

NATIONAL BLACK NURSES ASSOCIATION

NBNA

NEWS



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NBNA NEWS

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Nursing Resilience

Welcome to 2020 and the Year of the Nurse! This new decade is an amazing opportunity to pause and reflect on your nursing journey. Some of you are seasoned professionals, and others may be at the beginning of your careers. No matter where you are on the nursing continuum, each of you is likely to be aware of barriers and challenges that may have occurred along the way. Some challenges may have seemed insurmountable at the time; maybe you were not sure you would prevail. How did you overcome the challenges? What helped you to achieve your desired result? What is it that empowers an individual to persevere and overcome adversity when pursuing a goal? In your everyday nursing journey, how do you continue to do what you do?



I submit that the key to your enduring strength is resilience. Resilience may be defined as the ability to adapt well to difficult events. It is the ability to bounce back when setbacks occur. To be resilient is to be hopeful, to learn from experience, to have a positive attitude, and to remain focused.

I believe the ability to possess and demonstrate resilience is crucial for our current and future nurse leaders. Take a moment and consider our current nursing students who are our future leaders. The rigors of nursing school can contribute to feelings of loss of control and an inability to cope. If students are to succeed and complete their academic programs, a proactive, confident outlook is critical.

My local chapter manages a nursing student mentorship program where we focus on academic and emotional support and socialization into the nursing profession. One of our aims is to provide students with the strategies and tools needed to respond positively when adversity and stress occur. We strive to foster strategies for dealing with challenges and difficulties. We believe that successful management of adverse events is directly related to one's ability to cope and recover. Consequently, we encourage our nursing student mentees to cultivate the attitude and perspective that one stumble along the nursing school path is not a fatal, irreversible step. During a recent mentorship meeting, some of our nursing students shared their strategies for building resilience. They focus on staying organized, letting go of distracting activities, and reminding themselves that they are deserving of success. One stated, "I look at others who are successful, and say why not me, too?" A nurse leader that I know shared her belief that to be resilient is to be knowledgeable, confident, and bold.

Recently, a colleague shared with me a video that was published by Catholic Relief Services. The video highlights the importance of support for children who have suffered upheaval and stressful events. The video reminds us that to foster resilience, varied types of support are needed. When an individual is in the midst of conflict or crisis, attention to physical, social, and psychosocial needs can strengthen emotional health and the ability to cope.

What are your thoughts on resilience? How can you strengthen your personal resilience and that of your patients and colleagues?

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A Message from the Co-Editor-in-Chief

In this issue of *NBNA News* we examine the concept of resilience, and provide suggestions for recognizing and promoting resilience. The future of nursing depends upon our success as each of us accepts the challenge to learn from experience and to maintain a focused and hopeful perspective.

Jennifer J. Coleman, PhD, RN, CNE, COI
Co-Editor-in-Chief
Birmingham Black Nurses Association

History Speaks

NBNA Presidents' Spotlight

The National Black Nurses Association (NBNA) was organized in 1971 to provide recognition of Black nurses and to influence health care services for Black people by increasing attention to the health needs of Black people. While many Black nurses were members of the American Nurses Association (ANA), nurses of color had little influence on the ANA's issues and leadership. NBNA founders began with the philosophy that optimal health is a right of every American citizen. In the 1960s and 1970s minority Americans were often neglected and excluded from the means to enjoy optimal health. NBNA's goal to investigate, define, and determine what the health care needs of Black Americans are, and to implement change to make available to Black Americans and other minorities health care commensurate to that of the larger society is the foundation of the organization.

Recognizing that a major concern was to increase the number of Black nurses in the country, the founders believed that incorporating all levels of Black nurses into the organization would place them in a better position to influence all nursing education programs in which Black students were enrolled, as well as the caliber of all nursing services provided to Black consumers. Therefore, from the very beginning, membership was open to registered nurses, licensed vocational/practical nurses, and nursing students.

During the organization of NBNA, founding members also pushed for greater representation in ANA. In 1972 the Affirmative Action Task Force at ANA, including several of our founders, sought to ensure representation and participation of minority nurses in all ANA programs.

Today, NBNA's mission remains unchanged: **to serve as the voice for Black nurses and diverse populations ensuring equal access to professional development, promoting educational opportunities, and improving health. NBNA represents African American nurses and nursing students from the U. S., Eastern Caribbean, and Africa. NBNA's signature programs and its collaborative partnerships provide a forum for varied community based health programs.**

(information from www.nbna.org/history)

First President - Lauranne Sams

Dr. Lauranne Sams was one of the organizers and cofounders of NBNA. She chaired the steering committee that began the initial steps to form the organization and became its first president in 1971. She joined the faculty of Indiana University in 1958 as its first African American faculty member and earned her doctorate in educational psychology at Indiana University in 1968. In 1974 Dr. Sams accepted an appointment as nursing dean of then Tuskegee Institute in Tuskegee, Alabama.

The Davis-Sams Distinguished Visiting Professorship at Indiana University was established in 1999 to provide an opportunity for a distinguished leader in nursing to spend a week consulting with faculty, lecturing to students, and engaging with the larger community. The annual Dr. Lauranne Sams Scholarship, sponsored by NBNA, provides funding for nursing students to continue their education.

2020 Year of the Nurse and Midwife: February Black History Month and March National Women's History Month

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



known for her work as a woman activist and abolitionist. However, Sojourner was a nurse who worked for the Dumont family. She also worked for the National Freedman's Relief Association in Washington, DC. Similar to Nightingale, Ms. Truth advocated for cleanliness and quality of care. One of her many contributions to nursing was urging Congress to finance nursing education.

Nurse Mary Seacole was born in 1853, and her service during the Crimean War rivaled that of Nightingale. After being denied the opportunity to work alongside others to care for soldiers, Seacole entered the war zone and not only provided care to wounded men, but she built a "hotel" to house them. Today in Britain, there are scholarships, organizations, and buildings named in her honor.

AA nurses played a significant role during the American Civil War and during the smallpox pandemic in the 19th century. Harriet Tubman provided care to soldiers with dysentery and smallpox using traditional, herbal remedies. A Union general petitioned Congress to provide Tubman a pension for her outstanding work. As she continued as a nurse, later in life Nurse Tubman became an entrepreneur and founded a home for the elderly. Our history is rich with nurses who focused on human caring, Mary Eliza Mahoney worked as washwoman, maid, and cook; and yet she became the first AA registered nurse in the United States. She was one of three students out of 40 that completed the nursing program at the New England Hospital for Women and Children in Roxbury, Massachusetts (1879). In 1908, she was a co-founder of the National Association of Colored Graduate Nurses.

Unlike every other discipline or profession, the stories and history of African American (AA) nurses are rarely, if ever, mentioned in history books or in nursing textbooks. Recently, I was invited by the Lexington Black Nurses Association to speak at their annual scholarship dinner. The theme was "Hidden Figures Among Us". Using this theme to create talking points developed into a mental walk down a pathway filled with a rich history of where AA nurses started, roads we have traveled, and destinations we have yet to reach. As we celebrate "2020 the Year of the Nurse and Midwife", I encourage nurses of different races and ethnicities to learn and appreciate their history (our story). Get to know your "hidden figures" and their contributions to the profession of nursing. Many of these outstanding women and men have worked to improve the health of our nation and the world.

As the profession celebrates Florence Nightingale's 200th birthday, AA nurses should include in their celebrations and acknowledgements Isabelle Baumfree (Sojourner Truth) and Mary Seacole. In 1797, Ms. Sojourner Truth was born a slave. She is best

Letter From the President

My search for the first AA male nurse was not easy, and the truth is I am not sure that my findings are accurate due to the historical practice and failure to record information about AA accomplishments. Nevertheless, James Derham (Durham), a slave who was moved between multiple masters, purchased his freedom in 1783 by working as a nurse and opened his medical practice. Again, the evidence is inconsistent. In some sources, Derham is considered to be the first AA physician in the U.S. and in other documentation, he is listed as the third. However, to be sure that history is better today, I researched one of NBNA's own members: Randolph Rasch, PhD., RN. Dr. Rasch is the first AA male nurse to earn a PhD. He has more than 25 years of experience in higher education and as a researcher. He is recognized for his role as part of the team that developed a health care system in the Tennessee Department of Corrections where he served as one of the first nurse practitioners. Dr. Rasch is dean of nursing at Michigan State University.

There are so many firsts for NBNA members. In 1968-69, leaders from Los Angeles (Betty Smith Williams and Barbara Johnson) and Florence A. Stroud and Carlessia Hussein of San Francisco planned and held a statewide conference that attracted Black nurses from as far away as Miami and New York. From this conference a movement was started, a better future was envisioned, and the momentum of this group continued at the 47th convention of the American Nurses Association (ANA) in Miami, Florida in 1970. Like-minded AA nurse leaders caucused to discuss the lack of their inclusion and presence in the leadership of ANA. This caucus session resulted in the establishment of a steering committee chaired by Dr. Lauranne Sams. On December 18-19, 18 Black nurses from across the country met in Cleveland, Ohio at the home of Dr. Mary Harper. These nurses created the premier, professional nursing organization known as the National Black Nurses Association (NBNA). The motion was made by Dr. Betty Smith Williams, and the group unanimously approved the motion. These innovative and visionary leaders laid the foundation for our organization based on the philosophy that optimal health is a birthright, and that Black nurses are capable to investigate, define, and determine health care needs of Black Americans. Dr. Sams was elected as the first president of NBNA, and we honor her each year at our national conference with the Lauranne Sams NBNA Scholarship.

Forty-nine years later, NBNA is still significant, and AA nurses are contributing from the bedside to the boardroom, from classrooms to research labs, and from state houses to the U. S. House of Representatives. We are innovators, entrepreneurs, authors, and leaders who are advocating for better health services, access to care, and cost-effective treatments. We appreciate all of our nurses and members for the work you do every day. When I started this article and was pulled into a different direction, I had no idea that the world would experience a new normal in the guise of a health pandemic.

We have always known that nurses are the backbone of the U.S. healthcare system. As our country works through the pandemic of the COVID-19, I have the utmost confidence that our nurses are on the frontline serving in every capacity to protect the public and provide compassionate care. **When I was a young chief nursing officer in 1998, the hospital, under the leadership of our infection control nurse, started a drive-through flu shot clinic.** Today, we see nurses using the same process to address the COVID-19 pandemic.

Thank you to our founders, past presidents, board, staff, and chapter leaders and members for all that you are doing to keep others healthy. I encourage you to protect yourself as you serve others.

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Cleveland Council of Black Nurses Travel to Washington, DC for NBNA Day on Capitol Hill

**Stephanie Doibo MS, BSN, RN
Immediate CCBN Past President**



Stephanie Doibo, is the Immediate Past President of the Cleveland Council of Black Nurses. Stephanie is currently a RN Case Manager at the Cleveland Clinic. In addition, she is enrolled in the Master in Nursing (MSN) -Care Coordination degree program at Capella University.

As nurses, we are influential, have a voice, and make a huge impact on healthcare delivery systems, processes, and policies. Health policy frames our professional roles. It defines nursing practice and knowledge, prioritizes and targets resources, and directly impacts our patients' daily lives (Annesley, 2019).

Cleveland Council of Black Nurses (CCBN) was extremely excited about attending the 32nd Annual NBNA Day on Capitol Hill! Seventeen CCBN members, including four nursing students from Chamberlain School of Nursing, traveled to Washington, DC to attend this wonderful event. Dr. Martha A. Dawson, National Black Nurses Association (NBNA) President, stated that CCBN had the largest number of attendees. She noted that it was rewarding to have CCBN representation because Cleveland, Ohio is the city where NBNA founding nurses met in the home of Dr. Mary Harper to start the association 49 years ago.

Chamberlain School of Nursing supported their nursing students by assisting with hotel accommodations, allowing them to make up their clinicals, and helping with meals cost. This health policy field trip provided these nursing students with an opportunity to experience and participate in advocacy. Their experience of meeting with Members of Congress will empower them as future nurses and patient advo-

cates. Their visit to Capitol Hill allowed them to translate learning from the classroom to a lived experience.

CCBN met with the legislative staff of Congressman David Joyce, Congresswoman Marcia Fudge, and Senator Sherrod Brown. Our meetings with their legislative staff were dynamic and meaningful because we were well-prepared. NBNA prepares its members by providing a legislative toolkit which includes well-researched topics as well as statistics, background information, recommendations and references. Our legislative toolkit this year consisted of five topics such as: the epidemic of HIV/AIDS; climate change and environmental justice; smoking and vaping; gun violence; and mental health, depression, and suicide in adolescents and young adults.

CCBN is grateful to NBNA for organizing this annual event! It is our hope that more of our members will attend next year!

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Vulnerable Patient Populations: The Role of Nurse Resilience

Tamika Hudson, DNP, APRN, FNP-C



Dr. Tamika Hudson is an Assistant Professor of Nursing at Vanderbilt University School of Nursing and Nursing Course Director in the Vanderbilt Program for Interprofessional Learning. Dr. Hudson is a leader in diversity, equity, and inclusive excellence; currently serving as chair of the

Diversity and Inclusion committee at the school of nursing. She co-hosts monthly lunch and learn sessions for ethnic minority students, facilitates poverty simulations for students, faculty, and staff, co-advises the Multi Ethnic Student Nurse Mentorship Program, and is Program Manager of the Morehouse Undergraduate Health Science Summer Academy at Vanderbilt University School of Nursing. Dr. Hudson's work is driven by her passion to lessen health disparities and promote health equity within underrepresented and marginalized communities.

Bourgeoning patient acuity, expansive health disparities, and an aging population significantly influence the current state of health care delivery. Qualities, including knowledge and trust, prepare nurses to address the most complex needs of society's vulnerable patient populations. Vulnerable populations are described as a subset of society within marginalized groups, often with limited financial resources, or disenfranchised due to age or gender (de Chesnay, 2016). The work of a nurse comes with much reward. However, care of vulnerable individuals can expose nurses to harsh realities associated with social injustices and substandard societal norms that place undue burdens on nurses at the point of health care delivery. Nurses must be diligent in the identification and provision of essential resources for patients, and must avoid the adverse effects of burnout, apathy, compassion fatigue, and diminishing resilience. Resilience has been defined as the "ability to face adverse situations, remain focused, and continue to be optimistic for the future" (Kestner & Wei, 2018, pp. 42).

Vulnerable Populations and Social Determinants of Health

Social determinants of health (SDH) are circumstances associated with the intersection of where people live, learn, work, and play as correlated with health risks and outcomes (Centers for Disease Control and Prevention, 2018). Variances in power, money, and resources are primary drivers of SDH and health inequities globally (World Health Organization, 2020). These variances are largely associated with whether members of societies thrive or merely survive. Inadequate resources can create living conditions that are not designed for optimal health. Poverty, unemployment, structural racism, and crime are critical examples of SDH. Despite these political, social, and economic inequities, vulnerable populations

often excel in the attainment of resilience. Members of vulnerable and marginalized groups often depend on self-reliance to recover and survive (Lewis, 2015). These variables are precursory to the development of individual and community resilience.

The Role of the Nurse

It may be challenging for nurses to prioritize the needs of this multifaceted population. Nurses must consider factors that affect a patient's ability to adhere to treatment recommendations. For example, the presence of medical insurance coverage is of negligible value if a patient lacks transportation or the ability to be excused from work for provider appointments and procedures. Similarly, medical insurance does not eliminate the requirement of office visit and medication co-payments. In consideration of these factors, nurses must be skillful in accomplishing a great deal with minimal support. The role of the nurse can include education, support, and guidance in navigating the health care system. This is an important consideration as resilience can be directly impacted by role strain.

How Recognition of Disparities Affects Nurse Resilience

Nurse resilience is the ability to transfer adversity into opportunity. It is withstanding despite confrontation of opposition or barriers.

The study of resilience has grown inclusive of social, cultural, psychological, and developmental factors that overcome hardships (Sajquim de Torres & Dura, 2019). Nurses with higher resilience report more job satisfaction and less burnout. Nurses are prepared to empower and advocate for their patients, ensuring access for attainment of positive health outcomes. Resilience can be impaired when nurses determine they cannot assist a patient fully in acquiring optimal outcomes due to circumstances that are difficult to modify, such as structural racism and poverty. This harsh reality can be challenging for well-intended nurses.

Development of Nurse Resilience

Characteristics of resilient nurses include “(a) hope, (b) self-efficacy, (c) coping, (d) control, (e) competence, (f) flexibility, (g) adaptability, (h) hardiness, (i) sense of coherence, (j) skill recognition, and (k) non-deficiency focusing” (de Chesnay, Hart, & Brannan, 2016, pp 41). Nurses can attain these characteristics through self-awareness and intentionality. Wei, et al. (2018) recommended social connections, promotion of positivity, strength recognition, self-care, and mindfulness as strategies for resilience development. The U.S. military is recognized as a rising leader in resilience development. The military promotes programming that focuses on prevention of burnout through self-care and the identification of personal triggers and stressors (Kester & Wei, 2018). Integration of these strategies can be beneficial to nurses that serve vulnerable populations by mitigating compassion fatigue.

SDHs provide an additional dimension to patient care that requires skill, passion, and cultural humility on part of the nurse. Nurses can attain resilience through empowering vulnerable patient populations to control modifiable factors, cope with seemingly nonmodifiable social inequities, and engagement in self-care and recognition. It would be beneficial to the nursing profession to examine the degree of resilience transferability from vulnerable patient to care giver. It may be determined that the therapeutic relationship is a unique source of resilience for both parties.

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Nurse Resilience

Sharron P. Schlosser, PhD, RN, CNE, COI, ANEF

Do you have a friend or colleague who works in an especially stressful environment or is coping with serious personal or family issues, yet always seems to be positive and energized? If so, he or she most likely has developed resilience.

Today's healthcare system is plagued with a shortage of nurses and faculty and high student attrition which impact the work environment and patient outcomes. Everyday nurses face personal and professional situations that are difficult and challenging (incivility, death, illness, a difficult or unexpected diagnosis, and other unexpected events). Unfortunately, such situations cannot be totally avoided. What is important is how we react. Do we bounce back or recover quickly (resilience)? Without resilience, we are at increased risk for personal illness, depression, and burnout. Our judgment and ability to communicate may also be impaired.

Definition

The American Psychological Association (APA) has defined resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress" (2020, P. 1). In other words, resilience is how quickly one recovers from unexpected events and can be learned. Factors contributing to resilience include (a) positive, caring, and supportive relationships; (b) a positive self-image with confidence to handle difficult situations; (c) communication and problem-solving skills; and (d) an ability to manage one's feelings (APA, 2020).

Self-Assessment

Before moving into a discussion of strategies helpful in building resilience it might be helpful to explore where you are in developing resilience. Questions to consider include:

1. What issues in my personal life are most stressful?
2. What problems at work are producing the most stress?
3. How have I handled similar issues or problems in the past?
4. What factors led me to take these actions?
5. Were these actions helpful?
6. What might I have done differently?
7. When stressed, do I develop a plan for action and then take steps to implement the plan?



Dr. Schlosser is professor emerita, Ida Moffett School of Nursing,

Samford University. Prior to retirement, she taught at various levels of nursing from associate to doctoral degrees. She currently serves on the NLN's CNE Test Development Committee and task force for development of the novice nurse educator competencies. She was inducted as a fellow in the Academy of Nursing Education in 2015.

Strategies

According to the APA (2020) the development of resilience is a personal process that may be influenced by culture. Ten suggested strategies include (a) connecting with others, (b) avoiding the perception that stressful situations are insurmountable, (c) accepting change as a way of life, (d) establishing goals and taking actions to achieve the goals, (e) being decisive in actions, (f) engaging in self-discovery, (g) developing self-confidence, (h) keeping things in perspective, (i) maintaining optimism, (j) taking care of self, and (k) discovering other actions to strengthen resilience. Based on a review of literature, Kester and Wei (2016) concluded that leadership strategies helpful in building resilience included (a) formal education programs, (b) social support, and (c) meaningful recognition. The use of formal education programs was further supported by a study conducted with nursing students (Broadman, 2018).

Just knowing what strategies strengthen resilience is insufficient; we must use or apply them. Following are some examples to illustrate how strategies have been used to increase the individual's resilience.

Connecting with others (social support) may involve relationships with family, friends, coworkers, or a formal support group. If one relationship is negative, it may be necessary to find one that is positive. For example, following an abusive relationship, a young woman enrolled in nursing school to better her life and that of her children. One day, in speaking with her advisor she shared that her family was making comments about how she was not the same person that had gone away to school and wanted her to drop-out. In order to continue in school, she found the necessary support in her instructors and peers.

Contrast this situation to another young woman who took the maximum load in a graduate program to complete the program in minimum time. During the final conference, she shared how her family had enabled her to work full-time and take a full-time school load by caring for her small children. She then went on to explain how the raise she would receive upon graduation would totally change her life.

For others, a simple word or note of recognition may make everything worthwhile in difficult situations. This recognition may come from coworkers, patients, patients' families, or others. Unfortunately, we often do not take the time to tell others how much they mean to us. If we would only pause and verbally express our appreciation or send a short note, it could make a totally different day.

A lack of self-confidence may also result in failure to attempt a difficult task. For example, a young baccalaureate-prepared nurse, wife, and mother of young children applied to graduate school. Her application indicated an eager, enthusiastic, and highly qualified nurse. However, she failed to respond to the admission letter and was contacted by the advisor. During the conversation she shared how fear of failure was preventing her acceptance. Fortunately, the advisor was able to convince her she had the ability to succeed. She went on to complete the program and have a successful career in nursing education.

Finally, it is important to recognize the importance of formal education programs and the use of individual strategies such as relaxation, meditation, yoga, or aromatherapy. At this point I encourage you to again review the self-assessment questions, identify strategies which will be helpful for you, and determine how you may apply them to maintain a better balance between work and personal life. Develop a plan, and then take the necessary steps to care for yourself and improve your resilience.

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The Resilient Black Nurse

Mary Turner, RN



Mary Turner, is a AHNCC Board Certified Nurse Coach and Certified EMyth Business Coach whose journey into nursing began in the military and advanced from

hospitals, C-Suite roles to serial entrepreneur. She has a proven track record for successfully coaching CNOs, nurse executives, directors, nurse managers and staff nurses to reach their peak performance using the Resilience Paradigm. Teaching with a rare blend of critical thinking, depth and insight permits Mary to influence hospital systems to continue to seek her out as their business advisor and consultant.

We Are Resilient and We Do Not Allow the Past to Take Its Toll on Us

It is unfortunate that, because of the color of our skin, we as black nurses experience overt and covert hostility in our efforts to provide high-quality care. Instances of racism have infiltrated and derailed promising and deserving nursing careers. Just a few examples of these are: non-recognition, withholding of important information about the workplace, and devaluing of abilities.¹ Other black healthcare professionals suffer as well. In a reflection by Olayiwola, this physician sadly recounts a patient refusing to let “black hands touch me!” (p. 268).² In that moment, racism stripped her of “my degrees and credentials...my determination to serve.” (p.268).³

We work tirelessly in politics, activism, and employer-employee relations to counteract the dreadful effects of slavery and Jim Crow-era practices. Indeed, positive changes have occurred, including policies to deny patients’ demands to exclude black health care professionals from providing care.⁴ In order for complete self-fulfillment and equity to occur, another journey awaits.

Dr. Keith Blevens and Valda Monroe developed a program that nurtures inner resilience. Someone who is resilient overcomes difficult circumstances or situations and is not bound by past untruths. Many resilience programs utilize external strategies, such as mindfulness and cognitive-behavioral therapy. However, resilience as described by Blevens and Monroe, emphasizes that feelings of anger and self-degradation are reflections of thoughts that we carry within ourselves.^{5,6} This by no means denies the existence of racism. Our generational past and our personal experiences of discrimination certainly created those thoughts. However, once we engage in self-reflection, we free ourselves to experience self-efficacy and self-love. Blevens and Monroe refer to this as working from ‘the inside-out.’^{7,8}

We know from scholarly research that when medical professionals take care of themselves, they provide better patient care.^{9,10} Indeed, research supports the need to include resilience training in nursing schools.¹¹ Nurse coaching is a major catalyst to the achievement of resilience. Most nurse coaches have served as front-line staff, and therefore, they are well-versed in organizational, personal, and professional challenges.

True resilience then, is not so much a 'strategy' or 'technique,' but a way of being. By creating and acknowledging this inner resilience, we can take better care of ourselves and our patients. Thus, if you are overwhelmed by yet another journey, you don't have to go far. It is already within.

Source

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Confident, Not Arrogant

Carol J. Ratcliffe, DNP, RN, COI, FACHE

I was raised by my grandparents following the tragic death of my parents when I was just shy of 5 years old. Stamina, hard work, courage, education, and grace were instilled. Because I grew up in a small southern town, everyone knew everyone. I laugh about it, but am very serious when I say, “What people don’t know, they make up”. Because of this, I was taught to be in control of my own narrative. Always be confident, but never arrogant.

Storms and barriers raised their ugly head at pivotal points throughout my life. Old fashion intuition and discernment, a strong support system, spiritual foundation, and the ability to recognize my own short comings kept me balanced. As a former athlete, I knew that the same things I did to be successful as a sprinter were imperative as a professional. This awareness translated into seeking new knowledge, growing relationships, and stepping outside of my comfort zone.

The first time I stepped out of my comfort zone I picked up roots and moved to another state. I was the first African American director of surgical services for a hospital in my new state. To underscore what I faced, there were no registered nurses of color in the operating room. As I walked around the surgical suite in nurses’ surgical scrub attire, staff wanted to know the name of the new housekeeper. You guessed it! Staff thought I was a new housekeeper because of the color of my skin. I can recall my first encounter with a specific surgeon. He did not extend the courtesy of a handshake when I greeted him. It was apparent through the surgeon’s body language and tone that he had a predetermined perception about me although we had never met. This was not the first time I was faced with adversity because of the color of my skin or my gender. Although challenging, I knew the importance of navigating potentially difficult situations with finesse and a focus on building relationships. Therefore, I did not hesitate in sharing my observations with the surgeon. We had an extensive conversation that became tense at times. This was a bold move on my part, but I felt it was necessary and important if I wanted to foster a positive relationship with him and others. It worked. Knowledge builds confidence, and community connectedness builds resilience (Range, Gutierrez, Gamboni, Hough, & Wojciak, 2018). It was important to gain respect and build trust with the staff, physicians, and other leaders. To know me was to know a dedicated and genuinely caring person. An initial commitment of 5 years expanded to almost 10, a promotion to vice president and chief nursing officer during my tenure, and lasting friendships.



Dr. Carol J. Ratcliffe is professor and chair, Healthcare Administration, and interim chair, Healthcare Informatics and Information Management in the School of Public

Health at Samford University, Birmingham, AL. She holds a second appointment in the Ida Moffett School of Nursing. In addition, she served as vice president of Patient Care Services and Chief Nursing Officer for 16 years. She has been board certified in Healthcare Management for 23 years and has held the distinction of Fellow in the American College of Healthcare Executives (ACHE) for 17 years. Dr. Ratcliffe is also a certified online instructor and ANCC Magnet Appraiser.

My husband was diagnosed with chronic lymphocytic leukemia in 2007. He transformed to a more aggressive form of lymphoma requiring a bone marrow transplant in 2012. Our son had just graduated college and started a new job. Our daughter was in middle school, and my husband had been told that he could not work again. Because of the uniqueness of his illness and our personal situation, he and I left our children in one state, and we went to MD Anderson Cancer Center in Houston, Texas with hopes of a cure. I had never been away from our young daughter for longer than a weekend. We knew we needed to provide her with as much stability as possible, which meant keeping her in her current school. Although it was the best decision, I was distraught. Five months of separation, with visits in between, were nearly unbearable. Our journey with cancer ended with his Richter’s transformation in 2014. Eight years after initial diagnosis, he died in 2015. A man I had been with since high school, and the father of my children, was gone. During this span of time, I began to teach in online graduate nursing programs after completing my Doctor of Nursing Practice in Nursing Administration. I did not realize it at the time, but I was being driven and prepared, to make a professional change.

The journey with my husband taught me that I had to embrace what I could not control. I had to pick myself up, get it together, kick it in full throttle, and reinvent myself. I had been a vice president of patient care services for 16 years and had no plans to leave the practice environment. However, I realized that if I wanted to provide my daughter with continued stability, I had to totally reinvent

myself while still living out my passion. That something different was a transition to full-time academia. Ovans (2015) proposed that resilient people have three strong characteristics: accept reality, have strong values, and recognize that life has meaning. I cannot imagine my life without nursing and healthcare. My reinvention has been very rewarding and has solidified my purpose-driven life. I educate, lead, create, enjoy working with great people, advocate, and strive to make a difference in the lives of others. I am confident, not arrogant.

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The Principles of Resilience: How Mental Life is Created

Teresa Walding, BSN, RN, NC-BC



Teresa earned her Bachelor of Science in Nursing in 1993 from Boise State University. She is a Board-Certified Nurse Coach on faculty at Advancing Nurse Coaching program. She is a content expert on the Principles of Resilience speaking at conferences, retreats, podcasts, and radio programs.

The Three Principles are a description of how thought works. It is not a theory; it is of a deeper order. It is a foundation that explains how the principles of Mind, Thought, and Consciousness all work together to create a paradigm of how mental life works.

It is not the content of our thinking or the form our thoughts have taken, but how it was created in the first place.

The principles of mental life are:

- **Mind** is not brain, you cannot hold it in your hands, it is a power, the power of mental life. It is the catalyst of the reality we now see.
- **Thought** is our ability to recognize the principles and lack of separation of the form of life and the formless. Without thought we could not recognize mental life. There would be no words, no reality. The Three Principles are ALL absolutely necessary for us to have existence.
- **Consciousness** is this incredible nature of consciousness, the tangible capability of making us aware of life, allowing us to be aware of our thoughts.
- **The Three Principles** are profoundly connected to each other. They cannot be separated. If one element is missing, we do not have a **paradigm** and therefore no experience of life. They point to the moment in time where experience of life is created into the life you now see.

What is a paradigm; why is it important?

- A paradigm is a set of principles that do not exist when separated and that explain something that was previously unknown. This is important because without principles we cannot accurately describe how something works. They work the same way, every time, without exception or anomalies.
- The Principles sound like something we already know. The reason for this is because mental life has always been created

this way, we just didn't know how to talk about it from a principled perspective.

We have tried to change the way people think in order to get a better outcome. However, we have been looking at it from the wrong direction: after thoughts have manifested, not how it started in the first place.

From a principled understanding of mental life, we now have the ability to insightfully understand where our experience is coming from prior to the form life has taken.

To get a feel for why the Principles are a true way of describing mental life and why it is different from current understanding, it requires you to listen with an ear to hear something new.

The act of listening is the willingness to be changed by what you hear! It is willingness to be touched by, changed by, created by what you hear. Insight is the change in our understanding of how the Principles work.

It is a deeper order of listening than we are used to. The Principles are actually neutral. This means we always have full access to them. Because they are neutral, it allows us to use our personal thoughts and feelings to create a life of purpose and meaning.

If you can "hear" the truth of the Principles, the profound nature of them, and can see how we are using them to create our life, it helps us to settle down in our thinking and become present to our life experience.

In that space we can have involuntary thinking which can allow us to have new thinking and solutions to our problems that we did not see before. This creates a richer, more meaningful experience of life.

In contrast, when we have voluntary thinking, over thinking, or intellectualized thinking about our problems, we become stubborn

or rigid in our thinking. In our effort to “solve” the problem and try to figure out why something is happening in our life or try to fix our problems from this perspective, we become stressed.

Dissatisfaction, anger, depression, and fearful thinking appear.

This thinking creates more problems for us, and often our mental and physical health suffer. We are now living in a *misunderstanding* of where our experience is coming from. Knowing where our experience is coming from doesn't seem to be important at first, but it is the difference between suffering, thriving, and joy.

NBNA Podcasts

Conducted by the Movement is Life Caucus,
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Zimmer Biomet is a NBNA Corporate Roundtable Member.

Thank you to the NBNA Leadership who participated in this series of podcasts during the NBNA 2019 Conference in New Orleans. Here is a fabulous way of sharing “All the BEST” of NBNA. This activity broadens the conference continuing education and networking experience. Thank you to the Movement is Life Caucus. Dr. Millicent Gorham represents NBNA on the MIL Caucus.

The entire NBNA series is now available for your listening pleasure.

1. Going beyond disparities and competency: why we need to focus on achieving health equity and cultural proficiency. Featuring Eric Williams.
2. NBNA's 50th Anniversary vision: Getting patients engaged in their own health by moving away from the illness model. Featuring Martha Dawson.
3. Carter Todd: Nursing inspirations and aspirations in Sacramento, California.
4. Making sure healthcare isn't a lottery in rural Nevada. Featuring Debra Toney.
5. Collaborative approaches and hospice care in the Sunshine State. Featuring Lyn Peugeot.
6. Access deserts, Magnet designation, and comorbidity management centers in Boston. Featuring Sasha Dubois.
7. Nurses have always understood the social determinants of health. Now the world is catching up. Featuring Deborah Coplin-Hall.

Remaining Resilient Amid Disruptions in the Nursing Field

David Griffiths



David Griffiths is Senior Vice President for the Healthcare division of Aon Affinity. David has overall responsibility for the

malpractice insurance program for Nurses Service Organization. David is a licensed property and casualty insurance agent and has worked on the NSO medmal programs for the past 15 years. David's works extensively on risk education often speaking at conferences on the topic of professional liability. David received his B.S. from the University of Maryland and his MBA from Moravian College.

As the healthcare industry evolves, nurses must adapt to new demands and changes, and remain resilient. Below are four of the most prominent trends and disruptions in the nursing field—from technology to the education—expected to intensify in 2020, and advice for addressing them.

Stopping the spread of false information

More than 80 percent of people look online for health information, which can have dangerous implications. The internet houses so much information, often false or inaccurate, which can lead to misdiagnosis or delay of treatment. Compounding the availability of false information is social media, which has the power to spread misleading information far and wide very quickly. The rapid spread of false information online - for example, about measles vaccinations – is a threat to public health. When vocal groups online can gain traction and attention they can create “echo chambers” that make people believe that false health information is true.

Nurses are in a unique position to counter misinformation with facts—their face-to-face conversations with patients can be extremely influential for decision-making. Nurses can counter false messages with their expertise and work to stop the dangerous spread of misinformation.

Assessing the risks of remote healthcare

In recent years, more than three-fourths of hospitals have begun using or implementing telehealth services. These services offer features like patient portals, virtual appointments, and remote monitoring—creating the opportunity for people to conveniently manage their health information remotely. Although flexibility and independence are advantages of telehealth, these services have implications for nurses. Some concerns include: licensure requirements, impacts on patient-nurse relationships and a heightened need for proper documentation.

Intensifying gaps in rural care settings

Almost a quarter of rural hospitals in the United States are on the brink of closure. Because patients from rural communities often

face a higher risk for complex health issues, the rapid rate of closures has serious consequences. It also provides nurses with the opportunity to operate as generalists and enhance their skillsets to meet patients' diverse needs. Yet despite the opportunities in rural hospitals, nurses are in these environments can be burdened with intense challenges. For example, nurses working in rural areas are more susceptible to high levels of burnout caused by intense demands, isolation, lack of support and resources, lower salaries, and less training than they'd receive in more urban settings.

Inspiring change in education and the workplace

Generation Z is a diverse, competitive and entrepreneurial group with a desire to collaborate and bring about change. And these attributes are disrupting nursing education and the industry as a whole. In response to this generation's tendencies and desires, educators are adapting their lesson plans to be as interactive as possible to best prepare students for the real world. Employers are taking steps to harness their knowledge of the digital landscape, and nursing associations are expanding their mentorship and professional development opportunities. As this generation enters the workforce their impact will become clear.

Overall, there are many disruptions on the horizon within the nursing field in the new decade, and nurses need to prepare to adapt to challenges and overcome them to continue to delivery safe, quality care.

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Promoting Resilience: A Much Needed Wellness Event for our Clinical Leaders

Ena Williams, MBA, RN, CNEP
Cynthia Johnson RN
Rochelle Mikolinski RN
Patricia Vakos RN

Managers live in fast paced, ever changing environments. Multi-tasking responsibilities for both the clinical and business management of their departments can be extremely stressful. According to Udod et al. (2017) “A stressed nurse manager will negatively influence staff nurse satisfaction and retention, patient outcomes, and organizational performance” (p.159).

Yale New Haven Hospital (YNHH), a Magnet® designated academic medical center, is a 1,541 bed organization with nearly 90 inpatient and ambulatory patient service managers (PSM). Our senior nursing leadership recognized the essential need to attend to the wellness of the PSMs. Therefore, they developed a strategic plan to address PSMs’ work-life balance and promote resiliency. The purpose of this article is to describe the PSM wellness initiative, one of many components of this strategic plan.

Our PSM Council formed a Wellness Subcommittee to design and implement the PSM wellness initiative. Initially, the members appraised and synthesized current literature to determine best practices that informed the development of this initiative. They structured their work in alignment with Jean Watson’s Theory of Human Caring (2008), which frames our professional practice model. This theory empathizes being authentically present and genuinely caring for self and others. The Wellness Subcommittee

then distributed a PSM survey to assess their perception of and barriers to self-care. Respondents identified managerial challenges relating to time management, ability to network with colleagues, and using self-care practices. As a culmination of all of this work, the subcommittee planned a PSM Wellness offsite retreat in collaboration with preexisting YNHH resiliency initiatives including the Nurture the Nurse Retreat and Livingwell CARES programs. This retreat, designed to temporarily disconnect PSMs from unit operations, provided dedicated time for relaxation and focus on self-care.

Ena Williams, Senior Vice President and Chief Nursing Officer (CNO), opened the retreat with a warm welcome that set the stage for a day of reflection and self-care. Ena shared personal vignettes of her life and nursing career. She discussed her personal challenges in sustaining work-life balance throughout various administrative positions, imparting her own life lessons. She stressed the importance of self-care to maintain the energy we need to rekindle continually a passion for excellence in patient care. Ena emphasized that practicing self-care is necessary to prevent burnout and compassion fatigue. Her sensitivity to our specific needs and her willingness to partner with us on this wellness journey left us with a lasting impression. A feeling of closeness transcended the room as we began our successful day of healing.

A representative from Livingwell CARES facilitated the retreat and focused on a self-care toolkit with strategies that we can use to incorporate self-care and wellness concepts into our professional and personal lives. We discussed and practiced strategies outlined in the toolkit, which is a blueprint for healthy habits. These strategies emphasize the importance of sleep, nutrition, and exercise. In addition, we practiced energy conservation, breathing, and meditation techniques. We also learned the value of establishing new habits that incorporate daily journaling, introspection, reflection, and expressions of gratitude, which help to modulate stress. All of these toolkit strategies can be easily integrated into our daily lives.

Examples of self-care toolkit strategies consisted of the following:

- 31 Nights to Better Sleep (discussion)
- Practicing Gratitude (activity)
- Chair Yoga (demonstration and activity)
- Super Snacks to Fuel Your Workday (discussion and taste testing)



Ena Williams serves as the Senior Vice President and Chief Nursing Officer at Yale New Haven Hospital, a 1541 bed academic, Level 1 trauma, ANCC PTAP and Magnet Designated organization. As the Chief Nurse, she has oversight for nearly 6000 nurses.



Cynthia Johnson has over 35 years of experience in a leadership role as a Patient Services Manager at Yale New Haven Hospital. Cynthia holds a BSN, MBA and is a Certified Nurse Manager and Leader (CNML) through AONL.



Rochelle Mikolinski has been a registered nurse for 40 years, and currently serves as a Patient Service Manager at Yale New Haven Hospital. Rochelle joined Yale New Haven Hospital in 1980, holds a BSN, MBA, and is Certified Nurse Manager and Leader (CNML). Rochelle attended the 2014 AONL Nurse Manager Fellowship program & the 2015 Nursing Leadership Academy at the Yale School of Management.



Patricia Vakos has been a Registered Nurse for thirty eight years and is currently in a leadership role as a Patient Service Manager for the Heart and Vascular Procedural area at Yale New Haven Hospital. Patricia joined the hospital in June of 2001 and holds a MSN in Healthcare Management and Leadership and is a Certified Clinical Nurse Manager and Leader (CNML) through the AONL.

- Make your Wellness NOT To-Do-List (activity)
- How to Make Stress Your Friend (video)
- Closing Breathing and Meditation (activity)

Throughout the day, PSMs had their choice of Reiki therapy, 'M' Technique®, or chair massage. Many managers who had not experienced these therapies for stress relief realized their effectiveness and expressed interest in using them in the future. We had 56 PSMs voluntarily attend the retreat who gave overwhelmingly positive feedback. Below are quotes highlighting their responses:

**“This was a wonderful day!
Thank you so much for arranging it.
The speaker was wonderful
and I learned so much.”**



**“...Indescribable...
My body, mind, and spirit feel renewed.”**

We are planning a post survey to evaluate whether the self-care strategies learned during this retreat are being incorporated into PSMs' daily workflow, and if they are positively influencing their work-life balance. Based on these results, our subcommittee will continue to develop strategies to improve engagement and prevent burnout.

A healthy work environment offers competitive advantage in that it promotes manager retention, improves patient outcomes, and is

fiscally responsible. Therefore, with the commitment and support of our CNO, our PSM Wellness Subcommittee is currently developing a similar event for assistant patient service managers as a means to improve the wellness of the leadership team at the unit level. Organizations that have a strategic plan that includes cultivating PSM self-care practices and resiliency may find this type of wellness event a useful strategy.

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Rediscovering a Better You: A Nurture the Nurse Retreat

Cathy Alvarez, MA, RN, CNML, HNB-BC, PCCN



Cathy Alvarez is an Education Specialist at Yale New Haven Hospital. She has 18 years of nursing experience, and is certified as a Nurse Manager and Leader, Holistic Nurse and Progressive Care Nurse. Cathy designs and implements holistic nursing education programs that focus on self-care, mindfulness, and resiliency.

Social media statements:

1. 68% of nurses state the health and safety of their patients takes priority over their own
2. Nurses consider using the restroom and eating as self-care practices. That is not self-care; those are basic human needs
3. A Nurture the Nurse retreat can help mitigate stress and promote clinician well-being

Are you stressed? Worn out? Tired? Well you are not alone. Nursing has long been considered one of the most stressful professions as we are exposed to excessive workloads, long work hours and physical labor, emotional demands of patients and families, and interpersonal relationships. Additional factors contributing to stress include implementation of new healthcare technologies, budget cuts, and perpetual organizational changes in healthcare environments.

An American Nurses Association survey of 14,000 nurses reported workplace stress as the top work environment health and safety risk. Of the nurses surveyed, 68% stated the health and safety of their patients took priority over their own.¹ Sound familiar? Traditionally nurses have been trained to take care of everyone else's needs first. Often this comes at the expense of our health. *Should I go to the bathroom? Well, my patient might need me... Take a break? Maybe, once I finish my charting.... Drink something?* The breakroom is too far away and I have too much stuff to do. I'm sure it's not uncommon you go home from work without having eaten, drank, or gone to the bathroom. No wonder we feel depleted! We are not meeting BASIC HUMAN NEEDS. This not only puts us in potential harm, but also our patients. We CAN do better.

Supporting staff through the promotion of self-care and mindfulness programs have proven successful in improving stress, burnout, and promoting resilience²⁻³. Addressing barriers to engaging in self-care practices and identifying individual needs are important factors to consider when implementing resilience programs. At Yale New

Haven Hospital we are committed to mitigating the effects of stress and fostering self-care practices as a strategy to promote optimum health and wellness.

Monthly, a Nurture the Nurse retreat is held off-site for both inpatient and outpatient nurses within the organization. The goal is to foster a sense of community and bring awareness to the benefits of self-care for nurses. An average of fourteen nurses per month attend this eight-hour retreat. The outcomes incorporate self-care and stress management strategies including: exploring personal beliefs related to self-care and barriers to caring for self, examining preventative and therapeutic nutritional practices for nourishment of body-mind-spirit, demonstrating the awareness of body-mind-spirit connection through mindfulness and mindful movements, and understanding the interconnectedness of energy fields through drumming. Through dialogue, lecture, journaling, yoga, drumming and guided meditation, participants identify personal self-care beliefs and self-renewal practices, as well as develop a plan for personal and professional wellness.

A survey on awareness of self-care, self-care practices, and stress levels is administered to all nurses pre-retreat. The survey is then re-administered one, three, six, and twelve months post. Pre-retreat ¼ of every nurse who attended, believed eating, drinking and going to the bathroom were self-care practices. (Remember these are BASIC HUMAN NEEDS). Post-retreat the gap was closed by 100% and remained incrementally (1, 3, 6 months) and longitudinally for one year. Half of nurses did not perform a self-care practice at work pre-retreat. Post retreat 95% of nurses' report performing a self-care practice either daily, weekly or monthly at work. The most commonly reported self-care practices are: breathing, mindful Purrelling/handwashing, and mindful movements and stretching.

Although nurses continue to report increased stress levels due to workload constraints, staffing and patient acuity, the majority state incorporating tools to care for self helps mitigate the stressors of the day. Participant feedback continues to be positive with participants stating, *“I love the program it’s a great reminder for us to practice self-care every day and a lot of this will stick with us for the rest of our career,”* and *“Very informative and interactive!! I think all nurses should be enrolled in this course. I will be applying the information to work and home life.”*

As nurses form in community and examine their stress levels and self-care practices, they begin to identify strategies to incorporate into their personal and professional lives. Organizational programs that promote self-care practices, such as this retreat can empower the modern day nurse. Remember we are all in this together!

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Supporting Black Mamas

Melva Craft-Blacksheare, DNP, CNM, RN

On August 5, 2018, CBS News broadcasted “Maternal mortality: An American Crisis”, highlighting the problem of women dying in childbirth. Since that time, horrific stories of mothers unexpectedly dying in childbirth are shared too frequently on the news, local papers, and at community/grass roots health summits.

The maternal mortality rate (MMR) is defined as the number of maternal deaths per 100,000 live births. To understand the impact of the problem, let us look at where we are today. According to recent statistics, the MMR in the U.S. is the highest among all developed countries (Eidson, 2019). America’s MMR is 26.4/100,000 as compared to other developed countries: Sweden 4.4/100,000, United Kingdom 9.2/100,000, and neighboring Canada 7.3/100,000. World-wide MMR dropped by an estimated 44% from 1990 to 2015, while pregnancy related deaths rose by 27% in the U.S. (Slomski, 2019).

Additionally, the U.S. has significant racial/ethnic disparities in MMR. African American (AA) women exhibit a MMR approximately 3-4 times greater than White women (Peterson, Davis, Goodman et al, 2019). Alarming, one of the highest reported MMRs found among AA women is in New York City, where maternal death rates are 12 times higher in comparison to their White New York counterparts (Turlington & Burns, 2017).

As health care professionals, we must take action and address this national travesty on various levels. According to the Nightingale Pledge, “*I devote myself to the welfare of those committed to my care*”, our profession requires us to act.

As a maternity nurse educator, I introduce my students to the MMR statistics each semester followed by a short video of Kira Johnson, a young African American woman who died in childbirth after an elective cesarean section. Her story, edited by her husband Charles, is moving and heartbreaking. The video makes it obvious to the viewer that Kira’s death was preventable if the health care team had reacted to the health concerns in a timelier fashion. The takeaway for my students is listen to the patient, always be vigilant, and do no harm.

The 2018 report of the Maternal Mortality Review Committee from nine states found the most common underlying causes of death for non-Hispanic Black women included pre-eclampsia, eclampsia, and embolism. The most recent CDC report on maternal



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mortality also identified cardiovascular conditions (including cardiomyopathy, myocardial infarction, and cerebrovascular accidents) as the cause for more than 33% of pregnancy related deaths. (CDC, 2019). From 2003 to 2012, there occurred a 24% increase in the number of women entering pregnancy with preexisting heart disease (Stergiopoulos, Lima, & Butler, 2019).

Health promotion and disease prevention is one of the goals of the nursing profession. We must all become active in this strategy to help strengthen the lifestyles of the communities we serve. Encouraging exercise, nutritious foods, annual health appointments including age related screenings, and stress reduction are important concepts to all hospital or clinic/office education and discharge plans.

The 2003 Institute of Medicine report, *Unequal Treatment*, concluded that unrecognized bias against members of a social group, such as racial or ethnic minorities, might affect communication and care offered to those individuals (Smedley, Stith, & Nelson, 2003). Today, the catch phrase to describe this phenomenon is “implicit bias” which partly supports what we are witnessing, causing the tragic loss of life of African American women.

We must not ignore the root cause of racial/ethnic inequities. The legacy of structural/institutionalized racism that permeates African Americans’ lived experiences are also included in the health care system. This distrust in the health care system derives from historical and contemporary discrimination, which unfortunately manifests as

lower prenatal care utilization and adherence to treatment plans (Collier & Molina, 2019).

Present on nursing social media sites are an abundance of shared personal accounts of implicit bias directed toward nurses of color. If this is so prevalent among coworkers, I must assume that it is also present toward patients. It is of the utmost importance that this behavior is addressed. Implicit bias training is critical across the health care workforce to improve interactions with all patients.

Social determinants of health are substantial factors to an individual's ability to sustain good health. Patient assessment must include the incorporation of social needs in the plan of care. Social workers can assist nursing in the process of finding community and social support systems. Communication among health care team members is essential.

As nurses, we must become part of the solution to strengthen the health in the communities we serve.

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Nurses, Nutrition, and New Value-based Care Opportunities

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The US Health Care system is undergoing a metamorphosis impacting not only patients and families, but also health care providers such as nurses. The change from “rescue and repair” to “health promotion and disease prevention” parallels the shift from volume to value-based care (Figure 1) and the resulting quality-related regulations and cost reimbursement models are changing frequently and require resilience on the part of all providers. The Centers for Medicare & Medicaid Services (CMS) has several programs that relate to Value-based Care (Figure 2). In 2018, CMS expanded the categories of eligible providers for value-based programs to include nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and other clinicians. Providers have some flexibility in the measures they choose to report for value-based programs. In a recent 2019 update, CMS approved specific malnutrition measures for reporting, which now offers a new value-based care opportunity for clinicians.¹

At its core, value-based care is all about better care for individuals, better health for populations, and lower costs. Yet what I have seen

throughout my career as a surgeon and hospital administrator is that one very basic component of care—appropriate and optimal nutrition—is often missing in the care equation. Up to 1 of 2 older adults remain at risk for malnutrition²⁻³ and malnutrition occurs in about 1 of 3 patients on hospital admission.⁴ The prevalence of malnutrition (particularly lack of protein) is even higher among those aged 65 years and older and minority populations and malnutrition remains a key social determinant of health.

Malnutrition care is in part prevention-focused and can significantly impact patient acuity, health outcomes, and costs. In my clinical and administrative practice over the past five decades I have witnessed the troubling fact that poor nutrition is often not identified or treated at all or on a timely basis. It is estimated that every minute, 10 hospitalized patients with malnutrition are not diagnosed,⁵ meaning every day 15,000 hospitalized patients with malnutrition go undiagnosed! These patients may then be discharged to post-

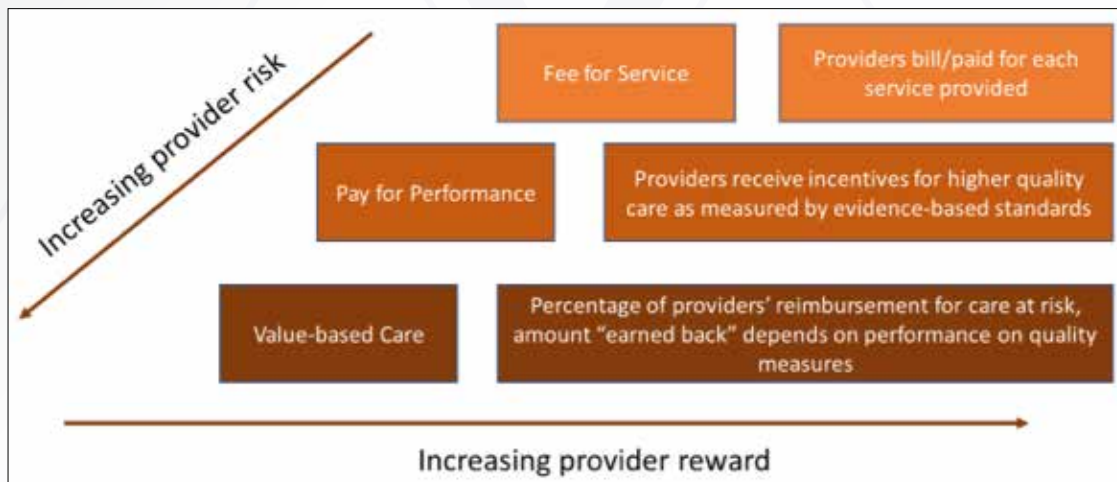


FIGURE 1: Value-based care models bring increased risks and rewards for health care providers

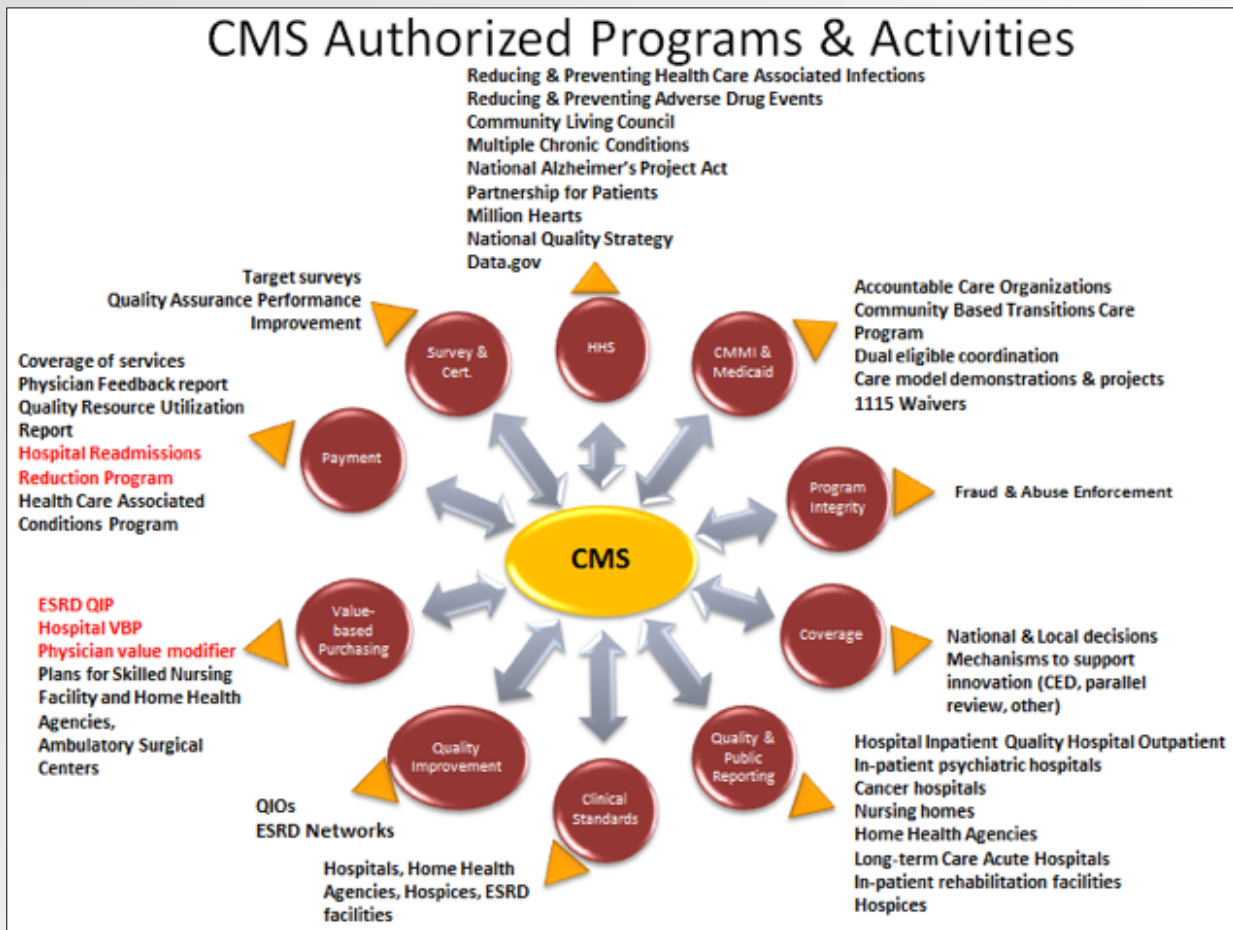


FIGURE 2: How do value-based programs work with other CMS quality efforts?*

*Centers for Medicare & Medicaid Services. What are the value-based programs (last modified 1/6/2020). Accessed February 2020 at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs>

acute care or home without any identification or treatment of their malnutrition. And even those who are identified and treated with the appropriate nutrition intervention in the inpatient environment frequently receive no further attention once discharged due to inadequate transition hand-offs and coordination of care.

This lack of awareness, documentation and intervention is significant and impacts value-based care because malnutrition can result in many poor outcomes, including greater risks of falls, infections and immunodeficiency, slower healing wounds, polypharmacy, increased office visits and readmissions, and decreased functionality⁶—all of which can impact patient health care satisfaction and health outcomes from a quality and cost perspective. I have hypothesized over the years that unfortunately many patients die as a direct or indirect result of what I call NAIDS (Nutritionally Acquired Immunodeficiency Syndrome), but it does not have to be that way. Systematic malnutrition screening, assessment,

diagnosis, and intervention can help shift the care paradigm. Nurse engagement in and reporting on the new malnutrition measures is critical to help achieve this.⁷ After all, nurses spend more time with patients and families than any other health professionals.

CMS has several value-based programs; the CMS Merit-based Incentive Payment System (MIPS) requires clinicians to annually report on up to 6 quality measures. CMS can approve measures in a Qualified Clinical Data Registry (QCDR) for MIPS reporting by eligible providers. In 2019, CMS approved 2 malnutrition measures for MIPS reporting (see Table) in 2 different QCDRs, the Premier Clinician Performance Registry and the U.S. Wound Registry. QCDRs collect and report data on behalf of clinicians, with the goal of improving health care quality. Both the diagnosis and obtaining preoperative nutritional recommendations measures (Table 1) would be appropriate for nurse clinician reporting.

TABLE 1: New Malnutrition Measures in Qualified Clinical Data Registries (QCDRs)*

Qualified Clinical Data Registries (QCDRs) are Centers for Medicare & Medicaid Services (CMS) approved Registries that collect data on behalf of clinicians to improve health care quality. CMS-approved measures in a QCDR can be used for Merit-based Incentive Payment System (MIPS) reporting by eligible providers. The table below details malnutrition-related measures included in the CMS-approved Premier and US Wound QCDRs (effective January 1, 2020) and identifies 2 measures in each Registry that are specifically approved by CMS for MIPS reporting.

	Premier Clinician Performance Registry	U.S. Wound Registry
Measure #1	Measure Title: Completion of a Screening for Malnutrition Risk and Referral to a Registered Dietitian Nutritionist for At-Risk Patients	Measure Title: Completion of a Screening for Malnutrition Risk and Referral to a Registered Dietitian Nutritionist for At-Risk Patients
Measure #2	Measure Title: Assessment of Nutritionally At-Risk Patients for Malnutrition and Development of Nutrition Recommendations/Interventions by a Registered Dietitian Nutritionist**	Measure Title: Assessment of Nutritionally At-Risk Patients for Malnutrition and Development of Nutrition Recommendations/Interventions by a Registered Dietitian Nutritionist**
Measure #3	Measure Title: Appropriate Documentation of Malnutrition Diagnosis**	Measure Title: Obtaining Preoperative Nutritional Recommendations from a Registered Dietitian Nutritionist (RDN) in Nutritionally At-Risk Surgical Patients**
Measure #4	Measure Title: Nutritional Care Plan Communicated to Post-Discharge Provider	Measure Title: Appropriate Documentation of Malnutrition Diagnosis

* Adapted from Appendix in *The Malnutrition Quality Collaborative. National Blueprint: Achieving Quality Malnutrition Care for Older Adults, Revised*. Washington, DC. Avalere and Defeat Malnutrition Today. In press 2020.

**Indicates measures approved by CMS for MIPS reporting

The CMS-approved malnutrition measures are unique to malnutrition assessment, diagnosis, and preoperative nutritional recommendations. However, as identified in the Table, there are other malnutrition quality measures (specific to screening and intervention) that are included in the 2 QCDRs. These additions are significant because quality malnutrition care is a multi-stage process that involves the whole health care team functioning in a transdisciplinary, cross-functional fashion. Nursing is on the frontline for monitoring and working to improve nutrition in collaboration with physicians, dietitians, pharmacists, and other health care professionals including members of the Nutrition Support Team.⁸ More details on multidisciplinary roles in malnutrition care have been defined by the Malnutrition Quality Improvement Initiative (MQii) which is working to advance evidence-based, high-quality, patient-driven care.⁹

One group of team members who should not be forgotten in quality nutrition care is the patient and family. Indeed, patients and families know when a patient has lost weight and strength because of poor

nutrition. Clinicians who diagnose and document malnutrition and recommend interventions often find their patients are relieved to learn there is a diagnosis, the condition can be treated, and more importantly that community resources and support services are available. In fact, CMS recently expanded the range of services potentially covered under Medicare Advantage plans to include home-delivered meals for chronically ill patients.

As a member of the Advisory Committee of MQii and as Co-Chair of the Value Project of the American Society for Parenteral and Enteral Nutrition, I have helped identify why it is imperative for clinicians and nutrition support researchers to use clinical outcomes and cost data to demonstrate and communicate value in order to move nutrition therapy forward in the current value-based care environment.¹⁰ More importantly, we have documented that optimization of nutrition support therapy for specific patient populations is estimated to reduce Medicare spending by millions of dollars annually across key therapeutic areas.¹¹

The National Black Nurses Association (NBNA) is already one step ahead. Five years ago, NBNA passed the Nutrition as a Vital Sign resolution that included a recommendation for use of malnutrition quality measures in public and private accountability programs.¹² Taking charge and now acting on this recommendation, by selecting and reporting on the new CMS-adopted malnutrition measures, will help better support patient care and thus improve patient outcomes and provider performance, including working synergistically with other members of the transdisciplinary team.

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Spirituality in Substance Abuse Treatment

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Monica College. He was born and raised in South Los Angeles, CA. He has a Master of Nursing degree from Charles R. Drew University and postmaster adult primary care nurse practitioner from California State University of Los Angeles. He has experience in mental health, urgent care and the emergency department. He is a member of the Council of Black Nurses, Los Angeles.

Substance abuse, especially prolonged use can have negative implications on the mind, body and the spirit of those who abuse substances, i.e. alcohol, cocaine, and opiates (Direda, 2016). During treatment, an effective intervention must be able to address the cognitive, physical and spiritual domains (Direda, 2016). Hence, spirituality based on religion or an organized system of beliefs, or faith can improve the outcomes of the treatments (Direda, 2016).

An average of 73% of addiction treatment programs in the United States includes a spirituality element that focuses on God or a higher power (Grim, 2019). African Americans are reported to be more religious than the average United States population, with an approximation of 87% engaging in formal religious activities (Woodson, 2019). As a result, many of their recovery groups are based in the form of spirituality that emphasizes increasing their conception of a higher power, prayer, and meditation (Woodson, 2019).

Spirituality and religion have been documented to be core sources of tenacity and strength for African Americans (Woodson, 2019). It is used as a key resource in coping up with stressful situations and experiences in life (Woodson, 2019). This is done through prayer, reading and reflecting on one's beliefs in God. Its integration in substance abuse treatment restores hope and belief for a better tomorrow; hence providing African Americans recovering from substance abuse with that sense of purpose, support and inspiration for the future (Woodson, 2019). Its use in substance abuse recovery groups has a significant correlation with positive mental health outcomes in the treatment of African Americans for substance abuse (Woodson, 2019).

Future treatment interventions should ensure they foster and encourage aspects of spirituality and religion in the treatments of African Americans for substance abuse. The inclusion of spiritual programs has indicated a lower risk of relapse.

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Entrepreneurial as a Legal Nurse Consultant: The Basics for Success

Evelyn “Lynn” Houston Bell, PhD, MSN, RN



Evelyn “Lynn” Houston Bell, has been a practicing registered nurse for the past 23 years. Her nursing experience includes behavioral health, postpartum/newborn nursery, rehabilitation, chronic disease

management, legal nurse consulting, and academia. Dr. Bell owns and operates a legal nurse consulting business, and is adjunct faculty with the University of Phoenix in the College of Health Professions. She earned her Doctor of Philosophy and Master of Science degrees from the University of Phoenix. She is a member of the Atlanta Black Nurses, the Omicron Delta chapter of Sigma Theta Tau International Honor Society, and the Georgia Nurses Association.

Entrepreneurial opportunities exist in the nursing profession for nurses who are seen as innovative, forward thinkers, and have a desire to work independently. Entrepreneurship as a legal nurse consultant (LNC) is a career choice that allows for that independence while supporting the legal community. Being aware of the necessary skills to be successful as an LNC would offer a unique perspective on entrepreneurship. Brown (2019) described how nurses are especially qualified to own businesses based on the skillset perfected through education and practice.

The Legal Nurse Consultant Role

Entrepreneurship as a legal nurse consultant provides an alternative career opportunity, and the chance to work independently in a diverse role beyond the hospital walls (Zorn, Caparco, & Burbank, 2016). There is value with the use of legal nurse consultants, which includes performing medical analysis within the context of the legal community (Zorn, Caparco, & Burbank, 2016).

Legal nurse consultants are seen as the medical link with law firm attorneys, clients, expert witnesses, health care providers, and those who are related to legal cases (Castellana, 2014). LNCs often support attorneys and organizations in independent practice as entrepreneurs and can provide support to insurance companies, governmental agencies, and state boards of nursing (Castellana, 2014). Attorneys depend on LNCs to provide the most recent medical research to support the facts and claims of cases. Legal nurse consultants are often charged with having the first look at potential cases by determining if a particular claim has merit to bring a lawsuit (Castellana, 2014). Interviewing clients is a significant role for the LNC. Reviewing and analyzing voluminous medical records in personal injury and medical malpractice cases helps to give a snapshot of the patient care during health care events.

Determination to be Successful

LNC work can be challenging, and the need for determination is unavoidable during the entrepreneurial journey. The path toward entrepreneurship for the legal nurse consultant can be difficult to accomplish, as the resources that would bring value for an effective transition are lacking (Wall, 2013). Success is more plausible when there is persistence along the journey of entrepreneurship (Densberger, 2014). Confidence feeds the ongoing determination. Resilience from those unexpected roadblocks is critical to developing a successful business. The path towards success is shaped with enough opposition and obstacles; ignoring the many factors that do not support positive efforts is critical to reaching the intended goal.

Mentorship and Self-Confidence

Receiving support and mentoring is instrumental in being successful as an entrepreneur. Vatan and Temel (2017) discussed how mentorship is invaluable. Mentorship is a significant element that supports successful outcomes. Collaborative attempts can drive efforts in overcoming barriers to successful entrepreneurship. Mentoring should be a counterpart to nursing and central to professional growth (Desjardins, 2006). Through mentoring, the development of the necessary tools of the trade is possible; such as embracing the worth of nursing knowledge, marketing for new clientele, producing quality work products, and the most efficient way to ensure payment of services.

Self-confidence impacts the ability to be successful as an entrepreneur. Revell-Love and Revell-Love (2016) was adamant that confidence is critical for the success of an entrepreneur. The lack of self-confidence will undoubtedly lead to a more difficult path toward entrepreneurship. Self-confidence is based more on perceptions of expertise and capabilities. Entrepreneurship depends on the capability to capitalize on acquired nursing skills and experiences. Those capabilities help in managing the demands of a role transition to entrepreneurship (Smeaton, 2003). Success as an LNC depends on standing firm with your convictions, opinions, and abilities. Nurses are poised to be exceptional business owners as a result of the development of critical thinking, coordination, and prioritization skills (Brown, 2019).

Conclusion

Being innovative and creating a business for the professional registered nurse is possible. The LNC portrait resembles one who applies nursing knowledge while collaborating with attorneys and other entities, such as insurance companies, and governmental agencies. Successful entrepreneurial LNCs recognize an opportunity, determine a service need, and then build a successful business. With the current and impending changes to the health care system, nurses are charged with diversifying their practice. Entrepreneurship for the LNC is a unique position in which to have a positive impact on the profession of nursing and the legal community.

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NBNA Partners with the NIH *All of Us* Research Program

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The Louisiana Capital Black Nurses Association of Baton Rouge, Louisiana is partnering with the National Institutes of Health (NIH) on its *All of Us* Research Program. The *All of Us* Research program is an unprecedented effort to advance individualized prevention, treatment, and care for people of all backgrounds. People ages 18 and older, regardless of health status, will be able to join the program.

Volunteers will join more than 270,000 participants across the United States who have already enrolled in *All of Us* as part of a 10 year national effort. The overall aim is to enroll one million or more volunteers, including individuals who have been underrepresented in research to make the program the largest, most diverse resource of its kind.

The *All of Us* Research Program's goal is to speed up health research breakthroughs, enabling new kinds of individualized health care through precision medicine. Precision medicine is an emerging approach to disease treatment and prevention that considers differences in people's lifestyles, environments and biological makeup, including genes. By partnering with one million diverse people who share information about themselves over many years, the *All of Us* Research Program will enable research to more precisely prevent and treat a variety of health conditions.

LCBNA is proud to partner with the *All of Us* Research Program. The implementation of precision medicine has the opportunity to revolutionize healthcare by giving doctors and health professionals necessary data to make the best clinical decision to coordinate care to meet individual health needs.

The Louisiana Capital Black Nurses Association joins more than 100 organizations throughout the U.S. who are funded by NIH to support the program. LCBNA is working closely with the community in an effort to educate nurses and volunteers about the program.

In the summer of 2019, LCBNA hosted multiple events in the Baton Rouge area to inform, educate, and offer the opportunity for community members to sign up and participate in the NIH *All of Us* Research Program. "Through acts of service, we have the opportunity to improve healthcare for people for generations to come. This is why it is important for us to be active in the community to educate individuals on the opportunities that are available to them in healthcare" said by Alan Stubblefield, BSN, RN, former Vice President of the Louisiana Capital Black Nurses Association. LCBNA was able to make a positive impact in the Baton Rouge area by educating individuals on the NIH *All of Us* Research Program. Participants now have a better understanding of how aggregate data is used by approved researchers to conduct studies that may speed up medical breakthroughs.

All of Us seeks to transform the relationship between researchers and participants, bringing them together as partners to inform the program's directions, goals and responsible return of research information. Participants will be able to access their own health information, summary data about the entire participant community and information about studies and findings that come from *All of Us*.

Participants are asked to share different types of health and lifestyle information, including through online surveys and electronic health records (EHRs), which will continue to be collected over the course of the program. At varied times over the coming months and years, some participants will be asked to visit a local partner site to provide blood and urine samples and to have basic physical measurements taken, such as height and weight. To ensure that the program gathers information from all types of people, especially those who have been underrepresented in research, not everyone

will be asked to give physical measures and samples. In the future, participants may be invited to share data through wearable devices and to join follow-up research studies, including clinical trials.

People also may take part in social media activities (#JoinAllofUs) or tune in at <https://Launch.JoinAllofUs.org> to watch speakers across the country talk about precision medicine and the power of volunteering for research.

To learn more about the program and how to join, please visit <https://www.JoinAllofUs.org>.

"All of Us" is a registered service mark of the U.S. Department of Health & Human Services (HHS).



National Black Nurses Association: Nurses, Stay Involved and Stay Connected (#NSISC)

LaTanya Mathis, MSN, RN, CCM



LaTanya Mathis is a resident of Phoenix AZ, and proudly serves as the President of the Greater Phoenix

Black Nurses Association. She is currently employed as a Senior Clinical Quality Consultant with United Health Group. Her professional experience includes a Master's of Science degree in Nursing Informatics, Certified Case Manager and core clinical background in cardiology. She endeavors to influence the next generation of nurses by casting a positive leadership shadow.

I have been a nurse for over 20 years; I have a Masters in Nursing with a focus in informatics and a Certified Case Manager. I recall while still in nursing school when I made a mental note "wow there are so many areas of nursing to explore". The relevance in sharing these details is because I am reminded of this each time I attend the NBNA Conference and one of the reasons why I am a part of this professional organization. Here are some of my highlights

My name is LaTanya Mathis and I am a member of the National Black Nurses Association (NBNA) and conference attendee for the last five years.

Networking Opportunities

The 2019 NBNA Conference marked the 5th year as an attendee for this conference. In my opinion, networking is one of the highlights / benefits to attending any professional conference. Meeting nurses from all over the country and learning about them and their nursing expertise is invigorating for me. Even if you are not in the market for a new job or change in career, just to talk with the representatives from different companies can be motivation to take a look at your personal/professional inventory for when the time comes.

Awareness at a local and national level

As we observe conditions that affect the health and wellbeing of our local communities it compels us as professionals to adjust to those changes. There are common threads to the events impacting our communities such as the opioid crisis, access to health care on a larger scale, and shifting age demographics. Hopefully we are connected and active in our local, state and governmental organizations; however being a part of NBNA allows us to leverage our concerns collectively with elected officials on Capitol Hill once a year.

Diversity

As a member of NBNA it is a privilege and honor to bring our voices to the table to foster a diverse, meaningful and relevant conversation that is inclusive of our unique perspective on healthcare.

Growth within the profession of nursing

Being active in nursing associations can keep one connected and offers opportunities for professional and personal growth. Engagement with a professional organization as well as subscriptions to journals increases not only knowledge but maintains a connection to current practice and development in nursing. Strive to be a lifelong learner.

In 2019, NBNA added "Mentoring in the Moment Conference Buddy Program". The concept was to pair mentors, mentees, and first time conference attendees. The pairs consisted of new nurses, nursing students, those changing careers etc. Whatever the career stage, it was awesome to get to meet others, share tips and stories about successes and roadblocks. We not only talked shop but had the opportunity to engage in social activities. How gratifying is it to be able to mentor a new nurse who is beginning their career or encourage an experienced nurse who may be on the verge of burnout?

According to the 2018 Gallup poll, nursing is America's most trusted profession. Stay involved, stay connected and grow this trusted profession!

This article is an approved reprint from an Optum internal communication.

Chapter Development: “We’re in this Together!”

Tammy Woods, BSN, RN-BC



Tammy Woods, Founding President, Piedmont Black Nurses Association, Charlotte, NC, is a member of the NBNA Membership Committee. A Summa Cum Laude graduate of Winston-Salem State University, she

currently serves as an Assistant Nurse Manager at Novant Health Presbyterian Medical Center, Charlotte, NC. A dedicated professional who is committed to a patient centered philosophy of care, Tammy has twelve years of nursing experience in various settings and recently returned to her first love, Women's Health. Tammy plans to pursue her Master of Science in Nursing and has enrolled at Winston-Salem State University.

bring you greetings from Charlotte, North Carolina's Piedmont Black Nurses Association. I am a member of Chapter Development, a subcommittee of the National Black Nurses Association (NBNA) Membership Committee. As founding president of a recently chartered chapter, I questioned my capability of assisting other chapters with the struggles of recruitment, retention, fundraising and all the efforts that come with establishing and sustaining a viable chapter of NBNA. I am grateful to the Membership Committee members and chair, Dr. Marcia Lowe, who welcomed this newbie to the committee. I am thankful for their willingness to show me what I do not know.

I recall the excitement of organizing a new chapter of NBNA in North Carolina and traveling to New Orleans, Louisiana in 2019 to be chartered. I failed to realize that the excitement for some members would diminish once we were chartered. The renewal period approached and uncertainty regarding how many founding members would renew increased. The 20 by 20 membership campaign launch was very timely; causing my enthusiasm for the work of the membership committee to increase. I have come to the realization that my commitment to NBNA's mission rewards any timidity I may have regarding my role on the Membership Committee.

I encourage those who may be encountering growing pains to make use of all the resources NBNA offers. Those resources can be

located on the NBNA website and Facebook page. To assist with chapter development, the membership committee and NBNA staff have developed a Membership toolkit. The toolkit is a great resource and is located on the NBNA website under "Membership Campaign 2020", (<https://www.nbna.org/content.asp?contentid=322>). This toolkit has served as a step by step guide for our newly chartered chapter and I must say, "it works if you work it!"

Lastly, the most valuable resource I have found through NBNA is the collaboration and support of other chapter leaders. The names of those that have imparted wisdom and direction into our chapter's leadership are endless. Though the role of chapter president presents its own challenges, I am often reminded of the words spoken to me from a fellow chapter president, "we're in this together!" It is with that spirit that I lead and am compelled to "*Reach One, Teach One, Help One*".

Mentorship is a Two-way Street

Vivian Murphy, PhD, RN, ACNS-BC



Dr. Vivian Murphy is an educator and board certified Clinical Nurse Specialist in Adult Health. She is a lifetime member of NBNA and sits on the National Black Nurses Collaborative Mentorship Committee. She has experience with mentoring formally and informally and has taught nursing at the undergraduate and graduate levels.

The National Black Nurses Association Collaborative Mentorship Program (NBNACMP) recognizes that mentorship relationships are tremendously valuable anytime a nurse is going through a transitional period or needs assistance with career goals. The program has proven to be a valuable resource for NBNA members. The success and longevity of any formal mentoring program rely on the continuous participation of mentors and mentees (Sharma & Freeman, 2014). Hence, there is an ongoing need for NBNA mentors and mentees to ensure the success of the NBNACMP.

A working definition of mentorship is *a one-on-one relationship between individuals of differing levels of experience and expertise which provides guidance in opportunities for career or educational advancement, interpersonal or psychosocial development, leadership, scholarly advancement, and socialization during transitional periods within a caring safe environment* (Gruber-Page, 2016; Swanson, 2015; Woolnough & Fielden, 2014). A successful mentoring relationship is a synergistic relationship between the mentor and mentee, in which both parties benefit (Sharma & Freeman, 2014). Mentors benefit from the satisfaction of helping a colleague and from assisting their mentees to achieve strategic goals, and mentors are typically motivated to continue their own professional development to ensure that they have the knowledge and skills to be an effective mentor (Academy of Medical Surgical Nurses [AMSN], 2012; Gruber-Page, 2016). The mentee not only acquires a coach and a teacher, but also an expert resource who is invested in the mentee's success. Mentees may have the satisfaction of goal achievement, increased self-confidence, advancement opportunities, stress reduction, and improved networking ability.

Finding a mentor who understands the particular professional interests and career goals of the mentee could be the key ingredient in the mentee's career advancement. Those mentees who take greater personal responsibility for their career development are the most likely to benefit from the guidance of a mentor. Competency areas and personal characteristics must be taken into consideration when matching the mentor and mentee. Each will likely learn new things about themselves and each other that will help them move toward career goals. However, to make the relationship work, each

party needs to understand the role they play and must develop mutual respect and trust (AMSN, 2012; Barrett, 2014; Eller, Lev, & Feure, 2014; Management Mentors, 2017). Table 1 addresses the role of the mentor, and Table 2 addresses the role of the mentee.

Table 1
Role of the Mentor

- | | |
|--|--|
| <ul style="list-style-type: none"> • Supportive • Nurturing • Protective • Honest • Role model • Good listener • Vulnerable • Provide opportunities to advance the mentee's career | <ul style="list-style-type: none"> • Accessible • Willing to invest time • Flexible • Offer and receive constructive feedback • Communicate clearly • Aware of boundaries • Advisor |
|--|--|

Table 2
Role of the Mentee

- | | |
|--|---|
| <ul style="list-style-type: none"> • Identify initial learning goals and measures of success • Select a mentor based on criteria relevant to his or her goals • Accept and give constructive feedback • Attend mentor meetings • Be consistent and reliable • Understand that the mentor will not have all the answers • Prepare to move beyond the mentoring connection, once it | <ul style="list-style-type: none"> has served its purpose to end on a positive note • Make informed risks in support of career and development goal • Take an active role in his or her own learning • Follow through on commitments • Celebrate Success • Provide an evaluation of the experience • Say thank you |
|--|---|

Genuine commitment on the part of both the mentor and mentee is required for a successful mentoring relationship. As expressed by Butcher (2013), “it is better to not engage in mentoring at all than to commit in a half-hearted effort and not follow through”. A matching process that takes into consideration competency areas as well as personal characteristics is needed for a successful mentoring relationship.

The NBNACMP monitors the progress of the participants and has mechanisms to assist when a mismatched pairing occurs. Effective characteristic of a mentoring relationship includes open communication and accessibility; goals and challenges; passion and inspiration; a caring personal relationship; mutual respect and trust; exchange of knowledge; independence and collaboration; role modeling, and offering and accepting constructive feedback (Eller & Lev, 2014).

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Getting Involved with the U.S. 2020 Census

Attorney Derrick A. Humphries
NBNA General Counsel

Beginning in early March, the U.S. Census Bureau began sending out detailed instructions to households on how to respond to the 2020 Census online, by phone, or by mail in preparation for April 1st, 2020, when official response collection will commence and continue for the remainder of the month. Census takers will start visiting nonresponding households in early May and continue their efforts until July 31, 2020, when response collection will end.

The 2020 Census is politically significant as the population count in each State is used to determine the reapportion of seats in the U.S. House of Representatives across the 50 states for the next decade. For instance, after the 2010 Census, Texas gained four representatives and Florida gained two representatives, while New York and Ohio each lost two seats in the House.

As for the 2020 Census, it is predicted that Southern and Western States will gain seats and political influence at the expense of Northeast and Midwest States. The importance of the data collected during the 2020 Census extends well beyond establishing the number of United States Representatives allotted to each State. This data will affect how congressional, state, and local district boundaries are redrawn, it will determine the amount of money given to states and localities, and will inform a vast number of government, business, and nonprofit decision making.

The importance of the Census is especially significant for nurses as healthcare at the federal, state, and local level is a key field impacted by data that the census collects. The data collected by the 2020 Census will determine the distribution of billions of dollars in federal funding, including for local and State healthcare programs. It is significant that State and local healthcare programs are directly impacted by the amount of funding allocated to States and local communities (cities, counties, townships, etc.) by the federal government. During the 2015 fiscal year, the Medical Assistance Program, run by the U.S. Department of Health and Human Services, received the greatest amount of Federal Assistance funding. Funding which is based on census data.

Public sector investments by governments, businesses, and nonprofits rely on census data to provide insight on the need for improvements to and/or need for new hospitals and schools throughout local communities. Detailed population information from the Census is also critical in helping first responders, disaster recovery, and medical personnel identify where and how much help is necessary across the country and in specific local communities. For example, census data is a significant source used to help define urban vs. non-urbanized areas and medically underserved populations, both of which are used in allocating funding for healthcare programs.

Participation in the Census and efforts to promote awareness of its importance are crucial for ensuring the 2020 Census conducts an accurate count of the population. In September of 2019, the Congressional Black Caucus (CBC) Census 2020 Taskforce met with the U.S. Census Bureau Director Steven Dillingham to hold the current administration accountable ahead of the 2020 Census count and to raise concerns about preparedness to adequately count Black communities. During this meeting CBC Chairwoman Bass explained that, "During the last census count in 2010, African Americans were undercounted by over 800,000. That is totally unacceptable, and we must close the gap to ensure higher Black participation in the 2020 census so that our communities do not miss out on the federal resources we need the most".

Healthcare workers are in a unique position to help raise awareness for the importance of participating in the Census as they are often trusted members of communities. The National Association of Latino Elected and Appointed Officials Educational Foundation (NALEO) identified that Hispanic children were disproportionately undercounted in the 2010 Census and have enlisted the help of healthcare professionals to ensure Hispanic children are accurately counted during the 2020 Census. NALEO's Chief Executive Officer, Arturo Vargas, explains that "Doctors and nurses are particularly credible messengers" for educating individuals on Census participation and alleviating concerns among Hispanic populations that deter participation. Furthermore, medical workers not only see first-hand the number of people who rely on programs funded by Census data, but are also acutely aware of how factors, such as where a patient lives or goes to school, can affect their health. Providing quality housing, education, and access to healthcare requires a Census that accurately counts the entire population of the country.

Congresswoman Lauren Underwood, a nurse (graduate of the University of Michigan School of Nursing), the youngest African American woman to serve in the U.S. House of Representatives and first woman, person of color, and millennial to represent Illinois' 14th District, is working to improve the accuracy of census counts.

In August of 2019, Representative Underwood, along with other members of the Illinois Congressional Delegation, sent a letter to Census Director Steven Dillingham, urging him to ensure a full and fair count of the State of Illinois in the 2020 Census. The members explained that “Undercounting is most likely to occur among hard-to-count populations, which typically include low-income households, people of color, immigrants, rural communities, areas without broadband or internet service, undocumented individuals, the homeless, renters, and children under the age of 5. As such, we believe the services and outreach provided by the Area Census Offices (ACOs) in Illinois, as well as local hiring efforts for their staff members, are crucial for the communities they assist”.

In an effort to conduct an accurate Census count, the U.S. Census Bureau utilizes national partners to help promote census participation. The Census Bureau's Partner Directory provides a list of businesses, organizations, and individuals who voluntarily committed to reaching out to their members, employees, volunteers, customers, and stakeholders to inform them about completing the 2020 Census. The Partner Directory includes groups such as the American Academy of Family Physicians (AAFP), the Asian Pacific Islander American Health Form, Black Women's Health Imperative (BWHI), and the National Association of Hispanic Nurses, as well as other major names such as Google, Facebook, Target, and the YMCA. The Census Bureau has such a wide range of Partners due to the significant political, social, commercial, and research impacts of the Census data.

National Black Nurses Association Membership Toolkit

Marcia Lowe, PhD, RN



Dr. Marcia Lowe is a Member of the NBNA Board of Directors and Chair, NBNA Membership Committee. She is a Nurse Educator, Staff Development, Birmingham VA Medical Center, Birmingham, AL

The membership committee of NBNA has a **Membership TOOLKIT** to assist presidents, membership chairs, and members with recruitment and retention efforts. Below is a condensed version of the toolkit to assist you with your 20 by 20 Campaign. The 20 by 20 Campaign is in full effect, and we need everyone to help recruit a new member, retain a member, and help to mentor members.

NBNA Campaign Elevator Speech by Kim Scott

The National Black Nurses Association, Incorporated, (NBNA) is a professional non-profit nursing organization. We were established in 1971 and represent over 308,000 African American nurses in the USA, Eastern Caribbean, Canada, and Africa. There are 114 chapters and over 3,000 members. NBNA is the voice for Black nurses and diverse populations, ensuring equal access to professional development, promoting educational opportunities, and improving health. Our 2020 membership campaign is designed to double our membership to 6,000 nurses; each member will recruit one and mentor the nurse to excel in scholastic and career pursuits.

Ten viable approaches to recruit members

1. Ask someone.
2. Encourage members to bring a guest to chapter meetings.
3. Advertise meetings or events on your chapter's website, FACEBOOK page, newspapers & radio stations.
4. Develop clear chapter goals that are consistent with the mission and vision of NBNA.

5. Write letters or initiate personal contacts with local businesses.
6. Establish contact with the local Chamber of Commerce.
7. Place customized bookmarks in library books.
8. Conduct public meetings at libraries, restaurants, malls, outdoors, etc.
9. Staff a booth at community health fairs, festivals, etc.
10. Place pamphlets in doctors' offices, hospitals, cafeterias, libraries, etc. (Membership chair and president should always have an application available).

Ten places to find nurses/potential members

1. Health Systems
2. Hospitals/Hospital Associations
3. Community Health Centers
4. Physicians' Offices
5. Schools of Nursing/University Development Offices – List of Alumni
6. Staffing Agencies
7. State Nurses Association
8. State Boards of Nursing
9. Veterans Hospitals
10. Public Health Service

Partnerships: Sustainability, visibility, and corporate support

- Partner with your current employer's community activities and initiatives
 - » connect your employer's employee health day
 - » if your employer has an employee appreciation day, see if you can recruit new members and check blood pressures and blood glucose levels
 - » join with your employer to visit faith-based health fairs
 - » ask your employer to donate items to give away during health fairs, free marketing to support your agency
- Partner with local hospitals
 - » recruit during their Nurse Week activities
 - » participate with onsite blood drives
 - » work with the local Red Cross
 - » connect with AARP/local health centers – conduct blood pressure screenings and health fairs during regular meetings
- Partner with schools of nursing
 - » start a mentorship program and meet once/month at the same location and invite students from area schools to attend
 - » locate sponsors for the student mentees to join your chapter
 - » sponsor a lunch for senior nursing students and recruit
- Partner with public and private school systems
 - » adopt a school and conduct health related programs: Pre-kindergarten - develop a pretend nurse day; elementary – participate in occupation/professional day (what you want to be when you grow-up); junior high and high school- support their career fairs and ACT prep sessions
- Sponsor an annual fundraiser event to award scholarships - ask your employer to offer a namesake scholarship

The Program Committee

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



Lola Denise Jefferson, MA, BSN, RNC, CVRN is currently the House Supervisor and Co-Chair of the

Nurse Council for Kindred Sugar Land Hospital. She is the NBNA 1st Vice President and Programs Chair of the National Black Nurses Association and the Founder, Past President, & Executive Director of the Fort Bend County Black Nurses Association. She is currently pursuing a Doctor of Philosophy from the Family Life Bible College of the Gospel Ministry Outreach Theological Institute.

The National Black Nurses Association (NBNA) Program Committee evaluates the annual reports from the 114 chapters of NBNA. The annual report highlights the outstanding work of the chapters. Fifty-eight chapters submitted their applications. The annual report was due February 28, 2019 which evaluated chapter programs from January 1, 2018 through December 31, 2018. The annual report spotlights educational programs, community service activities, collaborators, memberships, mentorship programs, fundraising, scholarships, and health policy. The NBNA chapters are arranged into 3 groups, small (8–50 members), mid-sized (51–100 members) and large (101 members & up).

Fifty-three of the 182 educational programs awarded continuing education units. The chapter that offered the most educational programs was Eastern Colorado Council of BNA with 17 programs. Columbus Georgia Metro BNA offered 4 programs on anti-violence. Northern New Jersey BNA, Miami BNA and Council of Black Nurses, Los Angeles offered 2 programs on anti-smoking. Fort Bend County BNA offered the most continuing education units with 14 programs.

The chapters offered 540 community service activities. Fort Bend County BNA participated with the most community service activities involving 80 activities. Columbus Georgia Metro BNA participated in 5 anti-violence activities. North Shore BNA, Upstate BNA, and BNA, Miami participated in an anti-smoking activity. Fort Bend County BNA participated in 3 global health activities.

The chapters collaborated with 468 organizations. The chapters with the most collaborations are (small chapter) Kalamazoo-Muskegon Michigan BNA - 32, (mid-size chapter) Birmingham BNA – 25 and (Large) Fort Bend County BNA – 51.

Fifty-one of the chapters increased their membership and 7 chapters stayed the same.

There were 134 mentorship programs offered for 2018. The chapters with the most mentorship activities were (Small) – Sandhills North Carolina BNA – 9, (Mid-size) Birmingham BNA – 8, (Large) Fort Bend County BNA – 48.

Ninety-seven events were held that raised \$222,902. The most events held by the chapters are (Small) Central Valley BNA – 9, (Mid-

size) Birmingham BNA and BNA, Miami – 6, and (Large) Fort Bend County BNA – 7.

Thirty-seven chapters awarded 125 Scholarships to nursing students that totaled \$104,250. First Coast BNA, Illinois South Suburban BNA, and Fort Bend County BNA gave 7 Scholarships each.

And the last section is Health Policy. Twenty-seven chapters were represented at the NBNA Day on Capitol Hill. Twenty-nine chapters held NBNA day locally.

The 58 chapters that submitted their reports had a very successful year. Many outstanding accomplishments were reported. The Program Committee is looking forward to evaluating more chapters for 2019.

Program Committee Analysis

January 1, 2018 – through December 31, 2018
58 Chapters Reported

Educational Programs

	Small	Mid-Size	Large	Total
Programs	130	37	15	182
Violence	12	0	0	12
Smoking	4	3	4	11
Global Health	0	0	0	0
CEU (Continuing Education Units)	25	13	15	53

Community Service Activities

	Small	Mid-Size	Large	Total
Activities	360	97	83	540
Violence	13	10	2	25
Smoking	2	1	0	3
Global Health	0	0	3	3

Collaborators

	Small	Mid-Size	Large	Total
	351	63	54	468

Membership

	Small	Mid-Size	Large	Total
Increase	44	5	2	51
Same	7	0	0	7

Mentorship

	Small	Mid-Size	Large	Total
5th Grade & Below	1	0	34	35
6th Grade – 12th Grade	14	1	10	25
College	9	10	4	23
Professional	22	0	1	23
Total	72	12	50	134

Fundraiser

	Small	Mid-Size	Large	Total
Events	68	17	12	97
Raised	\$126,317	\$67,034	\$29,550	\$222,902

Scholarships

	Small	Mid-Size	Large	Total
Recipient	96	16	13	125
Amount Awarded	\$79,800	\$13,200	\$11,250	\$104,250

Health Policy

	Small	Mid-Size	Large	Total
NBNA Day on Capitol Hill	20	5	2	27
NBNA Local	29	9	1	39
Liaison	41	4	2	47

National Black Nurses Association and American Red Cross: “A Reciprocal Relationship That Supports Diversity & Inclusion”

Rebecca Harris-Smith, EdD, MSN, RN



Dr. Rebecca Harris-Smith is a member of the Acadiana Black Nurses Association; Member of NBNA Board of Directors; is the NBNA's liaison to the American Red Cross, and is Dean of Nursing and Allied Health at South Louisiana Community College in Lafayette, Louisiana.

In 2016, Dr. Eric J. Williams, then President of the National Black Nurses Association (NBNA) appointed me to represent the NBNA as the liaison between the American Red Cross and the NBNA. Over the past three years I have had the honor of serving as a member of the National Nursing Committee. This committee is made up of a diverse group of individuals that promote nurse and other health professional volunteer engagement across the organization. Serving on this national committee affords me the opportunity to work collaboratively with nurses from across the nation to support nursing and health integration throughout the Red Cross in order to reach more people in more communities. As the representative of NBNA, my goal is to advocate and assist with the development of strategies that will provide access and inclusion of the needs of the African American community.

This collaboration has resulted in the following activities:

- **Education:** The American Red Cross workshop: “Promoting Community Health Through NBNA-Red Cross Partnership” has been presented for the last several years at NBNA’s Annual Institute and Conference. The 3-hour presentation focuses on:
 - » Blood donation, changing demographics and strategies to increase diverse blood donor participation and the use of blood to improve patient outcomes

- » Academic Student Learning projects that will provide nursing students with the strategies and ability to make an impact on the local community
- » Measles and Rubella Initiative to raise awareness of the local and global impact, emphasizing the minor cost required to eliminate this disease both nationally and internationally

• Volunteerism

- » In 2016, my husband and I volunteered with the Red Cross in Baton Rouge, Louisiana following a devastating flood. This experience provided us personal knowledge and experience in the field. We have committed to making this a once a year activity upon my retirement.
- » NBNA provides national member notification to encourage engagement and participation in local and national disasters.
- » NBNA notifies members of Red Cross recruitment efforts for available Regional Nurse Leader positions across the nation. Both organizations are interested in the recruitment of African American nurses to serve in this capacity.

- **Financial Support:** In 2018, NBNA secured a \$2,000 donation in support of the Measles and Rubella Initiative
- **Giving Back:** At the 46th NBNA Annual Institute and Conference, the NBNA committed to partnering with the Red Cross or a local blood bank (if Red Cross is not available) to host a blood drive during all future conferences. To date, we have hosted two successful blood drives, at the 2018 St. Louis

and 2019 New Orleans conferences. We are currently gearing up to host our third blood drive in Hollywood, Florida.

- **Community Outreach:** Increase external awareness about the work of nursing and Academic Service Learning (ASL) using the Red Cross Pillowcase Project. ASL student/instructors educate children ages 8-11 on home fire and disaster safety. This project is being used to recruit and engage future healthcare professionals.
 - » In March 2018, at South Louisiana Community College (SLCC), Dr. Nellie Prudhomme hosted the ASL Pillowcase Project with the Associate of Science in Nursing (ASN) students. This age/grade-appropriate, evidenced-based activity provided a teaching/learning opportunity for the SLCC nursing students and all 5th grade students in Iberia Parish, Louisiana.

Please let me extend a heartfelt “Thank you” to Dr. Eric Williams, NBNA Immediate Past President; Dr. Millicent Gorham, NBNA Executive Director and Dianne Mance, Conference Services Manager for the support and encouragement they provided during my tenure. A special “Thank you” is also given to Dr. Linda MacIntyre, Red Cross Chief Nurse and Dr. Carmen Kynard, Red Cross; National Chair of Nursing for affording me the opportunity to serve as guest speaker at the American Red Cross workshop.

(This article is a reprint from Nursing Matters Past and Present: American Red Cross; National Nursing Committee Newsletter 36th Edition; Fall 2019)

Advancing Health Equity

Multi-Credit Education

With the U.S. population becoming increasingly diverse, it is important to consider how diversity can affect the way that health care services need to be adapted to meet various social, cultural and linguistic needs. Health equity refers to the elimination of health-related disparities across diverse populations, including access to care, utilization of care, presence of disease and health outcomes.

By completing this course, you will be better informed on the complexity of cultural health disparities and how you can work towards achieving health equity. You can also receive 3.5 AMA, ACPE, ANCC, APA, ASWB, CCMC and attendance CME/CEs. This course is available at no cost to you.



Let's get started

Visit optumhealtheducation.com/advancing-health-equity to learn more and complete the Advancing Health Equity activity. If you are new to the site, you can easily create an account to access and track your progress.

Learning Objectives:

- Identify health disparities and their causes
- Define cultural competency
- List the concepts of cross-cultural communication
- Explain the development and the utility of the enhanced *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (CLAS standards)
- Understand the impact of health literacy and how to work with patients who are of limited English proficiency (LEP)
- State the impact of cultural sensitivity in a health care setting through case study examples

Together we can make the health care system work better for everyone. Thank you for caring for our members.

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Members on the Move

Ophelia M. Byers, MSN, RN, WHNP-BC, RNC-OB, NEA-BC, Vice President, Patient Services and Chief Nursing Officer, New York-Presbyterian Hudson Valley Hospital, completed all work for her DNP that was conferred to her on April 2, 2020. Congratulations!

The American Association of Nurse Practitioners 2020 Towers Pinnacle Award will be presented to **Sheldon D. Fields**, PhD, RN, FNP-BC, AACRN, FAANP, FNAP, FAAN, for his long-term work as a front-line family nurse practitioner (FNP) in the fight against HIV/AIDS.

Katherine Tucker, DNP, RN, APRN-BC, NE-BC, Member, NBNA Board of Directors, testified on March 3, 2020, before the Connecticut Insurance and Real Estate Committee of the Connecticut State Legislature regarding HB 5369, An Act Concerning Donor Breast Milk and Human Milk Products Derived from Donor Breast Milk.



Carolyn TenEyck, RN, Senior Director, Advocacy and Government Affairs, Pro-lacta Bioscience and **Dr. Katherine Tucker**, Member, NBNA Board of Directors. Dr. Tucker testified before the Connecticut State Legislature.

Dr. Frances Ashe-Goins, RN, MPH, FAAN, member, Midlands of South Carolina Black Nurses Association, Inc., was interviewed to share her work as a federal official to bring the plight of women with HIV/AIDS to the forefront. She is quoted in the book *Remaking A Life: How Women Living with HIV/AIDS Confront Inequality*, written by Dr. Celeste Watkins-Hayes. The HIV/AIDS epidemic in the lives of women is a critical issue from the very beginning of the epidemic, even though their role was not acknowledged until women themselves fought to be recognized.

Greater New York City Black Nurses Association members **Julius Johnson**, DNP, FNP-BC and **Brittany Richards**, DNP, FNP guest lectured on Health Policy for New York University, Rory Meyers College of Nursing's Contemporary Issues Course. Dr. Richards and Dr. Johnson discussed the importance of nurses actively participating in policy that affects healthcare, as this impacts our profession and

ultimately the individuals to which we provide care. Students created elevator pitches and developed letters to send to their Members of Congress about mental health and gun reform. By the end of the lecture, the pre-licensure baccalaureate nursing students were able to demonstrate knowledge and understanding of healthcare policy and advocacy. They were encouraged to participate in National Black Nurses Association 38th Day on the Hill, on February 6, 2020.



On Thursday, October 10, 2019, Greater New York City Black Nurses Association member **Brittany Richards**, DNP, FNP, participated in a healthcare townhall hosted by U.S. Representative Hakeem Jeffries (D-NY). The townhall focused on tackling the sky-high

costs of prescription drugs. Representative Jeffries and other members of the U.S. House of Representatives have introduced legislation focused on lowering the costs of prescription drugs and signed on additional legislation focused on keeping healthcare costs low. As the only nurse on the panel, Dr. Richards emphasized the detrimental effects of life-saving prescription medications being inaccessible because of their high costs and the financial impact placed on our health care system resulting in increased emergency department visits and hospitalizations.



Dr. Debbie Jones, a member of the Black Nurses Association of Greater Houston, wrote an article, *Greater Houston Nurses Taking it to the Streets* that was published in *Minority Nurse Magazine*. It is currently featured on the homepage of Prairie View A&M University (PVAMU) and the College of Nursing website at PVAMU. Dr. Jones is a Clinical Associate Professor, College of Nursing, Prairie View A&M University.

<https://minoritynurse.com/greater-houston-nurses-taking-it-to-the-streets/>

Jones, D. A. (Winter, 2019). Greater Houston nurses taking it to the streets. *Minority Nurse Magazine*, 26-28.

Members on the Move

Alison Haggwood, MSN, BS, RN, member, Midlands of South Carolina Black Nurses Association, Inc., was recently selected for the 2020-2021 Amy V. Cockcroft Leadership Fellowship. The year-long program prepares nurse leaders to meet the urgent demands of today's healthcare environment. Alison works for the

South Carolina Department of Health and Environmental Control as a Nurse Consultant in the Bureau of Communicable Disease Prevention and Control. The Leadership Fellowship is administered by the University of South Carolina's College of Nursing, Center for Nursing Leadership.

Chapters on the Move

Rochester Black Nurses Association



(Left to Right) President-Yvette Conyers, DNP, MS, RN, FNP-C, CTN-B, Vice President-Mary Starks, BS, RN and Alex Yudelson.

Rochester Black Nurses Association (RBNA) held its first scholarship brunch on Saturday, September 28, 2019 at Morton's The Steakhouse in Rochester, NY with over 75 persons in attendance. This was the first fundraiser and awareness event for RBNA. The chapter was presented with a proclamation from Mayor Lovely Warren's office and July 25 was designated as Rochester Black Nurses Day in Rochester, NY.



Rochester Black Nurses Association held its first scholarship brunch on Saturday, September 28, 2019 at Morton's The Steakhouse in Rochester, NY.



(Left to Right) Celia McIntosh, DNP, RN, FNP-C, PMHNP-BC, SCRNP, CNRN, Taija Jenkins, scholarship recipient and President-Yvette Conyers, DNP, MS, RN, FNP-C, CTN-B.



(Left to Right) Dr. Celia McIntosh, Brittany Latimore, scholarship recipient and RBNA President Dr. Yvette Conyers

Chapters on the Move

Rochester Black Nurses Association (cont.)



(Left to Right) Instructor Virginia Floss and RBNA members Katie Disalvo, Laverne Sleugh-Sharpe, Dr. Celia McIntosh, Vice President-Mary Starks, Recording Secretary-Wilhmenia Sizer, MSN,ACNP, Sheila Johnson, BS, RN, Treasurer-Linda Collins BS,RN, President- Dr. Yvette Conyers, and Samantha House-Campbell, BS, RN.



On Saturday, October 26, 2019, members of RBNA spoke to 25 young women from the Cheryl Speranza Leadership Institute on various health care careers. Dr. Yvette Conyers, President, Mary Starks, Vice President, Wilhmenia Sizer, MSN, ACNP, Recording Secretary and Linda Collins, BS, RN, Treasurer, spoke to students about career path in medicine and demonstrated proper monitoring of heart rate and blood pressure checking.



On Saturday, October 5, 2019, eight members of RBNA participated in a Mental Health First Aid USA youth training through a grant received from the Greater Rochester Health Foundation. Next steps include a full certification for some of the members to educate and train other organizations in the community about recognizing behavioral health needs of the youth.



(Left to Right) Phinehas Jacques, Dr. Celia McIntosh, and Dr. Yvette Conyers, RBNA President, with staff from RIT Liberty Partnership Program.

On Tuesday, October 15th, co-founding member Dr. Celia McIntosh and Dr. Yvette Conyers, President, spoke to over 40 students at Rochester Institute of Technology Liberty Partnership Program about careers in nursing.



Chapters on the Move

Rochester Black Nurses Association (cont.)



President-Yvette Conyers,DNP,MS,RN,FNP-C,CTN-B with members of the Black Physicians Network

Midlands of South Carolina Black Nurses Association

Curisa Tucker, MSN, RN, Member, Midlands of South Carolina, Black Nurses Association, Inc. and PhD student was accepted into the Southern Regional Education Board (SREB) Doctoral Scholars Program. She is the first student from the College of Nursing, University of South Carolina, to be accepted in the program. Participating in SREB will enhance her networking skills to build a base of inter-professional colleagues who are leaders in the professoriate. The SREB is designed to develop teaching and leadership skills beyond the classroom. “The goal of the SREB is to increase the amount of minority PhD students who seek careers as faculty on college campuses.”

Jeannette Andrews, PhD, RN, FAAN, Member, Midlands of South Carolina Black Nurses Association, Inc. and Dean, University of South Carolina, College of Nursing, was elected to the American Association of Colleges of Nursing (AACN) Nominating Committee and serves on the Council of Collegiate Education (CCEN) Board as Vice President.

Sheryl Mitchell, DNP, APRN, FNP-BC, ACNP-BC, FAANP, Member, Midlands of South Carolina Black Nurses Association, Inc., was inducted into the American Association of Nurse Practitioners (AANP) and recipient of the University of South Carolina Clinical Teaching Award.

Alexis Washington, BSN, RN, Member, Midlands of South Carolina Black Nurses Association, graduated in January 2020 from the University of South Carolina, College of Nursing. Alexis passed her NCLEX and has accepted a nursing position with Prisma Health as an Emergency Department nurse.

Chelsea Ford, BSN, Member, Midlands of South Carolina Black Nurses Association, Inc., graduated in January 2020 from the University of South Carolina College of Nursing. Chelsea passed her NCLEX and has accepted a nursing position with Prisma Health in the Emergency Department.

Karen Worthy, PhD, MPH, MSN, BSN, Member, Midlands of South Carolina Black Nurses Association, Inc., has a new leadership role as Assistant Dean for Undergraduate Programs at the University of South Carolina, College of Nursing. Dr. Worthy is a Certified Nurse Educator and Amy Cockcroft Fellow, and holds membership in several professional organizations.

Eboni Harris, PhD, APRN, FNP-BC, Member, Midlands of South Carolina Black Nurses Association, Inc., has been promoted from Assistant Professor to Associate Professor at the University of South Carolina.

Chapters on the Move

Birmingham Black Nurses Association

BBNA was a sponsor of the Lawrence Mond Jefferson, Jr. Foundation's Third Annual Legacy Golf Tournament and Banquet. The foundation is a 501(c)(3) non-profit organization organized exclusively to fund and support youth for charitable, educational, mentorship and scholarship purposes. All donations are tax deductible to the extent of the law. The foundation's motto/purpose is "Growing boys and girls into REAL (Responsible, Empowered, Achievers, Leaders) men and women".

On November 13, 2019, BBNA mentorship committee members, Dr. Jennifer Coleman and Dr. Lee Hardin presented study skills and test-taking strategies at Jefferson State Community College Department of Nursing. The interactive session was held at the college's Shelby campus and was broadcasted virtually to campuses in Pell City and Chilton-Clanton. The face-to-face location included 109 nursing students with 100 additional students attending virtually. On November 21, BBNA repeated the session for the 5pm evening class at Jefferson State Community College. Thirty students participated in the face-to-face workshop. Another session presented on January 27 was attended by 55 first semester nursing students.

BBNA members taught Hands-only CPR at the Alabama Law Association conference on November 23, 2019.

BBNA's annual compassionate care project culminated at the Harbert Plaza City Club in Birmingham on December 18. Chapter members presented a cash donation to the Jefferson County Child Development Council, a private nonprofit organization that coordinates developmental support services for childcare programs.



BBNA member **Dr. Carol Ratcliffe** received the Samford University Macon Award at the university's opening convocation in January. The Macon Award is presented based on the faculty member's outstanding ability to inspire students to greatness. Dr. Ratcliffe is professor and chair of the Department of Healthcare Administration at Samford.



BBNA members helped to celebrate the 75th birthday of member **Dorothy Thompson**. The surprise celebration was held on January 5, 2020. Mrs. Thompson was BBNA's first lifetime member.



BBNA Annual Open House and Membership Drive was held on February 4, 2020 at the Wine Loft in Birmingham. The event featured a presentation on influenza by D'Andrea Skipwith, PharmD of Genentech.



BBNA President **Deborah Thedford-Zimmerman** attended NBNA Day on Capitol along with BBNA member, Dr. Marcia Lowe.



STRESS RESILIENCE FOR THE FRONT LINE

Those on the front line of the COVID-19 crisis – medical personnel and hospital staff, law enforcement officers, and other healthcare workers – are under a tremendous amount of pressure and stress in normal circumstances that has only been amplified during the current pandemic. A study released by JAMA in March 2020 looking at the mental health outcomes of 1,257 health care workers attending to COVID-19 patients in 34 hospitals in China, where the outbreak started, found

that 50% showed signs of depression, 45% reported anxiety and 72% had some form of psychological distress.

Fortunately, we have the power to change our threshold of stress. Research has shown that by harnessing our executive function skills, we can down-regulate emotional responses to stress and effectively reframe threats as opportunities. Digesting an onslaught of information, navigating dynamic high-stress environments, and

employing critical reasoning skills are critical for success in any industry – but these strategic cognitive abilities are often left untrained.

In response to the impact of COVID-19 on our community, Center for BrainHealth will offer science-backed strategies and tools to help these brave men and women mitigate stress, recharge and recalibrate, and boost cognitive performance so that they can continue performing their essential jobs at an optimal level.

WHAT WE OFFER

ONLINE CONTENT:

Learn and progress at your own pace.

COGNITIVE TRAINING MODULES:

Recommend training 10-15 minutes daily, 4-hours total

- **SMART**
The Center for BrainHealth's Strategic Memory Advanced Reasoning Training (SMART) is an evidence-based cognitive training program focused on enhancing top-down executive function. Designed by cognitive neuroscientists and clinicians at the Center for BrainHealth and based on more than 20 years of scientific study and translational validation, SMART teaches a set of cognitive strategies to train the brain to filter unnecessary data, rapidly abstract and apply information across contexts, and tactically think through social, workplace, and personal problems and tasks in innovative ways – all for improved decision-making.
- **Stress Solutions**
Tactical tools for down-regulating emotional responses to stress and reframing threats as opportunities
- **Sleep**
The scientific benefits of sleep, and practical strategies for achieving optimal sleep hygiene

BRAINHEALTH BOOST VIDEO SERIES FOR FRONT-LINE & FIRST RESPONDERS:

Six brief (2-3 minute) videos tailored to front-line healthcare providers and first responders, presenting our cognitive strategies and tools to increase brain healthy habits for stress resilience

LIVE SESSIONS:

Delivered live via Zoom, recording will be shared.

STRESS RESILIENCE TOWN HALL:

45-minutes

Interactive conversation led by subject-matter experts who will give practical tips for implementing SMART tools and answer any questions you may have.

GUIDED MINDFULNESS PRACTICES:

- **10-minute Breath-Focused Brain Training**
Participants will be guided through a 10-minute mindful meditation to focus on more intentional breathing to calm the stress response.
- **20-minute Guided Body Scan**
Participants will be guided through a 20-minute body scan meditation to down-regulate emotional response to stress, recharge and build nervous system resilience.

[CLICK HERE TO LEARN MORE](#)

FOR MORE INFORMATION, PLEASE CONTACT:

Paige Hayes: paige.hayes@utdallas.edu

TO REGISTER:

centerforbrainhealth.org/stressresiliencefrontlines



CENTER for
BRAINHEALTH
THE UNIVERSITY OF TEXAS AT DALLAS

NBNA Day on Capitol Hill 2020



Cleveland Council of Black Nurses Left to Right Top row: Lelett Huston, Sheelah Malone (Akron), Cynthia Bell (Akron), Mary Louise Tatum, Persina Clark-Dickson, Nancy Crawford, Lakia Johnson, Yasmin Abukhalil, Amber Black. Right to Left Bottom row: Jazmine Carter, Ruby Randolph, Jaqueline Thomas, Rachel Freeman, Dr. Martha A. Dawson, NBNA President, Latonya Martin, Chapter President, Stephanie Doibo.



NBNA Past Presidents, Dr. Eric J. Williams, Dr. C. Alicia Georges (the architect of NBNA Day on Capitol Hill), Dr. Martha A. Dawson, NBNA President, and Reverend Deidre Walton.

NBNA Day on Capitol Hill 2020



Standing: Cynthia Bell, Dr. Sheldon Fields, Dr. Chris Bryant, Dr. Katherine Tucker, Diamond Cummings, Dr. Eric J. Williams, Sabrina Newton, Thomas Hill, Dr. Shirley Evers-Manly. Seated: Dr. Marcia Lowe, Sasha DuBois, Lola Denise Jefferson, Dr. Martha A. Dawson (president), Patricia Lane, Trilby Barnes Green, Dr. Rebecca Harris.



NBNA Day on Capitol Hill Speakers Robert Blancato, Defeat Malnutrition Today Coalition; Congresswoman Allyson Schwartz, Better Medicare Alliance; Dr. Martha A. Dawson, NBNA President; Laurie Rubiner, Campaign for Tobacco Free Kids; Mia Masten, Pfizer.

NBNA Day on Capitol Hill 2020



Dr. Martha A. Dawson, NBNA President with the male nurses and nursing students



Dr. C. Alicia Georges, NBNA Past President; Dr. Martha A. Dawson, NBNA President; Dr. Charlotte Wood, Maryland Nurses Association President.



Birmingham Black Nurses Association Leadership Dr. Marica Lowe, NBNA Board Member; Dr. Martha A. Dawson, NBNA President; Deborah Thedford-Zimmerman, Birmingham Black Nurses Association President.

NBNA Day on Capitol Hill 2020



Howard University Nursing Students



Howard University Nursing Student
Briana Charles



Howard University Nursing Student



New York University Nursing Students

NBNA Day on Capitol Hill 2020



Health Policy Committee briefing on Legislative Toolkit



NBNA Day on Capitol Hill 2020



Bowie State University School of Nursing Students with Sharon Wilks, Dr. Jacqueline Hill, Department Chair and Dr. Birthale Archie.



Bowie State University School of Nursing Students

NBNA Day on Capitol Hill 2020



Dr. Layla Qaabidh, Greater New York City BNA

Standing: Sabrina Newton, Shirley Dennis, Dr. Eric J. Williams, Kim Cartwright.
Seated: Dr. C. Alicia Georges, Dr. Martha A. Dawson, NBNA President, and Dr. Bernardine Lacey.



Dr. Martha A. Dawson, NBNA President with the Greater New York City BNA. Dr. Julius Johnson, Chapter President.

NBNA Day on Capitol Hill 2020



Dr. Martha A. Dawson, NBNA President, with Howard University Nursing Students



Nursing Student, Dr. Layla Qaabidh and Dr. Sandy Cayo



Standing: Dr. Shirley Evers-Manly. Seated: Dr. C. Alicia Georges, Dr. Martha A. Dawson and Dr. Bernardine Lacey.

NBNA Day on Capitol Hill 2020



South Eastern Pennsylvania Area Black Nurses Association. Back Row (Left to Right): Venus Gwynn, April Andrews, Michelle Young-Stevenson, Sharon Thompson, Lorraine Braxton, Eula Davis, Arlene Branch, Juanita Jones, and Karen King-Shannon, Leilani Hopkins, Donna Boyd, Juanita Tunstall and Stephanie Tunstall. Seated: Monica Harmon, SEPABNA President and Dr. Martha A. Dawson, NBNA President.



Black Nurses Association, Miami. Front row Left to Right: Dr. Constance Miller, Patrise Tyson, Dr. Dawson, Dr. Marie Etienne, Sharon Rogers. Upper row left to right: Dr. Linda Washington-Brown, Dr. Millicent Richards, Dr. Joan Osborne.



Thomas Hill, Chapter President and Dr. Martha A. Dawson, NBNA President with the Integrated New Jersey BNA

NBNA Day on Capitol Hill 2020



Chicago Chapter NBNA President Ellen Durant, Diane Deese, Dr. Martha A. Dawson, NBNA President, Dr. Linda Howard and Ethel Walton



Rosemary Allen-Jenkins, Dr. Betty Braxter, Ashley Daniel Moore, Dr. Martha A. Dawson, NBNA President, Lola Denise Jefferson, Dr. Claudia Kregg-Byers, Patricia Lane



Standing: Juanita Hall, Brenda Lateef, Karen Scippio-Skinner, Gwen Johnson, Margaret Green, Gregg Ifill, Joan Smith BNA of Greater Washington, DC Area President Dr. Pier Broadnax, Dr. Bernardine Lacey, Dr. Martha A. Dawson, NBNA President, Dr. Veronica Clarke-Tasker Battle, Brenda Ingram

NBNA Day on Capitol Hill 2020



Columbia University Nursing Students Head to Capitol Hill with Greater New York City BNA



Dr. Claudia Gregg-Byers, Co-Chair and Dr. Sheldon Fields, Chair, NBNA Health Policy Committee with Congressional Staffer



Marcus Boyle, Carolyn TenEyck, David Garriepy representing ProLacta Bioscience



Lola Denise Jefferson, Dr. Bernardine Lacey and Patricia Lane

NBNA Corporate Roundtable Meeting



Curtis Weber, Children's Mercy Kansas City and
Dr. Martha A. Dawson, NBNA President



Dr. Billie Abdi and Rosalyn Kumar representing CVS



Dr. Martha A. Dawson and Dr. Billie Abdi and Rosalyn Kumar



Dianne Mance, Conference Services Manager, Patricia Lane,
2nd VP and Estella Lazenby, Membership Services Manager.



Dr. Martha A. Dawson and Sasha DuBois, Secretary.



Mary Jo Jerde, United Health Group, Adrian Hawkins, Novartis,
Dr. Eric J. Williams, Immediate Past President.

NBNA Corporate Roundtable Meeting



Dr. Marcia Lowe and Hilly Paige, Esperion.



Dr. Marica Lowe and Diane Deese, VITAS Healthcare



Dr. Mary Kelly, University Medical Center, Diane Deese, VITAS Healthcare, Trilby Barnes-Green, Treasurer



Curtis Weber, Children's Mercy Kansas City, Hilly Paige, Esperion, Dr. Sheldon Fields.



Melissa Bishop-Murphy, Pfizer and Lola Denise Jefferson, 1st VP



Dr. Millicent Gorham, NBNA Executive Director and Jesse Price, Eli Lilly and Company

NBNA Corporate Roundtable Meeting



Trilby Barnes-Green, Treasurer, Mary Jo Jerde, United Health Group, Diane Deese, VITAS Healthcare.



Sasha DuBois, Secretary, Diane Deese, VITAS Healthcare and Dr. Millicent Gorham.



Hilly Paige, Esperion and Kristen Williams, Astra Zeneca.



Melissa Bishop-Murphy, Pfizer and Roy Cosme, Arcos Communications.



Adrian Hawkins, Novartis, Lola Denise Jefferson, 1st VP, Hilly Paige, Esperion and Dr. Martha A. Dawson, NBNA President

NBNA Corporate Roundtable Meeting



Trilby Barnes-Green and Carolyn TenEyck, Prolacta Bioscience



Dr. Millicent Gorham, NBNA Executive Director and Kelly Cox, Johnson & Johnson



Sasha DuBois, Secretary, Patricia Lane 2nd VP and Vikki Walton, Novartis

Chapter Presidents

ALABAMA

Birmingham BNA (11)	Deborah Thedford-Zimmerman	Birmingham, AL
Montgomery BNA (125)	Katherine Means	Montgomery, AL
Northern Alabama BNA (180)	Bridgette Taylor	Harvest, AL
Tuskegee/East Alabama NBNA (177)	Dr. Cordelia Nnedu	Tuskegee Institute, AL
West Alabama Chapter of the NBNA (184)	Dr. Johnny Tice	Tuscaloosa, AL

ARIZONA

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

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

Bay Area BNA (02)	Norma Faris-Taylor	Oakland, CA
Capitol City BNA (162)	Carter Todd	Sacramento, CA
Central Valley BNA (150)	Dr. Jeanette Moore	Fresno, CA
Council of Black Nurses, Los Angeles (01)	Barbara Collier	Los Angeles, CA
San Diego BNA (03)	Samantha Gamble Farr	San Diego, CA
Stanislaus and San Joaquin Counties BNA (176)	Gia Smith	Modesto, CA

COLORADO

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

Northern Connecticut BNA (84)	Florence Johnson	Hartford, CT
Southern Connecticut BNA (36)	Andrea Murrell	West Haven, CT

DISTRICT OF COLUMBIA

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

Big Bend BNA (Tallahassee) (86)	Katrina Rivers	Tallahassee, FL
BNA, Tampa Bay (106)	Rosa Cambridge	Tampa, FL
Central Florida BNA (35)	Eloise Abrahams	Orlando, FL
First Coast BNA (Jacksonville) (103)	Dr. Carol Jenkins-Neil	Jacksonville, FL
Greater Fort Lauderdale Broward Chapter of the NBNA (145)	Lyn Peugeot	Fort Lauderdale, FL
Greater Gainesville BNA (85)	Voncea Brusha	Gainesville, FL
Miami Chapter - BNA (07)	Patrise Tyson	Miami, FL
Palm Beach County BNA (114)	Rochun McCray	West Palm Beach, FL
St. Petersburg BNA (28)	Janie Johnson	St. Petersburg, FL
Treasure Coast Council of BN (161)	Dr. Ophelia McDaniels	Port Saint Lucie, FL

GEORGIA

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

Chapter Presidents

GEORGIA (cont.)

Concerned National BN of Central Savannah

River Area (123)	Romona Johnson	Martinez, GA
Middle Georgia BNA (153)	Dr. Debra Mann	Dublin, GA
Okefenokee BNA (148).	Rosalyn Thomas	Waycross, GA
Savannah BNA (64)	Yvonne Bradshaw	Savannah, GA

HAWAII

Honolulu BNA (80)	Linda Mitchell	Aiea, HI
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ILLINOIS

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

INDIANA

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

KANSAS

Wichita BNA (104)	Linda Wright	Wichita, KS
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KENTUCKY

KYANNA BNA, Louisville (33)	Alona Pack	Louisville, KY
Lexington Chapter of the NBNA (134)	Dr. Lovoria Williams	Lexington, KY

LOUISIANA

Acadiana BNA (131).	Iris Malone	Lafayette, LA
Bayou Region BNA (140)	Salina James	Thibodaux, LA
Louisiana Capital BNA	Steven Jackson, Jr.	Baton Rouge, LA
New Orleans BNA (52).	Mary Kelly	New Orleans, LA
Shreveport BNA (22)	Bertresea Evans	Shreveport, LA
Southeastern Louisiana BNA (174)	Rachel Weary	Abita Springs, LA

MARYLAND

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

MASSACHUSETTS

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

Chapter Presidents

MICHIGAN

Detroit BNA (13)	Nettie Riddick	Detroit MI
Grand Rapids BNA (93)	Aundrea Robinson	Grand Rapids, MI
Greater Flint BNA (70)	Juanita Wells	Flint, MI
Kalamazoo-Muskegon BNA (96)	Dr. Birthale Archie	Kentwood, MI
Lansing Area BNA (149)	Meseret Hailu	Lansing, MI
Southwest Michigan BNA (175)	Deborah Spates	Berrien Springs, MI

MINNESOTA

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

BNA of Greater St. Louis (144)	Quita Stephens	St. Louis, MO
Greater Kansas City BNA (74)	Iris Culbert	Kansas City, MO
Mid-Missouri BNA (171)	Felicia Anunoby	Jefferson City, MO

NEBRASKA

Omaha BNA (73)	Shanda Ross	Omaha, NE
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NEVADA

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

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

NEW YORK

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

NORTH CAROLINA

BN Council of the Triad (160)	Rashida Dobson	Winston Salem, NC
Central Carolina BN Council (53)	Bertha Williams	Durham, NC
Piedmont BNA (181)	Tammy Woods	Salisbury, NC
Sandhills North Carolina BNA (138)	Dr. LeShonda Wallace	Fayetteville, NC

OHIO

Akron BNA (16)	Deandrea Mayes	Akron, OH
BNA of Greater Cincinnati (18)	Dr. Regina Hutchins	Cincinnati, OH
Cleveland Council BNA (17)	Dr. LaTonya Martin	Cleveland, OH
Columbus BNA (82)	Pauline Zarrieff	Columbus, OH
Youngstown Warren BNA (67)	Carol Smith	Youngstown, OH

Chapter Presidents

OKLAHOMA

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

PENNSYLVANIA

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

SOUTH CAROLINA

Columbia Area BNA (164) Whakeela James..... Columbia, SC
Midlands of South Carolina BNA (179) Lisa Davis..... Columbia, SC
Tri-County BNA of Charleston (27) Vivian Frasier-Gathers Charleston, SC

TENNESSEE

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

TEXAS

BNA of Austin (151) Janet VanBrakle Austin, TX
BNA of Greater Houston (19) Cynthia Brown..... Houston, TX
Central Texas BNA (163) Mack Parker..... Temple, TX
Fort Bend County BNA (107) Marilyn Johnson Pearland, TX
Galveston County Gulf Coast BNA (91) Leon McGrewGalveston, TX
Greater East Texas BNA (34) Melody Hopkins Tyler, TX
Metroplex BNA (Dallas) (102)..... Dr. Becky Small Dallas, TX
San Antonio BNA (159)..... Lionel Lyde..... San Antonio, TX
Southeast Texas BNA (109) Stephanie Williams Port Arthur, TX

VIRGINIA

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

WISCONSIN

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

Direct Member (55)*

*Only if there is no Chapter in your area