

NATIONAL BLACK NURSES ASSOCIATION

NBNA

NEWS



National Nurses Week Issue, May 6-May 12, 2019

Also inside this issue:

11

VITAS®
HEALTHCARE
AND THE
NBNA

21

EFFECTIVE
TEAMWORK

29

MOVEMENT
IS LIFE AND
THE NBNA
PARTNERSHIP

FEATURES

Letter From the Editor-in-Chief	4
NBNA President's Letter	5
What's the Helix: National DNA Day	9
Outcome of the NBNA Collaborative Mentorship Program	10
VITAS Healthcare and the NBNA	11
Spiritual Connection – The Joy in My Practice	12
Transformational Leadership: Blaze the Trail, Advance the Mission	13
Saving Ourselves: Combating the Opioid Overdose	15
3 Reasons to Prioritize Your Nursing Staff's Education	17
Understanding the hATTR Amyloidosis Patient Journey	19
Effective Teamwork: Continuity of Care in Crisis Prevention	21
Optimizing Nutrition Before and After Surgery	23
340B is Critical in Bridging the Gap in Underserved Communities	25
Nurses are Pivotal in Malnutrition Quality Improvement	27

ON THE COVER

Cover 1: Dr. Eric J. Williams, NBNA President, Representative Eddie Bernice Johnson (D-TX) and Dr. Sheldon Fields, NBNA Health Policy Chair
Cover 2: Student nurses attending NBNA Day on Capitol Hill 2019
Cover 3: Dr. Bernardine Lacey, Nurse Icon
Cover 4: Dr. Sheldon Fields, NBNA Health Policy Chair, Representative Lauren Underwood (D-IL), Dr. Janice Phillips, NBNA Health Policy Co-chair and Dr. Daisy Harmon-Allen, Immediate Past President, Chicago Chapter NBNA
Cover 5: Thomas Hill NBNA Board Member, Professor Hayward Gill, Member, New York BNA, Dr. Eric J. Williams, NBNA President, Dr. Sheldon Fields, NBNA Board Member, Kendrick Clack, NBNA Secretary
Cover 6: NBNA Board Member Thomas Hill, Professor Hayward Gill, NBNA President Dr. Eric J. Williams, NBNA Board Member Dr. Sheldon Fields, NBNA Secretary Kendrick Clack

FEATURES (continued)

Movement is Life and NBNA: A Partnership to Reduce Musculoskeletal Health Disparities	29
Maternal Mortality: In Memoriam to Black Women	31
Familial Hypercholesterolemia	33
Think that your brain, heart, race and gender aren't linked	35
Diversifying the Nursing Workforce through Mentoring and Retention	37
For NBNA Nurses Who Care for Our Smallest Patients in the NICU	39
Tribute to Dr. Richard Payne	40
Members on the Move	42
Chapters on the Move	47
List of NBNA Chapters	53

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
Yolanda M. Powell-Young, PhD, PCNS-BC, CPN, Editor-in Chief

National Nurses Week: 4 Million Reasons to Celebrate

National Nurses Week is a time for celebration and observance. It is a time to remember, and acknowledge nurses, past and present, dedicated to improving health and transforming health care. From May 6th – 12th, annually, the nursing community, as well as nursing's constituents, partners, and the public, celebrate the value of nursing and the role nurses play in meeting the healthcare needs of citizens and communities at home and around the world.

May 6th is designated National Nurses Day. This year, May 8th is National Student Nurses Day and National School Nurses Day. May 12th is International Nurses Day. The theme for National Nurses Week 2019 is – 4 Million Reasons to Celebrate. This year's theme is a nod to nurses' sheer numbers and an open invitation to #ThankaNurse for enriching our lives and the world we live in.

There are approximately 4 million registered nurses in the United States and 700,000 licensed practical/vocational nurses. Approximately 300,000 of the total registered nurse population and 60,000 of the total licensed practical/vocational nurse population are men. While approximately 300,000 registered nurses and 200,000 licensed practical/vocational nurses self-identify as African American or Black.

Nurses comprise the largest group of health care professionals in the United States. We are everywhere. We live, work, play, learn, and worship. We are employed in every health care setting and are responsible for providing care to millions of people. It is no secret that for 17 consecutive years, the American public has ranked nurses the professionals with the highest honesty and ethical standards. This honor underscores the deep trust that the public has in us as clinicians and advocates.

During National Nurses Week let's celebrate our:

- commitment to addressing many public health challenges and transforming health care where there is a focus on health and wellness, in addition to illness care;
- ground-breaking work as researchers, executives, educators and innovators;
- influence in shaping health policy decisions that ensure persons of color and other vulnerable populations have access to high-quality, affordable health care coverage;
- role as a trusted advocate to ensure that individuals, families, groups, communities, and populations receive quality patient care and services;
- voice on important issues like immunization, health behaviors, precision medicine, natural disaster preparedness, education, and violence prevention that impact our communities;
- leadership in organizations, on boards of directors and as elected officials at the local, state and federal levels; and
- stories of strength, resilience and determination while navigating an ever-changing and complex political and health care landscape.

To nurses of the National Black Nurses Association and everywhere, I wish you a Happy National Nurses Week!!!

Respectfully,

Yolanda M. Powell-Young, PhD, PCNS-BC, CPN
Editor-in-Chief



NBNA NATIONAL OFFICE STAFF:

Dr. Millicent Gorham
Executive Director and Associate Editor

Dianne Mance
Conference Services Manager

Estella A. Lazenby
Membership Services Manager

Crystal Barney-Harold
Administrative Assistant

Yanina Maysonet
Administrative Assistant

BOARD OF DIRECTORS:

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

Lola Denise Jefferson
1st Vice President, Houston, TX

Patricia Carter Lane
2nd Vice President, Richmond, VA

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

Trilby Barnes-Green
Treasurer, New Orleans, LA

Reverend Deidre Walton
Immediate Past President, Phoenix, AZ

Dr. Martha Dawson
Historian, Birmingham, AL

Dr. Patricia McManus
Parliamentarian, Milwaukee, WI

MEMBER:

Edward C. Bennett
Student Representative, Cleveland Council of Black Nurses, Cleveland, OH

Sasha DuBois
New England Regional BNA, Boston, MA

Dr. Sheldon D. Fields
Greater New York City BNA, Hollis, NY

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

Thomas Hill
New Jersey Integrated BNA, Plainfield, NJ

Deborah Jones
Galveston BNA, Texas City, TX

Joni Mae Lovelace
Atlanta BNA, Atlanta, GA

Marcia Lowe
Birmingham BNA, Birmingham, AL

Sabrina Newton
Greater New York City BNA, Jamaica, NY

Kim Scott
Bay Area BNA, Oakland, CA

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

Dr. Millicent Gorham
Executive Director

350,000 Reasons to Celebrate National Nurses Week

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



From May 6th through May 12th we celebrate the unique contributions that nurses around the world make in forwarding the nursing profession and advancing health care. When the efforts and successes of all nurses across every specialty and area of practice are acknowledged. National Nurses Week is a time to highlight the varied accomplishments of nurses around the globe. National Nurses Day, celebrated annually on May 6th, marks the start of the National Nurses Week observance. The Nurses Week activities culminate on May 12th with International Nurses Day. The 2019 theme for National Nurses Week is—*4 Million Reasons to Celebrate*. The 2019 theme represents a call to celebrate the contributions of nurses everywhere.

As a premiere nursing organization, the National Black Nurses Association (NBNA) represents the approximately 350,000 African American registered nurses, licensed practical/vocational nurses, nursing students and retired nurses from the USA, Eastern Caribbean and Africa, with 114 chartered chapters, in 35 states. Nurses that work in a variety of roles that advance health and transformative healthcare change. Nurses employed as educators, administrators, researchers, innovators and clinicians. Nurses who volunteer their time as leaders, advocates, and mentors. Nurses working for the greater good of our communities.

It is well-established that NBNA nurses have made and continue to make remarkable contributions to the healthcare landscape. Nurses of the NBNA advance collaborative partnerships; serve on

advisory committees; implement signature health programs and initiatives; develop innovative institutes that facilitate improved health; influence policy change and development; contribute to the expansion of nursing science; and so much more. The success of the NBNA would not be possible without the dedication, support, and time commitments of our nurse members. It is, indeed, a time for celebration.

As we celebrate all nurses, let's remember to also celebrate our nurses. During the week of May 6, 2019, remember to thank your association colleagues, nurse committee teammates, institute collaborators, as well as other nurses you know using the hashtag — #ThankaNurse.

I look forward to working with each of you as we continue our journey toward ensuring access to the highest quality healthcare for persons and communities of color.

Thanks for all you do as we continue our journey of advocacy toward transformative health care.

Happy National Nurses Week.

Sincerely,

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

Happy National Nurses Week



Dr. Eric J. Williams, NBNA President and Representative Lisa Blunt Rochester of Delaware



Dr. Rose Gonzalez, Verona Brewton (Director) and Dr. Millicent Gorham, Members, Movement is Life Caucus



Dr. Patricia McManus, NBNA Parliamentarian, Karina Brown (President), Dr. Melanie Gray, Members of the Milwaukee NBNA

Happy National Nurses Week



Camille and Audrey Ramsey, a daughter and mother, both nurses, Greater Illinois BNA, at NBNA Day on Capitol Hill



Dr. Bernardine Lacey, Nurse Icon



Representative Lauren Underwood of IL and NBNA Treasurer Trilby Barnes Green



Dr. Denise Ferrell of Michigan State University School of Nursing and her daughter Tiffany Christian, both nurses

All of Us RESEARCH PROGRAM

The
Future of
Health Begins
With You

National Black Nurses Association supports the NIH All of Us Research Program.

NBNA is educating NBNA members, nurses and other health care providers and the community about the program.

NIH wants to register 1 million American residents, half will be people of color.

To learn more about this important national research program, go to joinallofus.org

Please give a shout out to our five chapters helping to spread the word and make a difference! Share with your colleagues!!

Bay Area BNA • Bayou Region BNA • Birmingham BNA
BNA, Miami • Greater New York City BNA



What's the Helix: NATIONAL DNA DAY

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



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

National deoxyribonucleic acid (DNA) Day commemorates the successful completion of the Human Genome Project in 2003 and the discovery of DNA's double helix by James Watson and Francis Crick in 1953. National DNA Day is officially celebrated on April 25th and began after the first session of the 108th Congress passed concurrent resolutions designating the day in 2003. This annual celebration offers students, teachers and the public many exciting opportunities to learn about the latest advances in genomic research and explore what they may mean for their lives.

Many parts of our daily lives are influenced by genomic information and genomic technologies. Genomics now provides a powerful lens for use in various areas - from medical decisions, to food safety, to ancestry. The greatest transformative aspect of the Human Genome Project was sequencing of the genome itself. Without the ability to sequence, an understanding of the human genome would not have been possible. Sequencing allowed scientists to order the nucleotide base pairs (i.e., As, Cs, Gs, and Ts) that make

up human DNA. Sequencing provided scientists with the capacity to identify and map all 20,000 genes of the human genome from both a physical and a functional standpoint. For example, how human genetic variation influences drug efficacy and the risk of adverse drug reaction. Similarly, examination of DNA variations can provide clues about where a person's ancestors might have come from. Certain patterns of genetic variation are often shared among people of particular backgrounds. The more closely related two individuals, families, or populations are, the more patterns of variation they typically share.

There are multiple methods of sequencing DNA. Regardless of the method of sequencing, however, DNA extraction and isolation must first occur. The DNA extraction process frees DNA from the cell and then separates it from cellular fluid and proteins so you are left with pure DNA. Significant amounts of a sample of DNA are necessary for molecular and genetic analyses.

The embedded link provides instructions on how to extract DNA from a strawberry using common household materials. This experiment will provide an opportunity to extract, isolate, and observe the DNA of a strawberry in a matter of minutes. Complete the experiment alone, or with your children or grandchildren for a fun and informative learning experience. If you are a nurse educator, you might assign this experiment as an extra credit or other course assignment. Access instructions for DNA extraction at: <https://www.genome.gov/pages/education/modules/strawberry-extractioninstructions.pdf>.

A companion video can be found at <https://www.youtube.com/watch?v=h0Pu4iN5Bh4>.



Outcome of the NBNA Collaborative Mentorship Program— Mentor and Mentee Relationship: A Positively Lived Experience

**Marie O. Etienne, PhD (Hon), Minc.,
DNP, APRN, FNP, PNP, PLNC**



**Alexandria Jones-Patten, President, Council of Black Nurses,
LA and Dr. Marie Etienne, Member, Black Nurses Association,
Miami**

established a trusting relationship with professional boundaries. I gave her constructive feedback on some of things that she wanted to accomplish and encouraged her to track her progress.

This journey would not be possible without the strong support and outstanding leadership of Dr. Angela Allen and her amazing committee for NBNA Collaborative Program.

Here is what Alexandria had to say:

My name is Alexandria Jones-Patten, and I am a mentee under the NBNA Collaborative Mentorship Program. I signed up for the program to connect with someone possessing the degrees and certifications I strive to achieve one day. I met with Marie Etienne at the NBNA conference and immediately took instruction from her for building my path to success. I have always been one to fast track my career goals; Marie didn't try to convince me to slow my progress down, rather to keep going and pushing through the obstacles. I sent her an email Marie monthly to track my progress, and I feel this program has been beneficial to me for staying on track with my goals. I became President for Council of Black Nurses Los Angeles this past January. I accepted a spot into a Nursing PhD program at a local school. And I began working for another hospital to challenge my skills with patients more acutely ill than what I experienced at my previous hospital. I've made great progress in my career in less than one year, and I appreciate the support of NBNA Collaborative Mentorship Program to stay on top of my goals.

Alexandria Jones-Patten, MSN, MBA, RN

First and foremost, I would like to thank the National Black Nurses Association (NBNA) President – Dr. Eric J. Williams for appointing me to the NBNA Collaborative Mentorship Program. I am very pleased to report that being selected to serve as a mentor for Alexandria Jones-Patten, MSN, MBA, RN, President, Council of Black Nurses – Los Angeles for the past year has been an amazing experience. From the first day I met Alexandria I saw a well-poised individual who had several ambitious goals and needed some clear directions on how to best proceed with planning her journey. I must say, Alexandria was consistent in responding to both phone calls and emails to discuss her goals and objectives. We quickly discussed her vision and went over the goals she wanted to accomplish. We stayed in touch to offer guidance and support on the progress of the goals she had set for herself. After much reflection, Alexandria decided to run for President of the Council of Black Nurses – Los Angeles, and she was elected. (Goal met). Another goal she set for herself and enhance her leadership skills and being admitted to a PhD Program. It has been a pleasure working with Alexandria throughout her journey. We

VITAS® Healthcare and the NBNA: Partners in Support of Nurses and Patients

Peggy Pettit, executive vice president of VITAS® Healthcare



Peggy Pettit, RN, is the executive vice president and former chief

operating officer of VITAS Healthcare. She has distinguished herself as an advocate for patients and families and as a mentor to VITAS managers, nurses and other clinicians. She is chair emeritus and board member of the Community Healthcare Accreditation Partner, and also serves on the boards of several Florida healthcare organizations.

At VITAS Healthcare, nurses are at the core of everything we do. They're a fundamental part of every hospice team, caring for our patients and families. Nurses are no less integral to our origin story: In 1978, a registered nurse, Esther Colliflower, and a Methodist minister founded the hospice company that would become VITAS Healthcare.

VITAS celebrates its 40th anniversary this year, and we're proud to be the nation's leading provider of end-of-life care, with an average daily census of 18,000 terminally ill patients and their families.

We wouldn't have made it far without nurses. Over 40 percent of VITAS' 12,000 employees are nurses, and some of our strongest partnerships are with nursing organizations, such as NBNA.

Forging relationships that improve lives

As a lifetime member of NBNA's Greater Fort Lauderdale Broward County chapter, a trainer for End of Life Nursing Education Consortium (ELNEC) and an RN, I know firsthand the vital contributions of nurses in hospice and palliative care. I also understand the value of diversity in a hospice team: the significance of being cared for by professionals who look and speak like you, who may have grown up in a similar community, faced similar fears and navigated similar prejudices.

The relationships forged between nurses and patients can have a direct impact on the patient's well-being. Aside from family caregivers, nurses are the people with whom patients will spend most of their time. In many cases, nurses are the first people with whom a patient will share their intimate needs, fears and desires. As in any relationship, trust between patients and nurses is paramount. Organizations like NBNA foster trust by providing culturally competent healthcare services in diverse communities.

Empowering nurses to empower patients

VITAS takes great steps to equip our nurses to best serve patients and families. VITAS nurses often work independently, traveling between patients' homes, nursing facilities and VITAS offices, so every VITAS nurse is given a secure cell phone to streamline communication. Our nurses can further their education with VITAS' tuition reimbursement program and sign up for classes at [VITAS.com/webinars](https://www.vitas.com/webinars) (so can you!). We recognize that when nurses aren't caring for patients' families, many are caring for their own, so VITAS offers flexible schedules for full-time, part-time and per-diem employees.

Many VITAS nurses—myself included—have gone on to hold higher positions within the company and beyond it. In South Florida, Etian Vizoso joined VITAS in 2009 as an LPN and became a general manager this year. Marcia Rami started as a VITAS sales representative, attained her nursing degree and eventually became director of market development.

Lasting partnerships, proud legacies

Partnerships with nursing organizations provide our nurses with additional opportunities for professional growth and access to useful resources. We're thrilled that the Greater Fort Lauderdale Broward County chapter is the host chapter for the 2020 NBNA national conference, and VITAS members of the local chapter are excited to help organize the event. South Florida has a long history of notable black healthcare professionals and we're excited to showcase their pioneering work and legacy.

Like our dedication to VITAS nurses, our longstanding relationship with the NBNA highlights our commitment to improving healthcare access for underserved populations. As we continually invest in our employees so they may become the healthcare leaders and influencers of tomorrow, we also invest in the organizations committed to supporting healthcare professionals and improving outcomes for patients and families. VITAS proudly supports the NBNA and nurses everywhere.

Spiritual Connection —The Joy in My Practices

Rev. Gloria Harris Cater, PhD, RN



Gloria Harris Cater, PhD, RN, is an Associate Professor of Practice at Simmons University in Boston, MA

and is a Faculty Member in the Dotson Bridge and Mentoring Program. Over her 51 years career, she has been involved in many different nursing roles including acute care, home care, public and community health and now as an educator. Her practice has always focused on spiritual connections. She is a member of the New England Regional Black Nurses Association.

Florence Nightingale described the spirit as intrinsic to human nature. She also shared in her letters to nurses of the day (1872-1900) her thoughts about intention, self-awareness, mindfulness, presence, compassion, love, and service to humankind. As nurses we are present at the time when life begins and when life ends. What a privilege to share with a family our compassion, our presence, and our mindfulness in times such as this.

This describes the joy in my nursing practice—the involvement in the spirit of individuals. I am sure that we have all heard about the dash between the birth year and the death year. The spirit that was within that infant at birth is the same spirit that dwelled in the dash (life) and was jubilant at sometimes and distressed at other times. It represents that intrinsically human experience that will be interrupted by death. The joy in my practice evolves from being involved in the lives of my patients, my clients, and my students. I have always believed that nursing is a sacred calling much like ministry. We have the opportunity to heal the body, mind and spirit. Who else has that privilege? As a practitioner, I provided comfort and comprehensive nursing care to patients and their families. As an educator, I am providing healing energy for a despondent spirit that may result from a lower than expected test grade or a roommate issue. Spirit has been described as:

“The inner intangible dimension that motivates us to be connected with others and our surroundings...the guiding force behind our uniqueness (that) acts as an inner source of power and energy that makes us tick as a person.”
(Narayanasamy, 2007)

Spirit allows us to be connected with each other and our surroundings. The joy in my practice comes when I can identify the spirit at work in an individual. Over the years I have learned that a person's spirit is the foundation on which a life is built.

In my view, the miraculous thing is that each of us has a spirit that is the core of our existence but each embodied spirit is different giving each of us along with our genetic material uniqueness. This diversity of spirit has been acknowledged by so many of those that

have gone before us and so this notion of the centrality of spirit has crossed many boundaries: time, nation, religion, race, ethnicity, sexual orientation, gender, color, ability and every “ism” that tries to separate us from one another.

In my practice, I have found that spirit is a great connector. Spirit is an equal opportunity resource. We all have it so why not use it as a complement to our other nursing interventions because I believe that all of our nursing actions have a spiritual component. It is our responsibility to understand what our beliefs and feelings are about spirituality so that we can be a resource to our patients, our clients, our students, our families and our friends. It is also our responsibility to understand that our spirits need nurturing. One of the resources I have found incredibly helpful in nourishing my spirit in my nursing practice and in my life in general is **Desiderata** (things to be desired) written by Max Ehrmann in 1929. He wrote in part:

Enjoy your achievements as well as your plans. Keep interested in your own career, however humble; it is a real possession in the changing fortunes of time.

Beyond a wholesome discipline, be gentle with yourself. You are a child of the universe no less than the trees and the stars; you have a right to be here.

And whether or not it is clear to you, no doubt the universe is unfolding as it should.

This is just a small excerpt from this poem. It deserves a full reading.

Peace and Blessings, Gloria

Bibliography

1. Ehrmann, M (1926). *Desiderata*. Retrieved February 9, 2019, <https://www.desiderata.com/desiderata.html>
2. Narayanasamy, A. (2007). Palliative care and spirituality. *Indian Journal Palliative Care* 2007;13:32-41

Transformational Leadership: Blaze the Trail, Advance the Mission

Vitrea R. Singleton, MSN, RN, CCM



Vitrea R. Singleton, MSN, RN, CCM, is the Manager of Care Management, Hillcrest Hospital – Cleveland Clinic Foundation and a member of the Cleveland Council of Black Nurses.

The leader is an individual who determines the meaning and direction of a group, gets the group cohesion, and then manages to motivate the group in order to achieve the desired results” (Solomon, Costea & Nita, 2016, p. 144). Leadership and management are similar; however, have some distinct differences that determine the degree to which a group of individuals are empowered and motivated to produce the desired outcome when it comes to the difference between a low and high functioning organization. Some characteristics of a leader include being innovative, functioning as a unique individual versus a copy of someone else, fostering leadership in people, being trustworthy, considers the short-term and long-range view, determining what will be the next steps and how it will impact specific variables (Solomon et al., 2016). There is a huge difference between a leader in the midst of constant change and a manager in the same situation. The idea is that this person is accountable to not only implement that change; but, to demonstrate the leadership of having a plan of implementation that will start at communicating the details of the changing, provision for educating the group on that change and monitoring for any additional needs through the transition period (Wilson, 2014).

Management is a component or necessary skill included in the list of competencies for an efficient and effective leader. One cannot exist without the other; however, the concept and implication of the word manage implies that the person in the role is doing just enough to attempt to make the organization exist versus the catalyst of leadership that ensures the organization will be high-functioning and destined to meet the intended goals set according to the strategic agenda management plan of a trailblazing empire. According to Mehta, Maheshwri & Sharma (2014), the effective leader’s goal is to lean toward a shared accountability model for change processes by maintaining an inclusive approach with the members of the organization for a smoother transition; which will promote participation, engagement and a member’s ownership

of their domain. In today’s leadership environment, managing individual behaviors and responses to constant change can be challenging to the point where a “manager” would not possess the emotional intelligence to weather that storm. Utilizing strategies such as empowering the informal leaders of the group to lead initiatives not only creates trust and respect towards the leader; but, gives the member a sense of ownership and inclusiveness; which protects the retention of seasoned members of the organization.

In today’s organizational climate, there are many variables that are encountered that require you to strategically think about the information you have received, reflect on what it means and how it will impact the organization you are leading, determine if it is in alignment with the current organizational goals and objectives and how the decision you make will be communicated and implemented. Today’s environment focuses on shared vision, shared decision-making and obtaining input from the immediate group it will impact. When it comes to power and influence, a balance must be achieved between the two in order to achieve a positive outcome (Porter-O’Grady & Malloch, 2014). The word power in leadership can be applied to Machiavellianism which are those individuals who are “inclined to pursue achieving personal goals by controlling others, disregard the welfare of others, and be insensitive to social expectations; accordingly, they are likely to engage in unethical behaviors in pursuit of self-interest” (Won Jun & Ji Hyun, 2017, p. 1488). In this author’s opinion, influence carries more power as evidenced by just the mention of a particular individual may afford you greater opportunity and urgency to your request just by virtue of the respect of that leaders’ reputation. According to Miller, Balapuria & Mohamed Sesay (2015), power, influence and courage are characteristics and the demonstrated sources of power are personal attraction, expertise, legitimacy and effort. These sources if utilized correctly, create its own power with force which results in the influence needed to penetrate difficult personalities or unethical leadership behaviors.

Leadership styles vary in every organizational structure and can be interchangeable pending the variables in the situation, the timeframe for adjustment or the waiting period required to observe for information needed to make an informed decision. The success of any organization is to remain a lifelong learner with a strong emphasis on personal and professional development and gaining the additional knowledge required to respond to rapid change. The variables in healthcare have changed dramatically and it takes a team of individuals from different backgrounds such as socioeconomic, cultural, experience and various educational genres. These variations are exciting and everyone can learn a different angle if they embrace and listen for the purpose of understanding and potentially being able to apply it to other considerations in the future. “Transformational leaders focus on the individual, emphasize intellectual stimulation, and provide inspiration to achieve extraordinary goals” (Malloch, 2014, p. 61). The need to be able to efficiently consider more complex considerations as healthcare becomes more complicated, represents the requirement to shift one’s mindset to be more open-minded, reflective and develop a hunger for inquiry and self-awareness to be able to approach decision-making with a wider perspective.

In conclusion, transformational leaders will blaze the trail and advance the mission by bringing mentorship to the forefront. According to Jakubik (2016), a mentor is empathetic, actively listens for the purpose of understanding prior to responding, provides insight into various situations and presenting them from different angles so that you learn synthesis and analysis skills to pros and cons, transparent from the standpoint of disclosing their pitfalls and how they recovered positively or negatively and developed critical thinking skills and provides that stability needed as a role model and nonjudgmental support. Understanding the power of silence and its effectiveness in certain situations, reading literature on leadership development and maintaining a lifelong learning focus will ensure an organization’s competitive advantage.

References:

1. Jakubik, L. D. (2016). Leadership Series: 'How To' for Mentoring. Mentoring Practice and Mentoring Benefit 4: Supporting the Transition and Professional Growth - An Overview and Application to Practice Using Mentoring Activities. *Pediatric Nursing*, 42(5), 252-253.
2. Malloch, K. (2014). Beyond Transformational Leadership to Greater Engagement: Inspiring Innovation in Complex Organizations. *Nurse Leader*, 1260-63. doi:10.1016/j.mnl.2014.01.004
3. Mehta, S., Maheshwari, G. C., & Sharma, S. K. (2014). Role of Leadership in Leading Successful Change: An Empirical Study. *Journal of Contemporary Management Research*, 8(2), 1-22.
4. Miller, A., Balapur, M., & Mohamed Sesay, M. M. (2015). Facilitating Project Success by Eliminating Interpersonal Conflicts. *Journal of Information Technology & Economic Development*, 6(1), 41-57.
5. Porter-O'Grady, T., & Malloch, K. (2014). *Quantum Leadership*, Sudbury, MA: Jones & Bartlett.
6. Solomon, I.G., Costea, C., & Nita, A.M. (2016). Leadership versus Management in Public Organizations. *Economics, Management & Financial Markets*, 11(1), 143-151.
7. Wilson, J. (2014). Managing Change Successfully. *Journal of Accountancy*, 217(4), 38-41.
8. Won Jun Kwak, & Ji Hyun Shim. (2017). Effects of Machiavellian Ethical Leadership and Employee Power Distance on Employee Voice. *Social Behavior & Personality: An International Journal*, 45(9), 1485–1498. Retrieved from <https://www.thecampuscommon.com/library/ezproxy/ticketdemocs.asp?scho=suo&turl=https://search-ebscohost-com.southuniversity.libproxy.edmc.edu/login.aspx?direct=true&db=s3h&AN=125672408&site=eds-live>

Saving Ourselves: Combating the Opioid Overdose Epidemic in African American Communities

Selena Gilles, DNP, ANP-BC, CNEcl, CCRN
Julius Johnson, DNP, FNP-BC

In the 1980s and 1990s, major cities in the United States were plagued by the crack epidemic, resulting in a number of socioeconomic consequences, many of which had a huge impact on the African American community. This included increases in crime, tough crime policies, and a rise in incarceration with sentencing disparities (Alexander, 2012; Evans, Garthwaite, & Moore, 2018; U.S. Drug Enforcement Administration, 2006). In a 2018 study, Evans et al found that the murder rate of young black males doubled soon after the start of the crack epidemic and that these rates were still 70 percent higher 17 years later. The study also estimated that eight percent of the murders in 2000 was due to long term effects of the crack epidemic, with elevated murder rates among young black males, explaining a significant part of the gap in life expectancy between black and white males (Evans et al, 2018).

Over 20 years later, this epidemic has re-emerged with opioid misuse and overdose. The opioid overdose epidemic has transformed the face of drug abuse and addiction and sparked public concern once it became a huge issue among non-minorities. It has gotten national attention since it has reached new communities in America, but this time the focus is treatment and prevention instead of criminalization. Opioid overdose affects thousands of Americans each year. According to the Center for Disease Control and Prevention (CDC), opioid overdose killed 42,000 Americans in 2016 (CDC, 2016). The U.S. Department of Health and Human Services reports that more than 130 deaths daily are related to opioid overdose (U.S. Department of Health and Human Services, 2019). During 2014, the rate of drug overdose deaths increased significantly for both sexes, as well as people between 25–44 years old and greater than 55 years, non-

Hispanic whites and non-Hispanic blacks, and in the Northeastern, Midwestern, and Southern regions of the United States (CDC, 2016). More importantly, in recent years, the drug death rate is rising most steeply among African-Americans nationally, with many falling victims to fentanyl. According to the CDC, among blacks in urban counties, deaths rose by 41 percent in 2016 (CDC, 2018). It has been stated that in recent years increases in opioid prescriptions like morphine, Percocet, and Oxycontin have been a major factor in opioid addiction or accidental overdose, however, there has been a recent surge in illicit opioid overdose deaths, driven largely by heroin and fentanyl (CDC, 2016; CDC, 2017).

According to the New York State Department of Health (NYSDOH), in 2015, opioid overdose opioid death rates in New York were as high as 26.7 (per 100,000 population) in one area, with rates of 8.8 in the Bronx and 6.1 in Brooklyn (NYSDOH, 2017). In 2017, the rate for opioid overdose-related emergency room visits was 25.4 in New York, with alarming rates in Brooklyn (22.1), the Bronx (39.2), and New York City (25.4) (NYSDOH, 2019a). In 2017, New York was included on the list of states with statistically significant increases in drug overdose death rates from 2016 to 2017 (CDC, 2018). The NYSDOH has responded to this growing opioid public health crisis by establishing Opioid Overdose Prevention Programs to support statewide prevention efforts, including improving timely opioid overdose reporting to key stakeholders (NYSDOH, 2019b). As a result of these alarming statistics, we, the Greater New York City Chapter of the National Black Nurses Association, thought that it was crucial to register as a New York State Opioid Overdose Prevention Program. This allows us to train individuals in our community on how to administer Naloxone (Narcan), a safe and effective antidote for all opioid-related overdoses, to individuals who may have experienced an opioid/heroin overdose and prevent it from becoming fatal. Since establishing our program in September of 2018, we have provided 2 community trainings, with many more to come.

Health care providers can be instrumental in educating community members about ways to combat this epidemic in the African American community by bringing awareness to this health crisis and provoke dialogue about solutions to end it. Intensifying efforts to improve safer prescribing of opioids is essential, however, healthcare providers a part of professional organizations like the National Black Nurses Association can aid in reversing the epidemic of opioid drug overdose deaths and prevent opioid-related morbidity by establishing themselves as Opioid Overdose Prevention Programs. By expanding access to and use of naloxone, this can protect persons already dependent on opioids from an overdose. Our hope is that chapters can work collaboratively to examine the impact of this crisis in their region and develop a rapid and effective response that can address this public health threat. In addition, continued national and chapter advocacy in support of appropriate budgets for legislation like the SUPPORT Act (Substance Use Disorder Prevention that Promotes Opioid



Dr. Julius Johnson was born and raised in the Brownsville and Crown Heights areas of Brooklyn, N.Y. He has spent his professional life in community engagement and providing access to high-quality health care to underprivileged populations. Nursing was his way out of his neighborhood, now it's his way back in, to make a difference.



Dr Selena Gilles is a Clinical Assistant Professor at New York University Rory Meyers College of Nursing. Dr Gilles is certified in Critical Care Nursing and has been an Adult NP for 9 years, specializing in Neuro and Pain Management. She has strong community advocacy locally and globally, currently working with organizations serving the underprivileged and underserved communities in Haiti and Ghana.

Recovery for Patients and Communities), passed by the 115th Congress in 2018, and other legislative initiatives aimed at addressing the opioid epidemic is critical in resolving this crisis.

References

1. Alexander, M. (2012). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York, NY: The New Press.
2. Centers for Disease Control and Prevention. (2016). Increases in drug and opioid overdose deaths — United States, 2000–2014. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w
3. Centers for Disease Control and Prevention. (2017). Prescription opioids. Retrieved from <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>
4. Centers for Disease Control and Prevention. (2018). Drug overdose deaths. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
5. Evans, W., Garthwaite, C., & Moore, T. (2018). *Guns and violence: the enduring impact of crack cocaine markets on young black males*. Retrieved from <https://www.nber.org/papers/w24819>
6. New York State Department of Health (2017). Overdose deaths involving any opioid, rate per 100,000 population. Retrieved from <https://health.ny.gov/statistics/opioid/data/d2.htm>
7. New York State Department of Health (2019a). Opioid related data in New York State. Retrieved from https://health.ny.gov/statistics/opioid/#i_three
8. New York State Department of Health (2019b). New York State - county opioid quarterly report. Retrieved from https://health.ny.gov/statistics/opioid/data/pdf/nys_jan19.pdf
9. U.S. Department of Health and Human Services (2019). What is the U.S. opioid epidemic? Retrieved from <https://www.hhs.gov/opioids/about-the-epidemic/index.html>
10. U.S. Drug Enforcement Administration (2006). *DEA history book 1985-1990*. Retrieved from <https://web.archive.org/web/20060823024931/http://www.usdoj.gov/dea/pubs/history/1985-1990.html>

3 Reasons to Prioritize Your Nursing Staff's Education

Adele Webb, PhD, RN, FNP, FAAN, Assistant Dean,
External Relations & Partnerships, School of Nursing
and Health Sciences, Capella University



Dr. Adele Webb is the Assistant Dean of External Relations and Partnerships at Capella University.

An expert in nursing education and nurse capacity building worldwide, Dr. Webb continues to impact the development of the profession around the world. An internationally renowned speaker, Dr. Webb is a Robert Wood Johnson Executive Nurse Fellow, a Fellow in the National Academies of Practice and a Fellow in the American Academy of Nursing.

The role of nurses has changed dramatically over the past 20 years. Their responsibilities now include very intense home patient care, complex in-patient situations, leadership roles on committees, and demands to mentor the less experienced members of their team. To address this shift and to retain their nursing staff, employers must offer a variety of benefits - chief among them is access to continuing education. The most direct way to do this is through offering a competitive tuition reimbursement program to those seeking additional degrees.

Here are three ways that your nurses' pursuit of additional degrees can positively affect your organization:

1. Support patient care. Research shows that nurses with additional education correlate with higher quality patient care. With more education, they are able to anticipate and address a larger variety of health needs. And since effective patient care is the main priority of any institution, the education levels of its staff should be prioritized.

Meanwhile, per the ANA's "Healthy Nurse, Healthy Nation" campaign, there is a growing understanding that nurses may not be able to effectively provide care for someone else if their own well-being isn't being addressed. Hospitals are creating infrastructure to address this, whether it's providing meditation or yoga rooms, through messaging, or by making sure their staff has all the tools they need to expand their careers.

Continuing education is a part of this holistic approach to staff support. At Capella University, we know this piece is very important so we've done research with Gallup on well-being outcomes of our alumni who were eligible for cost savings on their degree through a partnership we have with their healthcare employer. We found these Capella graduates were more likely than nontraditional college graduates nationally to be thriving in each element of well-being as defined by

In order to retain a qualified and enthusiastic nursing staff, institutions need to provide them with access to continuing education.

Gallup. So one can see that providing education benefits can contribute to overall well-being and ultimately contribute to overall better patient care for their institution.

2. Educational diversity builds stronger teams and leaders. When a team is composed of professionals with different levels of education and experience, everyone on the team benefits. Nurses who are further along in their careers can serve as role models to less experienced staff members and pass along their acquired knowledge. This can be highly rewarding for these mentors in terms of job satisfaction, and it also helps them maintain and test their knowledge base. It may also inspire the rest of the team to pursue more education as less experienced members see firsthand its advantages. Providing education benefits allows for this educational diversity and results in stronger teams.

These benefits also help nurses own and thrive in their roles as leaders. Nursing is a highly trusted profession, and for good reason: nurses supervise patient safety and are the main point of contact for family members whose loved one is receiving

care. In order for your nursing staff to maintain this trust, it's important to invest in their leadership development.

Most new nurses don't immediately grasp that by virtue of their profession's stature, they are expected to be leaders. This will occur to them over time, as they make positive changes in others' lives, participate in initiatives, serve on committees, and are a part of research projects. Part of their growth as leaders relies on their pursuit of higher degrees because with more education, they become qualified for increased responsibilities.

3. Support higher employee retention. Every employee wants to feel valued and supported in their field. The same is true for nurses. Because turnover in nursing staff can be widespread, it is necessary that hospitals and facilities use tuition reimbursement programs as a motivator for retention. These benefits help a nurse feel supported by their institution and also create career momentum. A recent case study on Cigna found that the insurer's employee education reimbursement program generated 129 percent ROI in the form of avoided talent management costs from 2012 to 2014. Participants had more than an eight percent higher retention rate than non-participants, and they were promoted ten percent more often than non-participants.

Additional education helps nurses grow in their roles at their institution, which leads to more job satisfaction and being more invested in the work they do. Employers should provide their nurses with a competitive tuition reimbursement program, as part of the benefits offered, in order to help them obtain additional degrees. This accommodation proves valuable to both the nurse and employer alike.

Understanding the hATTR Amyloidosis Patient Journey and Taking a Holistic Approach to Care

Quinn Dinh, MD
Johana Fajardo, DNP, ANP-BC, FHSA, CHFNP

Every day, I ask at least one patient about their family history. Sometimes, their responses lead to nothing, but some days, what they share becomes a critical first step in piecing together a diagnostic puzzle. This is especially true when dealing with genetic conditions, like hereditary transthyretin-mediated (hATTR) amyloidosis.

hATTR amyloidosis is a rare, progressive, and life-threatening familial disease.^{i,ii,iii} The condition affects approximately 50,000 people worldwide and is caused by a mutation in the transthyretin (TTR) gene.^{iv} The mutation causes TTR protein to misfold, gather, and build up, leading to amyloid deposits in numerous body organs, including the nervous, cardiac, and gastrointestinal systems. Given its nature as a multisystem disease, many patients develop overlapping and mixed clinical presentations such as peripheral neuropathy (for example, numbness, tingling, burning pain), and cardiomyopathy (for example, dizziness, shortness of breath, leg swelling).^{i,ii,iii,v} Many patients I see also deal with gastrointestinal issues, like diarrhea, nausea, and vomiting, potentially due to autonomic dysfunction.ⁱⁱ

Obtaining a family history is an important step in the diagnostic process. Though patients may be unaware of hATTR amyloidosis in their family, inquiring about relatives who have experienced any of the symptoms, including symptoms different from their own, or who have died prematurely, can help identify clues that could potentially correlate with an important clinical diagnosis.^{iii,vi}

Due to the rapid natural progression of hATTR amyloidosis, patients require an early and accurate diagnosis to be effectively managed; but this is easier said than done for many patients with hATTR amyloidosis.^{ii,vii} Diagnosis of hATTR amyloidosis can often take years due to the non-specific symptoms (such as carpal tunnel syndrome) in this disease that can mimic more common disorders such as diabetic neuropathy, hypertensive heart disease, and chronic inflammatory demyelinating polyneuropathy.^{iii,viii} As the disease progresses, symptoms of hATTR amyloidosis increase in severity and may eventually rob patients of their basic functional capacities—and even their lives.^{i,ii,iii}

This disease presents more commonly in certain ethnic groups, including African Americans who have an increased risk of carrying a specific TTR genetic mutation associated with the disease. It is estimated that about 4% of African Americans may have this specific mutation, called the Val122Ile mutation.^{viii}

In the past year, there have been significant advances in the treatment landscape, but the diagnosis challenge still exists. It's critical for us as healthcare providers to have a clinical suspicion for this disease by recognizing the multisystem signs and symptoms and piecing together a holistic picture. We need to think outside of our specialty realm by recognizing the clinical presentation, as well as the need to get other specialists involved to ensure the patient receives a quick and accurate diagnosis. "Red-flag" symptom clusters that aid in diagnosis can include progressive systemic sensory-motor neuropathy, carpal tunnel syndrome, neuropathy, early autonomic dysfunction, gastrointestinal complaints, or cardiovascular manifestations.ⁱⁱ

In my tenure, I've cared for various patients who have ultimately been diagnosed with hATTR amyloidosis – and their stories are all different. Many of these patients have struggled for years with a series of misdiagnoses, loss of function, and/or unnecessary surgeries. Although some are aware of their family history and come in following symptom presentation for care, this is not the case for most. Overall, these patients need us to take a multidisciplinary, collaborative approach in both diagnosis of the disease and management of symptoms and quality of life. We need to look at the whole picture, not just the pieces to ensure that our patients' trajectories lead to better outcomes as a whole.

Content supported by Alnylam Pharmaceuticals

ⁱ Adams D, Coelho T, Obici L, et al. *Neurology*. 2015;85(8):675-682.

ⁱⁱ Conceicao, et al. *Journal of the Peripheral Nervous System*. 2016;21:5-9.

ⁱⁱⁱ Shin, et al. *Mt Sinai J Med*. 2012;79(6):733-748.

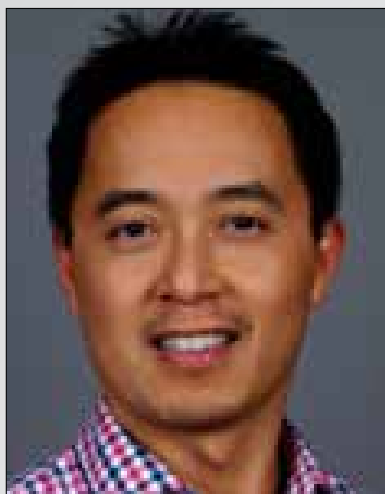
^{iv} Hawkins PN, et al. *Annals of Medicine*. 2015;47(8):625-638.

^v Dungu et al. *Heart*. 2012;98(21):1546-1554

^{vi} National Institutes of Health: Department of Health and Human Services. Genetics Home Reference. Transthyretin amyloidosis. <https://ghr.nlm.nih.gov/condition/transthyretin-amyloidosis#inheritance>. Accessed January 24, 2018.

^{vii} Adams D, Suhr OB, Hund E, et al. *Curr Opin Neurol*. 2016;29(suppl 1):S14-S26.

^{viii} Ando et al. *Orphanet J Rare Dis*. 2013;8:31



Quinn Dinh, MD, has 15 years of biotechnology R&D and medical affairs experience, with a focus on rare and complex diseases. He is currently Vice President, GMAL TTR at Alnylam Pharmaceuticals. Prior to that, he was the U.S. Medical Head for Genetic Diseases franchise for HAE, Gaucher and

MPS II disorders at Shire. Dr. Dinh holds a Medical Doctorate and a Bachelor of Science in Biochemistry from Brown University. He did his postgraduate pathology training. He also completed course work at Wharton Executive business leadership program. He was a former co-chair of the annual Academy of Pharmaceutical Physicians and Investigators (APPI), a non-profit society dedicated to the development of pharmaceutical medicine as a professional discipline important to the discovery, development, registration, and marketing of innovative medicines.



Johana Rocio Fajardo, DNP, ANP-BC, CHFNP, FHFSa, obtained a BS in Nursing in 2004 and joined the open-heart surgery team at Johns Hopkins Hospital, where she participated in the care of Ventricular Assist Device and Heart Transplant patients for over 6 years. Subsequently, she obtained a Master's of Science in Nursing as an Adult/Gerontology Nurse

Practitioner and a Doctorate in Nursing Practice. As a Nurse Practitioner she was awarded the Johns Hopkins Heart of Gold award in 2014 and the Heart Failure Society of America Clinical Excellence in Nursing award in 2017. Her work in cardiac amyloidosis was also recognized by winning first place in a poster competition at the International Society of Amyloidosis Symposium in Kumamoto, Japan in 2018. Dr. Fajardo recently moved to Charleston, SC to join the Ventricular Assist Device and Heart Failure teams and to collaborate in the establishment of an Amyloidosis center at the Medical University of South Carolina.

Effective Teamwork: Continuity of Care in Crisis Prevention

Jacqueline Payne-Borden, PhD, PMHCNS-BC, RN
Mina Yacoub, MD
Verna V. LaFleur, PhD, RN

There is an abundance of studies which support that team work is vital to a healthy and successful environment. Contemporary healthcare care is delivered by multidisciplinary healthcare teams who rely on effective teamwork and communication (Weller, Boyd, & Cumin 2014). This approach however requires the full cooperation of health care professionals from multiple disciplines. Approaches that were effective in earlier, less complex and less distributed environments are no longer efficient (Weller et al., 2014). The shift to providing care in teams is well founded given the potential for improved performance that comes with team work, but team work does not come without challenges (Mayo & Wooley, 2016).

Although an older source, Salas (2005) description of five key dimensions for effective teams was most reflective of and captured the team work displayed by the team at a local hospital when the 16 bed Intensive Care Unit (ICU) experienced a water intrusion event. The table below is a depiction of Salas's five key dimensions.

According to Weller, Boyd and Cumin (2014), to achieve effectiveness, members of the team must respect and trust each other in order to give and receive feedback on their performance, have good communication skills to accurately convey information, and must have a shared mental model. A shared mental model enables anticipation of other's needs, identifying changes in the clinical situation, and adjusting strategies as needed. Without a shared mental model, the various members of a team cannot fully contribute to problem solving and decision making.

The local hospital's staff had the opportunity during a potential crisis to perform efficiently and effectively as an interdisciplinary

team. The 16 bed ICU experienced a serious event that could have rapidly progressed to a disaster. The aged hospital's sprinkler system water pipe in the ceiling of one of the ICU rooms ruptured; within minutes ankle deep water filled the entire ICU. The flooding instantly put the 13 patients and staff at risk for injury or loss of life. The District of Columbia Fire and Emergency Medical Services (DC FEMS) was called immediately, while the source of the flooding was secured. An internal Code Delta was initiated, which alerted all hospital personnel, the District of Columbia Health (DC Health), city area hospitals of the events, and the potential need to transfer patients to other ICUs.

An initial primary assessment of patients was accomplished; without hesitation, ICU Chairman, Physicians, Nurses, Respiratory Therapist, Nursing Supervisor, Hospital Security and DC FEMS personnel teamed up and initiated movement of 10 patients from the ICU to the Post Anesthesia Care Unit (PACU). Two ICU patients were transferred directly to the Telemetry Unit with care managed by the Critical Care team. Due to logistical issues and infection prevention concerns, one patient and nurse remained in the ICU with plans for immediate transfer to a receiving hospital. After the safe transfer of the ten patients to the PACU, staff focused on continuing uninterrupted clinical care. Other departments such as Pharmacy, Building Services, Information Technology, Environmental Services, Biomedical, Sterile Processing, Communications, and Education contributed to the successful transfer of patients.

FIVE KEY DIMENSIONS	ATTRIBUTES
Leadership	Task coordination, Planning, Team development, Positive environment
Mutual Performance Monitoring	Understanding environment, Monitor team members, Identify lapses or overload
Backup Behavior	Understanding others' tasks, Supportive action
Adaptability	Response to changes in environment, Change plan for patient management
Team Orientation	Willingness to take other's ideas and perspectives, Belief in team's goals, Patients' best interest is primary

After arrival to the PACU, six patients were identified as requiring transfer to other area hospitals. This included an organ donor, and a patient with less than 24 hours post cardiopulmonary arrest. Communication with DC Health was maintained over the course of the night; within six hours, six patients were transferred out. Five patients remained in the PACU, stable, with no poor outcomes; there was no harm to either patients or staff.



Dr. Payne-Borden is the Chief Nurse Officer at the United Medical Center, Washington, D.C. She is Board certified through the ANCC. Her experience include faculty member, retired military officer, Field Surveyor for The Joint Commission, and an exceptional orator. Jacquie is an Alumni Minority Fellow of the American Nurses Association and Substance Abuse and Mental Health Services Administration.



Dr. Yacoub is the Department Chair of Critical Care Medicine at United Medical Center, Washington, D.C. He is Board certified in Internal Medicine, Pulmonary Diseases and Critical Care Medicine. His Residency and fellowships include Georgetown University, Howard University Hospital, and University of Pittsburgh Medical Center.



Dr. LaFleur is the Senior Director of Nursing/ Professional Development at United Medical Center, Washington, D.C. She has written numerous curricula, developed online programs and editing Lippincott Critical Care text books. In 2013, she was a presenter at the 35th Midwest Scholars Conference in Minneapolis.

The original ICU could not be remediated as quickly as initially anticipated. Despite this delay, the team with a shared mental model, remained cohesive, planned and implemented the transformation of a medical surgical unit into a temporary fully operational 14 bed ICU. On approval from the Fire Marshall and the DC Health surveyors, ICU staff were oriented to the temporary ICU, and the patients transferred from the PACU. The unrehearsed actions of the interdisciplinary team, including the C-Suite leadership, effectively and expeditiously portrayed the attributes of the five key dimensions of teamwork by completing the mission in less than two weeks.

References

1. Mayo, A., Williams Woolley, A. (2016). Teamwork in health care: Maximizing collective intelligence via inclusive collaboration and open communication. *American Medical Association, Journal of Ethics*, Vol 6. 9: 933-940
2. Salas, E., Sims, D.E., Burke, C.S. (2005). Is there a *Big Five* in teamwork? *Small Group Research*, 36:555-99.
3. Weller, J., Boyd, M, Cumin, D. (2014). Teams, tribes and patient safety: Overcoming barriers to effective teamwork in healthcare. *Postgrad Medical Journal*, 90:149-154.

Optimizing Nutrition Before and After Surgery: The ERAS Protocol

Julie Richards, MS, RDN, LDN
Lacresha Johnson

Surgery is stressful for both patients and their families, and as the first line of patient care, nurses play a critical role in surgical preparation and recovery. Nurses are key in educating patients about what's going on, what to expect, and next steps to better patients' health and recovery after surgery. Nurses are also the link between patients and the rest of the healthcare team, making nurses an important part of the multidisciplinary approach required in surgeries.

African Americans often have inadequate access to timely surgical care and poorer outcomes, typically due to uninsured/underinsured status, underlying comorbidities, and low-income status.¹ Good nutrition can help improve a patient's health, as suboptimal nutrition status is an independent predictor of poor surgical outcomes.²

Nutrition Care Practices Before Surgery Have Changed

In conventional care, it was often believed that feeding before surgery was not safe. Patients were instructed not to eat or drink prior to surgery to prep the bowel.³ Current research indicates that mechanical bowel preparation is not necessary and eating before surgery is indeed safe. Additionally, research shows that following a specific presurgical nutrition protocol can actually boost recovery.

Enhanced Recovery After Surgery (ERAS) Programs

Over the last decade, Enhanced Recovery After Surgery (ERAS) programs have been adopted as the standard of perioperative care across the world. These programs have led to remarkable improvements in the care and outcomes of patients undergoing a scheduled surgery.^{2,4} The ERAS protocol uses an evidence-based approach to reduce a patient's surgical stress response and optimize recovery. When an ERAS program is implemented successfully, it is associated with a 35-40% reduction in length of hospital stay.³

Goals during each phase of an ERAS program include:

- Preoperative phase: attempt to optimize the patient^{3,5}
- Intraoperative phase: minimize the surgical stress response^{3,5}
- Postoperative phase: recover to pre-existing functioning as soon as possible.^{3,5}

Avoiding Malnutrition Before and After Surgery

As a part of ERAS implementation, the healthcare team's awareness of a patient's nutrition status must start before surgery. It is vital to optimize a patient's nutrition status in preparation for the metabolic demands of surgery, and to continue nutritional management postoperatively.⁶ Furthermore, malnutrition can have detrimental effects on the patient's health after surgery. Studies show that malnourished hospitalized and surgical patients have significantly worse clinical outcomes. This includes a greater risk of mortality, increased complications, more frequent readmissions, longer hospitalizations, and increased healthcare costs.⁶

What can you do to avoid malnutrition? Preoperative nutrition care elements should include preadmission counseling and nutrition risk screening. These elements are important, as a nutrition risk screen can help identify patients who are malnourished, and also those less likely to comply with the postoperative nutrition care elements of an ERAS program.²

Nutrition Care in the ERAS Protocol

The key nutrition elements of ERAS protocols are:

- Preoperative nutrition interventions: solid foods up to 6 hours pre-op, liquids up to 2 hours pre-op, a carbohydrate beverage up to 2 hours before operation^{2,3,5}
- Postoperative nutrition interventions: stimulation of gut motility through early oral nutrition or tube feeding.^{2,3,5}

There are specialized nutrition products available for both pre- and post-surgery use. Pre-surgery products are clear liquids that contain carbohydrates and antioxidants and are meant to be consumed according to the ERAS protocol. The product is administered two hours prior to surgery to attenuate insulin resistance, minimize protein and muscle loss, and improve patient comfort.³ Post-surgery products contain a unique immunonutrition blend to help support immune health and recover from surgery. These products may be used as early as 6-8 hours post-op, which has been demonstrated to be safe. Early post-op nutrition promotes a sense of well-being, preserves a patient's nutrition profile, reduces the incidence of an ileus, and does not lead to an increase in anastomotic dehiscence.³

Ready to Learn More?

Standards of care in ERAS programs vary depending on the surgery, with ERAS Society guidelines available for various procedures, including gynecologic/oncology, gastrointestinal, gastrectomy, colonic, head and neck, esophagectomy, rectal/



Julie Richards, MS, RDN, LDN, is a nutrition consultant for Abbott Nutrition. She holds a master's degree in medical dietetics through The Ohio State University and a bachelor's degree in dietetics and kinesiology from Miami University.



Lachesha Johnson is a graduate student in Nutrition and at Case Western Reserve University (CWRU), 2019-2020 Public Health Dietetic Intern at a CWRU, and a Research Assistant in the Tobacco, Obesity, Oncology Lab (TOOL) in the Office of Cancer Disparities Research (OCDR) at CWRU. She is passionate about eliminating health disparities with proper nutrition, health education, and advocating for policy changes that foster healthier foods systems.

pelvic, liver, bariatric, lung, and elective surgeries.⁷ Additionally, the Abbott Nutrition Health Institute (ANHI) has educational resources on the role of nutrition in surgery and the ERAS protocol, and many of these resources count towards continuing education credits.

Resources

1. ERAS Society:
<http://erassociety.org/guidelines/list-of-guidelines/>
2. ERAS Implementation Program (EIP):
<https://www.encare.net/healthcare-professionals/products-and-services/eras-implementation-program-eip>
3. American Society of Parenteral and Enteral Nutrition ERAS toolkit:
https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Toolkits/Enhanced_Recovery_After_Surgery_Toolkit/
4. American Association of Nurse Anesthesiologist ERAS Information:
<https://www.aana.com/practice/clinical-practice-resources/enhanced-recovery-after-surgery>
5. Abbott Nutrition Health Institute (ANHI):
<https://anhi.org/>
6. ANHI Course – Maximizing the Role of Nutrition in ERAS:
<https://anhi.org/education/course-catalog/A1AC2789C9924EC0ABA3B0487F214D8C>

References

1. Haider AH, Scott VK, Rehman KA, et al. Racial disparities in surgical care and outcomes in the United States: A comprehensive review of patient, provider, and systematic factors. *JACS*. 2013;216(3):482-92.
2. Martin L, Gillis C, Atkins M, et al. Implementation of an enhanced recovery after surgery program can change nutrition care practice: A multicenter experience in elective colorectal surgery. *JPEN*. 2019;43(2):206-19.
3. Prabhaker S, Nanavati AJ. Enhanced recovery after surgery: If you are not implementing it, why not? *Nutr Issues Gastroenterol*. 2016.
4. Moya P, Soriano-Irigaray L, Ramirez JM, et al. Perioperative standard oral nutrition supplements versus immunonutrition in patients undergoing colorectal resection in an enhanced recovery (ERAS) protocol. *Medicine*. 2019;95(21):1-11.
5. American Society of Nurse Anesthetists. Enhanced recovery after surgery. 2019. <https://www.aana.com/practice/clinical-practice-resources/enhanced-recovery-after-surgery>. Accessed March 26, 2019.
6. Gillis C, Wischmeyer PE. Pre-operative nutrition and the elective surgery patient: why, how, and what? *Anaesthesia*. 2019;74(Suppl. 1):27-35.
7. ERAS Society. List of guidelines. 2016. <http://erassociety.org/guidelines/list-of-guidelines/>. Accessed March 26, 2019.

340B is Critical in Bridging the Gap in Underserved Communities

Coley Deal



Coley Deal has been involved in 340B operations since 2015. Currently he holds the position of Bon Secours Mercy Health 340B Manager with the responsibility of 340B programs at nine hospitals located in four states.

Social determinants of health, which include socioeconomic status and environment, contribute to individuals' state of health. Disparities in access to health care services negatively impact patients' health outcomes and undermine the well-being of entire communities. Addressing these disparities and providing equitable solutions offer opportunities for improved health outcomes and the building of stronger communities.

340B is a federal program that mandates medication discounts be provided to certain qualified entities. Outlined by Congress, the purpose of the 340B Program is "to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services." The program is designed to support the safety net providers in their mission to help patients and local communities through lowering the cost of medications used to treat said patients.

340B enables hospitals to provide care in areas facing economic depression; communities that may be home to medically underserved minority populations. According to a recently released report, 340B Disproportionate Share Hospitals (DSH) treat 66% more Medicare Part B drug beneficiaries who are African American compared to non-340B hospitals (11.82% vs. 7.10%).¹

Bon Secours Mercy Health is the fifth largest Catholic health care organization in the United States. It serves communities along the east coast, in Ohio and in Kentucky. It has eighteen covered entities in the 340B Program. Eleven are disproportionate share hospitals, two are rural referral hospitals and five are critical access hospitals. Each of these facilities provides care and services for diverse populations with health disparities in both urban and rural settings.

Bon Secours Richmond Community Hospital is one of the eleven disproportionate share hospitals operated by Bon Secours Mercy Health. It is a full-service 340B DSH hospital located in the east end of Richmond, Virginia, within walking distance of several public housing complexes. The area surrounding the hospital has been severely economically and socially depressed for decades, which has led to significant disparities in health, especially for the area's African American residents.

Richmond Community Hospital is deeply rooted in the east end. Dr. Sarah Garland was the first African American and first woman licensed to practice medicine in the commonwealth of Virginia. She was instrumental in founding the Richmond Hospital Association, which opened a hospital in 1903 in Richmond's east end. In 1905 this facility changed its name to Richmond Hospital, and today is known as Bon Secours Richmond Community Hospital.

Bon Secours recognizes the factors which most influence people's health are beyond the scope of traditional health care services. In 2017, Bon Secours opened the Bon Secours Center for Healthy Living Sarah Garland Jones Center, located next to Richmond Community Hospital. Partnering with the community, the hospital addresses disparities in socioeconomic status and health through the center. The center's intent is to promote health, hope and community engagement by providing a space for the community to gather. The center is outfitted with a teaching kitchen, community room and a full-service café. The teaching kitchen helps local residents learn how to cook healthy meals with a focus on chronic disease management through the Bon Secours Community Nutrition Outreach program. The Front Porch Café serves quality breakfast, lunch and coffee daily. Its mission is to equip young people from the east end with valuable job skills and work experience through employment at the Café.

Richmond Community Hospital is committed to using its resources, including those provided through the 340B Program, to improve the well-being of the east end. 340B enhances the hospital's ability to provide community support and outreach, addressing health care disparities in local communities. As demonstrated here, 340B benefits communities of color and under-served populations.

Bon Secours Mercy Health has a long-standing history in serving people who are poor, underserved and dying. Our ministry provides more than \$2 million each day in community benefit, providing care and programs to enhance the health and well-being of individuals and communities. Please visit us at bmshealth.org for more information or at any of our 43 hospitals and 1,000 care sites.

*Coley Deal has been involved in 340B operations since 2015. Currently he holds the position of Bon Secours Mercy Health 340B Manager with the responsibility of 340B programs at nine hospitals located in four states. Coley's focus has been on restoring, developing, expanding, and maintaining audit ready 340B programs. After finding each 340B program in various states of compliance, he has developed a system wide framework of 340B policies, procedures, audits, and compliance measures. This system wide 340B framework ensures that programs are operated in manner to maintain program integrity across all divisions. In addition to developing the framework, he has identified 340B expansion opportunities and worked with Bon Secours leadership to compliantly implement those opportunities. Coley's leadership of the 340B programs has also led to advocacy efforts at the state and national governments on the benefits to patients of the 340B program. He is graduate of Randolph Macon College in Ashland, Virginia with a bachelors in biology.

¹ L&M Policy Research. A Comparison of Characteristics of Patients Treated at 340B and Non-340B Providers. Published April 10, 2019. Accessed April 10, 2019.

Nurses are Pivotal in Malnutrition Quality Improvement

Kristi Mitchell



Kristi Mitchell,
Practice Director at
Avalere Health, leads
engagements involving
the use of clinical data
for strategic decision-
making across multiple
industries, including
life sciences, health
plans, and professional
societies.

As leaders in quality improvement, nurses are frequently motivating staff and other team members to work to achieve improved patient outcomes as part of the organization's performance measures. What you may not be aware of is the need for malnutrition care to be part of the quality improvement process and the interdisciplinary malnutrition care quality resources available to help make the engagement turn-key.

Malnutrition care as a quality issue

Malnutrition is highly prevalent in the acute care setting, yet often goes unnoticed. One in three patients are malnourished at hospital admission, but only around 8% are diagnosed with malnutrition during their stay.^{1,2} Provider awareness of patients' nutrition status and how malnutrition information is communicated in the hospital medical record system are challenges that contribute to this gap.³

How nurses are helping close the gap

In December, the *Journal of Nursing Care Quality* published an article on the impact of a nutrition-focused quality improvement intervention on hospital length of stay. Three hospitals sought to improve nutrition care by implementing a quality improvement (QI) initiative; all patients received a screening for nutrition risk on hospital admission using the Malnutrition Screening Tool. Patients with evidence of malnutrition risk were subsequently ordered oral nutrition supplements without waiting for further assessment by a dietitian. The results found the average time from hospital admission to oral nutrition supplement initiation was reduced by 20 hours after the quality improvement initiative was introduced and the length of stay decreased 0.88 days for patients at nutritional risk compared to patients not at nutritional risk.⁴

New resources support turn-key engagement

The Malnutrition Quality Improvement Initiative (MQii) was launched in 2013 to improve the identification of malnutrition and support the delivery of best practices for malnutrition care in hospitalized older adults. The MQii is a project of Avalere Health and the Academy of Nutrition and Dietetics, with support from Abbott, and aims to

advance evidence-based care for patients who are malnourished or at risk for malnutrition.

Open-access toolkit: The MQii offers an open-access toolkit that supports an interdisciplinary focus on malnutrition quality improvement. This toolkit provides patient-centered approaches and a structured framework for identifying gaps in malnutrition care and improving care coordination across the medical team.

Malnutrition eQCMs: Hospitals can evaluate the impact of their quality improvement projects by using electronic clinical quality measures (eQCMs) specifically developed for malnutrition.

Dual-pronged approach: The MQii Toolkit provides hospitals with practical tools and resources for a malnutrition quality improvement project, while the malnutrition eQCMs can monitor progress and measure success. This dual-pronged method helps healthcare institutions advance their malnutrition care through standardized approaches for screening, assessment, diagnosis, intervention, and monitoring.³

Learning Collaborative

A MQii Learning Collaborative has been launched nationwide to support the application of malnutrition best practices and advancements in malnutrition care. The Learning Collaborative brings together healthcare systems across the United States and has reached over 260 participating hospitals that are involved in a malnutrition quality improvement project. The MQii Learning Collaborative offers education and support at no charge and is beneficial for any facility undertaking a malnutrition quality improvement project. To join or learn more, please visit: <http://www.surveygizmo.com/s3/4201932/MQii-I-m-Interested-Banner>

Patients with malnutrition have more complications, including depressed immunity, muscle wasting, and impaired wound healing.⁵ Nurses typically perform the first screening of a patient upon admission and play an important role in identifying patients who are malnourished or at risk. With increased identification and treatment of malnutrition, complications and other adverse patient health outcomes—such as higher treatment costs and a greater risk for readmission—can be improved. Nurses can take the lead to integrate malnutrition care into healthcare quality improvement initiatives and thus help achieve institutional quality goals and improved patient outcomes.

Resources

1. Malnutrition Quality Improvement Initiative (MQii) Website: <http://mqii.defeatmalnutrition.today>
2. MQii Toolkit: <http://mqii.defeatmalnutrition.today/mqii-toolkit.html>
3. Malnutrition eCQMs: <https://www.eatrightpro.org/practice/quality-management/quality-improvement/malnutrition-quality-improvement-initiative>
4. MQii Learning Collaborative: <http://www.surveygizmo.com/s3/4201932/MQii-I-m-Interested-Banner>

References

1. Weiss AJ, Fingar KR, Barrett ML, et al. Characteristics of Hospital Stays Involving Malnutrition. U.S. Agency for Healthcare Research and Quality; 2016. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb210-Malnutrition-Hospital-Stays-2013.jsp>.
2. Barrett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition. U.S. Agency for Healthcare Research and Quality; 2016. https://www.hcup-us.ahrq.gov/reports/HCPUMalnutritionHospReport_083018.pdf
3. Mitchell K, Jones K, Valladares A. New Malnutrition Quality Measures Will Lead to Higher Quality, Lower-Cost Care. <https://avalere.com/press-releases/new-malnutrition-quality-measures-will-lead-to-higher-quality-lower-cost-care>. Published September 29, 2016.
4. Siegel S, Fan L, Goldman A, Higgins J, Goates S, Partridge J. Impact of a Nutrition-Focused Quality Improvement Intervention on Hospital Length of Stay. *J Nurs Care Qual*. 2018. https://journals.lww.com/jncqjournal/Fulltext/publishahead/Impact_of_a_Nutrition_Focused_Quality_Improvement.99471.aspx.
5. Barker LA, Gout BS, Crowe TC. Hospital Malnutrition: Prevalence, Identification and Impact on Patients and the Healthcare System. *Int J Environ Res Public Health*. 2011;8(2):514-27.

Kristi Mitchell, Practice Director at Avalere Health, leads engagements involving the use of clinical data for strategic decision-making across multiple industries, including life sciences, health plans, and professional societies. In this capacity, she provides strategic guidance for innovative collection and utilization of data as well as oversees the diffusion of best practice in quality measurement development, implementation, and evaluation across multiple industries.

Prior to joining Avalere, Kristi worked at the American College of Cardiology (ACC), leading the development of the National Cardiovascular Data Registry, most recently as the chief science officer. Prior to the ACC, she assessed the impact of public health policies, programs, and practices on health outcomes at Battelle Centers for Public Health Policy and Evaluation and at the Institute for Health Policy Studies at the University of California, San Francisco.

Kristi has an MPH in public health policy administration and epidemiology from the University of Michigan and an AB in human biology and public policy from Brown University. She sits on the FDA MDEpiNet Interim Advisory Committee and the Pew Trust Future of Medical Device Registry Stakeholder Group.

Movement is Life and NBNA a Partnership to Reduce Musculoskeletal Health Disparities

Rose Gonzalez, PhD, MPS, RN



Rose Gonzalez, PhD, MPS, RN is a nurse with over 20 years of experience in the policymaking arena. She served as the Director of Government Affairs for the American Nurses Association (ANA) and now serves on the Executive Steering Committee of Movement is Life.

Movement is Life (MiL) is a multidisciplinary coalition aimed at reducing musculoskeletal health disparities at the provider, patient, community and policy level. It aims to eliminate racial, ethnic and gender disparities in muscle and joint health by promoting physical mobility to improve quality of life among women, African Americans and Hispanics. NBNA is a member of the MiL Steering Committee and a strong partner. Its representative is Millicent Gorham, PhD (Hon.), MBA, FAAN. Dr. Gorham provides valuable insight and expertise as well as a wealth of opportunities based on the sound relationships she's developed working in healthcare and with communities of color.

So how does MiL work to reduce healthcare disparities? MiL strives to educate providers and patients alike regarding these disparities through its workshops and conferences. In fact, we have shared a longstanding history of providing seminars and workshops to NBNA members. We have also partnered to reach into communities of color and develop educational collateral. Here's a brief overview of some of our work:

- 2014 - Hosted MiL breakfast Seminar and MiL/NBNA CE Module Focus Group at the 42nd NBNA Conference, Philadelphia, PA.
- 2015 - Hosted MiL breakfast Seminar, two MiL Workshops and a MiL/NBNA Focus Group at the 43rd NBNA Conference, Atlanta, GA.
- 2016 – Hosted MiL breakfast Seminar and MiL Workshop at the 44th NBNA Conference, Memphis, TN.
- October 2016 – Hosted an NBNA/MiL Webinar “From Kitchen Table to the Power of the Pulpit” featuring Dr. Carla Harwell, Cleveland, OH.

- 2017 – Hosted MiL breakfast Seminar at the 45th NBNA Conference, Las Vegas, NV.
- 2018 – MiL in collaboration with the Chicago Chapter of NBNA hosted a Medicare Town Hall to discuss changing payment policies and its impact on access and healthcare.
- 2018 – Hosted MiL breakfast Seminar at the 46th NBNA Conference, St. Louis, MO.

Most recently MiL held its 9th Caucus November 8-9, 2018 in Washington, DC. One of our plenary speakers was Catherine Alicia Georges, EdD, RN, FAAN, who has served on the AARP Board of Directors since 2010 and was elected by the Board to serve as AARP's National Volunteer President through June 2020. Through Dr. Georges' work with NBNA and her relationship with Dr. Gorham we were able to invite her to speak at our conference and we were beyond thrilled when she accepted. Dr. Georges spoke about creating a culture of health and how social determinants, unmet social needs, can lead to preventable health conditions. How factors like poverty, food insecurity, smoking, drugs, homelessness, isolation and violence affects our health and well-being. It has become more evident than ever that one's zip code can predict life expectancy and access to healthcare services. We must work collaboratively to illuminate this information and address these factors.

In addition to pulling together a stellar conference, the MiL team was able to work with Congressman John Lewis (D-GA) to secure the introduction of legislation to address racial and ethnic disparities within the Medicare and Medicaid programs. The bill which was first introduced in the 2nd session of 115th Congress is the “Equality in Medicare and Medicaid Treatment Act of 2018” H.R. 6601. Its goal is to improve access to care for Medicare and Medicaid beneficiaries



Catherine Alicia Georges, EdD, RN, FAAN – National Volunteer President AARP



In Congressman Lewis' office from left to right: Bill Finerfrock (Capitol Associates), Maggie K. Butler, PhD, CRC (American Psychological Association), Honorable John Lewis (D-GA), Rose Iris Gonzalez, PhD, MPS, RN, Minerva Campos, MD, MPH (National Hispanic Medical Association), Shreyasi Deb, PhD, MBA (American Academy of Orthopaedic Surgeons), and Millicent Gorham, PhD (Hon), MBA, FAAN.

by identifying how social determinants of health may negatively impact access to care. It seeks to study whether new payment modes may discourage providers from treating high risk patients. NBNA sent a letter of support for H.R. 6601.

The Honorable John Lewis (D-GA) was invited to our Caucus to receive our Vanguard Award. Unfortunately, due to issues taking place in GA, he was unable to join our Conference. However, we did have the pleasure of meeting with him at his office on January 17, 2019 to present him with the award. He is joined by members of the MiL Steering Committee. Congressman Lewis serves on the House Committee on Ways and Means and is the Chair of the Subcommittee on Oversight. Rep. Lewis will reintroduce this legislation in the 116th Congress and we look forward to working with him and are urging all to send letters of support. For more information on MiL and its work visit: <http://www.movementislifecaucus.com/>

Maternal Mortality: In Memoriam to Black Women and Motherless Children



Courtney Lang is a nationally recognized health care advocate. She is the Founder and Principal of Langco + Partners, a public affairs firm devoted to patient and provider advocacy, with a focus on women's health, mental health and equity in care. Courtney also proudly serves as adjunct professor of Media Law for her alma mater, Pepperdine University.

Courtney Lang, JD

The birth equity movement is on the rise. Collectively, we owe tremendous praise to the social justice warriors and reproductive health activists who serve on the frontline of preserving life and preventing death. One such hero is Brittany Ferrell, a high-risk obstetrics nurse, who was featured in the National Geographic article *"American women are still dying at alarming rates while giving birth"*. Brittany's story is one of inspiration, encouraging both advocacy and activism to unmask the inequities of prenatal and perinatal care.

**Health equity
is a social justice issue.**

**Reproductive justice
is a health equity issue.**

Birth Equity Facts

Equal access to treatment and services varies greatly when it comes to realizing optimal or even adequate health care. Tragically, there is no greater example than with maternal mortality. The alarming statistics from the Centers for Disease Control and Prevention of nearly 700 women dying in childbirth per year, are even more staggering for Black women whose risk of a pregnancy related death is 3 to 4 times higher than those of white women. So, why are Black women dying in childbirth?

There is an inexplicable occurrence of maternal deaths and nearly 60% of all cases of maternal mortality are preventable. There also remains marginal explanation as to the racial disparity

and variance for health outcomes for Black women. This national crisis is mired with unanswered questions. While the broader discussion surrounding maternal mortality as a public health issue has increased in visibility, the outrage over motherless Black children has not. Stories of Black women who have died before, during or shortly after childbirth appear folkloric. The accounts of their birthing journey explained away by trite statements such as "sometimes mothers die".

Have we become numb?

Our ecosystem of maternal care providers must be held accountable. The US is a nation that prides itself with innovation and technology, yet there is little explanation, much less resolution, to the cause of maternal mortality. The Washington Post reported that "the United States is one of only 13 countries in the world where the rate of maternal mortality — the death of a woman related to pregnancy or childbirth up to a year after the end of pregnancy — is now worse than it was 25 years ago". Across the US, states have been charged with addressing a healthcare crisis of unknown etiology. Increased risk factors include:

- High blood pressure and cardiovascular disease
- Pre-eclampsia and eclampsia
- Hemorrhage
- Infection
- Pulmonary embolism

According to the American College of Obstetricians and Gynecologists (ACOG), "the US is the only industrialized nation with a rising maternal mortality rate, and between 2000 and 2014, there was a 26% increase in the maternal mortality rate".

To address this problem, ACOG encourages the establishment of maternal mortality review committees (MMRCs). These multidisciplinary committees, comprised of local health experts, study cases of maternal deaths and recommend improvements to prevent future adverse outcomes. (American College of Obstetricians and Gynecologists [ACOG], n.d.).

These are tangible action items that offer safeguards for maternal health. However, with Black women experiencing death at the highest rate, a mandatory protocol to safeguard mothers and particularly Black mothers is imperative. Underlying behaviors, such as racial bias, are considerations that should be addressed urgently to improve the health trajectory for Black women.

Solutions

When evaluating maternal mortality from the premise of race, the burden falls on families. Giving voice to the voiceless mothers and their children left behind. As we address birth equity, there is perhaps no greater change needed than for hospitals and health systems to require implicit and unconscious bias training. Sadly, Black women are the least likely to be believed when reporting

symptoms of pain and discomfort. And despite excuses related to poverty, education and income, socio-economic status offers no greater protection for Black women. In addition to mandatory bias training, additional solutions include:

- Requiring maternal safety bundles for hospitals, health systems and birthing clinics to provide preventative measures to safeguard mothers from blood loss;
- Inclusion of mid-wives and dulas as a standard part of the birthing team and for perinatal support for mothers;
- Recognition of the impact of “toxic” stressors, including racism, as an equally critical factor to be considered when evaluating clinical care during labor and delivery.

In sum, individual and institutional advocacy is needed to reverse the trend of maternal mortality. There remains marginal explanation as to the racial disparities regarding the statistics for Black mothers. Implementing the appropriate review committees, state-by-state, and holding hospitals and health care providers accountable is a step toward preserving the lives of at-risk mothers. Future generations of Black families are dependent on our present day outrage and activism.

Familial Hypercholesterolemia: Missing Link Between High Cholesterol and Early Heart Disease

Kristen Gradney, MHA, RDN, LDN
Sam S. Gidding, MD

Chad Gradney was only 8-years old when his father, John, had a quadruple bypass at the age of 35. Fast forward twenty years to a fit Chad, following a healthy lifestyle because of his father's heart condition, two months away from his wedding to Kristen, the love of his life. What should have been a whirlwind of last-minute plans and excitement instead became a nightmare.

Pain in his ribcage became so acute it knocked him over and a doctor finally performed a quadruple bypass. Doctors blamed his condition on what he ate, though he ate healthily. One doctor even accused him of illegal drug abuse as the reason, even though Chad had never done drugs! As the years went by, more of the same – his heart disease progressed with another test revealing three out of four arteries re-blocked.

Chad has familial hypercholesterolemia or FH, the most common genetic condition that leads to early heart disease. His care trajectory is typical of the under recognition of this serious inherited condition. The FH Foundation is a patient-centered nonprofit organization focused on research, advocacy and education for all forms of FH. A key part of our mission is raising awareness within healthcare systems.

Misperceptions and general lack of awareness leave millions of people worldwide at risk for premature heart disease. Heart disease

that can be prevented. FH is found in all races and ethnicities. It affects more than 1.3 million people in the U.S. and causes one in five heart attacks under the age of 45. Tragically, 90 percent of those living with FH don't even know they have it.

FH causes advanced heart disease during the prime of life because it results in high levels of low density lipoprotein (LDL or "bad") cholesterol from birth. FH is treatable and requires lifelong medical management with cholesterol lowering medications.ⁱⁱ In addition to a heart-healthy lifestyle, individuals with FH should be managed intensively with statins and, if needed, combination therapies including ezetimibe and PCSK9 inhibitors. The 2018 AHA/ACC cholesterol management guidelines recommend LDL-C thresholds of 100 mg/dL for primary prevention and 70 mg/dL for secondary prevention.

While FH individuals are historically both under-diagnosed and under-treated, even more significant gaps in care exist across some groups. According to data published in *Atherosclerosis* from the CASCADE FH Registry, the largest national registry of familial hypercholesterolemia in the U.S, women were more undertreated than men, and Asians and Blacks were more undertreated than Whites. This mirrors broader cardiovascular studies, with women and minorities receiving less guideline-based cardioprotective therapies.

Nurses play a key role in prevention. FH can be diagnosed clinically, through a simple lipid panel and family history, or through genetic testing. Anyone with a family history of early heart disease with an LDL cholesterol over 190 mg/dL in adults or 160 mg/dL in children should be screened for FH. Nurses also provide education on inheritance, medication, and lifestyle; and in long term care with family support and medication adherence. If someone in your practice has FH, encourage screening their family members. Since FH is autosomal dominant, each first degree relative of someone with FH has a 50% chance of inheriting FH. This includes children, who should be screened by the age of 2 if their family member has FH, or between the ages of 9-11 if they don't.

Make FH care part of your practice. Treatment should begin at about age 10 years to prevent heart attacks. Chad Gradney started his treatment after his first heart attack. With 90% of FH patients unrecognized, everyone can make a difference.



Kristen Gradney is a Care Transformation Consultant at Blue Cross Blue Shield of Louisiana, registered dietitian and owner of a nutrition consulting firm, and FH Advocate for Awareness.



Sam S. Gidding is the Chief Medical Officer of the The FH Foundation, a leading research and advocacy organization for familial hypercholesterolemia (FH). Dr. Gidding is known for founding

PEDAL, a consortium dedicated to prevention of adult onset lipid related diseases beginning in youth. He is a member of the ACC/AHA task force on clinical practice guidelines and has participated in the development of new adult and pediatric blood pressure guidelines. He has previously worked on guidelines/scientific statements on familial hypercholesterolemia, hypertension, tobacco, obesity, nutrition, diabetes, and congenital heart disease for AHA, AAP, NHLBI, WHO, CDC, EAS, NLA, and ADA

Think That Your Brain, Heart, Race, and Gender Aren't Linked? Think Again

Stephanie Monroe



Stephanie Monroe is the Executive Director of African Americans Against Alzheimer's, a Network of Us Against Alzheimer's

**When we talk about
communities “at risk,”
different thoughts come to mind.**

**Medical risk?
Community risk?
Socioeconomic risk?**

Whatever the case may be, we are beginning to understand how health care, particularly around brain health, is impacted by a variety of external factors. These can range from economic hardship and access to nutritious, high-quality food, to social opportunity and a strong education. They can weigh on individuals' long-term health from their earliest days. This is particularly true for families of color, and for women.

Sadly, it remains a little-known fact that Alzheimer's disease is the fourth-leading cause of death for older African Americans – and that older African Americans are more than twice as likely to develop Alzheimer's as non-Hispanic whites, while Latinos are 1.5 times as likely to have the disease.

Further, two-thirds of those currently suffering from Alzheimer's are women, and women are also most likely to be the ones providing care for a loved one.

But it's not just about socioeconomic impact on these communities. Other internal health factors play a role, too. High blood pressure, high cholesterol, and diabetes are all directly linked to Alzheimer's. Which demographic group, you might ask, has the highest rates of these troubling issues? Black women.

It's a wonder that these realities aren't more widely recognized, but lack of awareness results from scientific research and health care services that ignore disparities along lines of race and gender. In order to combat these concerning health statistics and ultimately turn the tide, the full power of the African American and female communities will have to be leveraged.

Women in particular are positioned to take the lead in a nationwide health movement given that they are truly the “chief medical officers” of their families across racial, ethnic, and socioeconomic boundaries. By urging health care providers to include total brain health as part of comprehensive health care, they are sending a clear message that consumers demand action around this vital aspect of their overall health.

Similarly, nurses are uniquely equipped to create an environment for their patients in which brain health can be addressed. Nurses can meet the health care consumer where they are, can help spur conversations around total brain health, and address the needs of their patients, families, and communities at the source.

While we rarely think of the brain as an organ in the same way we might the heart, promoting health in one encourages health in the other. We believe strongly in this linkage, and advocate firmly that heart health is brain health – and that communities of color struggle with both. To do otherwise would be to ignore a legacy of civil rights and equality in all its forms.

I think it's fitting that February is both Black History Month and Heart Health Month, and in this spirit, I am excited to highlight

the work of UsAgainstAlzheimer's ADDEN (Alzheimer's Disease Disparities Engagement Network). ADDEN focuses on establishing health equity for both brain and heart, reducing health disparities experienced by communities and women of color, and pushing for a broader understanding of the so-called "social determinants of health," which I touched on earlier.

In concert with ADDEN, UsAgainstAlzheimer's Brain Health Partnership, which focuses on education and advocacy at the consumer and provider level, is working to make brain health just as accessible as heart health. This important work is encouraging consumers to demand a "check up from the neck up," and works to incentivize health care providers to engage with patients about their brain health.

We envision a society where everyone has an equal opportunity to live the healthiest, longest life possible, but we can't attack this enemy unless we all know what it looks like and what we can do to combat it.

We must understand more fully the socioeconomic realities and reduced access to health care and education that can have a strong long-term impact on brain health for individuals of color and women within underserved communities. It is only by working together that we will ultimately protect future generations from this devastating disease and promote brain health equity.

Stephanie J. Monroe is Executive Director of UsAgainstAlzheimer's African American Network, which is the first national network created specifically to respond to Alzheimer's disease's disparate impact on African Americans. By working nationally, locally, and through strategic partnerships, African Americans Against Alzheimer's is raising awareness of the critical need for additional research investments and arming African Americans and others with the information needed to engage, connect, and mobilize individuals, businesses, and community and faith-based organizations in efforts that advance our national commitment to ending Alzheimer's by 2025.

Diversifying the Nursing Workforce through Mentoring and Retention

Kupiri “Piri” Ackerman-Barger, PhD, RN
Jazmine Cooper, MBA
Winifred Quinn, PhD, FAANP(H)

In 2010 the Institute of Medicine (IOM) published the *Future of Nursing: Leading Change, Advancing Health* report which provided recommendations on how to advance the nursing workforce (Institute of Medicine, 2011). The report emphasized the essential role of nurses in promoting health equity and wellbeing by assisting Americans to live healthier lives. The *Future of Nursing: Campaign for Action*, a joint initiative of the AARP Foundation, AARP, and the Robert Wood Johnson Foundation (RWJF), was created shortly after the release of the *Future of Nursing* report with the goal of bringing the IOM recommendations to fruition. The Campaign, along with its Action Coalitions, has measured its success over the past nine years based on these recommendations. Advancing education transformation, removing barriers to practice and care, leveraging nursing leadership, fostering interprofessional collaboration, and workforce diversity were the five major areas of focus. Although all five of these efforts are essential and interconnected this brief will focus on efforts related to workforce diversity specifically.

In 2015, the IOM released a follow up report assessing the progress from the original recommendations (National Academies of Sciences, Engineering, and Medicine, 2016). The follow-up report explicitly called for focus on increasing diversity in nursing. The call for increased workforce diversity aligns with the RWJF’s Culture of Health vision. According to the Robert Wood Johnson Foundation (2019), “In a Culture of Health, Americans understand that we’re all in this together—no one is excluded. Everyone has access to the care they need and all families have the opportunity to make healthier choices. In a Culture of Health, communities flourish and

individuals thrive.” The *Campaign* has met the call from the follow-up report by publishing a dashboard of primary and secondary measures of diversity to help track progress and by supporting 51 state Action Coalitions as they create diversity action plans (Perez, Nichols, & Quinn, 2018).

Although there have been slight improvements in workforce diversity, Black nurses remain underrepresented in nursing (HRSA, 2017). While the overall graduation rates for U.S. BSN programs have increased, this is not the case for historically black colleges and universities (HBCUs). To strengthen the pipeline of BSN prepared Black nurses who graduate from HBCU’s an innovative mentoring program was created through a joint effort by the *Campaign for Action*, the Office of Minority Health at the U.S. Department of Health and Human Services, the Mid-Atlantic Regional Health Equity Council and the Colorado Center for Nursing Excellence. The leaders from these organizations created a workgroup that included the American Association for Colleges of Nursing, National League for Nursing and deans and faculty of several HBCUs. We designed a three-day training program, *Diversifying the Nursing Workforce: Mentoring for Student Retention and NCLEX Success at Historically Black Colleges and Universities*, to build and enhance HBCUs’ capacity to increase the pipeline of culturally diverse students entering nursing.



Figure 1. Graph of U.S. BSN Degrees: Value 2011-2015. By Allan Noonan, MD. Available from National Center for Educational Statistics. Retrieved from <https://nces.ed.gov/ipeds/>

We hosted this 3-day training in October 2018. It included representatives from eight HBCU traditional BSN programs from the Mid-Atlantic Region (Delaware, District of Columbia, Maryland, Pennsylvania, and Virginia) and *Campaign For Action* affiliated Action Coalition leaders were present. The workgroup designed this mentoring training to improve the retention and graduation



Kupiri "Piri" Ackerman-Barger is an Assistant Clinical Professor at Betty Irene Moore School of Nursing for

the University of California, Davis. Kupiri Ackerman-Barger teaches instructional methodology in health sciences, social determinants of health, collaborative practice, and organizational change. She has a particular interest in preparing nurse leaders and nurse educators to promote diversity and inclusion in academic and health care settings. She conducts research and serves as a national consultant and speaker on strategies to help underserved and underrepresented groups in health professions thrive academically.



Jazmine Cooper is a project manager for the Center to Champion Nursing in America, an initiative of AARP Foundation, AARP, and the Robert Wood Johnson Foundation to improve America's health through nursing. Jazmine coordinates several projects of the Future of Nursing: Campaign for Action, a national effort of those same three organizations to transform health care through nursing and build healthier communities for everyone in America.



Winifred Quinn is a proud nurse champion. She co-directs a national campaign, the Future of Nursing: Campaign for Action, that seeks to improve health and health care through nursing. Winifred leads the Campaign's work to ensure a more diverse nursing workforce, nursing school faculty, and nurse leadership."

rates of HBCU nursing students and to improve the National Council Licensure Examination pass rates of HBCU graduates. The underlying principle of the mentorship training was that the HBCUs and the Action Coalitions could collaborate to find effective and sustainable strategies to support this essential pathway to nursing. The instructional strategies were designed to help experienced educators and leaders and to result in action planning. The train-the-trainer curriculum included expert speakers, a recent graduate panel, interactive activities, coalition building exercises, and real-time action planning.

As a result of the mentoring training, an HBCU Learning Collaborative was created to provide continued technical assistance for sustainability and to foster partnerships between universities and/or their respective state Action Coalitions. The Learning Collaborative provides an opportunity for consultation on all aspects of building or revising a mentorship program, a forum to share information, strategies, and resources as well as a source of support, encouragement, and co-mentorship. The Campaign and the Office of Minority Health are planning future HBCU trainings to expand this program for other geographic locations as well as Native American communities and Hispanic Serving Institutions.

References

1. Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press.
2. National Academies of Sciences, Engineering, and Medicine. (2016). *Assessing Progress on the Institute of Medicine Report The Future of Nursing*. Washington, DC: National Academies Press.
3. Perez, A., Nichols, B. and Quinn, W. (2018) Growing diverse leaders: The current progress of the Future of Nursing Campaign for Action. *Nurse Leader*, (Feb. 2018) 38-40.
4. Robert Wood Johnson Foundation. (2019). *About a Culture of Health*. Retrieved from <https://www.rwjf.org/en/cultureofhealth/about.html>
5. U.S. Department of Health and Human Services Health Resources and Services Administration (2017). Sec, race, and ethnic diversity of U.S. Health Occupations. <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/diversityushealthoccupations.pdf>

For NBNA Nurses Who Care for Our Smallest Patients in the NICU: It's Time to Empower Preemie Parents to Know Their Options for Human Milk- Based Infant Nutrition

Carolyn TenEyck, RN



Carolyn TenEyck, RN and Director of Advocacy for Prolacta Bioscience is a long-standing corporate and professional member of NBNA.

Advocating for patients is in our DNA. When those patients are fragile, “voiceless” premature infants, our advocacy extends to their parents and families. Helping to empower them with clinical evidence so they can make good choices about their baby's care can make a lifelong impact on their child's health and well-being.

When it comes to nutrition in the neonatal intensive care unit (NICU), parents of premature infants need to know the facts about human milk feeding and the fortifiers their babies may receive.

The American Academy of Pediatrics (AAP) advises that preemies born weighing 1500 grams or less at birth should be fed only human milk (mom's milk or pasteurized donor milk), not formula. The AAP also recommends that the milk should be fortified to ensure optimal nutrient intake.¹ Because they are born so early, extremely premature infants have greater nutritional needs and require additional fortification to provide the extra calories, protein, and minerals they need for optimal growth and development.

However, the two types of human milk fortifiers available today in the NICU are diametrically different, and this should be explained to parents. Most human milk fortifiers are made from cow's milk, which has been shown to increase the risk of necrotizing enterocolitis (NEC).² NEC is a dangerous condition we nurses know all too well,

one that often requires surgical intervention and leads to mortality.

The other type of fortifier is a **human milk-based** human milk fortifier, made from 100% human milk. The words “human milk-based” are an important distinction because they mean that a baby fed human breast milk mixed with this fortifier are receiving an exclusive human milk diet (EHMD) that contains no cow's milk.

Unfortunately, not all NICUs offer human milk-based human milk fortifier yet. As front-line advocates for premature babies, it is incumbent on us as nurses to know the difference between the two, do the research, and then – based on the evidence – make the case for what is optimal.

One study has shown that babies born weighing between 500 and 1250 grams who were fed an EHMD had a 77% reduction in the odds of developing NEC, when compared to infants receiving cow milk-based fortifier or, when mom's own milk was unavailable, preterm formula.³ Studies have also shown a reduction in sepsis² and a decrease in the length of stay in the hospital when infants are fed an EHMD.⁴

According to the National Coalition for Infant Health (NCfIH) in its open letter entitled “Establishing Exclusively Human Milk for Very Low Birthweight Babies as Our Nation's Standard of Care,” published in the March 2018 issue of *Neonatology Today*, “an exclusive human milk diet is essential ‘medicine’ for VLBW premature infants and we all agree that fortification is required for proper growth. If we also agree to the former, utilizing a non-human fortifier or any other foreign additives in this population cannot be part of the conversation.”

1. American Academy of Pediatrics. Breastfeeding and the use of human milk. *Pediatrics*. 2012;129(3):e827-e841. doi:10.1542/peds.2011-3552

2. Abrams SA, Schanler RJ, Lee ML, Rechtman DJ. Greater mortality and morbidity in extremely preterm infants fed a diet containing cow milk protein products. *Breastfeed Med*. 2014;9(6):281-285. doi:10.1089/bfm.2014.0024

3. Sullivan S, Schanler RJ, Kim JH, et al. An exclusively human milk-based diet is associated with a lower rate of necrotizing enterocolitis than a diet of human milk and bovine milk-based products. *J Pediatr*. 2010;156(4):562-567. doi:10.1016/j.jpeds.2009.10.040

4. Assad M, Elliott MJ, Abraham JH. Decreased cost and improved feeding tolerance in VLBW infants fed an exclusive human milk diet. *J Perinatol*. 2016;36(3):216-220. doi:10.1038/jp.2015.168

A Tribute to Dr. Richard Payne: Friend of Nurses, NBNA and VITAS® Healthcare

Diane Deese, MCLSS-GB, CACPFI, EMT



Some people make an impact in life
that is bigger than life, and
Dr. Richard Payne
was one of those people.

Trained in internal medicine and neurology, Dr. Payne was a cancer expert, a tireless advocate for compassionate pain relief, a world-renowned hospice and palliative care supporter, and a dedicated friend of the NBNA, nurses, nursing education and VITAS® Healthcare.

Dr. Payne cared as deeply about entire patient populations as he did about every single patient he treated. That is why his untimely death in early January 2019 provides a unique opportunity to remember him as not only an incredibly talented and passionate physician and researcher, but also as a colleague and mentor who had a soft spot in his heart for nurses and nursing education. He enjoyed educating—and learning from—nurses who are in the trenches of patient care.

Dr. Payne and the NBNA: A memorable relationship

It's quite possible you saw or met Dr. Payne at an NBNA conference within the past decade. He often stood from his chair and waved to audience members when he was recognized during the opening ceremony. Perhaps you attended one of his sessions on pain treatment, palliative care or hospice care. Perhaps he led your End-of-Life Nursing Education Consortium (ELNEC) training. Maybe you stood next to him in 2018 when he donned his "Hitting a Home Run for Leadership" T-shirt and posed for a photo with Board Member Sasha DuBois and other NBNA members in St. Louis.

Dr. Payne, 67, died January 3, 2019, suddenly and far too soon.



Dr. Richard Payne is on the far left.

Among many distinctions:

- At the time of his death, he was the Esther Colliflower Professor of Medicine and Divinity Emeritus at Duke University in Durham, North Carolina. (Colliflower was a Miami nurse and co-founder of VITAS Healthcare).
- He was the John B. Francis Chair in Bioethics at the Center for Practical Bioethics in Kansas City, Missouri, where he promoted the ACP-AAFC curriculum: Advance Care Planning in African American Communities.
- He led the creation of a progressive palliative care educational curriculum for African Americans at life's end (APPEAL) that was taught widely throughout the country.
- He was uniquely approachable and particularly supportive of VITAS' collaboration with the Duke Institute on Care at the End of Life, including two initiatives for faith-based organizations: the Crossing Over Jordan symposia examining end-of-life care and the Samuel DeWitt Proctor Conference's Covenant of Care statement promoting quality of life at the end of life for African Americans.

Praise from colleagues, friends

Accolades from colleagues around the U.S. poured in as soon as news of his death was announced.

"... a scientist and clinician who brought to the international medical community his commitment that all people, and particularly people of color, have access to quality pain management and palliative care."

Catherine Alicia Georges, EdD, RN, FAAN, Professor and Chair of Nursing, Lehman College, CUNY, and National Volunteer President, AARP and past NBNA President

"It is a sad day in the world of medicine."

Brent MacWilliams, PhD, MSN, RN, APNP, ANP-BC, Associate Professor of Nursing, University of Wisconsin, past president of the American Association of Men in Nursing

"He was a leader, a mentor, a healer and a hero!"

Peggy Pettit, Executive Vice President, VITAS Healthcare

Dr. Payne graduated from Yale University in 1973 with a degree in molecular biophysics and biochemistry, from Harvard Medical School in 1977 with a medical degree, and never stopped learning: neurology, pharmacology, neuro-oncology, pain medicine. He held top positions at the nation's leading cancer research and treatment centers.

Payne against pain

Dr. Payne, who devoted his career to alleviating physical and emotional pain, was a brilliant visionary who pushed untiringly for the rights of all—especially underserved populations—to live and die without pain. He was past president of the American Pain Society.

His hospice and palliative care legacy was bolstered by a unique level of approachability and friendliness.

Dr. Richard Payne **was** remarkable. He was one of a kind, and yet one of us. To me, to the NBNA, to nurses and to VITAS Healthcare, he was a champion: teaching, encouraging and leading the way.

We honor his legacy every time we explain hospice to a physician, a nurse, a nursing student or medical intern. We honor his compassion every time we support the outreach ministry of a congregation, address the pain of an African American patient or comfort a grieving family. We do these things in memory of Dr. Richard Payne.

Diane Deese is Vice President of Community Affairs at VITAS® Healthcare in Miami, the nation's leading provider of end-of-life care. For more than 16 years, she worked closely with Dr. Payne on key projects, including the Crossing Over Jordan initiative and Samuel DeWitt Proctor Conference. She was involved in the NBNA's 2017 joint resolution on "End-of-Life Care: Transitioning Patients with Dignity and Family Support."

Members on the Move

Joni Mae Lovelace, RN, was inducted into the Hall of Fame of Women of Leaders and Achievement at the 34th Annual Tribute on March 22, 2019. The Hall of Fame is sponsored by Livesafe Resources.

Dr. Eric J. Williams, NBNA President, will serve on the Steering Committee for the Walmart Diabetes Project on May 20, Naples, FL.

Dr. Eric J. Williams was the keynote speaker at the University of Cincinnati School of Nursing Diversity Symposium.

Dr. Eric J. Williams was the Keynote Speaker at the Atlanta Black Nurses Association Prayer Breakfast on April 29.

Dr. Eric J. Williams was the Keynote Speaker at the Youngstown, OH Black Nurses Association Scholarship Luncheon.

Dr. Sheldon Fields recently had a research article published entitled, "Pre-exposure prophylaxis initiation and adherence among Black men who have sex with men (MSM) in three US cities: results from the HPTN 073 study", in the *Journal of the International AIDS Society*.

Dr. Martha A. Dawson will be inducted into the Alabama Nurses Hall of Fame on October 24, 2019.

Dr. Martha A. Dawson, on February 28, 2019 gave testimony before the Connecticut House Human Services Committee regarding HB 7165, An Act Concerning Medicaid Coverage for Donated Breast Milk.

Dr. Martha A. Dawson, on February 16, 2019 was the Keynote Speaker at the Bay Area Black Nurses Association 8th Annual Florence Stroud Black History Month Conference Series: "The Time is Now: Purposeful Practice to Influence African American Health".

Dr. Martha A. Dawson, on February 1, 2019 presented at the Alpha Kappa Alpha Sorority, Inc., "Pink Goes Red" Educational Conference at the Bethel AME Zion Church in Brighton, AL. There were over 50 attendees at the conference.

Dr. Martha A. Dawson recently successfully mentored a team of DNP students with the publication of their project. Buffington, H. M., Madden, W. T., Suttle, R. D. & Dawson, M. "Engaging and empowering patient to prevent infection and injury via central-line through collaboration. *Clinical Journal of Oncology Nursing*, February 2019, online.

Dr. Martha A. Dawson was featured in the January 2019 *Birmingham Market Magazine* article on "Women Moving the Needle". Her profile included her work with the Birmingham Black Nurses Association and service as board member with the National Black Nurses Association.

Dr. Martha A. Dawson, on January 17, 2019 presented at the

University of Alabama at Birmingham Community Month and Kings Week 2019 on "Improving Population Health: The Role of the Professional Nursing Association". She highlighted the NBNA history and advocacy role in education, health care delivery, research and policy.

The Oncology Nursing Society announced that its book, "21st Century Nursing Leadership" has been awarded 2nd place as the American Journal of Nursing Book of the Year in the Management and Leadership Category. Rev. Dr. Deidre Walton, NBNA. Immediate Past President, was a contributing author – "Professional Nursing Association Membership and Board Leadership."

Dr. Yolanda Powell-Young represents the NBNA on the National Human Genome Institute's Inter-Society Coordinating Committee for Practitioner Education in Genomics (ISCC). ISCC's mission is to improve genomic literacy of healthcare providers and enhance the effective practice of clinical genomic medicine by facilitating interactions among the key stakeholders in genomics education. Meetings are held at the National Institutes of Health in Bethesda, MD.

Kim Cartwright, President, Black Nurses of Southern Maryland has been promoted to Transitional Care Coordinator, Supervisor Clinical Account Managers, South Team, Medstar Visiting Nurse Association.



Denise Sanders-Boutte received the 2019 Woman of the Year Award at the 2019 Port Arthur MLK Brunch from the City of Port Arthur, TX.

Norma Rodgers, BSN, RN, CCRA, Past President, New Jersey State Nurses Association, Senior Clinical Research Associate II, Clinical Solutions, Syneos Health, was honored as a Diva at the Institute for Nursing, The Foundation of the New Jersey State Nurses Association, 12th Annual Diva and Don Gala on April 4.



Dr. Shirley Evers-Manly, Chief Nursing Officer, Howard University Hospital recently gave the Phyllis Dotson Lecture at Simmons University College of Natural, Behavioral and Health Sciences, Boston, MA on April 4.

Members on the Move

Dr. Linda Burnes Bolton was recently named the Chief Health Equity Officer at Cedars Sinai Health System in Los Angeles, CA.

Lisa Davis, MBA, MPH, BS, RN completed her Master's in Public Health degree from Columbia Southern University, finishing with a 4.0 GPA. Ms. Davis is the Chief of Staff for Public Health, at the South Carolina Department of Health and Environmental Control. She is a member of the Northern Connecticut Black Nurses Association and Columbia Area Black Nurses Association.

Aleisha Skiff received the 2018 Sandhills North Carolina Black Nurses Association Scholarship Recipient. She is a rising senior at Fayetteville State University, and a second - degree seeking student with a previous bachelor's degree in psychology from East Carolina University. She is an executive board member of the Student Nurses Association at Fayetteville State University, peer mentor for Fayetteville State University 101 Lab course and a member of Alpha Kappa Alpha Sorority, Incorporated. She spearheaded volunteer events including American Red Cross, Salvation Army, Helping Hands, Operation Inasmuch, Campus Clean up, Fundraisers and Martin Luther King Day of Service. Aleisha plans to use her life experience, background in psychology and degree in nursing to create a more holistic approach to nursing.

Dr. Millicent Gorham was a panelist at the National Minority Quality Forum on April 8, Washington, DC. The panel highlighted the work of the NIH *All of Us* Research Program.

Dr. Millicent Gorham was a panelist at the Philadelphia Convention and Visitors Bureau Conference on Diversity and Inclusion in Healthcare on March 25.

Dr. Millicent Gorham recently had an article published entitled "Increasing Diversity in Clinical Trials: Overcoming Critical Barriers", in the Journal of Current Problems in Cardiology, 2019.



NBNA Members Dr. Claudia Gregg-Byers, NBNA Second Vice President Patricia Lane, Cherri Dei Rogers and Dr. Millicent Gorham at the National Minority Quality Forum on April 8 in Washington, DC.

Dr. Millicent Gorham presented recommendations for the 2020 presidential candidates platform at the National Minority Association 2019 Colloquium on March 30 in Washington, DC.

Dr. Debra A. Toney, President, National Coalition of Ethnic Minority Nurse Associations (NCEMNA) moderated their inaugural Public Policy and Leadership Summit on March 25 at the California Endowment in Los Angeles. Dr. Toney is a NBNA past president.



Dr. Eric J. Williams, NBNA President, was one of the featured speakers. Dr. C. Alicia Georges, NBNA Past President and the National President of AARP was the Keynote Speaker. NBNA First Vice President Lola Denise Jefferson and NBNA General Counsel Derrick Humphries participated in the Summit. Dr. Betty Smith Williams, NBNA Founding Member and Past President, was the NCEMNA Founder. Featured is the NCEMNA Board of Directors.

Southeastern Pennsylvania Black Nurses Association

Meeting Attendance:

1. **Robert Wood Johnson Foundation/AARP/Office of Minority of Health/National Partnership for Action Future of Nursing Campaign for Action**
"Diversifying the Nursing Workforce: Mentoring for Student Retention and NCLEX Success at Historically Black Colleges and Universities"
Innovation Lab, Washington, DC (October 9-11, 2018)
2. **Alliance of Nurses for Healthy Environments**
Strategic Planning Meeting, Oracle, AZ (March 25-28, 2018)

External Reviews:

Quad Council Competencies for Public Health Nurses Review Committee (March 2017 - Present)

Served as an external reviewer to evaluate and update the Quad Council Competencies for Public Health Nurses (2011) at Tiers 1 (novice and practicing), 2 (management), and 3 (administrators). Resultant document created is Quad Council

Members on the Move

Coalition Competencies for Community/Public Health Nurses (2018). Webinar recording and manuscript in press.

Professional Conference Presentations:

1. **Association of Community Health Nurse Educators Annual Institute** (June 7-9, 2018)
“Competencies: A Disciplinary Expectation and Crucial Strategy for Maintaining and Sustaining Public Health Nursing Workforce” (June 8, 2018)
“Introducing the Revised QCC Competencies for Public Health Nursing” (June 9, 2018)
2. **Association of Public Health Nurses Annual Meeting & Conference, Little Rock, AK** (May 1-2, 2018)
“Revised Quad Council Coalition Community/Public Health Nursing Competencies: Development, Dissemination, & Adoption” (May 1, 2018)
“A Competent Workforce: Measuring Community/Public Health Nurses’ Knowledge, Skills, and Attitudes of Public Health Nursing Competencies” (May 1, 2018)

Panels:

GlaxoSmithKline, Philadelphia, PA (April 23-24, 2018)
Disparities in Shingles Immunization Advisory Board Meeting

Publications:

1. Mariano, M & **Harmon, MJ.** (2018). Living Libraries: Nurse Integration in Interprofessional Homeless Healthcare Team. *Journal of Public Health Nursing*, October 13, 2018, DOI: 10.1111/phn.12561
2. Quad Council Coalition Competency Review Task Force [Campbell, LA, **Harmon, MJ**, Joyce, BL, & Little, SH] Community/Public Health Nursing [C/PHN] Competencies (Quad Council Coalition, 2018). In press.
3. Joyce, BL, **Harmon, MJ**, Johnson, RH, Hicks, VL, & Brown-Schott, N, Pilling, LB, Brownrigg, V. (2018). Community/public health nursing faculty’s knowledge, skills and attitudes of the Quad Council Competencies for Public Health Nurses. *Journal of Public Health Nursing*, May 2, 2018, <https://doi-org.ezp1.villanova.edu/10.1111/phn.12409>

Scholarships:

1. **Louise Fitzpatrick College of Nursing, Villanova University Tuition Scholar** (Awarded Spring, 2018; Academic Year, 2018-2019)
2. **Johnson & Johnson Campaign for Nursing’s Future American Association of Colleges of Nursing Minority Nurse Faculty Scholarship** (Awarded \$18,000.00; August, 2017-August 2018)
3. **Independence Blue Cross Foundation Nurse’s for Tomorrow Graduate Scholarship Program** (Awarded \$11,846.00; 2017-2018)

Monica Harmon, MSN, MPH, RN is currently in a PhD program at Villanova University M. Louise Kilpatrick College of Nursing to obtain a PhD in Nursing Education.

Juanita Tunstall, BSN, RN, SEPA-BNA has a new role Vascular Surgery Clinic Nurse at the VA Hospital in Philadelphia, PA.

Carletta Mays, BSN, RN, CMSRN, Arlene Branch BSN, MHA, RN-BC, Patricia Nesmith BSN, RN, Venus Gwynn BSN, RN, Cynthia Byrd-Wright, BSN, RN SEPA-BNA attended Climate Change, “Health & Action: Nurses Engaging in Local Solutions”, hosted by the Alliance of Nurses for Healthy Environments.

Patricia Slayton-Atkins, MSN, RN, SEPA-BNA Health Policy Chair attended the “Violence in Philadelphia Symposium” hosted by the Philadelphia College of Physicians

Patricia Slayton-Atkins, MSN, RN, provided First Aid and Health Information at the Progressive National Baptist Convention held in Philadelphia, PA.

Pam Mack Brooks, MSN, NEA-BC, RN, and Monica Harmon SEPA-BNA President volunteered at the annual University of Pennsylvania Community Baby Shower.

Heather Elle, BSN, RN graduated from Villanova University having completed the Family Nurse Practitioners Program and also receiving her MSN.

April Andrews, BSN, RN participated in a health fair at First African Baptist Church.

Juanita Tunstall, BSN, RN and Stephanie Tunstall, BSN, RN SEPA-BNA Corresponding Secretary Simply Speaking Events: “Nursing Management of PAH” with Dr. Kerri Akaya Smith, MD and “HCV Screening, Linkage to Care and Expanding the Care Continuum” with Jody Gilmore, MSN, ANP-BC.

Pamela Mack Brooks, MSN, NEA-BC, RN, Coordinator of the University of Pennsylvania Hospital Community Health Outreach, was named an Unsung Hero by the Association for Multicultural Affairs in Transplantation for her outreach efforts in organ donation.

Donna Boyd, BSN, RN is the face of Good Shepard Penn Partners recruitment efforts.

Roberta Waite, EdD, PMHCNS, ANEF, FAAN, took on a new role of Executive Director of the Stephen and Sandra Sheller 11th Street Family Health Center <https://drexel.edu/now/archive/2018/August/11th-Street-New-Director-Roberta-Waite/>

Roberta Waite, EdD, PMHCNS, ANEF, FAAN, presented on the topic of “ADHD Symptoms Among Young Adults: Examining Social Anxiety and Self-Efficacy” at the 46th Annual NBNA Institute and Conference, St. Louis, MO.

Members on the Move

Roberta Waite, EdD, PMHCNS, ANEF, FAAN, was invited to participate in a special meeting at the *Robert Wood Johnson Foundation*, Transforming Health and Health Care Systems, Princeton, NJ.

Roberta Waite, EdD, PMHCNS, ANEF, FAAN, presented “*Synergy: Bridging the Gap between Intentionality and Actuality: Building Resilience and Wellbeing through Partnership, Courage, Connection and Compassion*”, The National Academies of Sciences, Engineering, and Medicine Health Medicine Division. Washington D. C.

Roberta Waite, EdD, PMHCNS, ANEF, FAAN, and Dr. J. Kirby presented “*Personal and Organizational Trauma: Identify, Heal, Prevent Introduction to the Sanctuary Model*”, U.S. Bancorp Community Development Corporation, Hyatt Regency, St. Louis, MO.

Roberta Waite, EdD, PMHCNS, ANEF, FAAN, was elected as a Board of Director of *The American Professional Society of ADHD and Related Disorders*, a multi-disciplinary, professional organization, whose goal is to improve outcomes for individuals with ADHD and their families by promoting research throughout the lifespan on ADHD and disseminating evidence-based practices and education.

Roberta Waite, EdD, PMHCNS, ANEF, FAAN, addressed “Nurses Leading to Promote Health Equity: Structural Trauma and Toxic Stress”, Nursing Student Professional Development Day, Community College of Philadelphia. Philadelphia, PA

Roberta Waite, EdD, PMHCNS, ANEF, FAAN, spoke on “Nurses: Leaders to Promote a Culture of Health and Equity”, Sigma Theta Tau, Eta Beta. Widener University, Chester, PA.

Roberta Waite, EdD, PMHCNS, ANEF, FAAN, was awarded an Independence Blue Cross Grant \$100,000, for a program entitled, “Trauma Responsive Practices of Creative Arts Therapies”.

Roberta Waite, EdD, PMHCNS, ANEF, FAAN, was re-elected to serve as a Board of Director for Corporate Trinity Health (a leading, national, multi-institutional Catholic health care delivery system in 22 states with 93 hospitals and 120 continuing care locations including home care, hospice, PACE and senior living facilities).

Tiffany Gibson, MSN, RN-BC, CPN, is the Owner and CEO of New Nurse Academy, LLC which coaches, tutors, and mentors nursing students, newly graduated nurses preparing for the NCLEX and the novice nurse. She was the recipient of the President of Abington Hospital Scholarship to enroll in the Jefferson University Certification Program in Healthcare Leadership. Tiffany is Adjunct Faculty at Drexel University and Roxborough Hospital School of Nursing. She is an ANCC Board Certified Nurse Professional Development Practitioner. She hosted a speaking event via New

Nurse Academy in February 2019. She hosted a tabling event to recruit new members to SEPA-BNA and New Nurse Academy. Tiffany was invited to join The National Society of Leadership and Success, Sigma Alpha Pi.

Northern Connecticut Black Nurses Association

The Northern Connecticut Black Nurses Association held a “Stop the Bleed” education program on January 10; all the participants were certified and can now teach in the community.

Central Virginia Chapter NBNA Members on the Move

- Dr. Tamara Broadnax, (Chapter President) – graduated as the 1st African American to receive her DNP at Virginia Commonwealth University School of Nursing’s in its 125 history.
- Dr. France Montague received her doctorate from Walden University and served as the Central Virginia Chapter 5 President for the Virginia Nurses Association.
- Pat Lane, was elected to 2nd Vice President NBNA and she also was inducted as a Fellow of the American Academy of Nursing (FAAN)
- Erica Davis, was selected as a “Forty Under Forty” award winner by the Virginia Nurses Foundation.
- Janet Porter is currently serving as the President of the Central Virginia Chapter of the American Association of Neuroscience Nurses (AANN).
- Beverly Ross received a lifetime achievement award on behalf of Women Virginia Veterans from Senator Tim Kaine.
- Thelma Roach-Serry is serving as the national president of the Nurses Organization of Veteran Affairs (NOVA).

Members on the Move

Central Carolina Black Nurses Council

October 2018



Bertha Williams was installed as President-elect of CCBNC on October 13, 2018. Bertha previously served in the role of president from 1996 – 2000. We look forward to her leadership. Bertha is already off to a great start. She has already participated in teleconferences with Dr. Eric J. Williams, NBNA President and Dr. Sheldon Fields, our NBNA liaison.



Willie Stanfield-Gilchrist (L) was awarded CCBNC's Distinguished Service Award at the 28th Annual Education-Lecture Luncheon on 12/1/18. Willie has been a member of CCBNC since 2013. She has provided distinguished service to CCBNC & NBNA since joining. She has served in the capacity of Nominating and Social Amenities Chair, a member of the membership

committee and the 2018 Education-Lecture Luncheon, an is our current Vice President.

December 2018



CCBNC celebrated its **28th Annual Education-Lecture Luncheon** on December 1, 2018. The event featured a panel discussion entitled "African-American Nurses Discuss the Impact of Nursing on Personal and Professional

Lives." The six-panelists included (L to R) Char-Norie Poteat (Clinical Manager @ UNC Hospital) Dr. Eric J. Williams (NBNA President), Erica Richards (Staff Facilitator/Infection Control, Bella Rose Nursing and Rehab Center), Priscilla Ramseur (CNO Duke Raleigh Hospital and CCBNC Member), Vanessa Snellings (not pictured), (Staff RN @ UNC-Rex Hospital Pain Clinic).



Helen Horton (R) was honored for her service as President of CCBNC. The organization presented her with a paperweight inscribed with words honoring 8 years of outstanding service as Central Carolina Black Nurses Council's President.

Katrice Hester (middle) earned her MSN Degree as well as an FNP



Degree with a Nursing Education Certificate from University of North Carolina School of Nursing. Katrice is currently employed at the Federal Prison in Butner, NC. Katrice has been a member since 2015 and at UNC Hospitals in Chapel Hill, NC.



Gracie Gaskin (L) was awarded \$1500 for the Patricia Ann Daniels Ruffin Scholarship for Community Service at CCBNC's 28th Annual Education-Lecture Luncheon on 12/1/18. Gracie is currently enrolled in Winston-Salem State University's RN to BSN Program with an expected graduation date of May 2019.



Bobbie Brown is faculty at NC A&T State University. Bobbie teaches OB, Preceptorship, Community Health and Leadership/Management. She has been at A&T for the past year.

Chapters On the Move

Birmingham Black Nurses Association

BBNA member and NBNA Historian, Dr. Martha Dawson, was featured in the January 2019 edition of the Birmingham Market Magazine.

Mrs. Candace Grimes was selected for the Citation of Excellence Award by District 3 of the Alabama State Nurses Association. The award ceremony and reception was held March 15.

BBNA congratulates its December nursing student graduates. April Curlee received her BSN from the University of Alabama Capstone College of Nursing, and Eme Unanaowo and Taylor Washington received their BSN from the University of Alabama at Birmingham School of Nursing. All were successfully passed the NCLEX and are now registered nurses.

BBNA immediate past president, Dr. Lindsey Harris, presented a session on professionalism at the Alabama Nurses Rally at the Capitol in Montgomery, AL on February 6. Dr. Harris is the current president-elect of the Alabama State Nurses Association.

At the state nurses rally on February 6, BBNA president, Deborah Thedford-Zimmerman, and BBNA past present and current president-elect of the Alabama State Nurses Association, Dr. Lindsey Harris, discussed current health initiatives with Alabama Governor Kay Ivey.

Birmingham Pushes to the Beat

Members of the Birmingham Black Nurses Association spent the month of February educating citizens on the importance of attention to heart health. BBNA members are affiliated with the American Heart Association Passion Committee. As part of the Passion Committee, BBNA facilitated numerous Birmingham organizations to "Go Red for Heart Health" during the month of February.

During February, BBNA conducted the following activities promoting heart health:

On February 4, BBNA immediate past president, Dr. Lindsey Harris, and Birmingham City Councilman Steven Hoyt were featured on Birmingham television station ABC33/40 on the station's *Talk of Alabama* segment. Dr. Harris and Councilman Hoyt discussed a partnership between BBNA and the city of Birmingham to teach heart healthy behaviors to community residents. The health promotion initiative is titled *Birmingham Pushes to the Beat* and will target heart education to neighborhood leaders and students in the city schools.

On February 5, BBNA president, Deborah Thedford-Zimmerman, past president, Dr. Lindsey Harris, and Birmingham City Councilman Steven Hoyt were featured on *Good Day Alabama* with Birmingham

television station WBRC FOX6. They were guests on the morning news show to talk about heart health education and BBNA's initiative *Birmingham Pushes to the Beat*.

On February 12, BBNA member, Dr. Jennifer Coleman, was the luncheon speaker at the Greater Birmingham Association of Women in Homebuilding. Dr. Coleman presented "Go Red for Women: Let's Get Heart Healthy!" with Chanel Fort, American Heart Association Advocate and Volunteer. During the presentation, Dr. Coleman also demonstrated Hands-Only CPR.

BBNA attended the Birmingham City Council meeting in the council chambers on February 12 to present BBNA's *"Birmingham Pushes to the Beat"* initiative promoting heart health education in the Birmingham community.

BBNA president, Deborah Thedford-Zimmerman, presented a session on healthy heart behaviors at The Links, Inc. on February 17. The interactive session was titled "Heart Health."

BBNA presented healthy heart sessions and taught Hands-Only CPR at the following Birmingham churches: New Life Interfaith Ministries on February 17; Rising Star Baptist Church on February 24; Antioch Baptist Church on February 24; New Pilgrim Baptist Church on February 17 and February 24.

BBNA members were featured on Birmingham radio station V94.9 on February 24 to publicize *"Birmingham Pushes to the Beat"*.

BBNA and Cardiac Solutions held a press conference on February 27 to announce their partnership to provide educational training on heart health at Birmingham's summer youth camps. The two will work with Birmingham City Council President Pro Tem William Parker to collaborate with the city's parks and recreation board to teach Birmingham area children how to render aid in the event of a sudden cardiac arrest.

On February 28, BBNA kicked off *"Birmingham Pushes to the Beat"* with a community education program at the Birmingham Crossplex Starbucks. The Birmingham Crossplex is a state-of-the-art multipurpose athletic and meeting facility. Chapter members provided education on healthy heart behaviors and also demonstrated and taught Hands-Only CPR to neighborhood leaders of the Birmingham communities. In attendance was Birmingham Mayor Randall Woodfin, District 8 City Councilman Steven Hoyt, and Jon Seale and Jennifer Crouch from Cardiac Solutions. Demonstration of an automated external defibrillator was also provided. Local radio station V94.9 participated with a live broadcast, and the local news also recorded the event.

Chapters On the Move

BBNA Members on the Move (cont.)



Candace Grimes



3340 Talk of Alabama – Lindsey Harris, Steven Hoyt at television station 3340



Pat Curry, Alean Nash – Antioch Baptist Church



Deborah Thedford-Zimmerman, Governor Kay Ivey, Lindsey Harris



Lindsey Harris, Deborah Thedford-Zimmerman

Chapters On the Move

BBNA Members on the Move (cont.)



BBNA Crossplex – BBNA members with Birmingham Mayor Randall Woodfin, City Councilman Steven Hoyt



Rising Star Baptist Church – Lindsey Harris, Deborah Thedford-Zimmerman

Chapters on the Move

New England Regional Black Nurses Association

On February 8th, 2019, the New England Black Nurses Association (NERBNA) hosted its 31st annual Nursing Excellence Award Celebration at the Boston Marriott Copley Place recognizing the Best in Nursing. The new President of NERBNA, Sasha DuBois, MSN, RN welcomed over 200 guests. The Presidential award recipient, Reverend Gloria Harris Cater, PhD, FNP, M.Div., Associate Professor of Practice at Simmons University, College of Natural, Behavioral and Health Sciences, was recognized for her over 50 years of exceptional nursing contributions to clinical practice, education, research and administration. Her life's work has been focused on combining her nursing knowledge and skills with her ministry.

The keynote speaker, Ora Strickland, PhD, RN, FAAN, Dean of the Nicole Wertheim College of Nursing & Health Sciences, Florida International University in Miami, Florida, gave a passionate call to action for all nurses that "You can be anything in nursing that you

want to be." Dr. Strickland talked about the importance of diversity and how essential it is to have diverse nursing voices influencing decision making and change at the policy level. She hoped that a nurse in the audience might be in Congress or even the President of the United States in the future.

The remainder of program was devoted to celebrating sixteen recipients of the NERBNA Excellence Awards in Nursing Practice and Excellence in Education and Teaching. The award recipients represented a wide range of organizations from hospitals, academic institutions, private businesses to community agencies. Their accomplishments demonstrated a passion for nursing practice, transformational leadership, mentorship, patient advocacy, community service and a commitment to the underserved and disadvantaged in our community, locally, nationally and internationally. To sum up the evening, one guest stated, "I feel inspired to be in the presence of such phenomenal nurses!"

Pittsburgh Black Nurses in Action, Pittsburgh, PA

"Early Recruitment and Promotion of Diversity in Nursing Careers"



Charis Allen is a junior at Carlow University in Pittsburgh, Pennsylvania. She aspires to be a pediatric nurse on a cardiac unit.



Letitia Y. Graves, MSN, RN is a PhD Candidate at the University of Pittsburgh School of Nursing, in Pittsburgh, PA. Her research interests focus on biomarkers that can lead to targeted therapies for the management of symptoms after acute injury and illness.

On December 7, 2018, the nursing students selected for the Pittsburgh Black Nurses in Action, Future Nursing Academy (PBNIA FNA) participated in the Pittsburgh High School Health Care Careers Program at Westinghouse High School, in the Homewood neighborhood of Pittsburgh, PA. The purpose of this project was to, 1) increase the pool of African-American nursing students, by exposing high school student to careers in nursing; 2) to provide current nursing students with the opportunity to develop mentoring skills. Using a peer-to-peer mentoring approach, local sophomore, junior, and senior high school students, interacted with the FNA mentee's as they shared various aspects of the nursing profession and their own stories about nursing school and future career goals. Embracing all learning styles, FNA mentee's developed their own activities, during the project which included icebreakers, PowerPoint presentation, interactive game of healthcare Jeopardy, and hands on demonstration of handwashing techniques, and vital signs.

Through early exposure by peers representative of underrepresented groups, access to resources and networking opportunities, students are able to more readily see themselves as acquiring and functioning in areas of professional interest. One FNA mentee shared, "We were really surprised to hear the [African-American] students say, they didn't think we would be Black, but it also made me feel good that we were able to show them that nursing is diverse and we are proof that they can do it too." Not only does peer-to-peer mentoring support

Chapters on the Move

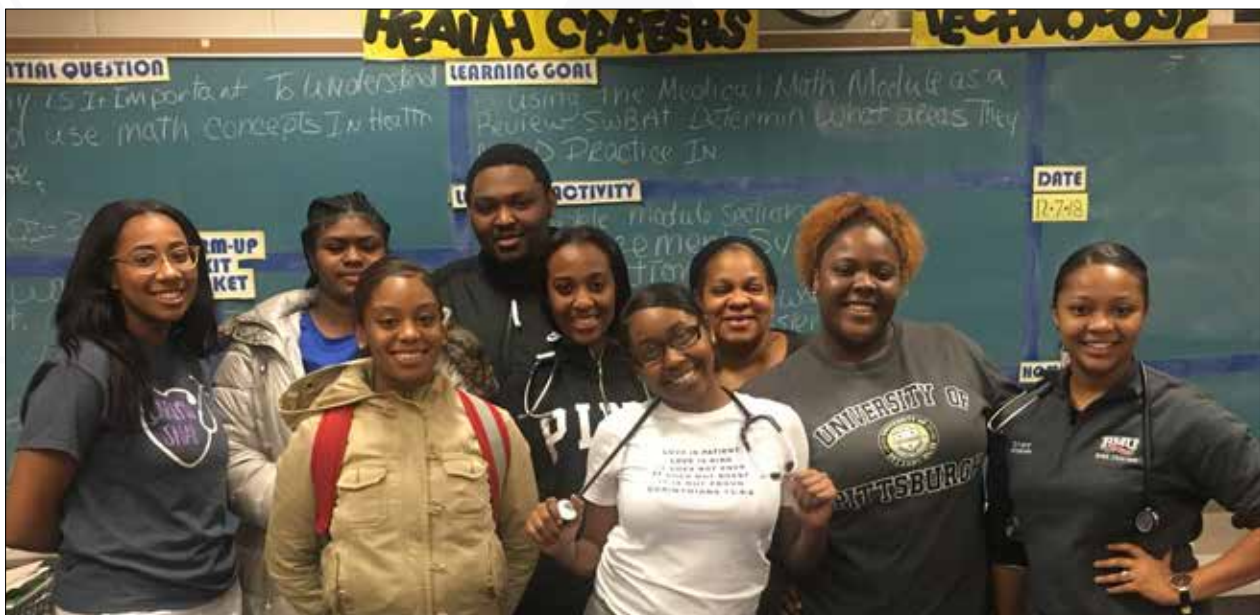
Pittsburgh Black Nurses in Action, Pittsburgh, PA (cont.)

the recruitment of future nursing students, but also fosters the leadership skills of current nursing students and allow them to role model the mentoring they have received through the FNA program and through other formal/informal nursing relationships. In a mid-year evaluation of the FNA mentee preparedness of their mentoring skills, 90% of the mentee's felt they were prepared for the project. "I really enjoyed my time at Westinghouse. It was inspiring to know that

even as a junior in nursing school I could still help cultivate the next generation of Black nurses. By helping others, I was in turn helping myself. This is true because when I was explaining how to listen to heart and breath sounds and the nursing process, I was reinforcing my own knowledge. I am blessed to have had the opportunity to serve through the PBNIA mentoring program" another FNA mentee describes.



Future Nurse Academy Meeting



Future Nurse Academy Meeting

Chapters on the Move

Pittsburgh Black Nurses in Action, Pittsburgh, PA (cont.)

The PBNIA FNA was designed and developed, by members of the Pittsburgh Black Nurses In Action, through the visionary leadership of our current president, Dr. Dawndra Jones, by way of a grant from the Pennsylvania Action Coalition. "Creating this mentorship program was important for me as I attribute much of my career success to the mentorship and networking programs that I participated in throughout my career. The first year of FNA has been more successful and inspirational than I could of ever dreamed. We are now seeking more funding to be able to support more diverse nursing students," states Dr. Jones. The goals of the FNA, one year mentoring program was to assist students academically and emotionally, promoting the early nursing careers for African-American undergraduate or second degree nursing students enrolled in regional schools of nursing; increase cultural competency in nursing; and increase exposure to diverse nursing networks. Pittsburgh area Schools of Nursing represented in the FNA program include, Carlow University, Duquesne University, Robert Morris University, and the University of Pittsburgh. Each mentee is granted paid membership to both local and national arms of the Black Nurses Association.



Future Nurse Academy Meeting

For more information about the PBNIA FNA program please contact us at pittsburghblacknursesinaction@gmail.com.

Cleveland Council of Black Nurses



President Stephanie Doibo, Senator Sherrod Brown and Chapter members at NBNA Day on Capitol Hill 2019.

Chapter Presidents

ALABAMA

Birmingham BNA (11) Deborah Thedford-Zimmerman Birmingham, AL
 Montgomery BNA (125) Katherine Means Montgomery, AL
 Tuskegee/East Alabama NBNA (177) Kendra Ward Harris Tuskegee, AL

ARIZONA

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

ARKANSAS

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

CALIFORNIA

Bay Area BNA (02) Norma Farris-Taylor Oakland, CA
 Capitol City BNA (162) Carter Todd Sacramento, CA
 Central Valley BNA (150) Dr. Tanya Osborne-McKenzie Fresno, CA
 Council of Black Nurses, Los Angeles (01) Alexandria Jones-Patton Los Angeles, CA
 Inland Empire BNA (58) Kim Anthony Riverside, CA
 San Diego BNA (03) Samantha Gamble-Farr San Diego, CA
 Stanislaus and San Joaquin Counties BNA Gia Smith Modesto, CA

COLORADO

Eastern Colorado Council of BN (Denver) (127) Dr. Margie Ball-Cook Denver, CO

CONNECTICUT

Northern Connecticut BNA (84) Florence Johnson Hartford, CT
 Southern Connecticut BNA (36) Dr. Katherine Tucker New Haven, CT
 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
 Clearwater/ Largo BNA (39) Mary Ann Young Largo, FL
 First Coast BNA (Jacksonville) (103) Dr. Carol Jenkins-Neil Jacksonville, FL
 Greater Fort Lauderdale Broward
 Chapter of the NBNA (145) Lyn Peugeot Fort Lauderdale, FL
 Greater Gainesville BNA (85) Voncea Brusha Gainesville, FL
 Miami Chapter - BNA (07) Patrise Tyson Miami, FL
 Palm Beach County BNA (114) Avis Brown West Palm Beach, FL
 St. Petersburg BNA (28) Janie Johnson St. Petersburg, FL
 Treasure Coast Council of BN (161) Dr. Ophelia McDaniels Port Saint Lucie, FL

GEORGIA

Atlanta BNA (08) Seara McGarity College Park, GA
 Columbus Metro BNA (51) Pamela Rainey Columbus, GA
 Concerned National BN of
 Central Savannah River Area (123) Romona Johnson Martinez, GA
 Emory BNA (165) Taylor Miller Atlanta, GA

Chapter Presidents

GEORGIA (cont.)

Middle Georgia BNA (153)	Dr. Debra Mann	Dublin, GA
Okefenokee BNA (148)	Rosalyn Thomas	Waycross, GA
Savannah BNA (64)	Yvonne Bradshaw	Savannah, GA

HAWAII

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

ILLINOIS

BNA of Central Illinois (143)	Rita Myles	Bloomington, IL
Chicago Chapter NBNA (09)	Ellen Durant	Chicago, IL
Greater Illinois BNA (147)	Jacinta Staples	Bolingbrook IL
Illinois South Suburban NBNA (168)	Dr. Carol Alexander	Matteson, IL
North Shore BNA	Mary Harris-Reese	Gurnee, IL

INDIANA

BNA of Indianapolis (46)	Sallye Morris	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)	Tia Roberts	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
Louisiana Capital BNA	Steven Jackson, Jr.	Baton Rouge, LA
New Orleans BNA (52)	Georgette Mims	New Orleans, LA
Northeast Louisiana BNA (152)	Lisa Smart	Monroe, LA
Shreveport BNA (22)	Bertresea Evans	Shreveport, LA
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
Downtown Baltimore SON BNA (154)	Bassey Etim-Edet	Baltimore, MD
Greater Bowie Maryland NBNA (166)	Dr. Jacqueline Newsome-Williams	Chevy Chase, MD

MASSACHUSETTS

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

MICHIGAN

Detroit BNA (13)	Nettie Riddick	Detroit MI
Grand Rapids BNA (93)	Aundrea Robinson	Grand Rapids, MI

Chapter Presidents

MICHIGAN (cont.)

Greater Flint BNA (70)	Juanita Wells	Flint, MI
Kalamazoo-Muskegon BNA (96)	Shahidah El-Amin	Kentwood, MI
Lansing Area BNA (149)	Meseret Hailu	Lansing, MI
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)	Quita Stephens	St. Louis, MO
Greater Kansas City BNA (74)	Iris Culbert	Kansas City, MO
Mid-Missouri BNA (171)	Felicia Anunoby	Jefferson City, MO

NEBRASKA

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

NEVADA

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

NEW JERSEY

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

NEW YORK

Greater New York City BNA	Dr. Sheldon Fields	Brooklyn, NY
New York BNA (14)	Nelline Shaw	New York, NY
Queens County BNA (44)	Darlene Barker-Ifill	Cambria Heights, NY

NORTH CAROLINA

BN Council of the Triad (160)	Rashida Dobson	Winston Salem, NC
Central Carolina BN Council (53)	Bertha Williams	Durham, NC
Sandhills North Carolina BNA (138)	Dr. LeShonda Wallace	Fayetteville, NC

OHIO

Akron BNA (16)	Cynthia Bell	Akron, OH
BNA of Greater Cincinnati (18)	Marsha Thomas	Cincinnati, OH
Cleveland Council BNA (17)	Stephanie Doibo	Cleveland, OH
Columbus BNA (82)	Burton Solomon, Jr.	Columbus, OH
Youngstown Warren BNA (67)	Carol Smith	Youngstown, OH

OKLAHOMA

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

Chapter Presidents

PENNSYLVANIA

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

SOUTH CAROLINA

Columbia Area BNA (164) Whakeela JamesColumbia, SC
Tri-County BNA of Charleston (27) Wanda BrownCharleston, SC
Upstate BNA (155) Dr. Colleen KilgoreGreenville, SC

TENNESSEE

Memphis-Riverbluff BNA (49) Betty MillerMemphis, TN
Nashville BNA (113) Shawanda ClayNashville, TN

TEXAS

BNA of Austin (151) Janet VanBrakleAustin, TX
BNA of Greater Houston (19) Dr. Bettye Davis LewisHouston, TX
Central Texas BNA (163) Mack ParkerTemple, TX
Fort Bend County BNA (107) Marilyn JohnsonPearland, TX
Galveston County Gulf Coast BNA (91) Leon McGrewGalveston, TX
Greater East Texas BNA (34) Melody HopkinsTyler, TX
Metroplex BNA (Dallas) (102) Jacqueline MillerDallas, TX
San Antonio BNA (159) Lionel LydeSan Antonio, TX
Southeast Texas BNA (109) Stephanie WilliamsPort Arthur, TX

VIRGINIA

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

WISCONSIN

Milwaukee BNA (21) Karina BrownMilwaukee, WI
Racine-Kenosha BNA (50) Joyce WadlingtonRacine, WI

Direct Member (55)*

*Only if there is no Chapter in your area