies show that emotional disruptions are more common due to increased stressors such as job loss, death of a loved one due to COVID-19, and isolation. Knowledge of community resources, like 24/7 hotlines from organizations such as the National Alliance for Mental Health,⁴ can provide a lifeline at no charge to those in crisis. It's also beneficial to encourage workers to seek out employee assistance programs if offered

Carolyn Scott is a clinical quality manager with OptumServe and has more than 30 years of clinical experience. She has been employed in cardiac surgery intensive care, home health, nursing management and clinical education. Carolyn joined Optum in 2013 and has received both SAGES of Clinical Excellence and Optum Superhero awards. She has also attained Lean Six Sigma Green Belt certification and is passionate about community advocacy.



by their employers — many of which offer free telephonic or in-person counseling for qualifying employees and their family members.

Assistance with Affordable Housing

Finding stable, affordable housing can be a struggle, as extended unemployment and underemployment linked to the pandemic-related economic downturn has threatened to force more families out of their homes. Those in need can be directed to organizations such as the U.S. Department of Housing and Urban Development, which offers affordable housing and eviction-prevention resources⁵.

Racial Disparities by the Numbers

Long-standing historical, institutional racism and bias type realities exacerbate all three of the above-listed areas.

Hunger: In 2019, 1 in 12 white, non-Hispanic individuals (8.1%) lived in a food-insecure household, compared with 1 in 6 Hispanic individuals (15.8%)⁶, 1 in 5 Black, non-Hispanic individuals (19.3%), and 1 in 4 Native American individuals (23.5%)⁷.

Mental Health: Mental illness remains a stigma in many communities of color, compounded by lack of access to

mental health care. Racial and ethnic minorities have less access to mental health services than do whites are less likely to receive needed care and are more likely to receive poor-quality care when treated. This lack of proper treatment can compound both chronic and acute mental health crises⁸.

Housing: Although housing insecurity affected communities of color long before COVID-19, the current pandemic-related employment challenges continue to exacerbate inequalities. As early as April 2020, 32% of Black adults and 41% of Latinx adults experienced job loss due to the pandemic, compared with 24% of white adults⁹.

As our nation continues to recover from an unprecedented health and economic crisis, it's critical to remain committed to the values of inclusiveness and social justice while working to support our communities. To provide objective national and state data to inform action to advance health equity, the United Health Foundation recently published the [America's Health Rankings Health Disparities Report](#). This inaugural report provides a comprehensive, portrait of the breadth, depth and persistence of disparities in population health over time in an effort to spark meaningful dialogue and action.

How To Make a Meaningful Impact

Connecting people to supportive services can be as simple as posting a list of community resources in locations such as neighborhood message boards, social media group pages, at community centers and local places of worship. Professional organizations, such as the National Black Nurses Association, can provide volunteer opportunities to improve the overall health and well-being of communities, such as helping administer vaccinations, participating in health and wellness radio programs, and operating booths at health fairs in underserved communities. These much-needed efforts to direct those in need to help members of the community access better economic support and achieve improved physical and mental health.

References

1. U.S. Department of Agriculture. *Household Food Security in the United States in 2019*. September 2020, available at <https://www.ers.usda.gov/webdocs/publications/99282/err-275.pdf?v=3617.6>
2. Feeding America. *The Impact of the Coronavirus on Food Insecurity in 2020 & 2021*. March 2021, available at https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf
3. UnitedHealth Group. *UnitedHealth Group's COVID-19 Response*. July 2021. Retrieved from <https://www.unitedhealthgroup.com/viewer.html?file=/content/dam/UHG/PDF/2021/UHG-Overall-COVID-Reponse.pdf>
4. National Alliance on Mental Illness. <https://nami.org/Home>
5. U.S. Department of Housing and Urban Development. HUD Exchange Homeless Assistance Programs. Retrieved in July 2021 from <https://www.hudexchange.info/homelessness-assistance/>
6. Coleman-Jensen, Alisha, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. Statistical Supplement to Household Food Security in the United States in 2019, AP-084, U.S. Department of Agriculture, Economic Research Service, September 2020.
7. Feeding America. *The Impact of the Coronavirus on Food Insecurity in 2020 & 2021*. March 2021, available at https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf
8. U.S. Department of Health and Human Services. *Mental Health: Culture, Race, and Ethnicity-A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; 2001.
9. Kim Parker, Juliana Menasce Horowitz, and Anna Brown, "About Half of Lower-Income Americans Report Household Job or Wage Loss Due to COVID-19," Pew Research Center, April 21, 2020, available at <https://www.pewsocialtrends.org/2020/04/21/about-half-of-lower-income-americans-report-household-job-or-wage-loss-due-to-covid-19/>.

Mass Shootings in the United States: Then and Now

Rose Ellington-Murray, EdD, MA, MDiv, BSN, RN

Marcia Skeete, PMHCNS-BC, MSN, RN

There have been numerous mass shootings in the United States over the last few decades, claiming the lives of men, women, and children, while injuring others. Many of these victims were innocent bystanders. These acts of violence are not relegated to the past, but continue to occur today and with even more frequency. An example of a past mass shooting occurred a century ago in Tulsa, Oklahoma, prominently referred to as the “Black Wall Street Massive Shooting”. The Black Wall Street Mass Shooting took place from May 31, 1921 to June 1, 1921, and resulted in the brutal massacre of many Black people, (Yun Li, 2021). A more recent mass shooting took place on June 21, 2021, in Richmond, Virginia, resulting in the killing of many victims, including a police officer, while injuring many others. These incidents were reported by CNN (June 2021). Mass shooting occurrences are on the rise in the United States and appear to be an epidemic.

Definition of Mass Shooting

According to Smart and Schell (2021), there is no standard definition of what constitutes a mass shooting, and different data sources frequently use different definitions when discussing and analyzing shootings. On the other hand, the U.S. government did not define mass shooting in a separate crime category, but rather in 1980, the Federal Bureau of Investigation (FBI) defined a mass murderer as someone who kills four or more people, not including himself, in a single incident and location (Krouse & Richardson, 2015).

Frequency

Cohen, et al. (2014) report that between 1982 and 2011, a mass shooting occurred every 200 days but greatly accelerated to one such incident every 64 days between 2011 and 2014. The number of mass shootings over decades has desensitized us and suppressed our memory to violent crimes. In other words, many United States residents/citizens have become inured to these violent acts. We react

as anesthetized persons who have adopted the slogan, “I know it’s wrong, but I can’t get involved as long as it doesn’t happen to me or my family”.

In past years, mass shootings were rarely categorized; but following the movie theater massacre of 2012 in Aurora, Colorado, *Mother Jones* magazine created an open-source database documenting mass shootings in the United States (Follman et al, 2021). *Mother Jones* is a guide to mass shootings in America.

During the COVID-19 pandemic, mass shootings increased to 578 incidences in the United States (Jackson, 2020). In 2021, there have been over 147 mass shootings (Ferrando, 2021). With modern technology and social media videotaping, mass shooting incidences are reported immediately and with much more frequency. This was not the case in the past because many of these devices were not available.

Other Factors Related to Mass Shootings

Statista (2021) reported that California has experienced the most mass shootings since 1982, totaling 22 shootings. However, the Las Vegas Strip massacre in 2017 was the worst in this decade, resulting in 58 deaths and 548 injuries.

Another important factor regarding mass shootings, from the past to the present, is the perpetrator of many of these mass shootings. Radford (2019) reported in *The New York Times* that a majority of mass shootings in the United States were committed by White males who acted alone. White male lone shooters represent 50% of all shooters in the US. A handgun is the weapon mostly used, in the past as well as currently, to commit many of the mass killings.

Finally, as reported by Healy (2017) in *The Los Angeles Times*, contributing factors that cause perpetrators to commit these heinous crimes are (a) higher accessibility to guns, (b) mental illness, (c) desire for revenge, (d) aspirations of fame and notoriety, and (d) impulse of copycat killers.

Actions Needed to Decrease Mass Shootings

Both legal and illegal guns are used to commit mass shootings. Laws have been proposed by federal, state, and local government officials to reduce the availability of guns, especially illegal guns; however, most of the proposed gun safety laws are dead on arrival because of aggressive lobbying by gun manufacturers. In those rare instances where a gun safety law is actually passed, the laws have been too weak or not well enforced, and mass shootings have continued to soar in the United States.

With mass shootings continuing to rise, we must keep the pressure on lawmakers to pass meaningful gun safety legislation through letterwriting campaigns and by scheduling and attending town hall meetings with legislators. Most of all,

we must use the power of the vote to elect lawmakers who will vote to pass laws that keep guns out of the wrong hands and that prohibit illegal gun purchases. We must adhere to the guidance of the late Congressman John Lewis and, “Get into Good Trouble” if we want to see a decrease in mass shootings in the United States of America.

Conclusion

Mass shootings in America have increased over the past decades. They are becoming more frequent (often with the use of military style automatic guns), and these mass shootings have become more deadly. We are a country suffering from excessive gun violence. Lawmakers must pass legislation focused on (a) requiring background checks on all firearm sales, (b) keeping firearms out of the hands of domestic abusers, and (c) restricting the purchase and possession of illegal guns. There must be stricter gun laws and accountability for those who violate such laws. Everyone must work together to reduce mass shootings in the United States. The time may change, the place may change, the number of victims may change; but mass shootings are still escalating. More needs to be done to bring awareness to the occurrence of these deadly acts and the lives taken and affected by such heinous violence. The time for standing on the sidelines and talking about the issue is over; action is needed now.

References

1. Cohen, A P., Azrael, D., & Miller, M (October 15, 2014), Rate of mass shootings has tripled since 2011, new research from Harvard shows” (<https://www.motherjones.com/politics/2014/>)
2. Federal Bureau of Investigation. (2020). Active shooter incidents in the United States in 2019. Washington, D.C. **Department of Justice**.
3. Follman, M., Aronsen, G., Pan, D. (2012). US mass shootings, 1982-2016: Data from Mother Jones Investigation”. **The New York Times** ([https://www.motherjones.com/politics/2012.](https://www.motherjones.com/politics/2012/))
4. Hammack, M. E. (1891-1966) “A Brief History of Mass Shootings”. Behindthetower.org/a-brief-history-of-mass-shootings.
5. Healy, M. (August 24, 2015). Why the U.S.is No. 1-in mass shootings. **Los Angeles Times**.
6. Jackson, C. (December 5, 2020). Mass shootings in the US have risen sharply in 2020. **The Conversation**. <https://theconversation.com/mass-shootings-in-the-us-have-risen-sharply-in-2020>.
7. Krouse, W. S.& and Richardson, D. J. (2015). Murder with firearms: Incidents and victims. **Washington, D.C. Congressional Research Service. R44126**.
8. Li, Y. (Updated June 1st, 2021). Black Wall Street was shattered 100 years ago. How the Tulsa race massacre was covered up and unearthed. **CNBC** (www.cnn.com/2021)
9. Radford, B. (May 31, 2019). “Who are mass shooters? **Center for Inquiry**.
10. Silverman, Hollie, Vera, and Amir (June 21, 2021). “US Over the Weekend” (www.cnn.com/2021)
11. Smart, R., & Schell, T. L. (Updated April 15, 2021) Mass shooting in the United States. **The RAND Corporation**. www.rand.org/research/gun-policy.
12. Statista Research Department (June 28th, 2021. Mass shootings in the US by Stat- 1982-2021. **Statista Research Department**.



Rose Ellington-Murray is the President of the New York Black Nurses Association and Member of the Ad Hoc Committee on Violence Reduction. She is the author of "Nurses' Ability to Perceive Racism, Stage of Change for Actively Coping with Racism, And Observations of Health Care Delivery". She is a mentor, consultant, educator and retired pastor.



Marcia Skeete, speaker, mentor, past staff developer and adjunct instructor, serves on several boards, co-authored the article “Facilitation of AIDS Bereavement Support Groups in African American Churches: A Case Study” (2002). A past president of the New York Black Nurses Association and member of the NBNA Ad Hoc Committee on Violence Reduction.

**All
of Us**
RESEARCH PROGRAM

National Black Nurses Association, Inc.
NBNA



Nurses for *All of Us*!

Nurses know that better research leads to better care, but many people don't. We're asking for your help to spread the word about the *All of Us* Research Program. Together, we can build a healthier future for all of us.

Help us get the message out there.

Contact Us:

JoinAllofUs.org/together

help@joinallofus.org (844) 842-2855

**Toll-free TTY- based Telecommunications Relay
Service is available by dialing 711**

All of Us and the *All of Us* logo are service marks of the
U.S. Department of Health and Human Services.

Greetings, I am **Ardenia Norris**, your NBNA Student Representative. I am currently a senior nursing major at Auburn University College of Nursing and Health Sciences in Montgomery, Alabama (AUM). I was a resident assistant



in the residence halls on campus, a peer mentor for incoming freshman in the university success class, a math tutor in the learning center, and a member of Alpha Epsilon Delta as a student representative. I am currently active as a member of Nu Xi Chapter, Alpha Kappa Alpha Sorority, Inc as the chapter treasurer and chairperson of

the social justice committee, as well as the Birmingham Black Nurses Association Mentorship program, and AUM Association of Nursing Students. I was recently accepted into the Kappa Omega Chapter of Sigma Theta Tau International Honor Society of Nursing. With all these achievements, I've been able to build relationships, form leaderships, and assist others to their reach goals and aspirations in life.

As the student representative, I want to congratulate you on your decision to pursue a career in nursing, as it is a unique field to be a part of. Nursing is a difficult major to complete to achieve the goal of sitting for the board examination. It takes supportive individuals that have been in your shoes and classmates that have the same goals. Continue to push through the obstacles that you face in nursing school because all the hard work will pay off at the end.

I am excited and thrilled to see what this academic year will bring us. I look forward to building relationships with you. Please feel free to contact me via email ardenian18@gmail.com with any questions, concerns or to simply connect. I wish you Happy Holidays and best for the rest of the academic school year!

We are in this together!

Ardenia Norris, NBNA Student Representative

Dr. Marcia Lowe, NBNA Second Vice President, attended the City of Hope Medical Center's 3-day Interprofessional Communication Curriculum Training in Oncology in August 2021 in Washington, DC.

In November 2021, **Dr. Marcia Lowe** served on the American Nurses Foundation Reimagining Nursing Initiative External Review Committee. The initiative is a multi-year effort focused on three priority areas: Practice-Ready Nurse Graduates, Technology-Enabled Nursing Practice, and Direct Reimbursement Nursing Models.

Dr. Marcia Lowe attended the Atlanta Black Nurses Association Annual Prayer breakfast on November 13, 2021.

Brittany Hinton, RN, MSN, was promoted to Assistant Nurse Manager on 4 Main at the Birmingham VA Health Care System.

Ms. Hinton has 7 years of nursing experience, four of which have been at the BVAHCS. She has been a staff nurse and charge nurse on 4 Main, a very busy med-surge unit. The staff and executive leadership are excited to welcome her to her new role as the Assistant Nurse Manager.

Central Florida Black Nurses Association of Orlando, Inc.

Nurses Caring for Nurses

CFBNA of Orlando, Inc. recognized and showed appreciation to President Eloise Abrahams, CFBNA of Orlando and Administrator of Guardian Care, and her staff who had a successful move to a newly constructed facility and kept patients safe during the COVID-19 pandemic. These notable and necessary deeds did not go unnoticed by the nurses of CFBNA of Orlando. We surprised the staff at Guardian Care with healthy snacks, fruit and a thank you card placed on a beautifully decorated table with flowers. The staff expressed appreciation. President Abrahams added her sincere thanks for remembering her staff during these challenging yet successful events. While the nurses of CFBNA of Orlando enjoy serving in the community, we are also committed to serving and caring for nurses, which brought much joy to them and us.

Michelle Tall, MSN, RN, a member of CFBNA of Orlando graduates on Friday, December 17, 2021 with her PhD in nursing from the University of Central Florida.

The research of Dr. Jennifer Sankey, titled “Functional Social Support and Perceived Stress of Nurses in Secular

and Religiously Affiliated Hospitals” was published in the July 2021 edition of the *Journal of the National Black Nurses Association*.

Constance Brown presented at Bethel Baptist Association of Florida conference on “The Silent Epidemic of Alzheimer’s Disease in the African American Community and Caregiving Issues” in memory of Mary Jackson, RN, BSN, on November 11th. Ms. Brown is member of the NBNA Board of Directors.

Constance Brown presented at Wesley Theology Seminary Health Ministry Caregiving Forum on November 12th on “Alzheimer’s in the African American Communities, Hospice and Caregiving” for Caregiving and Alzheimer’s Awareness Month.

Central Florida BNA of Orlando, Inc. received a Community Service Award from the 9th Annual, Come and Get It Award Ceremony on Saturday, December 11. The award was accepted by the under 40 group Monica Akins, 2nd VP, Melissa Mercardo, Bernice Edwards, Co-founder and Gail Parker.

Chapter Presidents

ALABAMA

| | | |
|--|----------------------|------------------------|
| Birmingham BNA (11) | Alean Nash | Birmingham, AL |
| Montgomery BNA (125) | Katherine Means | Montgomery, AL |
| Northern Alabama BNA (180) | Frederick Richardson | Harvest, AL |
| Tuskegee/East Alabama NBNA (177) | Dr. Cordelia Nnedu | Tuskegee Institute, AL |
| West Alabama Chapter of the NBNA (184) | Dr. Johnny Tice | Tuscaloosa, AL |

ARIZONA

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

ARKANSAS

| | | |
|-----------------------------------|--------------|-----------------|
| Little Rock BNA of Arkansas (126) | Lauren Banks | Little Rock, AR |
|-----------------------------------|--------------|-----------------|

CALIFORNIA

| | | |
|--|--------------------|-----------------|
| Bay Area BNA (02) | Norma Faris-Taylor | Oakland, CA |
| Capitol City BNA (162) | Carter Todd | Sacramento, CA |
| Central Valley BNA (150) | Ozena Floyd | Fresno, CA |
| Council of Black Nurses, Los Angeles (01) | Barbara Collier | Los Angeles, CA |
| Greater Inland Empire BNA (188) | Nia M. Martin | Corona, CA |
| San Diego BNA (03) | Dr. Sharon Smith | San Diego, CA |
| Stanford National Black Nurses Association (190) | Dr. Sharon Hampton | Stanford, CA |

COLORADO

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

CONNECTICUT

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

DISTRICT OF COLUMBIA

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

FLORIDA

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

GEORGIA

| | | |
|-------------------------|--------------------|------------------|
| Atlanta BNA (08) | Seara McGarity | College Park, GA |
| Columbus Metro BNA (51) | Gwendolyn McIntosh | Columbus, GA |

Chapter Presidents

GEORGIA (CONT.)

| | | |
|-----------------------------------|----------------|--------------|
| Concerned National BN of | | |
| Central Savannah River Area (123) | Romona Johnson | Martinez, GA |
| Middle Georgia BNA (153) | Dr. Debra Mann | Dublin, GA |
| Okefenokee BNA (148) | Connie Bussey | Waycross, GA |
| Savannah BNA (64) | Pam Cummings | Savannah, GA |

HAWAII

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

ILLINOIS

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

INDIANA

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

KANSAS

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

KENTUCKY

| | | |
|-------------------------------------|-----------------------|----------------|
| KYANNA BNA, Louisville (33) | Cynetha Bethel-Jaiteh | Louisville, KY |
| Lexington Chapter of the NBNA (134) | Dr. Lovoria Williams | Lexington, KY |

LOUISIANA

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

MARYLAND

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

MASSACHUSETTS

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

MICHIGAN

| | | |
|------------------------|------------------|------------------|
| Detroit BNA (13) | Nettie Riddick | Detroit MI |
| Grand Rapids BNA (93) | Aundrea Robinson | Grand Rapids, MI |
| Greater Flint BNA (70) | Juanita Wells | Flint, MI |

Chapter Presidents

MICHIGAN (CONT.)

| | | |
|------------------------------|---------------------|---------------------|
| Kalamazoo-Muskegon BNA (96) | Dr. Birthale Archie | Kentwood, MI |
| Lansing Area BNA (149) | Meseret Hailu | Lansing, MI |
| Southwest Michigan BNA (175) | Deborah Spates | Berrien Springs, MI |

MINNESOTA

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

MISSOURI

| | | |
|--------------------------------|----------------------|--------------------|
| BNA of Greater St. Louis (144) | Dr. Leonora Muhammad | St. Louis, MO |
| Greater Kansas City BNA (74) | Iris Culbert | Kansas City, MO |
| Mid-Missouri BNA (171) | Felicia Anunoby | Jefferson City, MO |

NEBRASKA

| | | |
|----------------|-------------|-----------|
| Omaha BNA (73) | Shanda Ross | Omaha, NE |
|----------------|-------------|-----------|

NEVADA

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

NEW JERSEY

| | | |
|---|--------------------|-------------------|
| Concerned BN of Central New Jersey (61) | Terri Ivory | Neptune, NJ |
| Concerned Black Nurses of Newark (24) | Banita Herndon | Newark, NJ |
| Mid State BNA of New Jersey (90) | Tracy Smith-Tinson | Somerset, NJ |
| Middlesex Regional BNA (136) | Marchelle Boyd | New Brunswick, NJ |
| New Jersey Integrated BNA (157) | Thomas Hill | Lyons, NJ |
| South Jersey Chapter of NBNA (62) | T. Maria Jones | Mount Holly, NJ |

NEW YORK

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

NORTH CAROLINA

| | | |
|----------------------------------|-----------------|---------------|
| Central Carolina BN Council (53) | Bertha Williams | Durham, NC |
| Piedmont BNA - Charlotte (181) | Tammy Woods | Charlotte, NC |
| Queen City NBNA (189) | Dareni Lowe | Charlotte, NC |

OHIO

| | | |
|--------------------------------|-----------------------|----------------|
| Akron BNA (16) | Deandreaia Mayes-Bell | Akron, OH |
| BNA of Greater Cincinnati (18) | Dr. Regina Hutchins | Cincinnati, OH |
| Central Ohio BNA (185) | LaToya Gibson | Columbus, OH |
| Cleveland Council BNA (17) | Dr. LaTonya Martin | Cleveland, OH |
| Columbus BNA (82) | Janice Smith | Columbus, OH |
| Stark County BNA (191) | Lisa Johnson | Canton, OH |
| Youngstown Warren BNA (67) | Carol Smith | Youngstown, OH |

OKLAHOMA

| | | |
|----------------------------|----------------|-----------|
| Eastern Oklahoma BNA (129) | Wendy Williams | Tulsa, OK |
| Oklahoma City BNA (173) | Irene Phillips | Jones, OK |

Chapter Presidents

OREGON

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

PENNSYLVANIA

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

SOUTH CAROLINA

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

TENNESSEE

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

TEXAS

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

VIRGINIA

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

WISCONSIN

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

Direct Member (55)*

*Only if there Is no Chapter in your area.