THE NBNA NEWS IS THE OFFICIAL PUBLICATION OF THE NATIONAL BLACK NURSES ASSOCIATION

NATIONAL BLACK NURSES ASSOCIATION
NBNA
NEWS

NBNA Honors 45th Anniversary

Also inside this issue:

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NBNA NEWS

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

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ON THE COVER

NBNA Celebrates its 45 Year History with the current president Dr. Eric J. Williams and all of the past presidents, left to right, Ophelia Long, Reverend Deidre Walton, Dr. C. Alicia Georges, Dr. Linda Burnes Bolton, E. Lorraine Baugh, Dr. Eric J. Williams, Dr. Betty Smith Williams, Dr. Debra A. Toney, Dr. Bettye Davis Lewis and Dr. Carrie Frazier Brown.

FEATURES

Beyond the Celebration: Expanding the Conversation on Violence and Black Lives Matter

Dr. Eric J. Williams,
President, National Black Nurses Association

The 45th Anniversary and 44th Institute and Conference of the National Black Nurses Association (NBNA), Inc. was a resounding success. From August 2-7, 2016, the Memphis Cook Convention Center was host to a grand and historic affair. From the impressive pre-conference Institutes to the amazing opening ceremony and grand exhibit, the awesome array of intellectual seminars and presentations, and the delightfully wonderful after-hour activities. The 45th Anniversary and 44th Institute and Conference was spectacular in all respects. I would like to thank the members of the Board, the Executive Director, membership, staff, speakers, sponsors, and hosts for making this celebration one of our most successful and memorable.

In the midst of past and present strides that the NBNA has made in moving forward its mission *to represent and provide a forum for black nurses to advocate for and implement strategies to ensure access to the highest quality of healthcare for persons of color; much work remains.* One focus that continues in the media spotlight is the disparity of lethal gun violence against African American men. According to the Washington Post Fatal Force statistics (2016), 173 black persons have been fatally shot by police this year. Beneath the cries of outrage across our nation, our national leaders often take pride in pointing out that we live in the greatest country in the world. A country where dreams can come true, and the diversity and achievements of those within America's minority groups is celebrated. However, the injustice and inequality that Black members of our society face are similar to those faced during the era of slavery in America.

A greater propensity for aggression and violence among Black Americans is often the justification put forth for the way Black males are treated by the police. However, data from the U.S. Department of Justice (2014) indicates that the arrest percentages for violent offenses perpetrated by White Americans is similar to and oftentimes greater than the arrest percentages for Black Americans. For example, the percentage distribution for murder and non-negligent homicide in White and Black Americans is 46.3% and 51.3%, respectively. Arrests for violent crimes and weapons carrying for White Americans is 59.4% and 57.3% versus 37.7% and 40.7% for Black Americans. Despite the comparatively greater percentage of White violent crime to Black violent crime offenses, data on police killings maintained by the Washington Post indicate that Black Americans are 2.5 times as likely as White Americans to be shot and killed by police officers.

Adverse physical and mental health trauma are often experienced by the families and community members of those fatally wounded by the police. As a result, serious discussion with the goal of problem recognition and acceptance, and finally, resolution, is critical if healing and forward progress are to be made. In several high profile instances, our young men and women of color who are bringing legitimate attention to a festering problem should be applauded. As President Obama recently noted, there are "some real, legitimate issues that have to be talked about." Criticism and ostracism of positive action only fuels the flames of discord and discontent.

Like the athletes, celebrities, mothers and family members of the fallen, and other stakeholders of this generation, the NBNA will persist in advocating for a positive change toward ending gun violence, while facilitating advancement toward a national culture of safety. I would like to thank each member for all you do in supporting the mission of our organization.

Eric J. Williams, DNP, RN, CNE

References

U.S. Department of Justice (2014). Crime in the United States - 2014. Retrieved from: https://ucr.fbi.gov/crime-in-the-u.s/2014/crime-in-the-u.s.-2014/tables/table-43

Washington Post Fatal Force Statistic (2016). Retrieved from: https://www.washingtonpost.com/graphics/national/police-shootings-2016/

National Black Nurses Day on Capitol Hill

Thursday, February 2, 2017

Washington Court Hotel

525 New Jersey Avenue, NW
Washington, DC

To register:
NBNA members please email your full name and chapter affiliation,
NON members please email your full name, and professional affiliation to
gbelizaire@nbna.org

Hotel:
To make **reservations** online please click here.

To make **reservations by phone**: 1-800-321-3010

*Cut off date for hotel reservations is Wednesday, January 4, 2017

Space is Limited

We're better together.

Christiana Care Health System, a Magnet® and Beacon Award–winning health care organization, has a strong commitment to clinical growth, patient care and teamwork, which our nursing staff demonstrates every day.

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Based just 30 minutes south of Philadelphia, Christiana Care is among the nation's largest privately owned, not-for-profit, academic-affiliated health care systems. It is the region's premier health care provider, serving Delaware and neighboring areas of Pennsylvania, Maryland and New Jersey. The system has more than 1,100 beds between its Christiana and Wilmington hospitals, is a major regional heart center, and has the only East Coast Level–I Trauma service between Philadelphia and Baltimore. *U.S.News & World Report* ranks Christiana Care No. 1 in Delaware, and No. 3 among the 96 hospitals in the Philadelphia region.

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CHRISTIANA CARE HEALTH SYSTEM

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

A Message from the Editor-in-Chief

Influencing Wellness: Health Equity and Human Rights

The NBNA 45th Anniversary and 44th Annual Conference was a great success. The Sheraton Memphis was filled with NBNA members, presenters and sponsors from across the nation. All of whom are passionate about advancing health within the Black communities and celebrating a culture of excellence among Black nurses. The energy at the conference was palpable and the speakers inspired many conversations and the exchanging of ideas. Discussions focused on next steps toward a sustainable environment with the capacity to support the health and well-being of all the nations' citizenry. It is my hope the enthusiasm continues beyond the boundaries of the conference.

As I reflect on this milestone conference and all of the marvelous work that the NBNA as a collective has accomplished, I could not help but consider that a little more than 45 years ago, Dr. Martin Luther King, Jr. was assassinated in Memphis, TN. In the intervening years since Dr. King's death, how far have we really progressed toward becoming a unified nation where equality for all is more than a notion? It seems that although we have come a long way there remains much work to do.

The cycle of senseless violence that plagues Black communities from within and without has again taken the world stage. I say "again" because the call for decency, fairness and justice appears to be just as cyclical as the spotlight. If we as a nation of people are to unify and strengthen, the martyrs of injustice must remain relevant and, the movements against injustice and disparities must remain persistent and strong. As individuals, and as the formidable NBNA collective, it is our responsibility to advocate for those voices that have been silenced by systemic and systematic oppression; plagued by poverty; tormented by inner fears and damaging life experiences; or harmed by a host of other injustices and inequities.

Moving toward another glorious 45 years of advocacy and excellence in action, let us remember Treyvon, Sandra, Mike, Tami, Philando, Alton, and others whose life sacrifice should be a reminder of the struggles that continue to plague the well-being of our nation. I look forward to working with all of you as we continue to fulfill our mission of representation for quality health and well-being for all within our communities.

Respectfully,

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

In the News

Alliance Launches New National Physical Activity Plan

New U.S. National Physical Activity Plan Focuses on Achievements, Two New Sectors and Need for Momentum

Washington, DC (April 20, 2016) – The new U.S. National Physical Activity Plan (NPAP) was unveiled today at the National Press Club, building upon the initial plan that the NPAP Alliance released in 2010 as a roadmap for actions supporting and encouraging physical activity among all Americans.

In presenting the 2016 plan, Russell Pate, Ph.D., chairman of the nonprofit NPAP Alliance, said that "because of this public-private initiative, we are multiple steps closer to our initial vision: one day, all Americans will be physically active, and they will live, work and play in environments that encourage and support regular physical activity."

Jim Whitehead, CEO of the American College of Sports Medicine (ACSM), concurred, citing recent advances including:

- 2012 — *The Lancet* medical journal – Publishes special Issue on Physical Activity
- 2013 — HHS Physical Activity Guidelines Mid-Course Report on Strategies to Increase Physical Activity in Youth
- 2015 – U.S. Surgeon General — Issues Call to Action on Walking and Walkable Communities
- 2015 — Elementary and Secondary Education Act — Establishes Physical Education as a central component of a student's well-rounded education
- 2015 — Fixing America's Surface Transportation (FAST) Act — Requires all National Highway System roadways be designed for safe access to all modes of transportation
- 2015 — NIH Common Fund – Provides markedly increased funding for research on Molecular Transducers of Physical Activity in Humans

Pate said two new societal sectors – faith-based settings and sport – were added in the 2016 National Plan update. "The plan is a living document that will be updated periodically to reflect specific evidence-informed approaches designed to promote physical activity through actions taken in each of nine societal sectors. Strategies are broad approaches to be achieved through implementation of specific tactics that our experts highly recommend," Pate said. The nine societal sectors (* new in the updated plan) include:

- Business and Industry
- Community Recreation, Fitness and Parks
- Education
- Faith-based Settings *
- Health Care
- Mass Media
- Public Health
- Sport *
- Transportation, Land Use and Community Design

"The plan was informed by new knowledge, some of which was the product of evolving professional practice," said Pate. "But future enhancements to the plan will require a growing body of knowledge, fed by an expanding physical activity-public health research enterprise. Accordingly, the National Physical Activity Plan Alliance calls on public, nonprofit and private research funding agencies to make greater investments in research that will generate the knowledge needed to increase physical activity in communities across the U.S."

Eduardo Sanchez, chief medical officer for prevention, American Heart Association, spoke about the efforts of the Alliance to reflect diversity in the 2016 plan update.

In the News

"I am proud that the Alliance included a Diversity Committee that worked to insure that the plan addresses the needs of persons of all religious, cultural, ideological, sexual orientation, and gender identity groups to become more physically active."

Tennessee's Commissioner of Health John Dreyzehner stated that "states look to the National Physical Activity Plan and the CDC for guidance in promoting physical activity, a priority that we in Tennessee view as a major focus of our future public health goals." According to the plan, "no single, central organization is responsible for implementing the plan or providing the funding that will be needed. Instead, it will be the American people – working as individuals or through their organizations or government entities – who put the plan's strategies and tactics to work in ways that benefit everyone."

Shellie Pfohl, Executive Director of the President's Council on Fitness, Sports and Nutrition, indicated "the ball is being advanced forward every day in promoting healthier lifestyles" and the Council is working with all interested parties to maintain that positive momentum.

Jack Groppel, Cofounder of the Johnson & Johnson Human Performance Institute, shared private sector support for the National Plan through the CEO Pledge for Physical Activity and announced a new Congressional Commitment that was created by the Global Alliance for Health & Performance.

Joan Benoit Samuelson, an American marathon runner who won a gold medal at the 1984 Summer Olympics in Los Angeles, the year that the women's marathon was introduced, was on hand to challenge more Americans to get active and to reap the lifelong benefits.

Reflecting the multi- and cross-generational thrust of the National Plan, Paul Roetert of SHAPE America welcomed Anthony Olumba, a health and physical education teacher and students from Whittier Education Campus, a public school in Washington, D.C., who led adults in easy exercises to get people moving and demonstrate the benefits of physical activity.

At 1 p.m., the Congressional Fitness and Bicycle Caucuses will jointly host a briefing in Senate Room 209 of the U.S. Capitol Visitors Center on the updated National Plan and the Congressional Commitment that was created by the Global Alliance for Health & Performance. Bipartisan members of the U.S. Senate and U.S. House of Representatives have agreed to promote it.

The full NPAP report will be posted at 9 a.m. EDT April 20 at www.physicalactivityplan.org

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About the National Physical Activity Plan Alliance: The National Physical Activity Plan Alliance is a coalition of national organizations that have come together to insure the long term success of the National Physical Activity Plan (NPAP). The NPAP is a comprehensive set of policies, programs and initiatives that aim to increase physical activity in all segments of the U.S. population. More details at www.physicalactivityplan.org

About the American College of Sports Medicine: The American College of Sports Medicine is the largest sports medicine and exercise science organization in the world. More than 50,000 international, national and regional members and certified professionals are dedicated to advancing and integrating scientific research to provide educational and practical applications of exercise science and sports medicine. More details at www.acsm.org

In the News

Meet Robert M. Califf, M.D.,

Commissioner of Food and Drugs

Robert M. Califf, MD, MACC, is the Food and Drug Administration's commissioner of food and drugs. As the top official of the FDA, Dr. Califf is committed to strengthening programs and policies that enable the agency to carry out its mission to protect and promote the public health.

Previously, Dr. Califf served as the FDA's Deputy Commissioner for Medical Products and Tobacco from February 2015 until his appointment as commissioner in February 2016. In that capacity, he provided executive leadership to the Center for Drug Evaluation and Research, the Center for Biologics Evaluation and Research, the Center for Devices and Radiological Health, and the Center for Tobacco Products. He also oversaw the Office of Special Medical Programs and provided direction for cross-cutting clinical, scientific, and regulatory initiatives, including precision medicine, combination products, orphan drugs, pediatric therapeutics, and the advisory committee system.

Prior to joining the FDA, Dr. Califf was a professor of medicine and vice chancellor for clinical and translational research at Duke University. He also served as director of the Duke Translational Medicine Institute and founding director of the Duke Clinical Research Institute. A nationally and internationally recognized expert in cardiovascular medicine, health outcomes research, healthcare quality, and clinical research, Dr. Califf has led many landmark clinical trials and is one of the most frequently cited authors in biomedical science, with more than 1,200 publications in the peer-reviewed literature.

Dr. Califf has served on the Institute of Medicine (IOM) committees that recommended Medicare coverage of clinical trials and the removal of ephedra from the market, as well as on the IOM Committee on Identifying and Preventing Medication Errors and the IOM Health Sciences Policy Board. He has served as a member of the FDA Cardiorenal Advisory Panel and FDA Science Board's Subcommittee on Science and Technology. Dr. Califf has also served on the Board of Scientific Counselors for the National Institutes of Health and the National Library of Medicine, as well as on advisory committees for the National Cancer Institute, the National Heart, Lung, and Blood Institute, the National Institute of Environmental Health Sciences and the Council of the National Institute on Aging.

While at Duke, Dr. Califf led major initiatives aimed at improving methods and infrastructure for clinical research, including the Clinical Trials Transformation Initiative (CTTI), a public-private partnership co-founded by the FDA and Duke. He also served as the principal investigator for Duke's Clinical and Translational Science Award and the NIH Health Care Systems Research Collaboratory coordinating center.

Dr. Califf is a graduate of Duke University School of Medicine. He completed a residency in internal medicine at the University of California, San Francisco and a fellowship in cardiology at Duke.

San Diego Black Nurses Association (SDBNA), Inc.

Laura Johnson, SDBNA Contributing Writer

An evening of fancy dress, pomp, elegance, recognition and acceptance of 40 years of community healthcare services and accomplishments. That was the San Diego Black Nurses Association's Ruby Celebration: Honoring the Past, Celebrating the Present and Preparing for the Future. The Sheraton Bay Towers on Harbor Island was the setting. The event also celebrated 40 years of awarding scholarships to nursing students, of which more than $200,000 has been bestowed. The Ruby Celebration Committee consisted of: Denise Alston, Lottie Harris, Shirley Lipscomb, Barbara Perry, Norine Siglar, Sharon Smith, Ethel Weekly-Avant, and Dr. Barbara West.

There were vibes of excitement throughout the evening which officially began with the Presidential Procession led by Founding President Lottie Harris and ending with Current Sitting President Ethel Weekly-Avant and her court of 1st Vice President, Dr. Barbara West and 2nd Vice President, Gerri Zollicoffer. The procession included other attending Past Presidents Dr. Patricia Harvard, Barbara Odom, Dorothy Munns, Diane Kendall, Mattie Allen, Syvera Hardy and Immediate Past President Sharon Smith. Recognition was given to deceased Presidents Eula Banks, Yvonne Hutchinson, Beverly Eugene Angeletta, Louise Grant and Ruth Johnson.

Guests were welcomed and introduced to President Ethel Weekly-Avant by Mistresses of Ceremony, SDBNA Members Thelma Harris, a Biopharmaceutical Government Relations & Public Policy & Market Access Leader of Sacramento, CA, and Barbara Jo Smith, Scripps Chula Vista Operating Suite Nurse. In her greeting, President Avant extended thanks and appreciation to all of SDBNA's supporters, multiple sponsors, collaborators and partners over the past 40 years, stating "It has been a team process. We could not have done what we have done without what you have done." Celebrating with SDBNA were Dr. Richard Butcher, SDBNA Medical Director and Mrs. Vicki Butcher; Dr. Deidre Walton, Phoenix, AZ, Immediate Past NBNA President; Sandra McKinney, San Jose BNA and Past NBNA Board Member; L.A. Council BNA Members: Joyce Spalding, Past President; Marie Dudley, Past NBNA Board Member and Irma Cooper; Dr. Holly Jones, SDBNA Member, now a Professor at the University of Cincinnati; SD National Hispanic Nurses Association; Philippine Nurses Association, UC San Diego Health; Paradise Valley Hospital; Marlene Ruiz of Kaiser Permanente; Elizabeth Bustos of Be There San Diego; UNAC; Michael Jackson, SDBNA Member and President, California Board of Registered Nurses; Excelsior College and Grand Canyon University.

Proclamations were acknowledged from San Diego Mayor Kevin Falconer, proclaiming April 9, 2016 as "San Diego Black Nurses Day" in San Diego. Dr. Eric J. Williams, NBNA President cited the premier accomplishments of the organization and also proclaimed April 9, 2016 as "San Diego Black Nurses Day". Chief of Staff Salvatore Giamatta presented the proclamation from Chairman of County Supervisor Ron Roberts. Representative Jimmy Slack presented a proclamation from 4th District City Councilwoman, Myrtle Cole.

Other proclamations were issued from California Legislature Assembly Woman, Dr. Shirley Weber of the 79th District, who recently honored President Weekly-Avant with other African American Women for Noted Community Service. Proclamations were also received from Alex Padilla, California Secretary of State, Dr. Edith B. Mitchell, President of the National Medical Association, Department of Veteran Affairs and the Department of Health and Human Services, Washington DC.

Keynote speakers addressed the three segments of the theme

- Honoring The Past: Lottie Harris, Founding President recalled the culture, work opportunities and health

access available to African American consumers and nurses in the 1976 society as being the impetus for herself and co-founders Eula Banks, Maudesta George, Jewel Kelley, Dorothy Trent and Betty Reilford to create an organization to address the injustices

- Celebrating The Present: President Weekly-Avant spoke to the growth of SDBNA as an organization, the individual advancement of members, academically and professionally, our increasing number of collaborators, partnerships and supporters with a special thanks to the new 2016 Partners: Excelsior College, UC Health System, Jobing.com, Health Services Advisory Group, Grand Canyon University, San Diego Black Health Associates and Be There San Diego

- Preparing For The Future: Norine Sigler, National University RN to BSN Student and SDBNA Member addressed the role that SDBNA will continue to play in the community, her own personal journey and of the type of nursing and characteristics of the nurse she desires to become. Ms. Sigler presented in a comedic mode which was one of the highlights of the evening.

Monique Shaw, an RN to BSN student at the University of Texas at Arlington, was the scholarship recipient. She currently holds a 3.8 grade point average. As an acceptance speech, Ms. Shaw was asked to read her biography that was submitted for the scholarship. She shared the profound struggles and tragedies that she experienced as a young child and young adult and how she has coped to continue her journey to her goals. The house was quiet-not a sound and there were many tears.

Other highlights of the program included the recognition of the oldest active SDBNA Member, Mrs. Helen Brooks, 93 escorted by son, Leon Brooks; the first scholarship recipient, Ida Porter, as a BSN student enrolled at SDSU she was awarded the first scholarship in 1978. She continued her education to receive a MS and became a school nurse and counselor within the San Diego Unified School District.

Other events of the evening included a silent auction that feature a framed 28X35'' 1985 Print "Up No Six", by famed African American artist, Annie Lee. Music was provided by Mabubay DJ Entertainment. He was awesome, all the right sounds at the right time – the dance floor was hyper-interactive.

Again, SDBNA wishes to convey the highest form of appreciation to all our families, friends, supporters, sponsors, partners and collaborators.

Please join us at our 3rd Annual Health Expo August 27, 2016 at the Educational Cultural Complex and we hope to see you at our next scholarship luncheon April 8, 2017.

National Black Nurses Association

Calling All NBNA Mentors:

The NBNA Collaborative Mentorship Program wants you!

Mentoring is widely recognized as an extremely beneficial career development tool. Studies have shown that those who are mentored 1) perform better on the job; 2) advance more rapidly within the organization; 3) express lower turnover intentions than their non-mentored counterparts; and 4) report more job and career satisfaction (Poe, 2006).

It is the mission NBNA "to represent and provide a forum for Black nurses to advocate and implement strategies to ensure access to the highest quality of healthcare for persons of color." In doing so, The National Black Nurses Association will launch its latest initiative The NBNA Collaborative Mentorship Program on Thursday, May 12, 2016. To get the program started, we are requesting nurses who are willing to serve as mentors to complete the mentor application and be placed on our mentor database.

The program

The Collaborative Mentorship Program serves the purpose of helping NBNA nurses/student nurses at various levels of their development. There are several levels of development in the nursing profession and every nurse can benefit from mentorship. In this program the three levels of mentoring are:

Approaching Careers (beginners or fundamental) - This level is to support the growth and development of nurses and potential nurses as they approach career opportunities(e.g., student nurses, novice nurses, members of organizations, undergraduate degrees, etc.). The purpose is to foster the development of a nursing community and enhance the preceptor skills of nurses as they engage in the mentorship process.

Acknowledging Professions Description (Intermediate) -This level of mentorship is to support the growth and development of nurses as they transition into leadership roles (e.g., any office in an organization, management, local Board positions, graduate level degrees, etc.). The purpose is to foster the development of a nursing community and enhance the preceptor skills of nurses as they engage in the mentorship process.

Aspiring Leaders Description (advanced) - This level is to support the growth and development of nurses as they transition into executive leadership roles (e.g., president of organizations, CNO's, National Board positions, FAANs, specialty or doctoral degrees, etc.). The purpose is to foster the development of a nursing community and enhance the preceptor skills of nurses as they engage in the mentorship process.

To learn more about each program, please click here.

To register as a NBNA mentor, please click here and follow the instructions.

NBNA Collaborative Mentorship Program

NBNA Mentor Application

Sincerely,

Angela Allen, PhD, MAT, EdS, EA, CRRN
Chair, Ad Hoc Committee on Mentorship
National Black Nurses Association, Inc.

45th Anniversary & 44th Annual Conference: At A Glance

Sandra Evers-Manly, President, Northrup Grumman Foundation, was the keynote speaker

45th Anniversary Awards Luncheon Keynote Speaker Bethsheba Johnson of Gilead Sciences, and Board Member Kendrick Clack and First Vice President Lola Denise Jefferson

NBNA Past Presidents Celebrating 45 Years: Reverend Deidre Walton, Dr. Debra A. Toney, Dr. Betty Smith Williams, Dr. Linda Burnes Bolton, Dr. C. Alicia Georges, Dr. Eric J. Williams, Ophelia Long, E. Lorraine Baugh and Dr. Carrie Frazier Brown

45th Anniversary & 44th Annual Conference: At A Glance

Nurses take a tour of St. Jude Children's Hospital

NBNA President Dr. Eric J. Williams and NBNA Board Members at the Grand Opening of the Exhibit Showcase

45th Anniversary & 44th Annual Conference: At A Glance

Dr. Eric J. Williams, NBNA President, presents Trailblazer Award to RADM Sylvia Trent-Adams, Deputy Surgeon General

NBNA President Dr. Eric J. Williams presents Trailblazer Award to Dr. Veronica Clarke Tasker-Battle, with husband James Battle

Dr. Eric J. Williams and Dr. Linda Burnes Bolton, NBNA Life Time Achievement Awardee

Dr. Eric J. Williams and Dr. Angelo Moore, NBNA Trailblazer Awardee, and his wife LeeAntoinette Moore.

45th Anniversary & 44th Annual Conference: At A Glance

Dr. Lenora Yates, Scholarship and Awards Chairperson, Dr. Eric J. Williams, President, Jannae White, receives the Dr. Linda Burnes Bolton Scholarship, Dr. Linda Burnes Bolton and Dr. Millicent Gorham, NBNA Executive Director

Dr. Lenora Yates, Scholarship and Awards Chairperson, Curtis Weber of Children's Mercy Kansas City gives scholarship to Jasmine Carter; Dr. Eric J. Williams

45th Anniversary & 44th Annual Conference: At A Glance

"Super Nurses" from the Youngstown-Warren, Ohio Black Nurses Association

Nurse Members

NBNA Chapter President Brenda Starks, Central Valley BNA, President Eric J. Williams, and Lola Denise Jefferson, Membership Chairperson

NBNA Under 40 Forum with Patrice Brown, RADM Sylvia Trent Adams, Dr. Eric J. Williams, President, Sasha DuBois, Board Member

45th Anniversary & 44th Annual Conference: At A Glance

Dr. Randy Jones, President, Black Nurses Association, Charlottesville

Najla Washington, speaker, addresses wound care

45th Anniversary & 44th Annual Conference: At A Glance

Presidents' Leadership Institute for chapter presidents and vice presidents

Ena Williams, Vice President, Associate Chief Nursing Officer, Yale-New Haven Hospital, "Nurses Lighting the Way" Ena Williams, Vice President, Associate Chief Nursing Officer, Yale-New Haven Hospital, "Nurses Lighting the Way"

45th Anniversary & 44th Annual Conference: At A Glance

Emerging Leaders Forum

NBNA Taking Care of Business

45th Anniversary & 44th Annual Conference: At A Glance

Yolanda McMillan receives Advanced Practice Nurse of the Year Award, Dr. Angelo Moore, Diane Deese and Peggy Pettit of VITAS Healthcare, the Award sponsor, Dr. Eric J. Williams

NBNA Exhibit Showcase

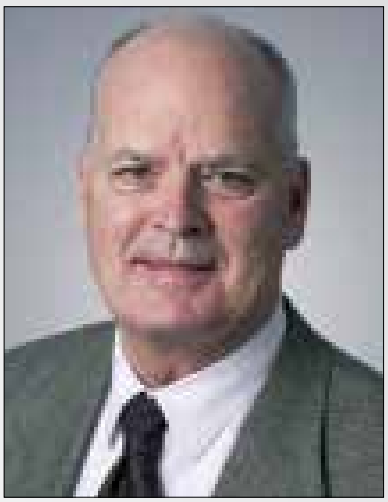
45th Anniversary & 44th Annual Conference: At A Glance

Dr. Dawn Bazarko, Optum Technology, conducts the "Mindfulness" Symposium.

Board Members Dr. Angela Allen and Lola Denise Jefferson dancing to the tunes of the Stax Alumni Academy Band.

Addiction May Start with a Hospital Visit

Norman G. Tabler, Jr.



Norman G. Tabler, Jr., is an attorney in the health law practice group of Faegre Baker Daniels law firm. In addition to many years with that firm, Mr. Tabler served the long-time senior vice president and general counsel of Indiana University Health, a health system with 19 hospitals and 29,000 employees, where he chaired the system's risk management committee and its liability insurance program. He was educated at Princeton (B.A.), Yale (M.A.), and Columbia (J.D.). He may be reached at Norman.Tabler@FaegreBD.com

It is a sad irony that a stay in the hospital may be the first step on the road to drug addiction. Recently there has been prominent and negative media coverage regarding the prescribing of drugs with addictive properties by primary care professionals practicing in physician's offices and clinics. Much less attention, however, has focused on the patient consequences related to addictive drugs prescribed and administered within acute care facilities.

At one time hospitals relied solely on opioids to manage the acute pain of surgery. But for decades all leading medical authorities have recommended a multimodal approach to manage acute pain—an approach where (a) the pain management plan is tailored to the specific individual undergoing a specific procedure rather than a one-size-fits-all opioids-only approach, and (b) opioids are used only to the extent that non-opioid analgesics such as nonsteroidal anti-inflammatory drugs and acetaminophen aren't sufficient to manage a patient's pain.

Despite these recommendations, hospital-affiliated physicians and other primary care health practitioners continue to rely heavily or even exclusively on opioid analgesics as a first-line method of pain relief for hospitalized patients. A recent study revealed that seven out of ten surgery patients on intravenous pain control received opioid analgesics alone. This practice trend seems in opposition to the universal recommendation by medical authorities and recognized consensus standards supporting the multimodal opioid-sparing approach to pain relief.

In a 2012 Sentinel Alert Event published by The Joint Commission (TJC), opioid analgesics rank among the drugs most frequently associated with adverse drug events. Common side effects and adverse events attributed to opioid analgesics include respiratory depression, nausea, vomiting, sedation, hypotension, constipation, aspiration pneumonia, and death. Based on TJC statistics, 47% of opioid-related adverse drug events were due to dosing errors. Improper monitoring was the cause of 29% of adverse drug events, and 11% of adverse reactions were attributed to other factors like medication interactions.

Error-based adverse drug events are troubling because studies show that physicians and nurses regularly administering and monitoring opioid analgesics have a serious knowledge gap on the subject. A study published in the Pennsylvania Patient Safety Advisory indicated that only 37% of front-line healthcare personnel could identify the most common predictor of respiratory depression. In addition to adverse drug events, the addiction risk for opioid analgesics has been well published and publicized. As such, opioid analgesics like morphine, fentanyl, hydromorphone, and methadone are considered controlled substances strictly regulated by the U.S. Drug Enforcement Agency. In addition, most states have prescription drug-monitoring programs for chronic pain patients—programs making prescribing physicians responsible for knowing the drug profiles and histories of patients.

For surgery patients, the path to addiction may begin in one of two ways. The first is that patients come to depend on opioids not only for relief of pain; but, also for the euphoria it can induce. Second, the care provider who is relying solely on opioid analgesics to

treat pain fears the associated risks. As a result, the care provider prescribes lower than therapeutic dosages, and ultimately under-manages the individuals' pain.

Under-management of acute pain may lead to chronic pain. Chronic pain may lead to opioid addiction. Ironically, the care provider's concern for the risks of addiction increases the likelihood of addiction. Studies also consistently show that under-management of pain occurs more often with Black patients than with White patients. A recent study funded by the National Academy of Sciences revealed that most White medical students and residents believe that their Black student contemporaries are less sensitive to pain.

The public often distinguishes between addiction to prescription drugs and addiction to illegal drugs. But the distinction is not as clear as it appears. Prescription drugs are often a gateway to illegal drugs. The Centers for Disease Control and Prevention report that people dependent on opioids are 40 times more likely to become heroin-addicted.

The question: what can nurses do to help alleviate this problem? In the role of advocate, nurses can facilitate the conversation regarding the value of a multimodal approach to pain management. Nurses as educators can address the knowledge gap concerning treatment and treatment outcomes using opioid analgesics for pain control. Nurses, as the largest group of healthcare professionals can collectively address the issue of racial bias in pain assessment and treatment.

As with any change in institutional culture, the movement from a treatment perspective of single-drug therapy using opioid analgesics to a multimodal approach for pain management will be challenging. Change requires a dynamic approach that includes consideration for and by all stake-holders including surgeons, anesthesiologist, nurses, pharmacist, risk management specialists, and specialty organizations such as the National Black Nurses Association. The long-term benefits of improvement in patient care and patient care outcomes is well worth the effort.

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Shackling of Incarcerated African American Women: Establishing a Position

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Introduction

The safety and security of patients, nurses and other healthcare professionals have often been cited as necessary reasons for the practice of shackling incarcerated pregnant women prior to, during and after labor and delivery (International Human Rights Clinic [IHRC], Chicago Legal Advocacy for Incarcerated Mothers [CLAIM], & American Civil Liberties Union [ACLU], 2013). Research shows that the practice of shackling puts the health and life of both mother and baby at significant risk (American Correctional Health Services Association [ACHSA], 2009; American College Of Nurse-Midwives [ACNM], 2012; American Medical Association [AMA], 2011). In addition to the possible compromise of physical well-being, the emotional welfare of the shackled mother may also be jeopardized. The potentially harmful impact of shackling incarcerated women prior to, during and after labor and delivery presents concern from not only an ethical perspective but also from a health and wellness perspective. As an organization that advocates for quality health care among under-represented people of color, the National Black Nurses Association (NBNA) is in a unique position to bring awareness to a practice that has not only been identified as unlawful in some instances, but problematic from a health and wellness point of view.

Background

Shackling is defined as using any physical restraint or mechanical device to control the movement of a prisoner's body or limbs, including handcuffs, leg shackles, and belly chains (Law, 2015). The international human rights community continues to advocate and lobby to eliminate the practice of shackling because of health-related issues that impact the incarcerated mother to be. There are state and federal entities that have adopted anti-shackling policy for incarcerated females who are pregnant (U.S. Immigrations and Customs Enforcement, 2011, p. 213). Yet this practice, which some consider cruel, inhumane and degrading, continues.

The incarceration of pregnant women has soared in the last century. As the number of pregnant incarcerated women has increased, so too has the prevalence of shackling pregnant women requiring obstetric-related health care beyond the walls of confinement. The practice of shackling pregnant women endangers the health and safety of both mother and fetus. Health care related problems that arise as a result of shackling pregnant women is greater among ancestral minorities. A 2011 report compiled by the U.S. Department of Justice (Hewko, 2014), documented that African American and Latina women are incarcerated in greater numbers than women from other ancestral groups. Consequently, the rate at which individuals within these subgroups experience shackling during and after their pregnancy, and the prevalence of shackle associated co-morbidity during all phases of pregnancy and recovery is also comparatively greater.

The origins of shackling pregnant females has not been clearly identified. Some surmise that the practice of placing male inmates in restraints when hospitalized for checkups or treatment, was arbitrarily and generally extended to incarcerated women. The safety of non-incarcerated mothers and their babies, attending doctors and nurses, and other healthcare professionals has also been cited as a rationale for the practice of shackling incarcerated pregnant women prior to, during, and after labor and delivery. However, organizations that have analyzed data relative to this issue have found no evidence to support the premise that unshackled pregnant women pose a safety threat to themselves, the medical staff, attendant correctional officers, or the general public (IHRC, CLAIM & ACLU, 2013; Women's Prison Association, 2011).

Shackling has been found to place the pregnant woman and her unborn child at risk for a myriad of health related complications during the prenatal and intra-partum phases of care. Post-partum complications are also a concern for mother and baby. According to the American College of Obstetricians and Gynecologists [ACOG] (2011), during all phases of pregnancy and recovery, shackles present a trip and fall risk. Shackle-associated mobility limitations have been linked to the development of venous

thrombosis. Restricted whole body access as a function of shackling compromises general and emergent diagnosis and treatment of pregnancy-related complications. Specifically, medical and nursing interventions for complications and emergencies such as hemorrhage, shoulder dystocia, or abnormalities of the fetal heart rate may be delayed or impeded as a result of fettering.

The quality and/or practicality of ordering certain tests may be hampered by shackles. During labor and delivery shackles encumber the laboring process leading to a more painful and longer labor. As well, Law (2015) discussed the negative long-term psychological impact for a child who experienced bonding and attachment deprivation after delivery due to shackling of the mother. Even when bonding time is permitted, the quantity and quality of time for gazing, touching, enfolding and exploring the newborn is shorter and more constrained for the new mother in shackles than for the new mother who is not restrained.

Women incarcerated within the criminal justice system are among the most vulnerable in our society (ACOG, 2011). On average, 6–10% of incarcerated women are pregnant, with the highest rates of pregnant women detained in local jails. Pregnancies among incarcerated women are often unplanned, frequently labeled high-risk and are often compromised by a lack of prenatal care, poor nutrition, domestic violence, mental illness, and drug and alcohol abuse. In addition, there is significant literature regarding the negative health impacts of shackling on the soon-to-be mothers, their fetuses and babies. Ten states currently have legislation that prohibit shackling of incarcerated females while receiving medical treatment during the pregnancy and delivery processes. There are reports, however, that the practice of shackling incarcerated pregnant women during labor, delivery and postpartum continue in spite of state legislative rulings (ACLU Briefing Paper, n.d.).

Conclusions

The evidence of adverse health risks and outcomes that are directly linked to shackling of pregnant women during labor, delivery, and the postpartum periods is clearly noted in the literature (Clarke, & Simon, 2013; Macmadu & Rich, 2015). Findings from research also describe a health care system for incarcerated pregnant women that must be significantly improved. These improvements are especially important for African American women who are incarcerated at a greater prevalence than other ancestral subgroups. Lack of prenatal care during incarceration is not an uncommon event (The Rebecca Project for Human Rights, & National Women's Law Center, 2010). Moreover, incarcerated women who had medical emergencies related to their pregnancy and delivery often did not receive adequate healthcare (Raeder, 2013; Roth, 2010). In some instances newborns of incarcerated females were delivered on jail cell floors or in toilets (Howard, 2016). Some of the newborns were deceased at birth (Amens, 2015). Other newborns suffered negative outcomes such as permanent brain damage.

Penal System employees have tasks to perform based on their policy. Health care providers also have an obligation to provide care according to specified standards. These standards are applicable to all women regardless of their status in society. As healthcare advocates, nurses, individually and collectively, are in a unique position to speak for and on behalf of patients who are unable to speak for themselves. Because of the evidence on the adverse effects of shackling of incarcerated pregnant women, position statements by several nursing organizations speak against the practice of shackling during pregnancy, delivery and recovery. These organizations include the Association of Women's Health, Obstetric, and Neonatal Nursing (2011), and the American College of Nurse Midwives (2012).

Nursing Implications

Findings from the literature have implications for nursing research, nursing policy, nursing practice and nursing education. Better obstetric treatment for incarcerated women may be the key to mitigating and/or eliminating some of the devastating health outcomes identified as a result of inadequate health care. Consideration for adjustments to current policies and procedures governing the shackling of incarcerated females requiring obstetrical care that follow best practice guidelines is worthwhile. Consequently, strategies can then be developed that promote a more positive outcome for the shackled pregnant woman throughout the pregnancy, and during the labor and postpartum periods.

Research is needed that focuses on the impact of shackling on all aspects of pregnancy from prenatal care through post-delivery recovery. Few studies have specifically focused on the impact of shackling among pregnant African American women. Therefore, studies should target subgroups of women who are generally and disparately impacted by poor health outcomes.

From a professional development and practice perspective, the higher mortality and morbidity statistics noted for incarcerated women and their babies may be related to a lack of knowledge about the harmful health consequences of shackling. Practicing nurses who may come in contact with pregnant African American women who are incarcerated and shackled should receive training in this area. Nursing organizations such as the NBNA could sponsor educational forums on the impact of shackling relative to health outcomes. From a policy perspective, nurses and nursing organizations may become advocates against shackling, and share the damaging effects of shackling with legislators and other stakeholders.

In summary, nursing practice involves health promotion, risk reduction, and disease prevention. Nurses can play a major role

in identifying and researching factors that may compromise the health outcomes of incarcerated pregnant women; particularly, in relationship to shackling.

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Dr. Aurelien was recently appointed as the Director for the RN-BSN program at Palm Beach State College. Prior to this promotion, she had been a tenured Nursing Faculty at the same institution for 12 years. She also practices as a Family Nurse Practitioner for Florida Community Health Centers in Pahokee.

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Dr. Nash-Teachey holds positions as President, Augusta NAACP Branch, Augusta, GA; Georgia State NAACP Health Chair; President Emeritus, Concerned NBN of CSRA, Inc. She is also LTC (Ret) Army Nurse Corps Officer and an Army Trained Inspector General.

Dr. Bralock has been in the practice of nursing for 35 years. She attended the University of California, Los Angeles (UCLA) where she earned her Master's in Nursing in 1991 and a PhD, also in Nursing, in 2003. After completing her nurse midwifery training in 1995, she established her mission to provide culturally competent care to women from underserved communities. Reducing health disparities among young African American and young Hispanic women is of particular interest. She currently practices midwifery in a primary care setting and is an Associate Adjunct Professor of Nursing at UCLA.

Dr. Charlene Brown Smith is a member of the Bayou Region Black Nurses Association in Thibodaux, Louisiana. She is a graduate of Dillard University (BSN) New Orleans, LA, Louisiana State University Medical Center (MSN), New Orleans, LA and Southern University A&M College (PhD), Baton Rouge, LA. She has over 30 years of experience in Maternal/Newborn Nursing. She is currently employed as an Associate Professor of Nursing at Nicholls State University.

The Subtleties of Workplace Bullying among Nurses

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Workplace bullying is not a one-time incident, but situations recurring over time. Workplace bullying may be described as an act of negative action toward an individual by one or more persons whereby the targeted individual has difficulty defending themselves against the bullying action(s) and/or is emotionally controlled by the bully (Christie & Jones, 2014; Hills, 2012; Rainford, Wood, McMullen, & Philipsen, 2015). Bullying in the workplace has also been described as lateral violence, horizontal violence, hostile clinical behavior, workplace aggression, workplace incivility, and indirect aggression (Chipps, Stelmaschuk, Albert, Bernhard, & Holloman, 2013;Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012;Hills, 2012). Bullying occurs in all areas of nursing practice including academia. The most frequent targets of workplace bullying in nursing include but are not limited to student nurses seeking assistance, new graduates in need of mentoring, new nurses who are unfamiliar with the unit or their duties, and night shift nurses who are perceived as not working as hard as those on other shifts (White, 2006).

Workplace bullying has been identified as an international problem that may occur in a variety of formats beyond actual acts of physical aggression resulting in injury. Oftentimes, workplace bullying occurs as a covert or subtle action. Moreover, workplace bullying is a disruptive behavior that creates emotional exhaustion for the bullied nurse and as a result can indirectly affect patient safety.

Unreported cases of workplace bullying impact the variability noted in the published frequency data. Results of the Workplace Bullying Institute's National Survey (2014) indicate that approximately 27% of Americans workers have suffered some form of bullying at work. Twenty-one percent of U.S. workers have witnessed workplace bullying, while 72% of the workers polled are aware that workplace bullying happens.

Bullying behaviors usually fall into one of three categories: person-related, work-related, or physically intimidating (Etienne, 2014; Trépanier, Fernet, Austin, & Boudrias, 2016). Bullying acts may include: having an opinion ignored; being shouted at; having relevant clinical information withheld with the intent of making work difficult; humiliation, having rumors or gossip spread about the target; being ordered to work below his or her level of competency; being ignored or excluded; facing hostility when approaching others; having insulting or offensive remarks made about him or her; having key areas of responsibility replaced with trivial or unpleasant tasks; creating impossible deadlines with the intent to promote failure; ; and requesting assistance from colleagues that is ignored (Chipps et al., 2013; Hills, 2012; Hutchinson & Jackson, 2013).

The World Health Organization recognizes bullying to be a serious public health threat and promotes the need to decrease bullying-related morbidity (Srabstein & Leventhal, 2010). Compared to violence and harassment, which are evident and documentable, subtle workplace bullying has no immediate notable effect (Dzurec & Bromley, 2012). Nonetheless, targets of bullying often develop physical illness or injury, psychological trauma, decreased productivity, behavioral changes, anxiety, stress, post traumatic stress disorder (PTSD), depression, phobias, sleep and digestive disorders, and cardiac problems (Dzurec & Bromley; Gaffney et al., 2012;Hills, 2012; Laschinger & Nosko, 2013; Longton, 2014). Bullying is responsible for 30% to 50% of all stress-related illness in the workforce. Other detriments of bullying include, financial problems related to absence and loss of income, loss of nurses who choose to leave their position or leave nursing altogether, the cost of replacing nurses, and interruption in career paths (Chipps, et al, 2013; Christie & Jones,2014; Rainford, et al., 2015; Stagg, Sheridan, Jones & Speroni, 2013).

It has been acknowledged that the culture of an organization is a predictor of workplace bullying (Rainford et al, 2015; Trépanier et al., 2016). Factors such as workload, stressful work environments, cliques, poor communication, organizational tolerance and reward for bullying, leadership styles, and lack of policies to prevent bullying, play a significant role in the existence of workplace bullying.' Over

time subtle bullying tends to become acceptable and covertly sanctioned by the organization (Dzurec & Bromley, 2012; Gaffney et al, 2012). However, observers as well as targets should report all incidences of bullying (Longton, 2014). Remaining silent allows the bully to continue unchecked. The Joint Commission (2008) asserts that all intimidating and disruptive behaviors are unprofessional and should not be tolerated. Therefore, healthcare organizations must employ zero-tolerance for bullying and a progressive disciplinary process for those who engage in such behaviors (Etienne, 2014).

Early identification of overt and subtle inappropriate behaviors by nursing staff and management is important to the overall resolution of workplace bullying (Etienne, 2014). Nurse managers must be aware of the perpetrators who may be experiencing stress in their own lives or having difficulty managing on the job stress (Gaffney et al., 2012). Moreover, managers must be able to support the victims and assist perpetrators in developing stress management strategies or be able to direct them to employee assistance programs and counseling (Srabstein & Leventhal, 2010).

Education programs related to elimination of workplace bullying need to be initiated, maintained, and include periodic evaluation (Etienne, 2014; Stagg et al., 2013). Topics should include the identification of bullying concepts, common bullying behaviors, the effects of bullying, and interventions to decrease or eliminate workplace bullying (Stagg et al). Educational programs should include emotional intelligence (i.e., the ability to identify emotions of self and others, harness and apply emotions to tasks, and regulate emotions), assertiveness and aggression training and conflict resolution strategies.

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Workplace bullying is a widespread phenomenon among nurses and has multiple negative physical and mental consequences. Nurses need to recognize the signs of these subtle disruptive behaviors in order to help the perpetrator as well as the targets of this type of violence.

Black Women for Positive Change Sponsors 4th Annual "Week of Non-Violence, Justice & Opportunities" – October 15-23, 2016.

Janell Mayo Duncan, Esq.

Janell Mayo Duncan is a charter member of Black Women for Positive Change and founder of "Living Well Black," a non-profit organization. https://livingwellblack.org/

Black Women for Positive Change (BW4PC) is a dynamic, diverse, inter-faith national policy-focused network of predominately African American women and "Good Brother" volunteers. The organization is dedicated to: (1) positively contributing ideas and methods that can strengthen and expand the American middle and working class (with an emphasis on the African American community); and (2) changing the "Culture of Violence" in America.

The past few years has been filled with shocking incidents of violence — ranging from young people killing each other, to domestic violence, to police shooting and killing unarmed members of our communities. With increasing numbers of these events caught on camera, we cannot allow the cumulative effect of these images to be numbness, paralysis, or a "normalization" of these tragedies. To the contrary, community members are in desperate need of messages of non-violence, as well as lessons in violence prevention, anger management, and conflict resolution.

The Annual Week of Nonviolence is designed to promote violence prevention and awareness in major U.S. cities, and overseas. Beginning in 2012, BW4PC — along with our Good Brothers — have mobilized violence prevention events in at least 10 cities around the U.S. and the United Kingdom. This year we hope to add the Navajo Nation; Haiti; Durban, South Africa; and Albuquerque, New Mexico. Since 2013, reports indicate that our global partnership has reached over 179,000 people through non-violence sermons, film screenings of our nonviolence film entitled "On 2nd Thought," blogs, webcasts, workshops, media outreach, youth essay contest, youth "Harmony Jams," cable TV, PBS, and more.

Last year, during our 2015 event entitled "Changing the Culture of Violence in America...and the World," we and our partners held a multistate and International events including a "Blogging Carnival," a community forum in Atlanta, a Peace Rally in Chicago, and a "Violence Prevention Meeting" in Ferguson, Missouri. Additional events were held overseas in London, United Kingdom; and in the U.S. in Denver; Los Angeles; Pittsburgh; St. Louis; Baltimore; and Hampton Roads, Virginia. Fifty-eight faith leaders around the country celebrated two "Worship Weekends" during with they preached messages of non-violence to their congregations. Young participants across the nation promised to "Choose Peace" by signing the "2015 Week of Non-Violence Peace Pledge" developed in collaboration with the Illinois Cook County Week of Non-Violence Steering Committee. The pledge reads:

I pledge to uphold peace in the name of non-violence and to work to keep my brothers and sisters safe. I promise to seek the path of peace and to treat others with fairness and respect. I pledge to do this for the sake of humanity, so we can all live together in peace and harmony.

In Washington, D.C. we launched the week with a press event on the steps of City Hall. We also held a Summit on Non-Violence including, a "Harmony Jam," and featuring vibrant panel discussions including:

1. "What Roles Do Youth, Millennials and Parents Play To Promote or Prevent Violence?";
2. "What Is the DMV Community Saying About Causes of Violence and Prevention Strategies?";
3. "What Roles Do Faith Leaders, Law Enforcement, and Civic Leaders Play to Promote or Prevent Violence?"; and
4. An "Open Discussion: 10 Ideas that can Help Prevent Violence."

This year we extend our deepest thanks to the National Black Nurses Association for sponsoring the 2016 Week of Non-Violence. We ask you, as NBNA members, to join us in this effort. You can participate by coordinating with your local Chapter to host an event. Your contribution can be a backyard discussion with young people in the neighborhood, a major church meeting, a city-wide forum, a radio show, or a concert. So far, we have 24 events on the schedule for 2016 in Baltimore; Chicago; Pittsburgh; Washington, D.C.; Denver; Hampton Roads, VA; Los Angeles; the United Kingdom; Haiti; Durban, South Africa and more....

Join BW4PC to "Change the Culture of Violence in America, and the World." Please include your city by organizing a local event too...

To sign up visit www.blackwomenforpositivechange.org. We also invite you to donate or become an active BW4PC member to receive email updates. Donations can be made by PayPal at the website.

Call to Action: A Perspective on Promoting Retention by Providing Faculty Support

Brenda L. Collins, RN, MSN

Ms. Brenda Collins, MSN, FNP-BC, is an Assistant Professor and Coordinator of the BSN program at Alcorn State University, Natchez, MS. She is currently enrolled in the PhD program at the University of Southern Mississippi College of Nursing.

The time has come for nursing faculty to promote a new culture within nursing education. Thousands of qualified nursing school applicants are turned away each year. A lack of clinical sites, limited classroom space, scarcity of qualified clinical preceptors, and budget constraints are often cited as reasons for the decline in student acceptance rates. However, faculty shortage remains the primary reason for the trend of limited student capacity in nursing schools.

The nursing faculty shortage has been consistently documented for several years. Reasons for the shortage include factors such as budget constraints, an aging faculty, the monetary advantages of clinical practice, and the increasing competition for clinical sites (American Association of Colleges of Nursing [AACN], 2015). There are also other factors that appear to advance the nursing faculty shortage. These influences can often be categorized as workplace factors, general academic factors, and nursing specific factors.

The burdens of navigating the general workplace landscape are not as readily cited as nursing-specific influences that may impact ones decision to work in the academic setting as a nursing faculty member. Incivilities between nursing faculties (Peters, 2014; Wright & Hill, 2015); workplace bullying (Giorgi, 2012); and ostracism (Zimmerman, Carter-Sowell & Xu, 2016) are a few of the factors that are consistently cited as potential workplace undesirables. In my experiences as a seasoned nursing faculty member, the negativity and politics of the work environment can be discouraging for the optimistic novice faculty. Not only do novice faculty have to adjust to their new role as a faculty member within a unique working environment, they also have to find a way to remain above the potentially negative distractions that are part and parcel of the workplace environment. Maintaining a sense of balance during times of trial can be cumbersome for even the most experienced nurse faculty members. Even veteran faculty members have been known to exhibit an air of dispirit as a result of mistreatment within the working environment.

General influences that impact the recruitment and retention of nursing faculty in academia include the current preference trend for doctoral faculty. More than 86% of current vacancies in baccalaureate and higher degree granting nursing programs either require or strongly prefer faculty with a doctorate (AACN, 2007). The pressure to pursue and complete doctoral education as the entry-level for teaching at the post-secondary level may not be an acceptable alternative for some. Inequity in workload when compared to other faculty disciplines; mandated requirements for licensure maintenance; and engagement in professional development education that must be obtained in addition to the academic workload. Most institutions of higher learning provide some level of financial support (e.g., tuition reimbursement) to faculty pursuing doctoral degrees. However, in an area already experiencing faculty shortage, workload reduction is usually not an option. In addition to what is quite often a full-time teaching assignment, tenure-track and tenured faculty are expected to engage in research and service. For some faculty, the challenges here are often associated with a lack of time to pursue research interests and non-existent or limited research mentoring.

Maintaining clinical competencies is also an expectation of nursing faculty. In addition to advanced education, an active license is required to teach nursing. In many states this requires engagement in a designated number of clinical hours as well as obtaining an

established number of continuing education hours. Furthermore, students report better clinical experiences when the clinical faculty have current practice experience, and are knowledgeable about existing healthcare trends and evidence-based approaches (Shariff & Masoumi, 2005). Clinical competence also has the benefit of strengthening partnerships with local agencies, and building the confidence of organization clinicians for nursing faculty. However, it takes a great deal of persistence and sacrifice to pursue additional employment with a full academic schedule.

Many nurses are initially drawn to nursing education in post-secondary environments because of the perceived flexibility in hours and time-off during holidays that can be spent with family and friends. However, the reality is that most faculty are working eight hours per day Monday through Friday just to maintain their teaching assignments, advising and office requirements, and attendance to faculty meetings. Research, service, and meeting licensure requirements occur beyond the 40 hour work week, on weekends and during holidays. Despite the significant amount of time required to meet academic and professional obligations, the average salary for nursing faculty are significantly lower than the average salary for nurses in clinical practice regardless of education level.

It is imperative that the ranks of nursing faculty are replenished to mitigate the current and projected shortage. However, the aforementioned burdens and challenges that nursing faculty face, oftentimes on a daily basis, set the stage for faculty to leave the field of academia and return to practice. Balancing the job expectations and coping with the inherent emotional, psychological and physical demands of the job can lead to burnout and health issues. A culture of change is needed if we are to attract potential faculty who will carry the torch for educating the future generations of nurses.

Steps to promote change are multifaceted and any proposed actions should include input from faculty colleagues, as well as department and University leaders. For example, faculty must exhibit caring for each other as opposed to viewing our colleagues as adversaries. Leaders must support faculty in achieving the employment requirements established for all areas of academic and professional practice. Addressing the reasons why faculty are leaving by supporting advanced education, providing avenues for scholarship, service and support for teaching components. Working to prevent the occurrence of additional concerns, such as lack of support from peers, horizontal violence, burnout and stress, and the burden of balancing all the expectations should be a priority. Working within a supportive environment, where your talents and skills can be optimized, will definitely encourage faculty to invest long-term in the organization.

The future of nursing can be at risk if we do not do what is necessary in order to hold and recruit qualified and exemplary nurse faculty. It will take time and effort, but recognizing that this is an issue can become the first step toward promoting change.

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GirlTrek: Inspiring Movement-Improving Health

T. Morgan Dixon

T. Morgan Dixon is the co-founder of GirlTrek

GirlTrek is the largest and most inspiring health and wellness movement that focuses on the needs and desires of Black women and girls. GirlTrek brings Black females together to promote a healing thyself attitude. The concept for GirlTrek was sparked in 2011 when I heard a dismaying statistic. Approximately HALF of the Black girls sitting in my classroom — along with HALF of the Black girls born in 2000 —would develop Type 2 diabetes mellitus if their current dietary practices and inactivity levels continued. I was shocked and overwhelmed. As a history teacher, it felt downright disrespectful to ask my students to do homework about the American Civil Rights movement while I was doing nothing to help combat one of the greatest health crisis they would ever face. College degrees don't matter as much when you die prematurely from a preventable disease. I knew we'd come too far for this.

For too long, the Black community – and Black females in particular – have been left behind by the health and wellness movement. As a result, our health scores across most health indicators are worse than any other ethnic subgroup in the U.S. Approximately 80% of Black women weigh more than what is considered to be a healthy body weight. Fifty-three percent of these women are considered obese. Two-thirds of black women engage in little or no leisure time physical activity. In my opinion it is because we have no leisure time. From the time our feet hit the floor in the morning, to the time we close our eyes at night, our steps in life are, more often than not, controlled by our jobs within and outside of the home, and our other efforts to ensure survival. I knew that something had to change if Black women and girls were to live a happy and healthy life.

After speaking with my best friend, Vanessa Garrison, we decided to start GirlTrek. The GirlTrek program gives Black women a realistic, and culturally relevant path toward better health. The program is designed to improve the health outcomes of Black women by providing resources that promote increasing our activity rates. GirlTrek creates and fosters a peer culture of healthy decision-making, and empowers Black women and girls to organize their peers into highly visible walking groups within their communities. These groups can then connect with other groups through an active social media experience.

"Where two or three are gathered" there is God, there is love, there is support.

GirlTrek challenges the belief that Black women and girls don't like to hike, we don't like nature and/or we don't care about fitness. GirlTrek provides training to women from across the country to become outdoor trip leaders. Subsequently, they are able to use the skills they have learned through the GirlTrek platform to reach out to and introduce more Black women and girls to beauty of nature while walking and hiking the parks and trials throughout the U.S.

We deeply believe that GirlTrek is a solution. We have reviewed the research literature. We know that walking at least 30 minutes a day positively impacts our health profile in so many different ways. For example, walking reduces our risk of heart disease and stroke; lowers our risk for obesity; and enhances our mental well-being. GirlTrek has moved more than 70,000 Black women and girls from inactivity to activity by getting them to commit to a daily habit of walking. By the year 2018, the goal is to mobilize 1 million Black women and girls to be change makers in their lives and communities by promoting the benefits of routine walking. The direction - living our healthiest, most fulfilled lives.

I had the pleasure of speaking at the National Black Nurses Association (NBNA) annual conference in Memphis this August during the President's Leadership Institute. The title of my presentation was *Addressing Inactivity and Social Isolation Among African-American Women Through Culturally-Relative, Cross-Generational Walking Campaigns*. We believe nurses as first responders are on the frontlines of making an impact in the lives of their patients and the community. I invite you to join the GirlTrek movement by starting an NBNA GirlTrek team in your community by accessing our website at www.girltrek.org. You may also contact Onika Jervis at onika@girltrek.org or 646-241-7153 for more information.

Mentoring a Minority Nursing Student: A Personal Perspective Case Study

Heather Hamilton, PhD

Dr. Heather Hamilton is an Assistant Professor of Nursing at Central Connecticut State University, Department of Nursing. Dr. Hamilton's research interests lie in the areas of health disparities and workforce characteristics of minority Registered Nurses.

The acceptance rate for minority students into schools and colleges of nursing is low. Paradoxically, the attrition rate for those accepted into programs of nursing is quite often very high. Antecedents to the low acceptance and high attrition rates often experienced by minority students include a lack of general knowledge, poor K through 12 education, lower socioeconomic status, family issues, social-professional isolation, discrimination, and a lack of support from faculty (Loftin, Newman, Dumas, Gilden, & Bond, 2012).

Providing mentors for minority students enrolled in nursing programs could potentially decrease the attrition rate. An additional benefit of being mentored includes socialization into professional roles, which lessens the social isolation felt by many minority nursing students enrolled in nursing programs at majority institutions. Finally, The American Heart Association (2013), The American Association of Colleges of Nursing (2001), The Institute of Medicine (2010), and Sullivan et al., (2004) suggest that having more minority nurses in our healthcare system will be essential to decreasing health disparities. With this information in mind, it is reasonable to presume that mentoring may be a key component to recruiting and retaining minority nursing students.

This case study describes the results of informal mentoring experienced by one minority nursing student. Informal mentoring is typically considered the natural coming together of a mentor and protégé. This is done in friendship, through personal and professional respect and admiration from each to the other, and is usually a long-term relationship. The purpose of such mentorship is to empower an individual to change or enhance their values, attitudes and performance to increase their odds for success. A descriptive single case study method was used (Hamel, Dufour & Fortin, 1993) to guide this experience.

Case

A minority-nursing student who is a single mother decided to pursue her dream of earning a Ph.D. in nursing. As a doctoral student, she faced many obstacles, including her own and her daughter's illness, changing residence twice, difficulties with coursework, and struggles to find childcare so she could attend evening classes. Because of the informal support she received, the student was able to complete the program by taking eight credits per semester and working 20 hours per week as a graduate assistant.

The student sought out faculty members she trusted and built relationships with them. As the relationship between the faculty members and student grew, they were able to provide guidance that facilitated successful curriculum matriculation. The student felt a level of comfort in approaching the faculty members for academic assistance. Working as a graduate assistant enabled socialization into nursing education within the academic arena. This appointment also provided the means to attend several nursing conferences and exposure to nurse scientist and other healthcare professionals beyond the boundaries of the academic institution in which she was enrolled. Faculty mentors encouraged enrollment in additional non-major classes that would assist the student in becoming a more well-rounded and scholarly professional. She completed her doctoral studies and is now an assistant professor of nursing.

Discussion and Conclusions

Informal mentoring made the difference in this student's ability to be successful. According to Nugent, Childs, Jones and Cook (2004), to ensure the success of minority students, programs should adopt the *"Mentorship Model for the Retention of Minority Students."* This program would provide academic support, financial aid, professional leadership role models, and opportunities for self-development. The case student in this pilot project received all of the aforementioned benefits.

This case study, which draws on the author's own experience, shows how informal mentoring promoted the success of one minority nursing student. The experiences and ultimate success suggests that if faculty informally mentor minority nursing students, following Nugent et al.'s recommendations, attrition rates among similar students may be decreased. Furthermore, the success of this case student indicate that a mentor may be an essential component in the life of a minority nursing student. If attrition rates for minorities in nursing schools decrease as a result of mentoring, this may lead to an increase in the number of minority nurses within the workforce and help reduce health disparities in our country.

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Have you been to the NBNA Face Book Page?

There are pictures of chapter events, individual achievements and information on nursing and health matters.

Go to NBNA Face Book Page and Click "Like, Comment, or Share"

NBNA is on Twitter at @NbnaInc.

For All Chapters, Please send 3-5 pictures, with captions of your events where the NBNA President Dr. Eric J. Williams has been the speaker. Please put a caption of the names of the persons in the pictures, the event and the date.

Your article for the next NBNA Newsletter is due on February 10, 2017.

Send to nbnanews@nbna.org. No more than 750 words, with a title of the article, your head shot photograph and three line biographical sketch. Collaborate with a colleague on an article. Get published!!

Chapters in Service

Columbus Georgia Metro Black Nurses Association (CBNA), Columbus, Georgia

Columbus Georgia Metro Black Nurses Association partnering with Delta Life Development Foundation presented: "Help to Stop Cyber bullies" at the Columbus Boys and Girls Club on April 28, 2016. This event was held in support of NBNA action to reduce Violence. Corporal Byrd of the Columbus Police Department was the keynote speaker. Eighteen (18) teen attendees were presented with information regarding the warning signs of cyber-bullying and how cyber-bullying can lead to violence. This event was held in support of NBNA action to reduce violence.

Pictured are members of the CBNA, Columbus, GA with speaker Corporal Byrd of the Columbus Police Department (center) during the "Help to Stop Cyberbullies" event.

On May 6, 2016, CBNA partnered with the Columbus Domestic Violence Round Table (DVR) in celebration of Older Americans Month. The CBNA and DVR provided assistance during the River Valley Regional Commission Area Agency Annual Wellness Walk. *Blaze a Trial* was the theme for this event. Assorted elder-specific health information, food, gifts, prizes, exercises, and health screenings were provided to the attendees. **(See Picture)**

The CBNA held its annual *Xcellence in Nursing* event on Saturday May 21, 2016 at the Hilton Garden Inn, Columbus, GA. Mrs. Jacqueline W. Blue, BSN, was the keynote speaker and spoke on the theme: Advancing Healthcare Practices through Diversity and Collaboration. Mrs. Blue is the Assistant Director of Nursing WCGRH, Columbus, Georgia. She is currently pursuing a Master in Nursing degree from Chamberlain College. Mr. Mike Hill, RN and Ms. Candice D. Brunson, LPN received plaques for recognition as nurses of the year. In addition, several area nursing students received education scholarships. The CBNA would like to thank the Chattahoochee Valley Episcopal Ministries, Mr. Junie Christian, Reverend Cofield, and all of our supporters for their generous donations to the CBNA scholarship fund.

Savannah Chapter of the National Black Nurses Association

The Savannah Black Nurses Association partnered with the 100 Black Men of Savannah to hold its first Summer Nursing Camp. Armstrong State Nursing Department, Memorial Health, and St. Joseph's/Candler Health System were also supporters of this inaugural effort. The two-week camp was held June 6-16, 2016. This camp experience provided ten interested and academically qualified junior and senior students from A.E. Beach High School exposure to a variety of career opportunities available within the nursing profession. The student participants were provided a first-hand look at the nursing profession through on-site demonstrations, hands-on-skills, interactive presentations, observation of actual patient-nurse interactions, and many other nursing-centered learning activities. Our great sponsorships resulted in an excellent no-cost experience. The Savannah Black Nurses Association is hoping that, with continued support, they will be able to increase the number of student participants next year.

Pictured: Catherine Gilbert, Chair, Department of Nursing, Armstrong State University, Mary Chatman, Chief Nursing Officer, Memorial Health, Zke Zimmerman, President, Savannah Chapter, 100 Black Men, Sherry Danello, Chief Nursing Officer, St. Joseph's/Candler Health System and Cheryl Capers, President, Savannah Black Nurses Association.

Chapters in Service

Pictured are Savannah Chapter members, Summer Camp Students, and representatives from A.E. Beach High School and St. Joseph's/Candler Health System.

Students pictured: Maurice Lee, Kayla Hughes, Lazai Hawkins, Allasia Stephens, Monique Wint, Mark Lipsey, and Iyanna Burchell. Not pictured: Martsha Kennedy, and Tyrren Harris.

Fort Bend County Chapter of the National Black Nurses Association, Fort Bend, TX

The Fort Bend County Chapter of the NBNA held its Annual Fort Bend County Black Nurses Association Day. Dr. Olinda Johnson presented on the theme of Leadership. Continuing nursing education contact hours and other mementos were provided to the attendees.

The Fort Bend Chapter in collaboration with Diane Deese of VITAS Healthcare sponsored an End of Life Nursing Education Consortium

Members of the Fort Bend County Chapter of the NBNA representing at the annual Black Nurses Association Day.

Chapters in Service

Backpacks were presented to each participant during the Fort Bend County Black Nurses Association Day. Pictured from left to right are members Lola Denise Jefferson, Charlie Terrell, Faith Okagbue, Faye Young, and Chapter President Janice Sanders.

Pictured is Dr. Olinda Johnson, keynote speaker for the event.

(ELNEC) focusing on Geriatric Curriculum. The symposium was held in Houston, Texas and included noted speakers in the area of Geriatrics, interactive round table discussion, Geriatric-specific medication management activities, and door prize give-aways.

Ms. Diane Deese (event sponsor) with symposium speakers. Pictured from left to right: Lyn Peugeot, Dr. B. David Blake, Michael Robinson, Rev. Aaron J. Mcleod, and Kristopher Halsey.

ELNEC audience members included NBNA Lifetime Member Maud Trahan and her sister Atrameas Smith.

ELNEC participants taking part in an interactive activity which gave participants insight into the difficulties Geriatric clients may face when attempting to prepare and administer their own medications.

Chapters in Service

Beauty Beyond Breast Cancer

Beauty Beyond Breast Cancer (BBBC) is an organization founded by Venita Graves. Beauty Beyond Breast Cancer provides a private and serene atmosphere where women can come to select a FREE WIG, receive complimentary salon services, and learn makeup application all while surviving the effects of cancer treatments. The FBCBNA donated over forty wigs to Beauty Beyond Breast Cancer Organization.

Pictured from left to right are Joyce Whiting, Founder of BBBC-Venita Graves, and Lola Denise Jefferson

Pictured are members of the FBCBNA during the BBBC

Members on the Move
Chapter News

Southeastern Pennsylvania Area Black Nurses Association

Ms. Monica Harmon and Ms. Pamela Mack Brooks of the Southeastern Pennsylvania Area Black Nurses Association, Inc., Philadelphia, PA, participated in the University of Pennsylvania Community Baby Shower 2016.

Ms. Monica Harmon of the Southeastern Pennsylvania Area Black Nurses Association, Inc., Philadelphia, PA, received the *Powerful Voice Award* by Women's Way, the *Mentorship Award* from the University of Pennsylvania School of Nursing, and will begin service as a project mentor.

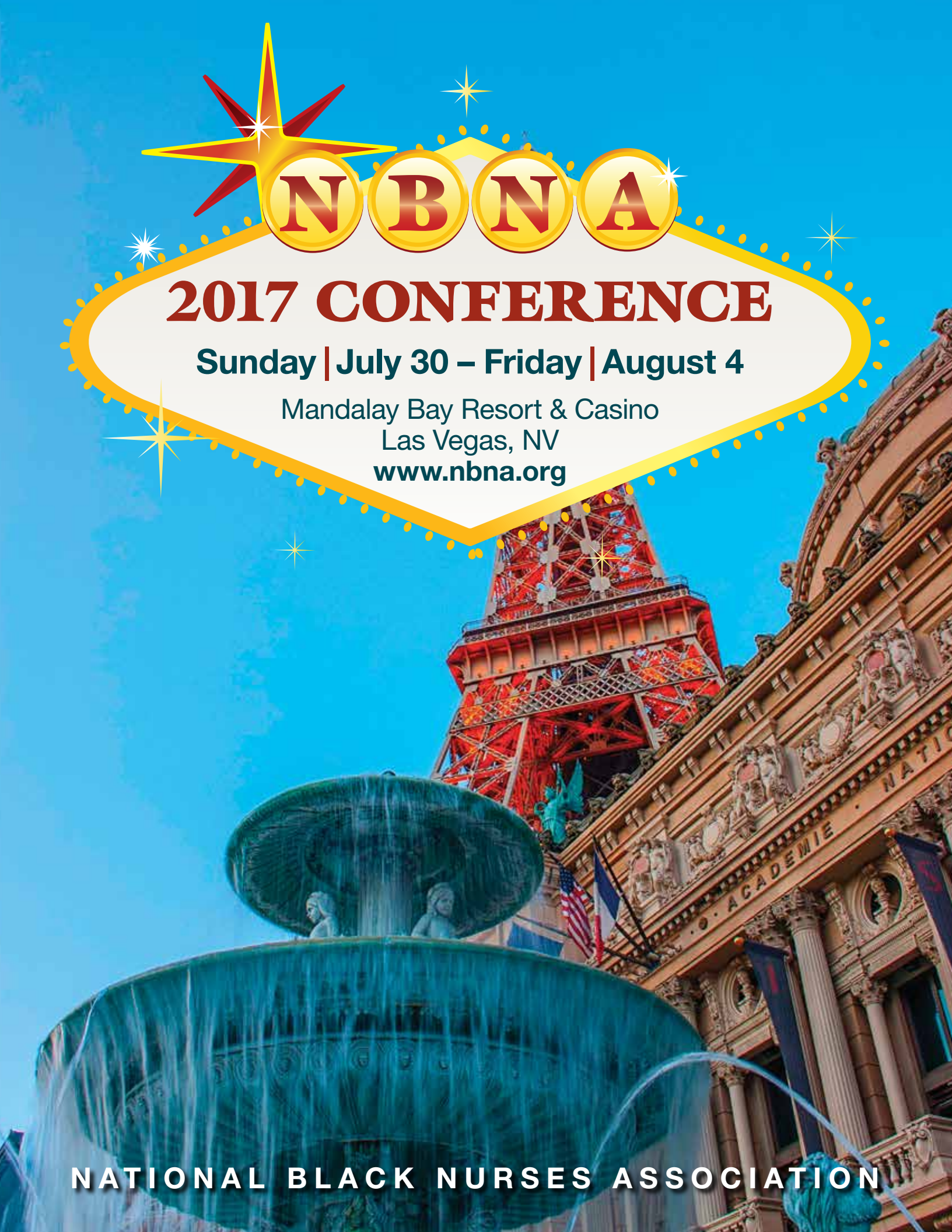
Mr. Kenya Forrest of the Southeastern Pennsylvania Area Black Nurses Association, Inc., Philadelphia, PA, was presented the Daisy Award and recognized in the *Philadelphia Tribune* newspaper on 6/1/16 for extraordinary nursing service to Mercy Philadelphia Hospital.

Ms. Latasha Simpson of the Southeastern Pennsylvania Area Black Nurses Association, Inc., Philadelphia, PA, graduated from the RN program at the Community College of Philadelphia. Ms. Simpson has been accepted into West Chester's RN to BSN program and will begin classes Fall, 2016.

Ms. Christine James Supplee of the Southeastern Pennsylvania Area Black Nurses Association, Inc., Philadelphia, PA, passed her board certification exam and can now practice as a Board Certified Family Nurse Practitioner.

Ms. Juanita Tunstall of the Southeastern Pennsylvania Area Black Nurses Association, Inc., Philadelphia, PA, hosted the CEU dinner "Understanding and Managing HIV/AIDS in Incarcerated HIV Infected Patients."

Ms. Melanie Mariano, a member of the Southeastern Pennsylvania Area Black Nurses Association, Inc., Philadelphia, PA, and alumnus of the University of Pennsylvania School of Nursing Class of 2016 was awarded the President's Engagement Prizes to develop health programming utilizing nurses in public libraries. This groundbreaking program will set the stage to meet the health care needs where people are instead of accessing care at standard places of health care delivery. She will be mentored by Ms. Monica Harmon who is also a member of the Southeastern Pennsylvania Area Black Nurses Association, Inc., Philadelphia, PA,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- Froedtert & Medical College of Wisconsin
- Frontier Nursing University
- Graceland University
- Grand Canyon University
- Haiti Nursing Foundation
- Holistic Urban Behavior (HUB) Health
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- Minority Fellowship Program American Nurses Association
- Samuel Merritt University
- Seattle Children's Hospital
- Springer Publishing Company/ Minority Nurse Magazine
- St. Jude Children's Research Hospital
- Strategic Behavioral Health (SBH)
- Sunetos Academy
- Susan G. Komen
- Texas Tech University Health Sciences Center School of Nursing
- The Children's Hospital Philadelphia
- The Mervyn M. Dymally School of Nursing
- The Robert Wood Johnson Foundation Clinical Scholars Program
- Thomas Jefferson Hospital and Jefferson Health
- U.S. Army Health Care Recruiting
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- Western Governors University
- **NBNA AUTHORS SHOWCASE**
- Daniel Dawes, Debra Mars
- Dr. Janice Phillips, Rowena Trim
- Scharmaine Lawson Baker

National Black Nurses Association 2017 Membership Campaign

"NBNA TODAY, TOMORROW, AND FOR A LIFETIME"

January 1, 2017 – May 15, 2017

Dr. Martha A. Dawson, Membership Chair

Recruit at least one member to receive the "I Recruited a Nurse for NBNA" conference badge ribbon in Las Vegas, NV

Prize Qualifications and Categories

Individual Licensed Member – *(Minimum 15)*

First and Second Prizes will be awarded to any member recruiting the highest number of new licensed members – minimum of 15
(students and renewals are not valid for this individual prize)

In order to qualify for this award, the **RECRUITER's** name should be placed on the membership roster. The completed Membership Roster is to be emailed to elazenby@nbna.org.

First Place Winner

- **One free NBNA membership (National dues only) for 2018**
- **One complimentary conference registration for NBNA 2018 - St. Louis**
- **Two nights complimentary Hotel stay at the 2018 NBNA Conference - St. Louis**
- **A Tablet**
- **One *"I RECRUITED A NURSE for NBNA"* conference badge ribbon**

Second Place Winner

- **One free NBNA membership (National dues only) for 2018**
- **One complimentary conference registration for NBNA 2018 - St. Louis**
- **One *"I RECRUITED A NURSE for NBNA"* conference badge ribbon**

2017 Lifetime Members - *(Minimum 10)*

First and Second Prizes will be awarded to any member recruiting the highest number of FULLY PAID Lifetime Members – minimum of 10
(excluding members currently in partial payment status)

First Place Winner

- **One free NBNA membership (National dues only) for 2018**
- **One complimentary conference registration for NBNA 2018 - St. Louis**
- **A Certificate for dinner for two in the Host Hotel's Restaurant in conference city**
- **A Tablet**
- **One *"I RECRUITED A NURSE for NBNA"* conference badge ribbon**

Second Place Winner

- **One free NBNA membership (National dues only) for 2018**
- **One complimentary conference registration for NBNA 2018 - St. Louis**
- **A Certificate for dinner for two in the Host Hotel's Restaurant in conference city**
- **One *"I RECRUITED A NURSE for NBNA"* conference badge ribbon**

Student Unlicensed Member – *(Minimum 15)*

(A student is defined as an unlicensed provider)

First and Second Prizes will be awarded to any member recruiting the highest number of **NEW PAID** Student Members – minimum of 15

In order to qualify for this award, the **RECRUITER's** name should be placed on the membership roster. The completed Membership Roster is to be emailed to elazenby@nbna.org.

First Place Winner

- **One free NBNA membership (National dues only) for 2018**
- **An IPOD to enjoy your favorite tunes**
- **One *"I RECRUITED A NURSE for NBNA"* conference badge ribbon**

Second Place Winner

- **One free NBNA membership (National dues only) for 2018**
- **One *"I RECRUITED A NURSE for NBNA"* conference badge ribbon**

NBNA Chapter Membership Awards

All Chapters who recruit at least 5 new members will be recognized at the NBNA conference!!!

Chapter Awards

One winner in each chapter category!

- Largest chapter (101 or more members)
- Mid-size chapter (51-100 members)
- Smaller chapter (15-50 Members)

- **Membership Retention. Highest percentage of membership retention**, to receive this award the chapters must email their 2016 - 2017 Membership Roster to elazenby@nbna.org and mail the hard copy of the membership roster with the dues payment to the National office. Post marked by Tuesday, January 31, 2017.
- **The Chapter with the most *New* Lifetime Members**. When submitting your final Membership Campaign Roster to National, please **list** in the body of your email the name(s) of the 2017 NEW LIFETIME MEMBER and their recruiter(s). Also make sure they are on your membership roster with their payment, when you submit your Membership Campaign Roster to National. This will help to ensure every lifetime member is accounted for.
- **Highest Number of Members** (new and existing members who are in good standing with National and their local chapter by the 2017 May Campaign deadline.) To receive this award the chapters must email the completed 2016 - 2017 Membership Roster to elazenby@nbna.org and mail the hard copy of the membership roster with the dues payment to the National office. Post marked by May 15, 2017.
- **Growth in Chapter Membership** - Highest percentage of *growth in chapter membership*, (from *May 15, 2016 to May 15, 2017*). Membership Roster and payment received in the National Office by May 15, 2017.
- **Highest Number of Students** - The chapter with the highest number of Student Members. (from *May 15, 2016 to May 15, 2017*). Membership Roster and payment received in the National Office by May 15, 2017.
- **Highest Number of LPN/LVN** - The chapter with the highest number of LPNs/LVNs Members. (from *May 15, 2016 to May 15, 2017*). Membership Roster and payment received in the National Office by May 15, 2017.
- **Highest Number of Male** - The chapter with the highest number of Male Members. (from *May 15, 2016 to May 15, 2017*). Membership Roster and payment received in the National Office by May 15, 2017.

IMPORTANT INFORMATION to QUALIFY FOR EACH AWARD

ALL DUES MUST BE PAID (local and national).

- For potential NBNA members, give a copy of your Chapter's Membership Application with instructions to submit the completed application and payment directly to the chapter. Also, set a deadline date for the applications to be returned to your chapter. This date will allow you to collect their dues and enter their contact information on the roster.
- If paying by check, updated membership roster, total the amount in the National dues column and email your roster to Estella at elazenby@nbna.org, as well as, mailing a hard copy of the membership roster, membership application and payment to the NBNA National Office. The payment and roster is to be delivered to National before or no later than Monday, May 15, 2017, in order to be counted in the campaign.
- If paying by credit card. First step is to forward your membership roster to elazenby@nbna.org. Second step will be to call Estella at the National office between the hours of 9:00 am and 5:00 pm EST. and give her your card information. Also, mail a hard copy of the membership roster and the membership application to the NBNA National Office. All payments and rosters are to be received to National before or no later than Monday, May 15, 2017, by COB, in order to be counted in the campaign.

There will be no exceptions if received after May 15th.

- Applications must be submitted between the dates of January 1, 2017 and May 15, 2017.
- All winners must use the award in the year that has been specified, there are no exceptions.

Email all rosters to elazenby@nbna.org

Mail payment and all hard copies of the membership roster to:

Estella A. Lazenby,

NBNA, Membership Services Manager

8630 Fenton Street, Suite #330

Silver Spring, MD 20910

Any questions, please call Estella

Thank You!!

2017 MEMBERSHIP APPLICATION

Estella A. Lazenby, Membership Services Manager
2017 NBNA Chartered Chapter
8630 Fenton Street, Suite 330, Silver Spring, MD 20910; (301) 589-3200

Name of Chapter: _____

NEW MEMBER ❑

RENEWING ❑

LIFETIME MEMBER ❑ _____ (year paid)

Please type or *write legibly*, this information must be readable.

Name: **Nursing Credentials:**

Address: **City:** **State:** **Zip:**

Phone: **Cell:** **E-Mail:**

Nursing License #: **State:**

If Student, print name of nursing school:

Recruited by:

Member Profile: Please circle the appropriate response for the categories listed below:

EXPERIENCE IN NURSING
1. Less than 2 years
2. 2 - 5 year
3. 6 - 10 years
4. 11 - 15 years
5. 16 - 20 years
6. More than 20 years

PRIMARY WORK SETTING
1. Private Non-Profit Hospital
2. Public/Federal Hospital
3. Private, Investor-Owned Hospital
4. School/College of Nursing
5. Independent/Private Practice
6. Military
7. Industry
8. Home Health Agency
9. Behavioral Care Company/HMO
10. Community Agency
11. Research
12. Nursing Home

Nursing Specialty, *i.e.,* ER, OR, Oncology:

_____

PRIMARY ROLE
1. Administrator/Director/ VP of Nursing
2. Nurse Manager, Assistant Nurse Manager
3. Nursing Supervisor
4. Advanced Practice Nurse
5. Researcher
6. Consultant
7. Educator
8. Case Manager
9. RN
10 LPN/LVN
11. Staff

HIGHEST DEGREE HELD
1. Associate Degree
2. Diploma
3. Baccalaureate in Nursing
4. Other Baccalaureate
5. Masters in Nursing
6. Other Masters
7. Doctorate in Nursing
8. Other Doctorate

NURSING EMPLOYMENT
1. Full-time
2. Part-time
3. Unemployed
4. Retired

NURSE PROFILE
1. ANA Certified
2. Generalist (RN, C)
3. Specialist (RN, CS)
4. Prescriptive Authority

LEVEL OF CARE PROVIDED
1. In-patient
2. Out-patient Ambulatory
3. Public Health Department
4. Nursing Home
5. Residential
6. Rehabilitative

NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.

AGE RANGE
1. 20-24
2. 25-29
3. 30-34
4. 35-39
5. 40-44
6. 45-49
7. 50-54
8. 55-59
9. 60-64
10. 65 PLUS

SEX
1. Female
2. Male

PROF. ORGANIZATION MEMBERSHIPS
1. American Nurses Assoc.
2. American Association of Critical Care Nurses
3. National League of Nursing
4. Chi Eta Phi
5. American Public Health Association
6. American Academy of Nursing
7. Other:

_____

ANNUAL SALARY
1. UNDER $20,000
2. $20,000 - $29,000
3. $30,000 - $39,999
4. $40,000 - $49,999
5. $50,000 - $59,999
6. $60,000 - $69,999
7. $70,000 - $79,999
8. $80,000 plus

Lifetime National Dues $2,000.00	National Dues RN/LPN/LVN $225.00	National Dues RETIRED $112.50	National Dues 1st YEAR GRAD $150.00	National Dues *STUDENT(unlicensed SN) $65.00	National Dues	$
Lifetime Local Dues $	RN/LPN/LVN Local Dues $	RETIRED Local Dues $	1st YEAR GRAD Local Dues $	*STUDENT (unlicensed SN) Local Dues $	Local Dues	$

Method of Payment: ***TOTAL AMOUNT ENCLOSED*** $

[ ] Check [ ] Money Order [ ] VISA [ ] MasterCard

Account #: **Exp. Date:** **Sec. Code:**

Signature:

THANK YOU FOR YOUR INTEREST IN NBNA
AND BECOMING A MEMBER OF ONE OF YOUR 94 CHAPTERS !!!

Chapter Websites

Alabama
Birmingham BNA . . . . . www.birminghambna.org

Arizona
Bna Greater Phoenix Area . . . . . www.bnaphoenix.org

Arkansas
Little Rock BNA . . . . . www.lrbnaa.nursingnetwork.org

California
Bay Area BNA . . . . . www.babna.org
Council Of BN, Los Angeles . . . . . www.cbnlosangeles.org
Inland Empire BNA . . . . . www.iebna.org
San Diego BNA . . . . . www.sdblacknurses.org
South Bay Area Of San Jose BNA . . . . . www.sbbna.org

Colorado
Eastern Colorado Council Of BN (Denver) . . . . . www.coloradoblacknurse.org

Connecticut
Northern Connecticut BNA . . . . . www.ncbna.org
Southern Connecticut BNA . . . . . www.scbna.org

Delaware
BNA Of The First State . . . . . www.bnaoffirststate.org

District Of Columbia
BNA Of Greater Washington DC Area . . . . . www.bnaofgwdca.org

Florida
BNA, Miami . . . . . www.bna-Miami.org
BNA, Tampa Bay . . . . . www.tampabaynursesassoc.org
Central Florida BNA . . . . . www.cfbna.org
First Coast BNA (Jacksonville) . . . . . www.fcbna.org
St. Petersburg BNA . . . . . www.orgsites.com/Fl/Spnbna

Georgia
Atlanta BNA . . . . . www.atlantablacknurses.com
Concerned NBN Of Central Savannah River Area . . . . . www.cnofcsra.org
Savannah BNA . . . . . www.sb_na.org

Hawaii
Honolulu BNA . . . . . www.honolulublacknurses.com Illinois

Illinois
Chicago Chapter NBNA . . . . . www.chicagochapternbna.org Indiana
BNA Of Indianapolis . . . . . www.bna-Indy.org

Kentucky
Kyanna Bna (Louisville) . . . . . www.kyannabna.org
Lexington Chapter Of The NBNA . . . . . www.lcnbna.org

Louisiana
Baton Rouge BNA . . . . . www.mybrbna.org
Shreveport BNA www.sbna411.Org

Maryland
BNA Of Baltimore . . . . . www.bnabaltimore.org

Chapter Websites

Massachusetts
New England Regional BNA . . . . . www.nerbna.org

Michigan
Greater Flint BNA . . . . . www.gfbna.org
Saginaw BNA. . . . . www.bnasaginaw.org

Minnesota
Minnesota BNA . . . . . www.mnbna.org

Mississippi
Mississippi Gulf Coast BNA . . . . . www.mgcbna.org

Missouri
Greater Kansas City BNA . . . . . www.gkcblacknurses.org

Nevada
Southern Nevada BNA . . . . . www.snbna.net

New Jersey
Concerned BN Of Central New Jersey. . . . . www.cbncnj.org
Concerned BN Of Newark . . . . . www.cbnn.org
Northern New Jersey BNA. . . . . www.nnjbna.com

New York
New York BNA . . . . . www.nybna.org
Queens County BNA. . . . . www.qcbna.com
Westchester BNA . . . . . www.westchesterbna.org

North Carolina
Central Carolina BN Council . . . . . www.ccbnc.org

Ohio
Cleveland Council Of BN . . . . . www.ccbninc.org
Columbus BNA . . . . . www.columbusblacknurses.org
Youngstown-Warren (Ohio) BNA . . . . . www.youngstown-warrenobna.org

Oklahoma
Eastern Oklahoma BNA . . . . . www.eobna.org

Pennsylvania
Pittsburgh BN In Action . . . . . www.pittsburghblacknursesinaction.org
Southeastern Pennsylvania Area BNA . . . . . www.sepabna.org

South Carolina
Tri-County BNA Of Charleston. . . . . www.tricountyblacknurses.org

Tennessee
Nashville BNA . . . . . www.nbnanashville.org

Texas
BNA Of Greater Houston . . . . . www.bnagh.org
Fort Bend County BNA. . . . . www.fbcbna.org
Metroplex BNA (Dallas) . . . . . www.mbnadallas.org

Wisconsin
Milwaukee Chapter NBNA . . . . . www.mcnbna.org

Chapter Presidents

ALABAMA

Birmingham BNA (11)	Mary Williamson	Birmingham, AL
Mobile Bay BNA (146)	Natasha Andrews	Mobile, AL
Montgomery BNA (125)	Katherine Means	Montgomery, AL

ARIZONA

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

ARKANSAS

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

CALIFORNIA

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

COLORADO

Eastern Colorado Council of Black Nurses (Denver) (127)	Elerie Archer	Denver, CO

CONNECTICUT

Northern Connecticut BNA (84)	Muriel Appram	Hartford, CT
Southern Connecticut BNA (36)	Katherine Tucker	New Haven, CT

DELAWARE

BNA of Northern Delaware (142)	Ralisha Grimsley	Wilmington, DE
BNA of the First State (133)	Kenneth Brayboy	New Castle, DE

DISTRICT OF COLUMBIA

BNA of Greater Washington, DC Area (04)	Sonia Swayz	Washington, DC

FLORIDA

Big Bend BNA (Tallahassee) (86)	Katrina Rivers	Blountstown, FL
BNA, Miami (07)	Dr. Linda Washington-Brown	Miami, FL
BNA, Tampa Bay (106)	Rosa Cambridge	Tampa, FL
Central Florida BNA (35)	Lois Wilson	Orlando, FL
Clearwater/ Largo BNA (39)	Audrey Lyttle	Largo, FL
First Coast BNA (Jacksonville) (103)	Sheena Alexander-Hicks	Jacksonville, FL
Greater Fort Lauderdale Broward Chapter of the NBNA (145)	Deborah Mizell	Fort Lauderdale, FL
Greater Gainesville BNA (85)	Voncea Brusha	Gainesville, FL
Palm Beach County BNA (114)	Avis Stephens	West Palm Beach, FL
St. Petersburg BNA (28)	Janie Johnson	St. Petersburg, FL

Chapter Presidents

GEORGIA

Atlanta BNA (08)	Evelyn Miller	College Park, GA
Columbus Metro BNA (51)	Gwendolyn McIntosh	Columbus, GA
Concerned National Black Nurses of Central Savannah River Area (123)	Theresa Brisker	Martinez, GA
Okefenokee BNA (148)	Tanya Renee Burse	Waycross, GA
Savannah BNA (64)	Cheryl Capers	Savannah, GA

HAWAII

Honolulu BNA (80)	Linda Mitchell	Aiea, HI

ILLINOIS

BNA of Central Illinois (143)	Rita Myles	Bloomington, IL
Chicago Chapter NBNA (09)	Ellen Durant	Chicago, IL
Greater Illinois BNA (147)	Dr. Debra Boyd-Seale	Bolingbrook IL

INDIANA

BNA of Indianapolis (46)	Dr. Denise Ferrell	Indianapolis, IN
Northwest Indiana BNA (110)	Michelle Moore	Gary, IN

KANSAS

Wichita BNA (104)	Peggy Burns	Wichita, KS

KENTUCKY

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

LOUISIANA

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

MARYLAND

BNA of Baltimore (05)	Barbara Crosby	Baltimore, MD
BN of Southern Maryland (137)	Kim Cartwright	Temple Hills, MD

MASSACHUSETTS

New England Regional BNA (45)	Tarma Johnson	Roxbury, MA
Western Massachusetts BNA (40)	Kristina Sanders-Ayinde	Springfield, MA

MICHIGAN

Detroit BNA (13)	Nettie Riddick	Detroit MI
Grand Rapids BNA (93)	Crystal Cummings	Grand Rapids, MI
Greater Flint BNA (70)	Juanita Wells	Flint, MI

Chapter Presidents

Kalamazoo-Muskegon BNA (96)	Shahidah El-Amin	Kentwood, MI
Lansing Area BNA (149)	Meseret Hailu	East Lansing, MI

MINNESOTA

Minnesota BNA (111)	Shirlynn LaChapelle	Minneapolis, MN

MISSOURI

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

NEBRASKA

Omaha BNA (73)	Shanda Ross	Omaha, NE

NEVADA

Southern Nevada BNA (81)	Rowena Trim	Las Vegas, NV

NEW JERSEY

Concerned BN of Central New Jersey (61)	Sandra Pritchard	Neptune, NJ
Concerned Black Nurses of Newark (24)	Dr. Portia Johnson	Newark, NJ
Mid State BNA of New Jersey (90)	Rhonda Backers-Garrett	Somerset, NJ
Middlesex Regional BNA (136)	Cheryl Myers	New Brunswick, NJ
Northern New Jersey BNA (57)	Dr. Larider Ruffin	Newark, NJ
South Jersey Chapter of the NBNA (62)	T. Maria Jones	Williamstown, NJ

NEW YORK

New York BNA (14)	Dr. Jean Straker	New York, NY
Queens County BNA (44)	Darlene Barker-Ifill	Cambria Heights, NY
Westchester BNA (71)	Altrude Lewis-Thorpe	Yonkers, NY

NORTH CAROLINA

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

OHIO

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

OKLAHOMA

Eastern Oklahoma BNA (129)	LaMaria Folks	Tulsa, OK

PENNSYLVANIA

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

Chapter Presidents

SOUTH CAROLINA

Tri-County BNA of Charleston (27)	Jannie Brown	Charleston, SC

TENNESSEE

Memphis-Riverbluff BNA (49)	Linda Green	Memphis, TN
Nashville BNA (113)	Shawanda Clay	Nashville, TN

TEXAS

BNA of Austin (151)	Janet VanBrakle	Austin, TX
BNA of Greater Houston (19)	Angelia Nedd	Houston, TX
Fort Bend County BNA (107)	Janice Sanders	Missouri City, TX
Galveston County Gulf Coast BNA (91)	Leon Mcgrew	Galveston, TX
Greater East Texas BNA (34)	Pauline Barnes	Tyler, TX
Metroplex BNA (Dallas) (102)	Dr. Karla Smith-Lucas	Dallas, TX
Southeast Texas BNA (109)	Stephanie Williams	Port Arthur, TX

VIRGINIA

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

WISCONSIN

Milwaukee BNA (21)	Sharron Coffie	Milwaukee, WI
Racine-Kenosha BNA (50)	Gwen Perry-Brye	Racine, WI

Direct Member (55)*

*Only if there Is no Chapter in your area