

NATIONAL BLACK NURSES ASSOCIATION

NBNA

NEWS

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STRONG

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

INSIDE THE ISSUE



NBNA. Board Member Kendrick Clack, Second Vice President Dr. Birthale. Archie, NBNA President Dr. Eric J. Williams and Dr. Pier Broadnax, President, Black Nurses Association of the Washington, DC Area at the Salute to the Black Nurse



NBNA. President Dr. Eric J. Williams and Dr. Derrick Glymph, Associate Professor, Florida International School of Nursing



Dr. Eric J. Williams and Dr. Birthale Archie With Senator Debbie Stabenow.



NBNA President Dr. Eric J. Williams and Northern New Jersey Black Nurses Association President Dr. Larider Ruffin

ON THE COVER

NBNA First Vice President Lola Denise Jefferson (Far – R) and NBNA Board Member Yvonne Olusi Ogadi (middle) lead the charge to Capitol Hill.

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The National Violence Reduction Initiative: Adapting Successfully in the Current Health Transitions Environment

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

Mr. Donald Trump took the Presidential Oath of Office on January 20, 2017, making him the Nation's 45th President-Elect. Over the course of a spirited election campaign, President Trump communicated his philosophies and vision for our nation. The implementation of changes that will impact our lives over the next four years appear to be inevitable. Many experts suggest changes in our social, economic and healthcare infrastructure that will impact millions of people living in the U.S. As a result, tangential health threats from prolonged stress and worry could manifest as physical and behavioral problems at the individual, family and/or community health levels.

Stress is typically considered to be a feeling of emotional or physical tension. It can come from any event or thought that makes a person feel frustrated, angry or nervous. The troubles, tensions, rivalries, acts of incivility, and provoking commentary that we are being bombarded with on a daily basis are considered trigger stressors often associated with suboptimal wellness outcomes. For example, anxiety, identified as a consequence of stress, has been linked to a higher rate of potentially violent behavior (Casiano, Beliek, Cox, Waldman & Sareen, 2008). Data from the National Comorbidity Survey indicates that engaging in violent and threatening behavior occurred at a significantly higher rate among



individuals who were exposed to anxiety producing stimuli. Stress has also been identified as a trigger for intimate partner violence (Benedictis, Jaffe & Segal, 2014).

In keeping with the National Black Nurse's Associations' (NBNA) National Violence Reduction Initiative, members of the NBNA, individually and collectively, should be prepared to support positive adaptation within our communities relative to the aforementioned transitions. As health practitioners and clinicians, we should remain mindful of stressful trigger events that may place individuals, families and communities at risk for suffering the effects of violent and violence-related behaviors. As the NBNA collective, we should continue to advocate and implement strategies that promote violence reduction and access to the highest quality of healthcare for persons of color. Early intervention provides a proactive approach to preventing and reducing stress-related triggers that could lead to violent and threatening behavior.

I would like to thank the NBNA members, chapters and partners as we continue to forward our efforts in seeking solutions to reducing violence in our communities.

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Health Equality and Health Equity: A Look Back Moving Forward



Over the past 12 months our journey as a nation was marked by occurrences that changed the national landscape in many ways. There were highlights that demonstrated our forward progress as a nation. For example, the selection of Marian Anderson, Martin Luther King, Jr., Sojourner Truth, and Harriet Tubman to grace U.S. currency demonstrates a global more inclusive look at American History. The dedication of the Stonewall National Monument was a testament to and a celebration of our nation's diversity. The continued success of President Obama's Patient Protection and Affordable Care Act as a symbol of quality healthcare for all.

There were also sacrifices, discouragements and setbacks during this time. The tainted water in Flint, MI that has been linked to adverse health effects. The shooting deaths of Aldo Sterling, Philando Castile, and Terence Crutcher continued to demonstrate the gravity of gun violence. The 45th President of the United States ran on a platform that appealed to many who agree with disadvantaging individuals and groups that are of non-European heritage.

From a healthcare perspective, the ebb and flow phases of progress and change toward equality and equity have historically been fraught with physical, physiological and psychological duress. The degree of duress more often than not is felt more acutely within our vulnerable populations. Those whose voices are oftentimes muted by social disorganization, economic destabilization, and political machinations.

For 45 years, the NBNA has provided a voice for those who have been systematically silenced, ignored and pushed to the margins. Through National and Chapter Initiatives we (the NBNA) have engaged those who live in our communities toward better health. We have developed, participated in, and supported strategies and approaches designed to facilitate change that positively impacts the well-being of our communities and nation. From the National Campaign against Gun Violence to awareness platforms for Brain Health, Cardiovascular Health, Obesity, Diabetes, and Genetics, the NBNA has been and continues to be a powerful voice in the arena of health advocacy for people of color.

Moving into 2017, the NBNA will continue to help our country move toward a spirit of grace and understanding that facilitates an eradication of health inequality and inequity. I look forward to working with each of you as we continue to fulfill our mission of quality health and well-being for all within our communities.

Respectfully,

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

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In the News

An Open Letter of Thanks to the NBNA

Joanne Pohl, PhD, RN, ANP-BC, FAAN, FAANP

On behalf of the Haiti Nursing Foundation (HNF) and Faculté des Sciences Infirmières de l'Université Episcopale d'Haiti in Leogane (FSIL), I want to thank the NBNA and Los Angeles (LA) chapter of the National Black Nurses Association (NBNA) for hosting the fabulous event October 8th at the Airport Hilton. Your commitment to global health is commendable.

The collaboration between NBNA, Friends of NBNA, LA and HNF is a critical one. A year ago, Dr. Eric Williams opened the doors to a wonderful partnership between NBNA and HNF. He joined the HNF Board of Directors, and then worked collaboratively with HNF and NBNA to develop a partnership that is having a major impact in Haiti at FSIL. The strong team from the LA chapter of the NBNA worked tirelessly to pull off the Gala October 8th. We are so grateful for the time and energy each person on the steering committee dedicated to making it such a success.

About 300 people attended the Gala and enjoyed marvelous music and a presentation by Dean Hilda Alcindor, including a sobering update on Hurricane Matthew. We reminded the attendees that their contributions to the event were going to support FSIL, the first bachelor's degree nursing program and its new programs in Haiti AND in fact we had a donor who would match contributions. Your support raised close to \$25,000 after expenses.

FSIL, now almost 13 years old, has had 9 graduations with over 130 graduates as of November, 2016—AND 95% of those graduates are still in Haiti, making a profound difference in the health of the nation. I am just back from attending the very moving graduation ceremony at FSIL. These young men and women are Haiti's future. At the ceremony, Dean Hilda Alcindor reminded the graduates that they are now professionals and responsible for the health of the nation. FSIL is rated the #1 nursing school by the Haitian Ministry of Public Health. It is a major success story in a land that desperately needs such accomplishments.

FSIL is fully Haitian led and all faculty are Haitian—graduates of the FSIL program. In January, FSIL will open the first master's degree nurse midwifery program in partnership with U.S. based Frontier Nursing University. There is also a physical therapy and occupational therapy program just started in the

past year at FSIL and graduates will be addressing the enormous need for rehabilitation of persons with disabilities, many of which occurred during the horrific earthquake of 2010. These PT and OT students share common science courses with the nursing students. In addition, a RN/diploma nurse-to-BSN program is starting in 2017.

HNF's partnership with NBNA is proof that together we can make a difference in the lives of others locally, nationally and now in Haiti.

Haiti Nursing Foundation is a nonprofit (501(c)3) (www.haitinursing.org) located in Ann Arbor, Michigan. Its mission is to advance nursing in Haiti and HNF is a major, primary funding source for FSIL. As HNF works to expand its donor base, it produces grants, supports fundraisers, and provides volunteer trip experiences for those who want to visit FSIL. Most students at FSIL cannot afford the full tuition which is \$4,000/year/undergraduate student. HNF can also help you become a student sponsor if you, perhaps with group of your friends and colleagues, want to help support students over their years of studies.

Again, on behalf of HNF we thank you for sharing in this remarkable success story of hope in Haiti. It is a story of resilient Haitians creating and fulfilling their own future while addressing the health needs of their people.

With deep gratitude to NBNA and LA NBNA!

Dr. Pohl is Professor Emerita at the University of Michigan School of Nursing and President of the Haiti Nursing Foundation www.haitinursing.org



Pictured are graduates of the Haiti Nursing Foundation (HNF) and Faculté des Sciences Infirmières de l'Université Episcopale d'Haiti in Leogane (FSIL) program.

Three Reasons Why Personal Life Insurance is Too Important to Put Off

Part 1 of a 2-Part Informational

By Yaba Baker

It isn't easy being an adult. Sometimes you have to make hard decisions—like what to do with your limited financial resources. Is it better to save for your children's education, set aside funds for retirement, or prepare for unexpected events like a medical emergency?

Given these—and all the other demands on your money—it's easy to see how life insurance can get lost in the mix. What you may not realize is your insurance at work may not be enough. In addition, delaying the purchase of life insurance can be very costly. In fact, waiting just a few years could have lasting repercussions. Consider the following:

Your family depends on you—and your income.

While nobody thinks it will happen to them, tragic events can—and do—take place every day. Therefore, every day that you are not properly insured puts your family's lifestyle and future at risk. Is your work life insurance enough to replace your income? How many years will your family need to replace your income? After all, how long do you think they could get by without your income to help support them? Would they have enough to go to college, pay off debt, stay in their home? With life insurance, your loved ones will not lose their financial security if something happens to you.

Life insurance gets more expensive, and harder to get, the longer you wait.

Since life insurance premiums are based, in part, on your age and health, the longer you wait, the more you may ultimately pay for coverage. Also, if your health begins to fail, you may have to overpay just to get coverage—if you can qualify for insurance at all.

Whole life insurance builds cash value.

In addition to paying a death benefit, whole life insurance policies accumulate cash value on a tax-deferred basis. As long as the policy remains in force, you can use this money to start a business, buy a new home—anything you want!¹ The sooner you start paying policy premiums, the faster your cash value may grow.

At first glimpse, life insurance may not seem like an immediate need. But if you are married, own a home, or have children, there are plenty of compelling reasons why purchasing a life insurance policy should rank high on your list. Take a moment to look into it, and see how easy it can be to give yourself—and your loved ones—this valuable protection.

This educational third-party article is provided as a courtesy by Yaba Baker, Agent, New York Life Insurance Company. To learn more about the information or topics discussed, please contact Yaba Baker at 202-359-1938 or via email at ykbaker@nyl.com



¹Policy loans accrue interest at the current variable loan interest rate and reduce the total cash value and total death benefit by the amount of the outstanding loan plus interest.



Senator Daphne Campbell

District 38

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FOR IMMEDIATE RELEASE

CONTACT: SEN. DAPHNE CAMPBELL

March 2, 2017

PHONE: 305.493.6009

**STATE SENATOR DAPHNE CAMPBELL FILES BILL
TO ADD MENTAL HEALTH EVALUATION CRITERIA
REQUIREMENT FOR FIREARMS LICENCE**

MIAMI, FL - Across the nation, mental illness and guns have collided with increasing frequency, laying waste to hundreds of lives and leaving grieving families to pick up the pieces.

Determined to put a dent in those numbers, State Senator Daphne Campbell (D-Miami) has filed SB 956, which would require the Department of Agriculture and Consumer Services to add a mental health evaluation component to an application for a license to carry a concealed weapon or firearm.

"My bill will require a mental health evaluation to be conducted by a clinical psychologist or psychiatrist. Too many times, we've seen the tragic consequences of the mentally unstable wielding a gun and the innocent victims who have paid the price for the madness. This is a basic measure to determine the mental stability of those seeking to carry a weapon," said Senator Campbell.

Currently anyone can apply for a license to carry concealed weapons and their mental health is not a consideration. "This has to change. We must do more to protect our citizens and to prevent gun violence and the many tragedies we have seen repeated over and over. When the Federal government fails to pass legislation, then we must tackle this issue state-by-state," said Senator Campbell.

A study conducted by the [University of Nevada-Reno and Harvard School of Public Health](#) found that the homicide rate in America is 25 times higher than in comparable nations. And the most common form of gun abuse is not from mass shootings, but from abusive domestic partners. "The violence must end. Senseless deaths have to cease. Tragedies must be prevented. This bill will add a commonsense requirement to the issuing of firearm permits as a measure to protect the most vulnerable victims of gun violence," said Senator Campbell.

Data on gun homicides and now fatal shootings are available to the public thanks to the Gun Violence Archive. You can find data on shootings that have occurred in your vicinity with your address by [clicking here](#).

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NBNA Day on Capitol Hill



Dr. Patricia McManus, NBNA Parliamentarian and Dr. Melanie Gray, President, Milwaukee BNA



New England Regional BNA Members, Diana Gist; Margaret Brown, immediate past president; Sasha DuBois, NBNA Board Member; Tarma Johnson, president; Dr. Gaurdia Banister



Local area nursing students attending NBNA Day on Capitol Hill

NBNA Day on Capitol Hill



New York BNA Members, seated Dr. Jean Straker, president; Mirian Moses, past president and Harriet Brathwaite



Virginia BNA past president Janet Porter and Tamara Broadnax, current president



U.S. Representative Eddie Bernice Johnson (D-TX)



NBNA members attending NBNA Day on Capitol Hill



U.S. Sanford Bishop, (D-GA) and Dr. Birthale Archie, NBNA Health Policy Chair



Dr. Daisy Harmon-Allen, immediate past president, Chicago Chapter NBNA; NBNA member; Dr. Melanie Gray, president, Milwaukee BNA

NBNA Day on Capitol Hill



Dr. Eric J. Williams and Dr. Birthale Archie with Senator Debbie Stabenow.



Nursing students attending NBNA Day on Capitol Hill

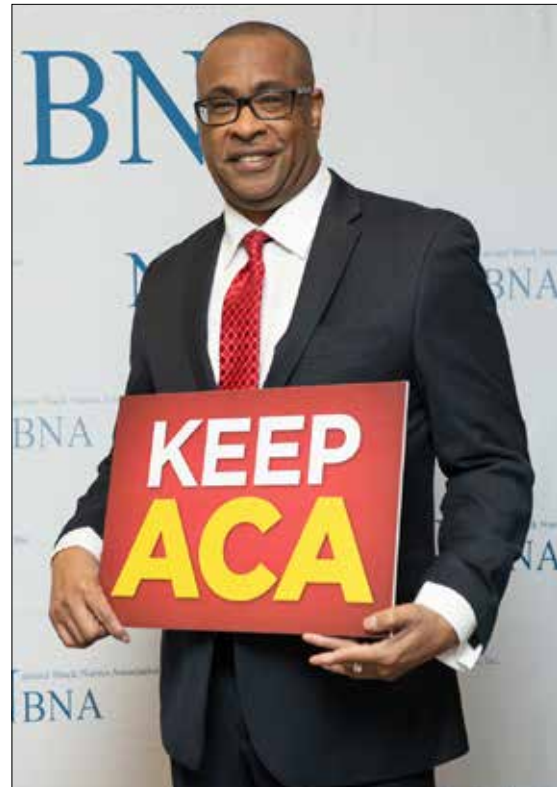


Senator Debbie Stabenow keynotes the luncheon at NBNA Day on Capitol Hill

NBNA Day on Capitol Hill



Southeastern Pennsylvania Area BNA Members Monica Harmon, president, member, past presidents Lorraine Braxton, Karen King-Shannon, Juanita Jones



NBNA President Dr. Eric J. Williams advocating for ACA



Local student nurse at NBNA Day on Capitol Hill



NBNA Student Representative Board Member Dorothy Kinniebrew



Gail Edison and new Life Time Member Celeste Robinson

NBNA Day on Capitol Hill



NBNA Board Member Sasha DuBois and Patrice Brown, Member, NBNA Health Policy Committee



Dr. Birthale Archie, NBNA Second Vice President, The Honorable Sanford Bishop, The Honorable Eddie Bernice Johnson and Dr. Eric J. Williams, NBNA President



Nursing students sporting the NBNA signs



Nursing students taking selfies at the NBNA Day on Capitol Hill

NBNA Day on Capitol Hill



NBNA President Dr. Eric J. Williams (middle) and Dr. Veronica Clarke-Tasker (far right) with nursing students



Stephanie Doibo, president, Cleveland Council of Black Nurses with NBNA members



NBNA members with Elmira Asongwed (middle)

NBNA Day on Capitol Hill



Nursing students attending NBNA Day on Capitol Hill



NBNA President Dr. Eric J. Williams



NBNA Health Policy Committee members Constance Brown, Dr. Birthale Archie, Chair and Dr. Claudia Gregg-Byers



Nursing students attending NBNA Day on Capitol Hill

NBNA Day on Capitol Hill



NBNA Day on Capitol Hill



Speakers at the 2017 NBNA Day on Capitol Hill: NBNA Second Vice President Dr. Birthale Archie, Dr. Shirley Evers-Manly, Pauline ZariEFF, NBNA President Dr. Eric J. Williams, Myisha Gatson, The Honorable Erika Geiss and Melissa Bishop-Murphy.



NBNA Day on Capitol Hill



There is a full house at the NBNA Day on Capitol Hill



Nursing students think "NBNA Rocks!"

NBNA Day on Capitol Hill



Harriett Brathwaite; Mirian Moses; Dr. Pier Broadnax, president, BNA of Washington, DC Area; The Honorable Sheila Jackson Lee, Dr. Berardine Lacey, Gwendolyn Johnson, Dr. Eric J. Williams, NBNA President



SAVE THE DATE

JUNE 10, 2017

NBNA NEWSLETTER

The articles may focus on:

- nursing practice
- innovations in nursing
- nursing leadership
- 21st Century Cures
- Cancer Moonshot
- diversity and inclusion
- medication adherence
- quality nursing care
- clinical trials
- being a faculty member
- getting tenure
- mentorship
- preparing the 21st century workforce
- the need for lifelong learning
- research
- any clinical focus
- the benefits of online learning
- use of technology
- EHRs
- case management
- a foreign mission
- any public policy issue

The sky is the limit. You may share this email with other nursing colleagues who you think may like to submit an article.

The article should be 500-750 words, title of the article, resources where appropriate, author's name and credentials, headshot photograph (minimum 3" x 5", 300 dpi jpeg), 3-5 line biographical sketch. Three to five highlights that can be placed on the NBNA Facebook are helpful too.

Send your items for Members on the Move and Chapters on the Move. Please send clear pictures with captions.

The article is due June 10, 2017. Please send the article to nbnanews@nbna.org and millicent@nbna.org.

Thank you for sharing your expertise with your nursing colleagues.

Sincerely,
Yolanda Powell-Young, PhD, RN
Editor-in-Chief
NBNA Newsletter
National Black Nurses Association

All About NBNA

Chapter and Individual Pictures

Please send 4-6 pictures of your chapter event with caption to millicent@nbna.org and nbnanews@nbna.org. Send the pictures one at a time; not all in one email. Make sure that the pictures are clear and the faces can be seen.

Your pictures may be placed on the NBNA Face Book Page.

Do you have pictures of you and the NBNA President? Please send with a caption, event and the date of the event.

Social Media Corps

Calling all NBNA members who are on Face Book, Twitter, Snap Chat and Live!!!! We would like for you to take the NBNA messages and send out to your networks. We are hoping to get more nurses and corporate entities engaged with NBNA. Send your name and email address to millicent@nbna.org if you are interested in joining the Social Media Corps.

NBNA Membership Campaign

Give a gift of a NBNA membership for graduation, Mother's Day, Father's Day, birthday or "Just Because". Go to the NBNA website at www.nbna.org and click membership for the application and chapter information. Or, contact Estella Lazenby at elazenby@nbna.org.

NBNA Mentorship Program

NBNA launched its Mentorship Program in 2016. Go to the NBNA website at www.nbna.org and click programs for the mentorship program overview and applications for mentors and mentees. We will be pairing up mentors and mentees at the NBNA Conference so that they can spend time together getting to know each other and helping each other enjoy the educational and networking opportunities.

NBNA Scholarship Program

We want nursing students at every level to complete their education. You may want to sponsor a scholarship in your name, the name of your parent, or a nursing icon. Sponsorship begins at \$1000. You may determine the name of the scholarship and the criteria. Please call Dr. Millicent Gorham at 301-589-3200 if you would like to sponsor a scholarship. Scholarship checks are made out to the school of nursing and are sent to the nursing student before the NBNA conference. The scholarship application deadline is April 15 annually.

Cyberbullying— Not A Technology Issue

Reginald Corbett



Reginald Corbett is the founder of SafeCyber, whose mission is to educate and promote cyber awareness to schools, community organizations, parents and care takers of youth. SafeCyber is a proud partner of STOP. THINK. CONNECT., the global cyber security education and awareness campaign led by the National Cyber Security Alliance and in partnership with the Department of Homeland Security. Reginald can be contacted at info@safecyberedu.com or 800.851.5795.

Cyberbullying continues to grow and present itself as a huge challenge for schools, government policy makers, stakeholders, parents and the community. Cyberbullying is not to be separated from bullying. Both behaviors are about relationship power and control. In using a technological device, you have harassment that happens online, usually via email, text, an online game or a social media platform. Cyberbullying can be labeled as “relational bullying;” therefore, it requires a relationship management based type of approach in dealing with its impact and prevention.

Relational Bullying (or Relational Aggression) is a form of bullying that was common amongst youth and more so among girls. It involved social manipulation such as group exclusion, spreading rumors, sharing secrets, and recruiting others to dislike a person. Relational bullying can be used as a tool by bullies to both improve their social standing and control others. Sounds like the 2016 election campaign to me.

Bullying is getting more attention now than a few years ago, as laws and policies have been created because of it. Government agencies have created departments to address it. To raise awareness even more, October has been deemed National Bullying Awareness Month. The National Education Association has said the “Trump Effect” is the reason for increased bullying and harassment against certain students. Some are lobbying for it to be recognized as a serious health issue. A research center was founded to study its patterns and keep up with its growth. Lives have unfortunately come to an end because of it. Adding to this critical issue are apps that offer anonymity, so people feel as though they can say whatever they want without being held accountable because they can’t be traced by law enforcement.

Such was the case recently where a fake profile was created for a Texas high school senior as if she were using the app to solicit sex. She had been bullied for months and her life ended after sending her family a text message. Her parents rushed home to find her holding a gun to her chest. After pleading with her to drop the gun, she chose to end her life. As the father of a teenage daughter who inspired me to create SafeCyber, my heart is saddened by what this

Human behavior is learned

father had to endure as his daughter’s last moments. What’s even more heartbreaking is that she appeared to have done everything right. She told her father about the bullying incidents. She told the police, but because the app was one of anonymity, they could not trace the bully or bullies. She had been bullied for years offline about her weight before the harassment started online. What more could have been done? We may never know the answer; however, this issue needs to be addressed within a broader social context and a range of developed and taught skills.

Teaching social and emotional resilience in schools and communities will have a greater effect than policy regulation or legislation in dealing with cyberbullying. Children should be taught a range of social and emotional skills early in school so that it will assist them in dealing with these issues. Skills like pro-social values, emotional skills, social skills and high-order thinking skills would better equip them should they be the victim of this unwanted behavior. Scholars also need to be involved in the creation of materials or resources, promotion of socially acceptable behavior and front runners in raising awareness. Lack of knowledge creates gaps, and allowing them to be part of the solution will enhance their knowledge, skill, and ability to prevent and intervene in bullying situations sooner rather than later.

Platforms that allow for open discussions about what users do online and offline are also needed. Educating every area of our communities is just as important as the young people within them. If school is about preparing children for life, then digital literacy topics like Cyberbullying should be no exception. Dr. William Blake, Principal of Stephan Decatur Middle School in Prince George's County, Maryland, says he and his administration spends 85% of their time dealing with conflicts between their students that began on social media or text messages. He says that by educating and raising awareness and forming partnerships with school, family and community organizations like SafeCyber that educates communities on topics such as cyberbullying, that number will begin to drop. Cyber safety is essential for all young people and needs to be embedded into the curriculum. Student-driven programs are effective in encouraging positive relationships and open discussions about what occurs online and offline.

Cyberbullying crosses all domains and knows no geographical boundaries. It commonly occurs outside of school and can manifest itself 24/7. The ethical and legal issues regarding cyberbullying provide concern for teachers, schools and parents as there is limited clarity on the implications of cyberbullying as it's about behavior, not a technology issue. Initiatives and programs which focus on the enhancement of positive relationships and the development of behavioral skills are more effective in dealing with the impacts of cyberbullying.

When conducting my Digital Age Parenting classes, one of the things I share with parents is information about how their child is using a device to say and do things to hurt someone or put themselves in danger. However, the device is only facilitating the interaction between the person and the situation. Dr. Satira S. Streeter, a Licensed Clinical Psychologist and the Founder and Executive Director of Ascensions Psychological and Community Services, says, "Parents shouldn't leave the internet as an open forum to influence and impact their children or for them to influence and impact each other by cyberbullying. More focus should be on the behavior, rather than the technology use." Cyberbullying indeed, has the same long-term effects as offline bullying such as, depression, anxiety, low self-esteem and possible suicide.

The internet holds a wealth of knowledge and is a great place for people of all ages to express themselves, meet like-minded people, be creative. Focusing on technology alone, grounding children from using it at home, expelling children from school because of its misuse, and tougher laws are not the answers. Initiatives and programs that promote positive relationships and the development of behavioral skills are more effective in dealing with the issue of cyberbullying. Our future First Lady plans to address cyberbullying against kids and I am looking forward to reviewing her plan on how that is to be accomplished. On the other hand, she stated that adults "can handle mean words." Well, our children will "do what you do" quicker than they will "do what you say."

—Human behavior is learned.

Establishing an Alumni Mentoring Program

Sharon Hutchinson, PhD, MN, RN, CNE
Patricia M. Tillman, MN, RN
Margaret Washington, MN, RN
Nettie Gordon, MN, RN; and Barbara McClue, MN, RN



Dr. Sharon Hutchinson is Chair and Professor of the Dillard University School of Nursing in New Orleans, LA. Dr. Hutchinson collaborated with Patricia M. Tillman, MN, RN; Margaret Washington, MN, RN; Nettie Gordon, MN, RN; and Barbara McClue, MN, RN of the Dillard University Professional Organization of Nurses to establish the School of Nursing's formal mentoring program.

One of the major determinants of an effective mentoring program is the confidence that the mentor (i.e., the skilled individual) has in the mentee's (i.e., the less skilled individual) capacity to achieve the mentoring program outcomes (Grossman, 2013). Smith, Beattie, and Kyle (2015) emphasized that mentoring programs for nursing students existed for multiple reasons. However, the term [i.e., mentoring program] and its associated characteristics were not always clearly defined. The general consensus, however, suggests that a successful mentoring program has well-defined goal(s) or outcome(s) that will provide a guide for both the mentor and mentee relative to fulfilling the mentoring experience.

Gilmore (2007) addressed the importance of socialization as a concept that should be considered when discussing the development of mentoring programs. Socialization is considered the process through which students of nursing learn to behave in a way that is acceptable to the nursing profession. Incorporating a socialization component that includes psychosocial support as a feature of the mentoring process has been shown to be an effective method for conveying the expectations of the nursing profession. Socialization has also been shown to facilitate a nurturing mentor-mentee environment where promoting professional accountability and professional nursing practice is bolstered (Buchanan, 1999; Sword, Byrne, Drummond-Young, Harmer, & Rush, 2002).

Buchanan (1999) reported that in an effort to combat nursing school attrition rates, African American students needed "an orientation to the rigorous nature of nursing school prior to entering the program" (p. 69). It was suggested that mentoring was the appropriate vehicle through which this "orientation" could occur. Findings also suggested that African American nursing students perceived mentoring programs were most effective when the following elements were incorporated as part of the mentoring program: (a) provision for support and stress reduction, (b) identification of roles and expected role behaviors, and (c) mentors who were willing to

offer guidance and encouragement. Payton, Howe, Timmons, and Richardson (2013) also found that African American student nurses felt that a mentor who could "provide information on study and test-taking skills would be beneficial in helping with learning tricks of the trade" was a critical program asset (p. 177).

The existing literature generally addresses mentoring models developed by faculty members and nurses employed in other areas of healthcare (Haidar, 2007; Morgan, Pearson, & Routledge, 2012; Priharjo & Hoy, 2011; Smith, Beattie, & Kyle, 2015). Literature examining the use of non-faculty nursing alumni as undergraduate mentors is sparse (Sword, Byrne, Drummond-Young, Harmer, & Rush, 2002). Alumni as mentors are an excellent means of fostering University and School of Nursing relationships beyond that of fundraising and networking. Nursing alumni have a wealth of role experiences to share. Alumni can provide a cross-section of nursing professionals of varied ages, gender, expertise, and outlook, that when utilized appropriately, can expand the breadth and scope of knowledge within the mentoring program.

The establishment of a formalized alumni-facilitated mentorship program is oftentimes predicated on enduring alumni relationships that signify the value placed on the School of Nursing's graduates. The Dillard University School of Nursing (SON) and the nursing alumni organization, Dillard University Professional Organization of Nurses (DUPON), collaborated to strengthen existing mentoring efforts through the development of a formalized program.

Recruitment of alumni mentors was critical to the success the SON mentorship program. One avenue of recruitment is the annually held SON pinning ceremony. Alumni interested in serving as mentors are often identified during the networking component of the pinning ceremony.

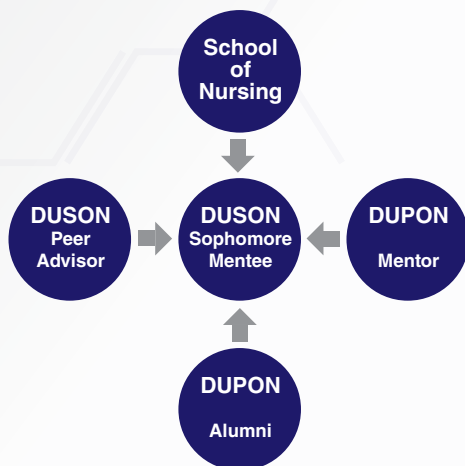
An eight-step process was used to develop the SON Alumni Mentoring Program at Dillard University as outlined:

Step 1: Conduct a needs assessment – A literature-driven needs assessment was developed to (a) determine the feasibility of a formalized mentoring program and, (b) establish how the program could be developed and sustained within the University and SON's structure.

Step 2: Determine the purpose and objectives – The purpose of the mentoring program was determined. The programs focus elements such as retention, tutoring, professional socialization, support, and test taking skills was determined (Buchanan, 1999; Peyton et al., 2013). Measurable objectives reflective of the programs purpose and goals were developed to be used as benchmarks for ascertaining program effectiveness.

Step 3: Define Key Stakeholders – Essential to the success of the program are the mentor and mentee. Important questions addressed included: (a) who will be responsible for identifying potential alumni mentors beyond the pinning ceremony? (b) What criteria will be utilized to identify the nursing student mentees? (c) What criteria will be used to determine whether an alumnus is invited to participate as a mentor in the program? (d) What criteria will be used to determine the suitability of other program stakeholders such as peer advisors?

Step 4: A Mentoring Schematic – Creating the mentoring schematic provided a meaningful graphic of the essential stakeholders and their anticipated interactions during the mentoring experience. The schematic below represents the interactions between the School of Nursing, DUPON, alumni mentors, peer advisors, and the mentees.



Step 5: Program Implementation – Decisions that guided the implementation of the mentoring program included the length of the program, and formal announcement-advertisement for inaugural cohort.

Step 6: Training – It was determined that both mentors and mentees required training and/or orientation as it relates to the purpose and objectives of the mentoring program. Key elements addressed as part of the training included topics such as actions if there is a mentor-mentee mismatch. Other considerations in this area involved logistics surrounding the provision of training and/or orientation; whether continuing education hours would be awarded to mentors as well as consideration for the processes involved in awarding contact hours.

Step 7: Track Mentor and Mentee Progress – Establish when and how to monitor the mentor -mentee relationship. Identify the setting in which the mentors and mentees will interact. Questions for discussion included whether the mentor-mentee would meet utilizing real-time video technology or in face-to-face sessions? If face-to-face where will the mentoring session occur (e.g., a classroom, nursing library, conference room). What actions will occur if a mentee needs to be referred for additional University support services?

Step 8: Evaluation – Collect and analyze feedback from all stakeholders and make enhancements as indicated. It was determined that the best time to collect evaluation data would be at a culminating event signaling the end of the formalized mentor-mentee relationship.

A nursing mentoring program is an effective means of nurturing future professional nurses (Sword, 2002). It is also a venue for professional collaboration. The relationships established among the mentor and mentee, alumni and SON help to promote the continuous caring nature of the profession and nurture the next generation of professional nurses.

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Highlights of NBNA 2017 Conference Monday, July 31, 2017

Presidents' Leadership Institute

For all chapter presidents and vice presidents, this all day Institute will provide you with 3 CEs on breast cancer, heart failure in women, smoking cessation, mission to Haiti, bullying in the workplace and cardiovascular health.

Professional Writing Workshop

Bring your manuscript to the Professional Writing Workshop to enhance your writing skills and get tips on getting your research published. Dr. Joyce Newman Giger, Editor, *Journal of the National Black Nurses Association* leads this effort.

Tuesday, August 1, 2017

Dr. Yolanda Powell-Young, Editor-in-Chief of the NBNA Newsletter is leading a workshop on "Project Genetic Education (ProGene)" a campaign to help African American nurses, leaders and patients to learn more about genetics and genomics. Joining Dr. Powell-Young will be her colleagues Dr. Sandra Millon Underwood and Dr. Bernice Coleman.

40 and Under Forum

Wednesday, August 2, 2017

Geared for the younger members of NBNA, this is

the perfect time to network with your colleagues and begin those lifelong personal and professional relationships. Bring your resume and business cards and ideas to a stellar career path.

Opening Ceremony

Tuesday, August 1, 2017 is the Opening of the Exhibit Hall and the Opening Ceremony. Spend time with over 100 exhibitors from hospitals and schools of nursing. And, hear the dynamic Dr. C. Alicia Georges, president-elect of AARP and past president of the NBNA deliver the keynote address.

The President's Gala

Thursday, August 3, 2017, come dance the evening away in your "Jewels and Jeans" at the President's Gala. You can get dressed to the nines if you like; even wear your ballgown and tuxedo. This is your time to have big fun and honor the Life Time Achievement Awardees and Trailblazer Awardees.

Volunteers

If you would like to work at Conference Registration, be a moderator or monitor, please send your name, telephone number and email address to gbelizaire@nbna.org by June 15.

Assisting Our Patients to Kick the Smoking Habit

Larider Ruffin, DNP, APN, RN, ANP-BC, CTTS



Larider Ruffin, DNP, APN, RN, ANP-BC, CTTS is a Certified Tobacco Treatment Specialist who runs a tobacco cessation program in Atlantic City, NJ for nearly five years. He coached hundreds of patients to successfully quit smoking. He is an advocate for Nicotine Dependence or tobacco use to be recognized and addressed as a chronic disease.

Smoking remains the number one cause of preventable disease and death in the United States. Smoking addiction is considered to be a chronic, relapsing and costly disorder. Smoking has been linked to a number of co-morbid illnesses including, heart disease, stroke, and asthma. Across the globe six million tobacco-related deaths occur every year (World Health Organization [WHO], 2016). It is estimated that nearly 20% of deaths occurring in the U.S. annually are tobacco-related. Cigarette smoke (including direct and secondhand smoke) is responsible for almost 500,000 deaths annually in the U.S (CDC, 2016).

Worldwide direct and indirect tobacco-related deaths are expected to rise to more than eight million per year by 2030 unless urgent action is taken (WHO, 2011). A half century ago the U.S. Surgeon General delivered the first public warning regarding the dangers associated with smoking and tobacco use. However, current and trended data suggest that smoking and tobacco use persists among a significant proportion of the population. Moreover, the deleterious effects of tobacco use and smoking appears to have little impact on smoking cessation rates. It is unclear whether the continuance of tobacco use and smoking reflects a lack of belief in the health information that has been provided over the years, or whether clinicians are struggling to maximize intervention strategies within the primary care setting.

Findings from a study conducted by Fioe et al. (2008) indicated that only 15% of smokers who were evaluated by a physician were initially offered assistance with smoking cessation. An additional but marginal 3% of the smokers in this study cohort were given a follow-up appointment to discuss possible interventions relative to smoking cessation. In another study, Joshi, Suchin and Lim (2010) found discrepancies between the patients' perceptions and the perceptions of their physicians regarding barriers to smoking cessation. For example, 55% of physicians in this study reported discussing smoking cessation with their patients who were self-reported smokers. However, only a small percentage (i.e., 15%) of these smokers agreed that a discussion regarding smoking cessation took place.

Nicotine dependence is the fundamental reason that individuals persist in using tobacco products. Nicotine dependence should be treated similarly to other chronic disorders such as diabetes, hypertension, and hyperlipidemia. Despite the plethora of research findings validating the chronicity and danger inherent in tobacco use and smoking, oftentimes clinicians fail to acknowledge tobacco use and smoking as a chronic disorder. This lack of acknowledgement may provide a plausible rationale for the slow decline of tobacco use and smoking. It is imperative that clinicians recognize the extensive burden that nicotine dependence (ICD Code: F17.20) carries for population health.

For many nurse clinicians, the ability to recognize nicotine dependence could be the stimulus needed to initiate interventional discussions with at-risk patients. However, until nicotine dependence is conceptualized by clinicians as a chronic disease, it will be difficult to effectively address smoking cessation in our society. There is an urgency for clinicians to understand and take an active role in the increased health risks associated with tobacco use, smoking and nicotine dependence; recognize the long-term sequelae of tobacco use, smoking and nicotine dependence; and the relapsing nature of nicotine dependence.

It is well documented that nursing is the most trusted healthcare profession (ANA, 2015). This trusting relationship places nurses in a unique position to influence their patients. Whether working in an acute care or community based setting, nurse clinicians are well- equipped to coach and assist our patients in making healthy lifestyle choices. This includes smoking cessation. Carlebach and Hamilton (2009) contend that every single nurse should fulfill their public health role by encouraging patients who smoke --- to stop smoking.

Tobacco use specifically in the form of smoking is a public health epidemic. As such, smoking cessation efforts warrant a concerted effort by all health care professionals. To reduce the health disparities associated with smoking, nurses should engage in continuing education activities in the area of smoking cessation that will facilitate an understanding of the issues smokers face on the road to a smoke-free lifestyle. For example, familiarity with major intervention strategies such as the 5 A's model for treating tobacco use and nicotine dependence as outlined below. This strategy can be used by nurse clinicians to identify smokers and initiate appropriate interventions based upon the patient's willingness to quit.

The "5 A's" Model for Treating Tobacco Use and Dependence

Ask about tobacco use	Identify and document tobacco use status for every patient at every visit.
Advise to quit	In a clear, strong, and personalized manner, urge every tobacco user to quit.
Assess willingness to make a quit attempt	Is the tobacco user willing to make a quit attempt now?
Assist in quit attempt	For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional treatment to help the patient quit.
	For patients unwilling to quit at the time, provide interventions designed to increase future quit attempts.
Arrange follow-up	For the patient willing to make a quit attempt at the time, address tobacco dependence and willingness to quit at next clinic visit.
	For patients unwilling to quit at the time, address tobacco dependence and willingness to quit at the next clinic visit.

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Federal Regulations: Bringing Federal Legislation to Life

Janice Phillips, PhD, FAAN, RN



**Janice Phillips PhD
FAAN RN** is the Director of Government and Regulatory Affairs at CGFNS International in Philadelphia, PA. From 2010-2011 Janice served as a Robert Wood Johnson Foundation Health Policy Fellow working in the office of Senator John D. Rockefeller IV (D-VA). She is a co-editor of the text *Cancer and Health Policy* published by the Oncology Nursing Society in 2015.

Many nurses are introduced to the policy making process during their nursing education or through their advocacy activities with professional and volunteer organizations. Increasingly, nurses are engaged in advocating for legislation impacting their profession or the patients and communities they serve. Perhaps less popularized is the regulatory process, the key piece to operationalizing legislation once it has been signed into law by the President. The policy making process would be incomplete without a regulatory component. Regulations or rules are designed to help carry out the law. Congress delegates rulemaking authority directly to federal agencies. Thus, each day federal agencies create, modify and evaluate regulations that explain the technical, legal and operational aspects of the law.

Regulations are included in the Federal Register, the free and official daily legal publication of the federal government. This resource is very helpful because it provides timely information on the various regulations and invites public comment for proposed rules or regulations. In addition to containing proposed rules, the Register informs citizens of the daily operations of the federal government and includes executive orders, proclamations and other presidential documents. Notably, the Register contains notices and meeting times of the various federal advisory committees and issues calls for nominations and appointment to federal committees and advisory councils.

To illustrate, in the Federal Register / Vol. 80, No. 221 published Tuesday, November 17, 2015, there was a call for applications for the National Advisory Committee on Nurse Education and Practice. This advisory committee is responsible for advising HRSA on its health workforce policies and programs. The advisory council is

governed by provisions outlined in the Federal Advisory Committee Act (FACA) of 1972 (Public Law 92-463).

In my current role as Director of Government and Regulatory Affairs at CGFNS International, I assume responsibility for carrying out the provisions outlined in Section 343 of the Illegal Immigration Reform Immigrant Responsibility Act (IIRIRA) of 1996. Section 343 outlines criteria for foreign educated health care professionals who wish to enter into the United States to practice as a health care worker. The actual regulations were articulated in the Final Rules for Certificates for Certain Health Care Workers issued September 23, 2003. By operationalizing the tenets of IIRIRA, these regulations spell out the requirements for credentials evaluation services, the certification process as well as the responsibilities of organizations performing these services (e.g., CGFNS International, Inc.)

Nurses may wish to familiarize themselves with the federal regulatory process along with the various federal regulations that may impact nursing practice or patient care. Providing comments during the open period for comments is an excellent way to participate in the regulatory process as well. Free email updates and daily Register notices are available at <https://www.federalregister.gov/>

A tutorial on the Federal Registrar is available at: <https://www.archives.gov/federal-register/tutorial/online-html.html>

It's Time to be Accountable to Affordable Care

Monica Harmon, MSN, MPH, RN

Heather Harris, BSN, RN

Teresa Mosley, MSN, RN, COHN-S, CHCM, CEAS

The Patient Protection and Affordable Care Act (ACA) was signed into law by President Obama in 2010. The ACA (also known as Obamacare) boasts many benefits for U.S. citizens. These benefits include improved healthcare quality and lowered health care costs; provisions for consumer protections; strategies designed to facilitate increased health care access; coverage for women and young adults; stronger Medicare processes; and support for health professions training and progression (U.S. Department of Health and Human Services [DHHS], 2016). The President's vision for the ACA was to ensure quality healthcare delivery, affordable access and positive care outcomes for everyone.

A guiding tenet in the creation of the ACA was understanding that health care is a right for all and not a privilege for some. The cost of health care consumes a large percentage of government and private-sector spending without corresponding gains in health status and care outcomes. It is very clear that the continuance of an effective healthcare system is crucial to the nation's wellbeing. Despite opposition, what cannot be denied is that the ACA is a full-hearted attempt at prudence in health care spending and accountability of health care practices, payment, delivery, and continuity.

Nurses contribute to the continuance and strengthening of the ACA. Health accountability relies on both professionals and nonprofessionals understanding what the ACA is and how the ACA contributes to quality care. The nursing profession has traditionally advocated for holistic, population-specific care regardless of practice settings. The ACA promotes holistic prevention of diseases and co-morbid exacerbations prevalent in our communities (Cogan, 2011). Within the letter and spirit of the ACA, professional nurses are able to incorporate reasoning and analysis processes, commitment, and advocacy to contribute to all aspects of affordable care in promoting positive health care outcomes. For example, nurses leverage electronic health records to track care processes which

decreases costs by preventing unnecessary service repeats (Fontenot, 2014).

Through advocacy, nurses must be willing to lend their voices to endorse ACA sustainability. Nurses can advocate by becoming active in enterprises beyond clinical practice. Authorship; active participation in professional organizations; and service on boards are a few of the avenues for advocacy and engagement. Finally, our personal health care journeys as African Americans may provide an element of validity to our testimonials regarding the importance of health care reform and the necessity of the ACA in addressing health care disparities and promoting the health of the nation (Mason, Leavitt & Chaffee, 2007).

Most will agree that the ACA is not a perfect solution to the health care troubles individuals in this country oftentimes face. However, implementation of the ACA is an important step toward a quality healthcare system that is accessible and affordable (DHHS, 2016). Many Americans have undoubtedly faced challenges in navigating a system in which they were not always the focus priority. Our nation leads ongoing efforts in training health care professionals, conducting health care research, and developing medical treatment innovations. However, per capita health care expenditures in this country is more than other high-income countries with suboptimal yield.

Figures suggest that the number of uninsured has decreased from approximately 16% to approximately 12% since the inception of the ACA. The implementation of the ACA has given more Americans access to healthcare coverage, primary care, and preventive services. As nurses, we are committed to the health of the American people, and as such, should support the goals of the ACA. Nurses will continue to play a pivotal role in transforming health care. Endorsing the ACA demonstrates our commitment as nurses to quality health reform and promoting population health.

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Teresa C. Mosley is a 28-year nursing veteran. She holds certifications in informatics, ergonomics, occupational health, health coaching, mental health and aging and safety. She is a member of Sigma Theta Tau, International and the Southeastern Pennsylvania Area Black Nurses Association.

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Arthritis: How do we address the burden of this debilitating disease?

Nancy Baker, ScD, MPH, OTR/L
Toby King, CAE

Musculoskeletal conditions are among the most disabling and costly conditions suffered by Americans (United States Bone and Joint Initiative [USBJI], 2014). It is estimated that more than one in two persons 18 years of age and older are impacted by a musculoskeletal medical condition. This statistic rises exponentially for adults age 65 years and older. The most current estimates place the economic burden of musculoskeletal disease at approximately \$800 billion

After trauma and back pain arthritis is the most common form of musculoskeletal disease reported. All-cause arthritis affects an estimated 52 million adults in the U.S (USBJI, 2014). This number is expected to reach 67 million by 2030. Osteoarthritis (OA) is the most common form of arthritis. It is estimated that OA affects one-half of the adults diagnosed with arthritis. Rheumatoid arthritis (RA) is estimated to affect an additional two million adults.

Arthritis can be a debilitating disease impacting all aspects of daily life. Arthritis-related activity and work limitations can have an effect on function and independence, particularly among older adults. Beyond the immediate health concerns that arthritis pose, long-term consequences of arthritis such as work limitations may influence an individual's capacity to provide and care for their family. Arthritis as a precursor to work limitations is especially concerning because at least two-thirds of the individuals with a diagnosis of arthritis are less than 65 years of age. In addition, the resultant pain and disability associated with arthritis may complicate the treatment of other disorders like obesity, diabetes, and heart disease.

Arthritis is a disease of particular concern for individuals from diverse ethnic-racial and gender subgroups. Although there is little divergence in arthritis prevalence across ancestral groups,

racial and ethnic minority populations report greater comorbid burden. Comparatively, members of these population subgroups experience more severe joint pain, greater activity limitations, and require nearly double the work accommodations (Bolen et al., 2010). Moreover, members from racial and ethnic minority groups are less likely to participate in self-management programs (Bruce, Lorig & Laurent, 2007) or receive healthcare services such as joint replacement therapies that can potentially mitigate the effects of arthritis (Skinner, Weinstein, Sporer, & Wennberg, 2003). It has been reported that females, regardless of race, are less likely to receive interventional therapies that mitigate the impact of arthritis on health and wellness. There is currently no cure for arthritis. However, current treatment modalities and management protocols have facilitated significant improvements in quality of life and functional status in individuals with arthritis.

Persons with arthritis have a critical role to play in the collaborative management of their disease. The USBJI has developed an enduring, nationwide program that facilitates direct interactions between people with arthritis and experts in arthritis care. The goal of Experts in Arthritis is to provide information about treatment options and lifestyle interventions, giving people with arthritis the tools they need to manage their disease (USBJI, 2017). Using a patient-centered, web-based format live and recorded informationals are available to the public at no cost.

As with other USBJI programs, Experts in Arthritis is built on partnerships with a variety of stakeholders that include persons with arthritis, healthcare professionals and community organizations.

As such, seminars are presented by patient advocates and other health care professionals such as nurses, rheumatologists, physical therapists, orthopaedic surgeons, and occupational therapists. This public education campaign also generates awareness surrounding the impact of arthritis on health and wellness, and the advances that make it possible for people with arthritis to live fuller and healthier lives.

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Dr. Baker is an Associate Professor in the Department of Occupational Therapy at the University of Pittsburgh where she teaches courses on biomechanics, research, and evidenced-based practice to occupational therapy

graduate students. As a researcher, Dr. Baker examines worker's health and the physical performance of work tasks with a focus on computer use and its effect on health. Her work has diverged into two separate but interrelated areas: research on methods to modify work performance to prevent illness or injury; and research which develops methods to reduce work disability in individuals who already have an injury or illness, specifically including Arthritis. Dr. Baker is Chair of the U.S. Bone and Joint Initiative's Experts in Arthritis Advisory Committee.



Toby King, C.A.E. Toby King, Executive Director of the U.S. Bone and Joint Initiative (USBJI), has worked for trade and professional associations in the United States, Canada, Mexico and the United

Kingdom. As Executive Director of the USBJI, which is the U.S. arm of the Global Alliance for Musculoskeletal Health of the Bone and Joint Decade, he has overseen the development of programs designed to lower the burden of musculoskeletal disease and to foster collaboration among the broad spectrum of healthcare professionals concerned with these diseases, as well as researchers, patient advocates, and industry.

For more information about Experts in Arthritis, and to set up a live session, visit www.ControlArthritis.org, or email usbji@usbji.org.

Women's March on Oklahoma: A Firsthand Account

LeShea Agnew

**“I am woman, hear me roar!”
Their message was as bold
as their impassioned voices.**

Saturday morning, thousands of women from all walks of life blanketed the streets of Oklahoma City's capitol building holding handmade signs and chanting harmonious messages of love and equality. A record-setting 14,000 women and their families braved the blistery winter day for the Women's March on Oklahoma event. They stood in solidarity with the global movement Women's March aimed at unifying and empowering everyone taking a firm stand of support in honor of human rights, civil liberties and social justice; at home and around the world.



Registered Nurse and community leader, Devyn Denton, helped organize the event and delivered an especially moving message to the massive crowd of supporters. Denton sits down with reporter LeShea Agnew to provide a firsthand account of the emotionally charged march.

Devyn Denton: Our vision was to plan a march about women's health, our rights and to encourage all women to come together in a unified way to promote change. We were not protesting president Trump; this event had a much more profound purpose. We were protesting on behalf of sisterhood and advocating for each other. Originally we anticipated turnout to be anywhere from a few hundred to 3,000 max - more than 14,000 people showed up. In the days leading up to the event, organizers including myself received threatening messages intended to intimidate us. Oklahoma is a red state; you often see confederate flags on trucks and cars. We were worried the response to our march would be hateful. But we pressed on and moved forward, the importance of what we were doing was too great to be deterred. Thankfully, there were no arrests or acts of violence on anyone's part.

LeShea Agnew: The Women's March on Oklahoma was so successful the event made the front page of the New York Times.

Devyn Denton: That's right. Because of the impressive turnout, we were profiled along with a few of the other larger sister marches. Hours before the event even began highway traffic was at a standstill, miles and miles of cars. Additional parking lots at the capitol building that are usually empty were beyond capacity. Everyone had signs calling for peace, love, freedom and equality; even small children held signs. People travelled from Texas, Kansas, Arkansas and beyond to attend. The sea of empowered women and girls was incredible to witness and even more powerful to be part of. Even more amazing was the support we received from our men and boys. One father told me he almost didn't come to the event because he assumed it was a women's rally, then he realized all women's issues are men's issues too. He said he didn't want to lose his daughter



to inadequate healthcare or watch her rights be taken away by another man in a position of power. He ultimately came to lend his support for the sake of not only his daughter but for daughters everywhere.

Agnew: When it was your turn to address the crowd, what message did you share?

Denton: My message focused on the importance of women's health, improved medical care and access to proper treatment.

People who can afford insurance don't really care if we have it. People who can't afford insurance are the ones who need it most. The uninsured are the biggest underserved population in Oklahoma. We're one of the top five states battling chronic cases of obesity, diabetes and high blood pressure. Studies show a woman can change the health outcome of her family. The more educated she becomes on proper nutrition and healthy living, the more she is able to effectively instill the same values and behavior in her family.

Agnew: Speak to the decision to wear your traditional all white nursing uniform to the march.

Denton: The decision to wear my uniform was purposeful. I was the only nurse in official uniform to help organize the event and stand on the front lines as we marched through the city. It was important to represent nurses in a positive and meaningful way, to show we are active in our community and represent the populations we take care of. Looking out over the crowd I recognized so many familiar faces. I saw some of my patients and their family members, babies I helped birth and families I consoled during moments of intense loss and grief. It was important for them to see nurses in another compassionate light. We serve our community in many different ways, including policy legislation and organized movement. In the words of Hillary Clinton, "Women's rights are human rights and human rights are women's rights."

Agnew: Diversity in numbers.

Denton: Indeed. There were pastors, Muslims, Israelis, natives, members of the LGBTQIA and Black Lives Matter movement. We held interfaith prayers and sang native songs in various languages. All peaceful. No arrests. No violence. Just peace and love. An elder woman at the rally told me she's been protesting for the rights of women since the 60's, as long as the fight continues so will we.

Agnew: Moving forward, what's the next call of action?

Denton: **Collective action must follow.** The march may have ended this weekend but this is only the beginning. We have outlined specific steps supporters can take in their home states to continue moving the movement forward. Steps include writing letters to members of congress, spreading the intent and sharing the goal. Whether it's ending gender-based violence, reproductive rights and women's health, LGBTQIA rights, worker's rights, civil rights, immigrant rights, religious freedom or environmental justice, we must all do our part to protect and promote equality for all. We must pass along our vigor for advocacy to our children as well. I brought my teenage daughter Kennedy to the march and she stood beside me on stage overlooking the crowd of thousands. Seeing advocacy in action inspired her to do the same. Three generations of civil rights marchers in one family. It was a personally gratifying and almost emotionally overwhelming experience, one I will not soon forget. Now I'm marching for civil rights beside my daughter, this is certainly one of the major highlights of my life.

Women's March on Oklahoma: 14,000 Strong – Advocating for Women's Rights

LeShea Agnew

Seated on the broad shoulders of her father, a young girl enthusiastically held up the homemade pink and black sign.

“Girl Power!”

Her written message was one of thousands raised in honor of defending and upholding women's rights around the state and country. The March on Oklahoma became the largest women's event at the capitol in years, drawing more than 14,000 women and their families. Event organizers anticipated attendance to be three times less. Part of the global movement Women's March, the March on Oklahoma derived from a collective desire to unify and empower everyone standing up for human rights, civil liberties and social justice for all.

Medical professional, Registered Nurse and community leader Devyn Denton, helped organize the event and served as guest speaker for the rally. “Our vision was to plan a march about women's health, our rights and to encourage all women and our counterparts to come together in a unified way to promote change. We were not protesting president Trump; this event had a more profound purpose. We gathered to find healing and strength through tolerance, civility and compassion as our public release stated.”

Parking lots surrounding the capitol spilled over, traffic to 2300 North Lincoln Blvd extended for miles. The rally was as diverse as its attendees. Interfaith prayer kicked off the march as Muslims, Christians, Israelis, Natives and people of all colors and backgrounds sang songs of unity and love in their respective languages. Strangers held hands, acquaintances became allies. Hundreds of men marched in support of their sisters, wives and daughters. Members of the Black Lives Matter movement and LGBTQIA community also joined forces for the nearly five hour long event.

“The sea of empowered women and girls was incredible to witness and even more powerful to be part of. Even more amazing was the support we received from our men and boys. One father told me he almost didn't come because he assumed it was a women's rally, then he realized all women's issues are men's issues too. He said he didn't want to lose his daughter to inadequate healthcare or watch her rights be taken away by another man in a position of power. He ultimately came to lend his support for the sake of not only his daughter but for daughters everywhere.”

Denton delivered a moving message to the energized crowd of supporters, focusing on the importance of accessible and affordable healthcare, proper medical treatment and quality assurance. People who can't afford insurance are the ones who need it most. The uninsured are the biggest underserved population in Oklahoma. We're one of the top five states battling chronic cases of obesity, diabetes and high blood pressure. Studies show a woman can



significantly change the health outcome of her family. The more educated she becomes on proper nutrition and healthy living, the more she is able to effectively instill the same values of behavior in her family.”

Denton was the only nurse in her traditional all white uniform marching on the front lines, her decision to represent her profession was a deliberate one. She wanted to represent nurses in a positive and meaningful way, to show their willingness to be active in the communities they take care of. “Looking out over the crowd I recognized so many familiar faces. I saw some of my patients and their family members, babies I helped birth and families I consoled during moments of intense loss and grief. It was important for them to see nurses in another compassionate light. We serve our community in many different ways, including policy legislation and organized movement. In the words of former First Lady Hillary Clinton, ‘Women’s rights are human rights and human rights are women’s rights.’”

For the first time, Denton marched alongside her teenage daughter Kennedy, continuing the family legacy of civil rights activism. The march may be over but event organizers say the movement continues. Moving forward, collective action includes contacting members of congress in support of the issues at hand and garnering support from others to protect and promote equality for all. Issues include ending gender-based violence, women’s health, LGBTQIA rights, worker’s rights, civil rights, immigrant rights,

religious freedom and environmental justice. Women’s March on Oklahoma attendees travelled from Kansas, Arkansas, Texas and beyond. No arrests or acts of violence were reported at the march or rally.

About ONHN Inc.

Flagship nonprofit, Operation Nurses Helping Nurses Inc.’s mission is to provide a global nurse-to-nurse support system in times of disasters, traumas or crisis by delivering both material and emotional succor; we’ve responded to countless major disaster sites including the Orlando nightclub mass shooting and catastrophic floods in Louisiana, our services extend to tens of thousands internationally. ONHN Inc. adopted its second elementary school with 100% of its students falling below the poverty line, providing school supplies and meals for students and families.

About Nyved Consulting LLC

A multifaceted consulting and coaching firm that motivates medical professionals to identify challenges and solutions to existing healthcare inequities in addition to providing grant writing, biomedical research, campaigning and health coaching services.

About LeShea Agnew

LeShea Agnew is a national award-winning broadcast journalist and NPR-affiliate host/producer/reporter. She is co-owner and Editor-in-Chief of The St. Louis Spotlight, a media outlet and news publication for the African-American community.

Chapters in Service

FORT BEND COUNTY BLACK NURSES ASSOCIATION

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



Pictured from left to right are Madame President Janice Sanders, Founder of BBC-Venita Graves and Lola Denise Jefferson with donated wigs in a pink bag with our pink Santa hats.



Star of Hope Toy Drive, December 18, 2016 at the Tasting Room on Uptown Park. Pictured from left to right are Madame Vice President Marilyn Johnson with Sponsor Dr. David Crumble.



Donations to the Sickle Cell Anemia Holiday Toy Drive, December 10, 2016.



Sickle Cell Anemia Holiday Toy Drive Chairperson Charlie Terrell with Holiday Santa Helper Dehlu Siple

Chapters in Service



The Sickle Cell Association of Texas sponsored the Marc Thomas Foundation Walk was held in MacGregor Park. Janice Sanders, President of the FCBNA performs sickle cell trait screening as part of the event wellness campaign.



Linda Wade, President and CEO of Sickle Cell Foundation presents the 2nd place trophy for the outstanding team at the sickle cell walk to members of the FCBNA



Members of the FCBNA participated in the National Kidney Foundation Walk! NBNA lifetime member and nominations committee member Vanessa Auguillard is pictured front row center.

Chapters in Service

SOUTHEASTERN PENNSYLVANIA AREA BLACK NURSES ASSOCIATION, INC.

Members held their annual cookout on August 27, 2016. The cookout provided an excellent opportunity for members to connect, socialize and fellowship.

Stephen K. Klasko, MD, MBA, the President and CEO of Thomas Jefferson University and Jefferson Health and the author of “We CAN Fix Healthcare - The Future is NOW” was the guest speaker during the September 7, 2016 chapter meeting. Dr. Klasko presentation focused on improving diversity in healthcare.

Jay Hubsher, MD presented on chronic kidney disease-early detection, prevention and delaying progression during the October 5, 2016 chapter meeting. Attendees were awarded continuing education hours through the Kidney Foundation.

During the month of December, the SEPABNA donated items to the Family House Now Shelter for infants, children and adults. The items include clothing, toiletries, diapers, bottles, and many more items. The donations were a welcome gift during the holiday season of giving.



Members of the BBNA at Sistah Strut 5K Run & Walk. Pictured from left to right are Carolyn Washington, Ernestine French, Deborah Thedford-Zimmerman, Candace Grimes, and Carthenia Jefferson.

BIRMINGHAM BLACK NURSES ASSOCIATION



Members of the BBNA at the Classic in Pink Affair. Pictured from left to right are Mary Williamson, Carolyn Washington, Jennifer Coleman, Gladys Amerson, Deborah Andrews, Candace Grimes, and Evivian Bell.



Members participated in a Prayer Walk to Stop the Violence. Pictured from left to right are Gwendolyn Parker, Martha Dawson, Lindsey Harris, and Carthenia Jefferson.

Chapters in Service

FORT BEND COUNTY BNA



FBCBNA donated over 35 brand new wigs in pink bags in pink Santa hats!
Venita Graves of Beauty Beyond Breast Cancer is sitting in the center!

Members on the Move Chapter News

Ms. **Cynthia Wright, RN, CDE, CTTS**, a member of the Southeastern Pennsylvania Area Black Nurses Association, Inc. was honored on October 27, 2016 by the American Diabetes Association at the Unmasking Diabetes Gala & Awards as their Distinguished Certified Diabetes Educator.

Eula Davis, a member of the Southeastern Pennsylvania Area Black Nurses Association, Inc., was on the move collaborating with the Philadelphia Fellowship Bible Church to provide education on Rheumatology illnesses. Nurses empowering communities!!

Birmingham Black Nurses Association student, **Samantha Baldwin**, attended the Emerging Leaders Forum in Memphis, TN

Yolanda Powell-Young, PhD, from New Orleans, Louisiana was selected to participate as a member of the Editorial Board for the Journal of Palliative Care and Nursing.

Stephanie Doibo, President of the Cleveland Council of Black Nurses, was nominated for University Hospitals of Cleveland's Faces of Care. It is a recognition of nursing and nurses across the Greater Cleveland Area. The purpose of the event is to honor nurses and the work that they do for individuals and the community and to promote a positive image to the public of nurses' contributions to healthcare. Ms. Doibo also selected to serve as a Legislative Ambassador for the Ohio Nurses Association.

Dr. Martha A. Dawson, a member of the Birmingham Black Nurses Association, was appointed as a Scholar in the University of Alabama at Birmingham Sparkman Center for Global Health Scholars Program.



Ms. Cynthia Wright, RN, CDE, CTTS



Eula Davis



Samantha Baldwin



Kimberly Cartwright, Yvonne Olusi-Ogadi, Kendrick Clack, Andrea Clack, and Lola Denise Jefferson with Congressman Al Green

Other NBNA Events



NBNA Board of Directors at Board Meeting on February 5, 2017.

Chapter Websites

Alabama

Birmingham BNA www.birminghambna.org

Arizona

Bna Greater Phoenix Area www.bnaphoenix.org

Arkansas

Little Rock BNA www.lrbnaa.nursingnetwork.org

California

Bay Area BNA www.babna.org

Council Of BN, Los Angeles www.cbnlosangeles.org

Inland Empire BNA www.iebna.org

San Diego BNA www.sdblacknurses.org

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

Colorado

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

Connecticut

Northern Connecticut BNA www.ncbna.org

Southern Connecticut BNA www.scbna.org

Delaware

BNA Of The First State www.bnaoffirststate.org

District Of Columbia

BNA Of Greater Washington DC Area www.bnaofgwdca.org

Florida

BNA, Miami www.bna-Miami.org

BNA, Tampa Bay www.tampabaynursesassoc.org

Central Florida BNA www.cfbna.org

First Coast BNA (Jacksonville) www.fcbna.org

St. Petersburg BNA www.orgsites.com/Fl/Spnbna

Georgia

Atlanta BNA www.atlantablacknurses.com

Concerned NBN Of Central Savannah River Area www.cnofcsra.org

Savannah BNA www.sb_na.org

Hawaii

Honolulu BNA www.honolulublacknurses.com

Illinois

Chicago Chapter NBNA www.chicagochapternbna.org

BNA Of Indianapolis www.bna-Indy.org

Kentucky

Kyanna Bna (Louisville) www.kyannabna.org

Lexington Chapter Of The NBNA www.lcnbna.org

Louisiana

Baton Rouge BNA www.mybrbna.org

Shreveport BNA www.sbna411.Org

Maryland

BNA Of Baltimore www.bnabaltimore.org

Massachusetts

New England Regional BNA www.nerbna.org

Chapter Websites

Michigan

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

Minnesota

Minnesota BNA www.mnbna.org

Mississippi

Mississippi Gulf Coast BNA www.mgcbna.org

Missouri

Greater Kansas City BNA www.gkcblacknurses.org

Nevada

Southern Nevada BNA www.snbna.net

New Jersey

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

New York

New York BNA www.nybna.org
Queens County BNA www.qcbna.com
Westchester BNA www.westchesterbna.org
North Carolina
Central Carolina BN Council www.ccbnc.org

Ohio

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

Oklahoma

Eastern Oklahoma BNA www.eobna.org

Pennsylvania

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

South Carolina

Tri-County BNA Of Charleston www.tricountyblacknurses.org

Tennessee

Nashville BNA www.nbnanashville.org

Texas

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

Wisconsin

Milwaukee Chapter NBNA www.mcnbna.org

Chapter Presidents

ALABAMA

Birmingham BNA (11) Dr. Lindsey Harris Birmingham, AL
Montgomery BNA (125) Katherine Means Montgomery, AL

ARIZONA

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

ARKANSAS

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

CALIFORNIA

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

COLORADO

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

CONNECTICUT

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

DELAWARE

BNA of Northern Delaware (142) Tracy Harpe Wilmington, DE
BNA of the First State (133) Kenneth Brayboy Dover, DE

DISTRICT OF COLUMBIA

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

FLORIDA

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

GEORGIA

Atlanta BNA (08) Evelyn Miller College Park, GA
Columbus Metro BNA (51) Gwendolyn McIntosh Columbus, GA

Chapter Presidents

Concerned National Black Nurses

of Central Savannah River Area (123)	Theresa Brisker	Martinez, GA
Okefenokee BNA (148)	Tanya Renee Burse	Waycross, GA
Savannah BNA (64)	Cheryl Capers	Savannah, GA

HAWAII

Honolulu BNA (80)	Linda Mitchell	Aiea, HI
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ILLINOIS

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

INDIANA

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

KANSAS

Wichita BNA (104)	Peggy Burns	Wichita, KS
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KENTUCKY

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

LOUISIANA

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

MARYLAND

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

MASSACHUSETTS

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

MICHIGAN

Detroit BNA (13)	Nettie Riddick	Detroit MI
Grand Rapids BNA (93)	Crystal Cummings	Grand Rapids, MI
Greater Flint BNA (70)	Juanita Wells	Flint, MI
Kalamazoo-Muskegon BNA (96)	Shahidah El-Amin	Kentwood, MI
Lansing Area BNA (149)	Meseret Hailu	Lansing, MI

MINNESOTA

Minnesota BNA (111)	Shirlynn Lachapelle	Minneapolis, MN
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Chapter Presidents

MISSOURI

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

NEBRASKA

Omaha BNA (73) Shanda Ross Omaha, NE

NEVADA

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

NEW JERSEY

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

NEW YORK

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

NORTH CAROLINA

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

OHIO

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

OKLAHOMA

Eastern Oklahoma BNA (129) LaMaria Folks Tulsa, OK

PENNSYLVANIA

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

SOUTH CAROLINA

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

TENNESSEE

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

Chapter Presidents

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

VIRGINIA

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

WISCONSIN

Milwaukee BNA (21)	Melanie Gray	Milwaukee, WI
Racine-Kenosha BNA (50)	Gwen Perry-Brye	Racine, WI

Direct Member (55)*

*Only if there is no Chapter in your area

