

NATIONAL BLACK NURSES ASSOCIATION

NBNA

NEWS

NBNA Celebrates National Nurses Week Special Issue on Brain Health



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**“Leading Mentorship at
a National Level”**
Eric J. Williams,
DNP, RN, CNE, FAAN
President, National Black Nurses
Association
Assistant Director/Faculty Chair and
Professor of Nursing
Santa Monica College
Los Angeles, CA



**“Mentorship Across the
Profession: A Case Study
Approach to Nurses
Serving Nurses”**
Ta’Neka C. Lindsay, DNP, APRN,
WH-AGPCNP
Assistant Professor of Nursing
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“Nurses on Boards”
Debra A. Toney,
PhD, RN, FAAN
President, National Coalition of Ethnic
Minority Nurse Associations
Director of Quality Management
Nevada Health Centers
Las Vegas, NV



**“Calling all Mentors and Mentees:
National Black Nurses Association
Collaborative Mentorship Program”**
A Call to Action
Angela M. Allen,
PhD, MAT, EdS, EA, CRRN
Chair, NBNA Collaborative Mentorship
Program
Clinical Research Program,
Director/Clinical Professor
Banner Health/Arizona State University
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ON THE COVER

Photo by Reese Brown, a retired Army Nurse currently working for the DoD as a Public Affairs Photojournalist.

The photo is from the Nurses Week Wreath Laying Ceremony at Arlington Cemetery May 7, 2018. Pictured are Air Force Captain Jazmin Shawell and Navy Commander Jamesetta Goggins, both active duty registered nurse.

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NBNA NEWS

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

National Nurses Week



At its core, Nurses Week is a time for celebration and observance. It is a time to remember, and acknowledge nurses, both past and present, who work(ed) to assure the health and well-being of the citizens of our nation and the world. The theme for National Nurses Week 2018 is – *Nurses Inspire, Innovate, Influence*. While celebrating and looking back on all that nurses have accomplished, this year's theme also suggests that we, as nurses, should be encouraged to look ahead. To see how we can work to have an even greater impact on the profession, our communities and nation, and the world.

Advocacy is a key element of the National Black Nurses Association (NBNA) mission. Dr. Cipriano, the current American Nurses Association(ANA) President, underscores that nurse advocacy is critical to addressing the public health issues that lie before us. A major public health issue that currently needs our attention and action is brain health. In the simplest context, brain health is making the most of your brain at any age; but, particularly as we age.

In the spirit of nurses' week, this edition of NBNANews is dedicated to brain health awareness. Ms. Patricia Lane served as the guest editor for this special edition of NBNANews. Her article titled *Fundamentals of Brain Health* sets the advocacy stage by providing information that informs our membership and readership about brain health. National Black Nurses Association members who are brain health experts provide tips for Alzheimer's caregivers, facts about the vital signs for brain health, evidence that speaks to effect of exercise on brain health, the importance of social interaction on brain health, and much more. As always, we spotlight our dynamic chapters in service and our members who are on the move.

Like the ANA, the NBNA believes that advocacy is a pillar of nursing. Nurses advocate in their workplaces and in their communities. Through advocacy we inspire, innovate and influence. To nurses everywhere, I wish you a Happy Nurses Week!!!

Respectfully,

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

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The Possibilities of Reverse Mentoring

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



According to the U.S. Census Bureau (2016), millennials (i.e., defined as those 18-34 years of age) have surpassed baby boomers as the largest living generation. Consequently, it is not surprising that millennial nurses are currently the largest age group of working nurses in the United States. According to Auerbach, Buerhaus & Staiger (2017) millennials are becoming nurses at nearly double the rate of baby boomers. The possibility of as many as four generations working side by side in today's healthcare agencies is real.

Leading a multi-generational nursing workforce can pose several challenges relative to differences in attitudes, work habits, beliefs and expectations. According to Sherman (2006), a critical skill acquisition for current nurse leaders will include innovative coaching and mentoring programs that consider the unique characteristics of our newest and largest registered nurse cluster. Why not use Nurses Week as an opportunity to inspire, innovate & influence the reimagining of *mentoring* programs for those entering the nursing workforce?

Within the world of Business, the concept of reverse mentoring has found much success. Reverse mentoring is often considered a "best practice" in bridging the generational gap among employees while successfully meeting and surpassing organizational objectives. Reverse mentoring has been typically identified as the pairing of a younger, junior member of the personnel team, acting as mentor, with a seasoned, senior colleague as the mentee. Murphy (2012) discuss the ways in which reverse mentoring capitalizes on millennial capabilities and preferences. Areas for practical applications of reverse mentoring knowledge transfer in nursing, particularly from a digital perspective, includes informatics and other nursing technology efforts (e.g., lifetime clinical health records, artificial intelligence).

Transforming the healthcare landscape and building healthier communications will require the involvement, expertise and

experiences of the nursing workforce in its entirety. As we look forward, both personally and professionally, let's consider the possibilities that coming together and working together can have on moving the NBNA and the nursing profession onward and upward toward continued excellence.

I look forward to working with each of you as we continue our journey toward ensuring access to the highest quality of healthcare for persons and communities of color. Happy Nurses Day as I wish each of you well as we continue our journey to – inspire, innovate, & influence.

References

1. Auerbach, D.I., Buerhaus, P.I., & Staiger, D.O. (2017). Millennials almost twice as likely to be registered nurses as baby boomers were. *Health Affairs*, 36(10). Retrieved from <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0386>.
2. Murphy, W.M. (2012) Reverse mentoring at work: Fostering cross-generational learning and developing millennial leaders. *Human Resources Management*, 51(4), 549-547.
3. Sherman, R. (2006). Leading a multigenerational nursing workforce: Issues, challenges and strategies. *The Online Journal of Issues in Nursing*, 11(2). Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume112006/No2May06/tpc30_216074.htm.

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

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NATIONAL BLACK NURSES ASSOCIATION

Raising Awareness of Sarcoidosis: The Power of NBNA Members

Catherine Jackson, RN, BSN, MPH and Tina Rezakhani, PharmD, MBA

April was National Sarcoidosis Awareness Month! This is still a great time to educate yourself and raise awareness about this condition, which disproportionately afflicts the African American community.¹

Sarcoidosis is a chronic, multisystem inflammatory disease that causes a wide spectrum of symptoms.² The hallmark of the disease, which affects approximately 185,000 people in the United States,³ is the presence of granulomas – tiny clumps of inflammatory cells that damage organs and tissues and usually begin in the lungs, skin, eyes or lymph nodes.²

Although sarcoidosis occurs worldwide and affects men and women of all ages and races,¹ African Americans are more than three times as likely to be diagnosed with sarcoidosis than Caucasians.⁴ African American women, in particular, are more frequently and more severely affected by the disease than any other group.⁵ The lifetime risk among African American women of developing sarcoidosis is 2.7 percent.⁵

Symptoms of sarcoidosis vary significantly from person to person and often depend on which tissues and organs are affected.⁶ About one-third of people with sarcoidosis have general symptoms, such as fatigue, fever, weight loss, and night sweats.² Some people with sarcoidosis have no symptoms at all.⁷ Almost everyone who has sarcoidosis will have some degree of lung impairment.⁹ When granulomas develop in the lungs it can lead to the narrowing of airways, enlargement of lymph nodes, and inflammation and scarring (fibrosis) of the lung tissue, which can cause difficulty breathing.⁹ These symptoms may limit a person's ability to perform daily activities.^{9,10}

The variability of symptoms is one reason why diagnosing sarcoidosis can be difficult.¹⁰ Because symptoms may overlap with other health conditions, other causes must first be ruled out.¹¹ The diagnosis is established with clinical, radiographic and histologic evidence. Diagnosis of sarcoidosis requires exclusion of other causes of granuloma formation.¹¹ It is not unusual for sarcoidosis to be misdiagnosed or undiagnosed.¹²

In the majority of people, sarcoidosis goes away by itself, in which case no treatment may be needed.¹³ However, an estimated 10-30



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In the News

percent of people with sarcoidosis have chronic disease and may require treatment.¹⁴ Although less than five percent of people with sarcoidosis die because of the disease,¹³ death is 17 times more common among African Americans⁴—proving that early diagnosis and getting appropriate treatment are critical.

While the exact cause of sarcoidosis is unknown, research suggests it is caused by a combination of factors, including a preexisting genetic risk and exposure to environmental triggers,² such as smoke or bacteria.¹ More research is needed to determine the exact cause of sarcoidosis.⁴

Though there is a long way to go until sarcoidosis is a household name (and consistently and promptly diagnosed in all patients), NBNA members are playing a vital role in increasing awareness. Nearly 80 nurses from 25 states across the country attended the 2016 NBNA National Meeting session on sarcoidosis, an educational event sponsored by Mallinckrodt Pharmaceuticals. More than 40 attendees volunteered to become community educators and get the word out about this little-known condition. Nurses received “Sarcoidosis Community Educator” toolkits, which included educational materials for use in group settings or at health fairs. The feedback on this turnkey program has been overwhelmingly positive!

“I presented the information on sarcoidosis at a health fair in our community. The materials were easy to follow, and the

audience remained engaged and responsive throughout the entire presentation. Many of the participants were totally unaware of the disease and expressed appreciation for receiving the information. The overall feedback I received was the need for more forums to address the disease.”

—Tracy Smith-Tinson, BSN, RN, MPA

This year, the Foundation for Sarcoidosis Research (FSR), American Lung Association and CHEST Foundation have partnered to create educational materials and patient-focused events that bring attention to sarcoidosis. The national awareness campaign aligned with Sarcoidosis Awareness Month, “Sarcoidosis: Seek Answers. Inspire Results,” complements these educational materials by encouraging people living with sarcoidosis to take a proactive role in their treatment plan.

To learn more about sarcoidosis, visit:

- The Foundation for Sarcoidosis Research (www.stopsarcoidosis.org)
- CHEST Foundation (<http://www.chestnet.org/Sarcoidosis-Awareness-Month>)

To learn more about the Sarcoidosis Community Education Initiative or get involved, email: communityed@humancaresystems.com.

¹ Iannuzzi MC, Rybicki BA, Teirstein AS. Sarcoidosis. *N Engl J Med*. 2007;357(21):2153-65.

² What is sarcoidosis? Foundation for Sarcoidosis Research. Retrieved February 2, 2018 from <https://www.stopsarcoidosis.org/patient-resources/what-is-sarcoidosis/>.

³ Baughman RP, et al., Sarcoidosis in America Analysis Based on Health Care Use. *Ann Am Thorac Soc* Vol 13, No 8, pp 1244–1252, Aug 2016

⁴ American Lung Association. State of Lung Disease in Diverse Communities. Accessed February 2, 2018 from <http://action.lung.org/site/DocServer/state-of-lung-disease-in-diverse-communities-2010.pdf?docID=8744..>

⁵ Cozier YC, Berman JS, Palmer JR, Boggs DA, Serlin DM, Rosenberg L. Sarcoidosis in black women in the United States: data from the Black Women’s Health Study. *Chest*. 2011;139(1):144-50.

⁶ Treatment Guide: Sarcoidosis. Cleveland Clinic. Retrieved February 2, 2018 from <http://my.clevelandclinic.org/ccf/media/files/Sarcoidosis/sarcoidosis-guide.pdf>.

⁷ Baughman RP, Lower EE. Therapy for sarcoidosis. In: Drent M, Costabel U, eds. *European Respiratory Monograph 32: Sarcoidosis*. European Respiratory Society; 2005.

⁸ Baughman RP, Teirstein AS, Judson MA, et al. Clinical characteristics of patients in a case control study of sarcoidosis. *Am J Respir Crit Care Med*. 2001;164(10 Pt 1):1885-9.

⁹ Spruit MA, Wouters EFM, Gosselink R. Rehabilitation programmes in sarcoidosis: a multidisciplinary approach. In: Drent M, Costabel U, eds. *European Respiratory Monograph 32: Sarcoidosis*. European Respiratory Society; 2005.

¹⁰ Statement on Sarcoidosis. Joint Statement of the American Thoracic Society (ATS), the European Respiratory Society (ERS) and the World Association of Sarcoidosis and Other Granulomatous Disorders (WASOG) adopted by the ATS Board of Directors and by the ERS Executive Committee, February 1999. *Am J Respir Crit Care Med*. 1999;160(2):736-55.

¹¹ Belfer, MH., Stevens WR. Sarcoidosis: A Primary Care Review. *Am Fam Physician*. 1998 Dec 1;58(9):2041-2050.

¹² Costabel U, Hunninghake G.W. ATS/ERS/WASOG statement on sarcoidosis. *Eur Respir J* 1999;14:735-737.

¹⁴ Thomeer M, Demedts M, Wuyts W. Epidemiology of sarcoidosis. In: Drent M, Costabel U, eds. *European Respiratory Monograph 32: Sarcoidosis*. European Respiratory Society; 2005.

Why is Vaccination Against Pneumococcal Pneumonia Important to the African American Community?

Pneumonia, including pneumococcal pneumonia, and influenza, together represent one of the top-10 leading causes of death for older African Americans (age 65 and older).¹ With the population of African Americans over the age of 65 expected to triple by 2050,² vaccination for pneumococcal pneumonia is a concern for healthcare providers.

Vaccination is a key component of overall preventive care that could improve health outcomes for African Americans, but vaccination rates among the African American community are relatively low.³ Pneumococcal vaccination rate for adult 65+ African Americans is 42.4%,⁴ below the goal of 90% of the population by 2020, from the Office of Disease Prevention and Health Promotion's Healthy People 2020 initiative.⁵

VPDs Disproportionately Impact African Americans Due to High Propensity of Comorbidities Compared with white Americans, African Americans face a higher likelihood of having certain underlying conditions, such as diabetes and asthma, which increase the risk of vaccine-preventable diseases and their complications.³

Patient Misconceptions About Pneumococcal Pneumonia

In order to close the gap in the pneumococcal vaccination rate for aging African Americans, healthcare professionals need to be prepared to address some of the common misconceptions about pneumococcal pneumonia and vaccination.

Myth: If I take care of myself and I'm in good health, I'm not at risk.

Fact: Age is one of the primary risk factors for pneumococcal pneumonia, and even healthy adults 65 years or older are at increased risk for pneumococcal disease.⁶

Myth: Pneumococcal pneumonia is not a big deal, it's like a cold or the flu.

Fact: Pneumococcal pneumonia is not a cold or the flu.^{7,8} In some cases, part of your lung fills up with mucus, making it harder to breathe.⁷ It can take weeks before

you feel like yourself again.⁹

Also, if you are 65 or older, your risk of being hospitalized after getting pneumococcal pneumonia is **13x** greater than younger adults aged 18-49.¹⁰

Myth: Can I catch pneumococcal pneumonia from getting vaccinated?

Fact: You can't catch pneumococcal pneumonia from pneumococcal vaccines. They do not contain live bacteria.¹¹

A Strong Recommendation from a Healthcare Provider Can Make a Difference

As a healthcare provider, you can educate your patients about vaccinations and offer recommendations based on your patients' unique characteristics. More importantly, you can explain the potential impact of catching a vaccine-preventable disease, and reduce the number of missed vaccination opportunities by offering CDC-recommended vaccinations during regularly scheduled visits.

Vaccine-preventable diseases can result in serious illness, hospitalization, and even death.¹² Make adult vaccination a standard of care in your practice. The CDC provides some helpful techniques to help you make an effective recommendation for vaccination:

Highlight **positive experiences with vaccines** (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.¹²

Address **patient questions and any concerns** about vaccination, including side effects, safety, and vaccine effectiveness, in plain and understandable language.¹²

Remind patients that **vaccines can help protect** them, and their loved ones, from many common and potentially serious diseases.¹²

Become a vaccine champion



In the News

Help improve the health of your community by advocating for recommended immunizations today.

References:

1. Centers for Disease Control and Prevention. LCWK3. Deaths, percent of total deaths, and death rates for the 15 leading causes of death in selected age groups, by race and sex: United States, 2014. https://www.cdc.gov/nchs/data/dvs/lcwk3_2014.pdf. Accessed March 3, 2018.
2. Ortman, Jennifer M., Victoria A. Velkoff, and Howard Hogan. An Aging Nation: The Older Population in the United States, Current Population Reports, P25-1140. U.S. Census Bureau, Washington, DC; 2014.
3. American Lung Association. Missed opportunities: influenza and pneumonia vaccination in older adults. www.lung.org/assets/documents/research/adult-vaccination-disparities.pdf. Accessed March 2, 2018.
4. Black CL, Williams WW, Warnock R, Pilishvili T, Kim D, Kelman JA. *MMWR*. 2017;66(27):728-733.
5. Healthy People 2020. IID-13.1: Increase the percentage of noninstitutionalized adults aged 65 and older who are vaccinated against pneumococcal disease. https://www.healthypeople.gov/node/4670/data_details. Updated March 2, 2018. Accessed March 2, 2018.
6. Centers for Disease Control and Prevention. Pneumococcal disease: risk factors and transmission. <https://www.cdc.gov/pneumococcal/about/risk-transmission.html>. Updated November 7, 2017. Accessed March 5, 2018.
7. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015.
8. Jain S, Self WH, Wunderink RG, et al; CDC EPIC Study Team. Community-acquired pneumonia requiring hospitalization among U.S. adults. *N Engl J Med*. 2015;373(5):415-427.
9. Wyrwich KW, Yu H, Sato R, Powers JH. Observational longitudinal study of symptom burden and time for recovery from community-acquired pneumonia reported by older adults surveyed nationwide using the CAP Burden of Illness Questionnaire. *Patient Relat Outcome Meas*. 2015;6:215-223.
10. Jain S, Self WH, Wunderink RG, et al; CDC EPIC Study Team. Community-acquired pneumonia requiring hospitalization among U.S. adults. *N Engl J Med*. 2015;373(5)(suppl):1-38.
11. U.S. Department of Health & Human Services, Vaccine Types. <https://www.vaccines.gov/basics/types/index.html>. Updated December 2017. Accessed March 27, 2018.
12. Centers for Disease Control and Prevention. Immunizing adult patients: standards for practice. <https://www.cdc.gov/vaccines/hcp/adults/downloads/standards-immz-adults.pdf>. Updated May 2016. Accessed March 3, 2018.

CDC = Centers for Disease Control and Prevention

VPD = vaccine-preventable diseases

»» KNOW YOUR RIGHTS

Health insurance companies take numerous steps to control their costs. This can mean your patient's health plan won't cover certain prescribed treatments or the plan requires them to take a number of steps before their treatment is approved.

There are states and federal laws that may protect your patient from these practices, and there are things your patient can do if their health plan won't pay for their medical treatment or delays their care.

To empower patients to take these steps, Aimed Alliance launched the "Know Your Health Insurance Rights" campaign to help them with the below challenges.

To find out if your insurer or PBM may have acted improperly, ask yourself these questions:



Prior Authorization

Before I can fill or refill a prescription, do I need to get approval from my insurer?



Step Therapy

Did my insurer make me try a different treatment before covering the medication that my health care provider prescribed?



Nonmedical Switching

Is my insurer forcing me to take a different medication, even though my current medication works well, by refusing to cover it any longer or increasing my co-pay?



Adverse Tiering

Do I have to pay either a percentage of the costs or a very large co-pay for my medication?

My insurer refuses to cover a treatment that my health care provider prescribed to me.

What can I do?



Appeal the decision

If your insurer denies your claim, you have the right to an internal appeal.



Request an external review

Under law, you are entitled to take your appeal to an independent third party for an "external review," meaning your insurer no longer gets the final say over whether to approve a treatment or pay a claim.



File a complaint

If there are still problems after the external review process, you can file a complaint with the insurance commissioner or attorney general in your state.

Visit www.coveragerights.org to learn more.

Fundamentals of Brain Health

Patricia C. Lane, MBA, BSN, SCRNP



Patricia Lane, MBA, BSN, SCRNP is currently the Administrative Director for Bon Secours Virginia Health System in Richmond Virginia. Ms. Lane served on the

Board of Directors for the American Association of Neuroscience Nurses and the National Black Nurses Association. She serves on the National Hospital Accreditation Board for AHA. In 2013 Ms. Lane received the NBNA Trailblazer award for her commitment to the community and leadership. Ms. Lane is a member of the Central Virginia Chapter of the National Black Nurses Association and the Chair of NBNA's Brain Health Initiative.

To understand brain health, a small lesson in anatomy and physiology is necessary. The brain is only three pounds however it is the most powerful organ of our body. It has three main parts, the cerebrum, the cerebellum and the brain stem. The cerebrum fills up most of our skull and is involved in remembering, problem solving, thinking, feeling and controls movement. The cerebellum sits at the back of our heads, under the cerebrum. It controls coordination and balance. The brain stem sits beneath our cerebrum in front of our cerebellum. It connects the brain to the spinal cord and controls automatic functions such as breathing, digestion, heart rate and blood pressure.

Our brains are nourished by blood vessels. With each heartbeat, arteries carry about 20 to 25 percent blood to the brain, where billions of cells use about 20 percent of the oxygen and fuel our blood. When thinking hard, our brains may use up to 50 percent of the fuel and oxygen. Our brain is divided into right and left halves. The left half controls movement on the body's right side. The right half controls the body's left side. In most people, the language area is chiefly on the left. An adult brain contains about 100 billion nerve cells, or neurons, with branches that connect at more than 100 trillion points.

Brain health refers to the ability to remember, learn, play, concentrate and maintain a clear, active mind. A healthy brain allows us to maintain information; think logically, display appropriate judgement, share perspective and illustrate wisdom.

Now that you understand the brain as the most powerful organ, let's take a deep dive in understanding how to keep our brains healthy, protected and NBNA's commitment to brain health. American Association of Retired Persons (AARP) developed the five pillars of brain health and the American Heart Association's (AHA) life simple 7 have proven to assist with heart health and brain health.

Below are the pillars for AARP's brain health and the steps for AHA's Life Simple 7. NBNA has partnered with both associations to help our organization strategize how we can impact increasing brain health in the African American Community. There is a lot of overlap in the tactics researched by the organizations to enhance brain health. Themes that resonate begin with knowing your numbers (blood pressure, glucose and cholesterol), diet, exercise, sleep,

rest relaxation. As you delve in their research both promote the DASH diet and exercise 150 minutes a week and sleeping at least 7 hours a night.

AARP 5 Pillars of Health	AHA's Life Simple 7 Steps
Discover New Learnings	Get Active
Connect – Socially Engaged	Control Cholesterol
Move - Exercise	Eat Better
Nourish – Eat a healthy diet	Manage Blood Pressure
Relax sleep better and get rest	Maintain A Healthy Weight
	Reduce Blood Sugar
	Stop Smoking

Prevention also includes being aware of high risk activities that could be harmful to brain health. To prevent accidents, there are a number of things we can do. Wearing helmets and seat belts to help prevent head injuries is paramount. Remember to buckle your children or grandchildren into safety or booster seats every time they ride in a car. These types of activities are great community activities for NBNA chapters on brain injury prevention. As nurses we need to learn about and teach patients and families how to deal with risks for falls and participate in fall prevention programs. Avoiding accidents, such as falls, is an important way to prevent head

injuries that can hurt the brain. In 2013, falls were the leading cause of Traumatic Brain Injury (TBI). Falls accounted for 47% of all TBI-related ED visits, hospitalizations, and deaths in the United States. Falls disproportionately affect the youngest and oldest age groups: More than half (54%) of TBI-related ED visits hospitalizations, and deaths among children 0 to 14 years were caused by falls. Nearly 4 in 5 (79%) TBI-related ED visits, hospitalizations, and deaths in adults aged 65 and older were caused by falls.

Having crucial conversations about drinking alcohol is another activity as nurses we need to be comfortable with having with our community for better brain health. It is important to teach avoidance of drinking alcohol when driving, and to avoid driving when taking certain medicines.

NBNA's brain health committee was created in 2017 to raise awareness on brain health and to teach our members and community signs of brain impairment and brain diseases such as depression, stroke, dementia, and Alzheimer's disease.

References

1. <https://brainhealth.nia.nih.gov/brainy-resources>
2. http://www.heart.org/idc/groups/heart-public/@wcm/@gsa/documents/downloadable/ucm_491983.pdf
3. <http://viewer.zmags.com/publication/20020222#/20020222/6>
4. https://www.cdc.gov/traumaticbraininjury/get_the_facts.html



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Don't Weight Until You Eat— Tips for The Alzheimer Care Giver



Dr. Angela M. Allen has a Doctor of Philosophy (PhD) from Arizona State University College of Nursing and Healthcare Innovation. She is also a Certified Rehabilitation Registered Nurse with a specialization in research. Dr. Allen is a NBNA board member.

Angela M. Allen, PhD, MAT, EdS, EA, CRRN

Because there is no special diet for patients with Alzheimer's disease, it is important for them to eat a well-balanced diet. There has always been a concern with weight issues because of the lack of understanding from their caregivers. This is why it is important to weigh patients and record their weight on a regular basis. Concerns with weight can be due to weight gain or loss.

Reasons for Alzheimer disease and related dementia patients have issues eating:

1. They forget to eat or unable to prepare meals
2. They forget to eat when no one else is around
3. They may give the impression they are not hungry
4. They are depressed
5. They may be burning calories due to increase movement
6. They may have an altered perception of taste
7. They may have unmet dental needs
8. They may have a limited appetite
9. They may be obsessed with losing weight
10. They may have a secondary medical condition

Tips on helping the Alzheimer disease and related dementia patients with eating:

1. Take the person to the primary care physician to check for hidden medical problems, such as depression
2. Stop cooking three meals a day. Plan frequent, small meals
3. Allow them to eat soft and sweet foods. Preference for Alzheimer disease and related dementia patients
4. Stay with the person while they are eating
5. Look for food high in calories
6. Provide a multivitamin tablet daily
7. Be open to trying new foods—taste change
8. Don't force Alzheimer disease and related dementia patient to eat
9. Use canned shakes and nutritional boosters as a last resort
10. Do Not force foods using a syringe as it may result in aspiration

NOTE: In advanced Alzheimer disease and related dementia patients, weight loss is enhanced unless there is continuous encouragement to eat.

Protecting Your Brain

Angela M. Allen, PhD, MAT, EdS, EA, CRRN

There are several studies that suggest that eating certain foods may help maintain a healthy brain. A diet that includes whole grain, fruits and vegetables, low in fat and added sugar can reduce the risks of several chronic diseases such as heart disease, type 2 diabetes and some cancers (Altomare, Cacciabaudo, Damiano, & Palumbo, 2013). Researchers are looking at whether the same healthy diet can also help maintain a healthy brain and reduce the risk of Alzheimer's disease (Gu, Nieves, Stern, & Luchsinger, 2010). For example, a diet rich in green leafy vegetables is associated with a decrease of cognitive decline. Studies have found that a greater adherence to a Mediterranean diet is associated with a reduced risk of developing Mild Cognitive Impairment (MCI) and Alzheimer's disease (AD), as well as, a reduced risk of progressing from MCI and AD. A Mediterranean diet is characterized by a high intake of vegetables, legumes, fruits, cereals, and unsaturated fatty acids, moderate to high intake of fish, low to moderate intake of dairy products, low intake of meat, and saturated fatty acids, and a regular but moderate intake of alcohol (Trichopoulou, Costacou, Bamia, & Trichopoulou, 2003; Willett, Sacks, Trichopoulou, & Drescher, 1995).

Though there are some foods that may delay cognitive decline, there are other foods, such as trans-fats, saturated fats and refined carbohydrates (e.g., white sugar, flour, white bread and white rice) that may cause a problem with cognitive decline.

Some researchers have focused on DHA (docosahexaenoic acid), an omega-3 fatty acid found in flaxseed, soybean, canola oils, salmon and other certain fish and seafood. They found that DHA reduces beta-amyloid plaques, the abnormal protein deposits found in the brain of persons with AD. Although there is very little evidence of the impact DHA on people with mild to moderate AD, it is possible that DHA supplements could be effective if started prior to the onset of AD symptoms (Fernandes, Rezende, & Rocha, 2015).

Other foods, more so than supplements, high in antioxidants such as vitamins C and E, carotene, lycopene, lutein, and many other substances may play a role in helping prevent AD. Research has shown those who eat antioxidant-rich foods reap health benefits (Lourida, Soni, Thompson-Coon, & Purandare, 2013).

Some of the better food sources of antioxidants are

- Berries: blueberries, blackberries, raspberries, strawberries and cranberries



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- Beans: Small red beans and kidney beans, pinto beans and black beans
- Fruits: Apples (with peel), avocados, cherries, green and red pears, fresh or dried plums, pineapple oranges, and kiwi
- Vegetables: Artichokes, spinach, red cabbage, red and white potatoes and broccoli
- Drinks: Green tea, coffee, red wine and some fruit juices*
- Nut: Walnuts, pistachios, pecans, hazelnuts and almonds
- Herbs: Ground cloves, cinnamon or ginger, dried oregano leaf and turmeric powder
- Grains: Oat-based products
- Dessert: Dark chocolate

*100 Fruit Juice

References

1. Alzheimer's Association. We Can Help: Adopt a Brain Healthy Diet Accessed 3/30/18
2. Altomare R, Cacciabaudo F, Damiano G, Palumbo VD, Gioviale MC, Bellavia M, Lo Monte A (2013). The Mediterranean Diet: A History of Health. *Iranian Journal of Public Health*, 42(5), 449–457.
3. de Souza Fernandes DP, Canaan Rezende FA, Pereira Rocha G et al. (2015) Effect of Eicosapentaenoic Acid and Docosahexaenoic Acid Supplementations to Control Cognitive Decline in Dementia and Alzheimer's Disease: A Systematic Review. *Nutr Hosp* 32, 528-533.
4. Gu Y, Nieves, JW, Stern, Y, Luchsinger, JA, Scarmeas, N (2010). Food combination and Alzheimer disease risk: a protective diet. *Arch Neurol*;67(6):699-706.

5. Lourida I, Soni M, Thompson-Coon J, Purandare N, Lang IA, Ukoumunne OC, Llewellyn DJ (2013) Mediterranean diet, cognitive function, and dementia: a systematic review. *Epidemiology* 24(4):479-89.
6. Scarmeas N, et al. Physical activity, diet, and risk of Alzheimer disease. *JAMA*. 2009 Aug 12;302(6):627-37.6. Unlisted. *Citicoline*. *Alt Med Rev*. 2008;13(1):50-7.
7. Trichopoulou A, Costacou T, Bamia C, Trichopoulos D. (2003) Adherence to a Mediterranean diet and survival in a Greek population. *N Engl J Med*. ;348:2599–2608.
8. U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015–2020 Dietary Guidelines for Americans*. 8th Edition December 2015. Available at <http://health.gov/dietaryguidelines>.
9. Willett WC, Sacks F, Trichopoulou A, Drescher G, Ferro-Luzzi A, Helsing E, Trichopoulos D. (1995) Mediterranean diet pyramid: A cultural model for healthy eating. *Am J Clin Nutr*. ;61:1402S–1406S.

Banner Alzheimer Institute (BAI) and Arizona State University recently announced the appointment of Dr. Allen to serve as a research nurse. Banner Alzheimer Institute’s vision at Banner Research is to

be the preeminent interdisciplinary research institute devoted to world-class basic and translational research, clinical care, prevention and education. This position will culminate with her being named as the Clinical Research Program Director of Nursing Research. Dr. Allen has been employed with Banner Health and Arizona State University for over ten years and currently serves in numerous capacities, including Arizona State University John A. Hartford Fellow and Banner Health co-investigator for an over \$2.2 million research intervention study titled: Dementia Care Initiative. She has recently began a program within Banner Health called Recognizing Dementia in Inpatient Settings. Additionally, Dr. Allen is the current chair of Arizona Community Foundation Black Philanthropist Initiative; immediate past president of Black Nurses Association of Greater Phoenix Area; Delta Sigma Theta Sorority, Inc. Phoenix Metropolitan Alumnae Chapter having served as the chair of the Physical and Mental Health committee. She currently serves on several boards, such as, National Black Nurses Association in Washington, D.C.; National Association of Rehabilitation Nurses in Illinois; Tanner Community Development Corporation in Phoenix, Arizona; Senior Leadership Council for Alzheimer’s Association in Phoenix, Arizona; Arizona Geriatric Society, Arizona; Consultant for the National Brain Health Center for African Americans in Richmond, Virginia, as well as, a curriculum developer, peer reviewer and special interest group chairperson for the National Association of Rehabilitation Nursing. Dr. Allen is a member of over 20 other organizations.

A Vital Sign For Brain Health: Discover & Learn The 6th Vital Sign For Brain Health!

J Taylor Harden, PhD, RN, FGSA, FAAN



Dr. J Taylor Harden is the immediate past Assistant to the Director for Special Populations at the National Institute on Aging, National Institutes of Health. Currently, she is Director Emeritus, National Hartford Center of Gerontological Nursing Excellence, a non-profit association, and

Adjunct Clinical Professor at the New York University Rory Meyers College of Nursing. Dr. Harden served on the Committee on Preventing Dementia and Cognitive Impairment, The National Academies of Sciences, Engineering and Medicine, and currently serves on the National Advisory Council on Aging, National Institutes of Health. She is a Fellow of the Gerontological Society of America, New York Academy of Medicine and American Academy of Nursing. She is a member of the BNA of Greater Washington, DC Area and Lifetime Member, NBNA.

Vital signs are measurements of the body's most basic functions, typically learned in a Fundamentals Nursing Course, and are usually measured to obtain a quick evaluation of a person's general physical condition.

The four main vital signs routinely monitored by nurses, other health professionals and informal health care providers include the following:

- Body temperature
- Pulse rate
- Respiration rate; and
- Blood pressure

Vital signs are useful in detecting or monitoring medical problems. Vital signs are measured in a variety of settings: hospitals, clinics, at home, at the site of a medical emergency in the field, community settings or elsewhere (Johns Hopkins Medicine, 2018). The main vital signs change with age, sex, weight, exercise capability, and overall health.

In this *Discover Learning Pillar*, we challenge our readers to: 1) recall the 5th Vital Sign typically includes an assessment of pain and 2) learn the 6th Vital Sign that includes an assessment of brain health and cognition. Brain health refers to the ability to recall events, learn, play, concentrate and maintain a clear, active mind. It's being able to draw on the strengths of your brain for executive functions including information management, logic, judgement, perspective, wisdom and problem-solving (Lane, 2013; AARP, 2018; NIA, 2018). Cognition, the 6th vital sign is an essential sign of basic brain function that can be affected by age and overall health.

Age is a primary risk factor for cognitive impairment, especially dementia of the Alzheimer's type, mild cognitive impairment (MCI)

and age-related cognitive decline (ARCD). Globally, individuals, families and communities are anxious about dementia. Dementia slowly erodes memory, cognition and overall brain health (National Academies of Science, 2017). According to the Global Council on Brain Health and others, African American adults experience dementia at twice the rate of White Americans (2017; NIA 2017; AARP, 2018). While there is no cure currently, there are ways to recognize the disease and to reduce risk. The National Institute on Aging (<https://www.nia.nih.gov/health/alzheimers>) (NIA) is the lead federal agency for research on Alzheimer's Disease (AD). NIA is working to discover, through research, new and effective ways to reduce risk and prevent the illness, and to find ways to effectively treat the disease. It is also important that scientists and health care professionals discover effective ways to recognize the disease early (NIA, FY 2018 Director's Budget Justification). Although studies have shown that the prevalence of dementia has been decreasing in recent decades, the population of older adults is increasing at such a dramatic rate that the overall number of affected individuals will continue to increase – an estimated 5.5 million Americans will be affected in 2018 (Hebert, 2013). Nurses must be able to assess cognition as a vital sign.

The Mini-Cog (Borson, Scanlan, Brush, Vitaliano, Dokman, 2000; Alzheimer's Association, 2018; Borson, Scanlan, Chen et al., 2003; Borson, Scanlan, Watanabe et al., 2006) is a 3-minute screening test for cognitive impairment including Alzheimer's disease. The Mini-

Cog measures two aspects of cognition: short-term recall and clock drawing (where a person draws numbers and arms pointed at a specific time on a paper clock). The Mini-Cog is extremely accurate at predicting whether someone has dementia. As a screening test, however, it should not substitute for a complete diagnostic workup. Administration of the Mini-Cog is simple. First, the person is asked to repeat three unrelated words, which tests immediate recall. Then, the person is asked to do the clock drawing test. The clock drawing test assesses multiple factors, especially executive functioning that is critically important in identifying dementia. Lastly, the person is asked to recall the three words, testing their memory after the task of drawing the clock.

Regardless of our age, we can reduce the chance of age-related diseases and optimize our chance of maintaining cognitive health. It is vitally important to challenge your brain in new ways while maintaining a healthy lifestyle. As a professional, one of many ways to help maintain cognitive health is to learn new things like the Mini-Cog. You are encouraged to 1) exercise your brain, 2) pursue new interests, 3) stay curious, and 4) challenge your thinking by working through new and complex ideas. Learn the 6th Vital Sign now! To learn this skill now see: https://www.alz.org/documents_custom/minicog.pdf.

References

1. AARP. Brain Health & Aging. <https://www.aarp.org/health/brain-health>. Accessed 2 April 2018.
2. Alzheimer's Association. Mini-Cog: Instructions for Administration and Scoring. https://www.alz.org/documents_custom/minicog.pdf. Accessed 2 April 2018.
3. Borson S, Scanlan J, Brush M, Vitaliano P, Dokmak A. The mini-cog: a cognitive 'vital signs' measure for dementia screening in multi-lingual elderly. *Int J Geriatr Psychiatry*. 2000 Nov;15(11):1021-7.
4. Borson S, Scanlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validation in a population-based sample. *J Am Geriatr Soc* 2003;51:1451–1454.
5. Borson S, Scanlan JM, Watanabe J et al. Improving identification of cognitive impairment in primary care. *Int J Geriatr Psychiatry* 2006;21: 349–355.
6. Global Council on Brain Health. https://www.aarp.org/content/dam/aarp/health/brain_health/2017/06/gcbh-program-summary-june-2017.pdf?intcmp=HEA-BH-GCBH-ABOUT. Accessed 2 April 2018.
7. Hebert LE et al. Alzheimer Disease in the United States (2010-2050) Estimated Using the 2010 Census. *Neurology* 80: 1778-1783, 2013.
8. Johns Hopkins Medicine (2018). Vital Signs. https://www.hopkinsmedicine.org/healthlibrary/conditions/cardiovascular_diseases/vital_signs_body_temperature_pulse_rate_respiration_rate_blood_pressure_85,P00866. Accessed 2 April 2018.
9. Lane PC (2018). Ensuring Access for Continuous Healthcare (EACH): NBNA's Brain Health Launch. *National Black Nurses Association Newsletter*, Winter Edition, pp 28.
10. National Academies of Sciences, Engineering, and Medicine. 2017, Preventing Cognitive Decline and Dementia: A Way Forward. Washington, DC: The National Academies Press, doi:<https://doi.org/10.17226/24782>.
11. National Institute on Aging (NIA). <https://www.nia.nih.gov/health/alzheimers>. Accessed 2 April 2018.
12. National Institute on Aging. 2018 Director's Overview: Budget Justification. <https://www.nia.nih.gov/about/budget/fy-2018-justification-budget-request/fy-2018-directors-overview>. Accessed 2 April 2018.

Brain Health— Movement through Exercise

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University Health System (VCUHS) for over 25 years and currently works as a Registered Nurse on the Acute Neuroscience Unit for 13 years. Janet received her Associates in Applied Science in Nursing 2004 from John Tyler Community College and received her Bachelor of Science in Nursing from Old Dominion University in 2009.

“If you can’t fly then run, if you can’t run then walk, if you can’t walk then crawl, but whatever you do, you have to keep moving forward” according to Martin Luther King, Jr. (Spelman College, 1960).¹ This quote may seem inspirational to many people; however, it can have another meaning when it comes to brain health and the importance of physical activity. People are living longer than a century ago and even a decade ago. However, with people living longer comes many health problems with the aging populations. One of the major health problems on the rise is dementia. Every 65 seconds someone in the United States will develop Alzheimer’s disease (AD). African American and Latinos have a higher incidence of dementia compared to Whites.² One of the reasons for the higher incidence of dementia may be vascular disease that affects the blood vessels; such as high blood pressure and diabetes, which could lead to vascular dementia (Alzheimer’s Association Fact Sheet, 2016).³ Although, there are many reasons that could affect a person in a decline in cognitive function: physical activity seems to play a role in prevention or managing diseases such dementia or AD. There is a connection between the brain and heart health, there are benefits of physical activity because it increases brain function, and certain physical activity can stimulate cognitive brain function.

The connection between heart and brain health is widely understood by the cardiovascular and neuroscience team. Dr. Philip Gorelick stated in an article, “Ideal cardiovascular health equates to ideal brain health.”⁴ You need your heart working well to pump the blood and oxygen from the heart to the brain for nourishment. Dr. Gorelick also stated, “Advances in our understanding of the role of cardiovascular risks have shown to be closely associated with cognitive impairment and dementia. Because many cardiovascular risks are modifiable, it may be possible to maintain brain health and to prevent dementia in later life.”⁴ He also recommended following the guidelines from American Heart Association (AHA) Life’s Simple. Factors that may help reduce cognitive limitation in the brain are making lifestyle changes to blood pressure and glucose reading, diet low in fat, and other factors such as increasing physical activity. Physical activity is the number one action recommended by the Institute of Medicine for maintenance of cognitive health,

prevention and treatment of cardiovascular risk factors and looking at medication that could influence brain health.⁵

There are many benefits of physical activity and the improvement in brain health. Many of the diseases such as high blood pressure, diabetes, stroke, high cholesterol, etc., correlates a sedentary lifestyle along with other factors; which could increase the risk of having health problems down the road. Blood needs to circulate throughout the body constantly without interruption in flow. A healthy brain requires the need for physical activity. In many studies, there is a link in older adult improvement in cognitive function and postural control because of physical activity. “A decline in frontal cognitive function may increase the risk of falls in individuals with Alzheimer’s Disease (AD) because the executive functions required postural control during walking including the initiation of intention of planning an action, working memory and attention.”⁶ When a person exercises, it improves joint mobility, balance, cognitive function, sleep function, lowers heart disease and other benefits.⁷

The Framington heart study links low physical activity and low blood volumes increases the risk of older adults getting dementia. Researcher also suggests the benefits of exercise as, “Physical activity particularly affects the size of the hippocampus, which is the part of the brain controlling short-term memory.”⁸

Many exercises can stimulate the brain. Exercise such as gardening, walking, dancing, aerobics because of its use of combination of participating in following directions and movement; could stimulate the brain. Brain plasticity because of regular exercise increases. “Regular physical exercise enhances the endurance of cells, tissues and organs to oxidative stress (2), increase energy metabolism (3),

vascularization (4) as well as neurotrophin synthesis (5), all of which constitute important inducers of neurogenesis, muscle development, memory improvement and brain plasticity.⁹ Physical activities should be at least 30 minutes a day for at least 5 days of the week. Exercise can be broken up in 10-minute interval throughout the day, which is also beneficial. Exercise should depend on the person baseline of doing activity. Walking is the one of the best exercise because it is low impact. Another physical activity that is beneficial for dementia and AD patients is Tai Chi. Tai Chi helps with balance, agility and strength training. It also helps because Tai Chi is a low impact physical activity and helps with social interaction and cognitive stimulation, which slows the decline in mental health.¹⁰ Lifting weights is also good not only for building strength, but in improving cognitive function.

In summary, movement through physical activity is important for cardiovascular health and brain health. There are studies finding the connection between the heart and brain health. There are many benefits in physical activity and stimulation of the brain and a low impact exercise such as Tai Chi; could help with improve cognitive function. Movement through exercise improves vascular function, strength, agility, may prevent falls because of change in posture; and may help the over-all wellbeing of the individual. Movement through physical activity can also reduce the risk of dementia and AD because it improves the quality of life.

References

1. Quote from Martin Luther King, Jr. Spelman College, 1960.
2. 2018 Alzheimer's Disease Facts and Figures. Retrieved 03/29/2018.
3. 2016 Alzheimer's Disease Facts and Figures. Retrieved 03/24/2018
4. Gorelick, P., Furie, K, et al. Defining Optimal Brain Health in Adults: A Presidential Advisory from the American Heart Association/American Stroke Association Stroke. Oct:2017; vol 48(10): 284-303.
5. Gorelick, P, Counts, S. and David Nyenhuis. Vascular Cognitive Impairment and Dementia. *Biochim Biophys Acta*. 2016 May: 1862(5):860-868. Retrieved online www.ncbi.nlm.nih.gov/pmc/articles/PMC5232167.
6. De Andrade, L., Gobbi, L., et al. Benefits of Multimodal Exercise Intervention for Postural Control and Frontal Cognitive Functions in Individuals with Alzheimer's Disease: A Controlled Trial. *J AM Geriatric Society* 61, No 11. 1919-1926, 2013.
7. Alzheimer's Association website. https://www.alz.org/brain-health/Stay_physical_active.asp. Retrieved 4/2/2018 online.
8. Hunt, S. et al. Physical Activity and Dementia. *Nursing for Women Health*, Vol. 20, Issue 5, October-November 2016, pg. 455.
9. Chen, W. Zhang, X et al. Role of Physical Exercise in Alzheimer's Disease. *Biomed Rep*. 2016 Apr: 4(4):403-407.
10. Chang, J. Tsai, P. et al. *Medical-Surgical Nurs*. 2011 Mar-Apr; 20(2):63-70.

Caring for Family Member with Alzheimer's: Professional Awareness vs Cultural Beliefs

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During the early stages we thought that Granny was just becoming more forgetful, she was only 66. She was always as sharp as a tack; this thing started slowly but we all knew something wasn't quite right. She was functional and took care of all her daily activity needs. The first thing we noticed was asking the same questions repeatedly. One of the most common signs of Alzheimer's is memory loss, especially new information and asking for the same information over and over (Alzheimer's Association, 2018).

According to the Alzheimer's Association's *2008 Alzheimer's Disease Facts and Figures*, an estimated 5.2 million Americans have Alzheimer's disease. But the disease is more prevalent among African Americans than among Caucasians—with estimates ranging from 14 percent to almost 100 percent higher. The number of African Americans at risk for Alzheimer at age 65 or older is expected to more than double to 6.9 million by 2030.

During the early stages of the disease, I was not a nurse and did not know much about Alzheimer's or how to help my mother, who was right there in the line of fire. She had to deal with the frustration of Granny who didn't know how to accept the fact that she was changing. In early stages of the disease, people may experience personality changes such as irritability, anxiety or depression. Many Alzheimer's disease (AD) patients are being looked after by their family members in the home. Many of those who provide care to Alzheimer patients are overwhelmed with these responsibilities and emotional burdens, and their quality of life become impaired and poor health is reported. (Richardson, Lee, Berg-Weger, & Grossberg, 2013).

As time went on it was apparent that Granny was getting worse and safety was a big issue. The care needed was becoming more taxing on my mother who for the most part was the sole caregiver. The idea of placing her in a nursing home was never a thought. Even though I knew it was the best solution it never was an option. If she was going to be cared for it would be in the home by family. I could see the effect on my mother who was consumed with caring for an aging parent. After I became a nurse I thought I had all the answers. I knew that my mother could not do this alone. I knew she needed more support and much needed time to get away for self-care. Weekend getaways were effective for a short time, but the stress would return as she returned back to her role as caregiver. The nurse in me made recommendations like attending a support group. There was not much information available in my community. My mother's life became that of worker and caregiver. I realized that even though I could advise evidence based coping strategies, I didn't have information about services to help my family make appropriate decisions. I realized that the information I was able to obtain was not effective for my family.

According to Alzheimer's.org caring for persons with dementia poses special challenges, especially the challenge of a prolonged caregiver role. More African Americans than Caucasians care for relatives with dementia, and they are less likely to ask for support. Caring for a loved one is considered a responsibility and not a burden. Therefore, the impact may be greater for this population.

It is imperative that health-care providers identify at-risk African American caregivers of Alzheimer's Disease patients, and recommend a variety of interventions including treatment of anxiety and depression. Caregiver interventions such as use of respite, stress reduction techniques, support groups, psychotherapy, psycho-education, and a focus on spirituality can help caregivers

to cope and prevent them from decompensating. It is important to reach out to families in their homes to train caregivers about dementia and how to access services and to educate local organizations about dementia/Alzheimer's and provide linkage to available services. Culturally appropriate information and education on caring for family member with dementia/Alzheimer's in the community is vital to caregivers and family health caring for this population of patients.

References

1. (2018). Retrieved March 09, 2018, from Alzheimer's Association: <https://www.alz.org/10-signs-symptoms-alzheimers-dementia.asp>
2. *Alzheimer's.org.* (n.d.). Retrieved March 14, 2018, from https://www.alz.org/national/documents/aoagrant_kts_aa.pdf
3. Richardson, T. J., Lee, S. J., Berg-Weger, M., & Grossberg, G. T. (2013). *Caregiver Health: Health of caregivers of Alzheimer's and other Dementia Patients.* New York, New York, US.



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The Importance of Staying Socially Connected for Brain Health

Amber Black, BSN, RN, PCCN



Amber Black, BSN, RN, PCCN, works as Clinical Nurse in the Cardiac Thoracic Step-Down Telemetry unit at University Hospital

Cleveland Medical Center. She has over 10 years of experience in health care industry. Amber has a commitment to preventive measures and the promotion of a healthy lifestyle. She is currently pursuing her Master's Degree at Ohio University with a dual focus of Family Nurse Practitioner and Nurse Educator in which she will continue her strong devotion to the health of patients and the community.

Human beings are designed to be social creatures. When in positive relationships and interactions with others, the brain releases dopamine, a “feel good” neurotransmitter that aids in relaxation and emotional response. Social isolation and loneliness increases the risk of many health related disease such as obesity, depression, heart disease, cognitive decline and increase risk of early life death (Moyle et al 2011). The unfortunate problem is loneliness is common. According to Harvard’s Women Health Watch, approximately 17% of American adults over age 60 reports being lonely often or much of the time; it’s more common in women than men (2017). Social connections are a great way to keep your brain feeling stimulated by the release of dopamine and decrease risk of loneliness and cognitive decline. Staying socially connected can be increasingly difficult as persons age related to retirement, death of loved ones and disability. Making social connections a priority is important to your health. Staying socially active also combats boredom and feelings of inadequacies. Taking the time for yourself and taking charge of your social life is paramount. The following are ways to bridge the gaps in your social life.

1. Call an old friend: Reconnecting with long lost friends and love ones is a great way to reminisce and make resolutions.
2. Getting involved with a community recreation center, development center and health organizations. Pursue activities that are meaning to you. Being able to get involved and volunteer your time is a great way to give back to community and make new friends.
3. Join a meetup group. Meetup is an online forum in which you can design a group of interest or join a group in your area that spark your interest and curiosity. The app is easy to use and offers a wide range of interests for everyone of all ages.
4. Taking a class at your local community college, library or recreation center that teaches you a new skill, topic or hobby; such as learning a new language is beneficial and fun.
5. Getting involved in social media as a way of getting connected with like-minded people. Facebook and Instagram

are great tools to stay connected with your friends and family, both young and seasoned.

6. Serve as a mentor or companion. You have great qualities and skills to share with the younger or older generation; sharing is caring!
7. Staying socially engaged can be as simple as hanging out with friends and family on a regular basis.
8. Take charge in social life, set realistic goals that are attainable for your lifestyle. However, don't be afraid to try something new. Engagement is life.

The American Alzheimer’s Association suggests that remaining socially active supports brain health and can delay the onset of dementia. The tips above are just a few small suggestions in which a person can start to engage more socially. It is never too late or too early to engage in activities to increase your brain power and overall health. Our brains thrive with social connections, loneliness and isolation accelerates cognitive decline. Remember, having meaningful relationships isn’t just fun, it’s healthy. Now go and make some friendly connections!

References

1. Moyle, W., Kellett, U., Ballantyne, A., & Gracia, N. (2011). Dementia and loneliness: An Australian perspective. *Journal Of Clinical Nursing, 20*(9-10), 1445-1453. doi:10.1111/j.1365-2702.2010.03549.x
2. Staying connected can improve your health. (2017). *Harvard Women’s Health Watch, 25*(4), 1-7.
3. Stay mentally and Socially active. (2018). Alzheimer’s Association. https://alz.org/brain-health/stay_mentally_socially_active.asp

Discovering New Learning Is Good for Brain Health with All Generations

Erica Davis, MSN, NP-C



Erica passed her boards as a nurse practitioner in November 2017. She received her Master's degree from Simmons College in 2016, her Bachelors of Science in Nursing from Old Dominion University in 2013 and her Associates Degree in Nursing from Virginia State University in 2011. Erica is currently working as a nurse practitioner for Bon Secours Neuroscience Institute.

Keeping our brains healthy is becoming more prevalent due to the number of people living longer. Scientific research has discovered ways to improve brain plasticity. The brain is the most powerful organ and paramount in functionality. The Institute of Medicine's 2015 report *Cognitive Aging: Progress in Understanding and Opportunities for Action*, illustrates the importance of keeping our brains lively with social and intellectual activity and adequate sleep. Cognitive aging starts at birth, it is not a disease, it is a process and it is real. While cognitive aging will occur in everyone, the extent and variability of change is different in everyone.

Studies have also determined younger brains can process information faster than previous generations and so younger generations can transition from task to task easier. I am amazed as I watch my four year old daughter learn so quickly. I finally embrace the concept of "a young brain is like a sponge it absorbs everything quickly". By contrast older adults may be mentally superior in their ability to focus and learn due to a more resilient and long-lasting attention span. Older Americans are better equipped for serious thinking and may be better trained at complex tasks. Older adults can stand being bored for more than second where as Millennials have no tolerance for boredom.

Different people of different ages have very diverse brains. To further illustrate the possible generational variance between the two generations let's use the example of smartphones. Did you know Americans touch their phones 2,617 a day and 50% of people check their phones in the middle of the night according to AARP special Brain Health Edition? The brain starts learning how to switch from one task to another quickly but this habit conflicts with focus attentiveness. A culprit of hijacking attention spans has been linked to smart devices. We have a serious inability to unplug. Furthermore, research has shown unplugging has been known to cause anxiety and persons who check their phones constantly have a higher level

of stress. There was an experiment done in Chicago and 94% of Chicago pedestrians didn't see cash hanging from a tree because of the use of the smartphone. On the flip side research has shown that the younger generation is more adept at processing new things. Believe it or not processing speed of brains starts to decline at the young age of 24 and this is where the ability to switch from one thing to another comes in place. Additionally, as you get older you are less likely to multitask with distractions such as concentrating while listening to music, watching TV and holding a conversation.

The good news is brain health strategies are being revealed on how to improve "brain plasticity". Learning new things, discovering the world, practicing habits and becoming educated on new information, assists our brains in being healthy. Social interaction is vital, grow new connections and repair broken ones. As we age, our experiences and knowledge keep our brains working, developing and learning. We may experience noticeable changes, but not all changes are a sign of brain demise. We may lose our keys and forget people's names and it can be dependent on stressors and distractions. It's also important to know there are several other reasons lapses in memory may occur, like taking certain medications, lack of sleep and excessive alcohol. The good news is research supports to enhance brain health activities of new learning helps with brain plasticity. Try reading a good novel, playing an instrument, or learning a new language. It has been proven our brains work best in the morning. Finally, if retired, volunteer for NBNA and keep those neurons working!

References

1. <http://www.nationalacademies.org/hmd/Reports/2015/Cognitive-Aging>.
2. <http://www.dana.org/Publications/SuccessfulAging/>
3. <https://www.aarp.org/health/brain-health/global-council-on-brain-health/>

The Impact of Focused Community Education on Target Populations for Better Brain Health



Tiffany is currently the Neuroscience Clinical Informatics Specialist for Bon Secours Virginia Health System in Richmond Virginia.

Tiffany received her Bachelor's of Science in Nursing, Masters of Science in Nursing, and her Masters of Public Health from Virginia Commonwealth University.

Tiffany Deas, RN, MS, MPH, APHN, CPHQ

African Americans have a higher rate of stroke than other racial groups and a younger age of first stroke. African Americans also have a higher mortality rate from stroke than other groups. At Bon Secours Richmond Healthcare System, our stroke data showed that African Americans were not getting to the hospital in the alteplase ("tPA", clot buster) treatment window; which is 0-4.5 hours from the start of stroke symptoms.

In order to address this issue, our healthcare system partnered with the American Heart Association to host a unique event called "Jazz Up Your Health" This free community event, targeted at African Americans, provides an evening that starts with workshop sessions include line dancing, medication management, hypertension and diabetes control sessions, and a healthy cooking demonstration. The workshop portion of the event offers an intimate space for participants to be able to have dialogue with the session moderators. Each workshop lasts thirty minutes and two sessions are offered to maximize the number of participants able to participate. In addition to the workshops, screenings are offered that include blood pressure, stroke risk score, and sleep apnea screenings. If a participant has an elevated score from a screening they can take part in the "Ask A Doctor" session and receive one on one counseling. A heart healthy dinner is then provided and a speaker discusses stroke signs and symptoms, treatment options, and the importance of early hospital arrival by calling EMS. The

event concludes with a performance by a local jazz band and a focus on the importance of stress reduction.

In 2013 when Bon Secours Richmond Healthcare System began hosting this event, 12% of our African American patients arrived in the alteplase treatment window with a 2.7% alteplase utilization rate. Our organization has continued to host this event for the past four years and in 2017 27% of our African American patients arrived in the alteplase treatment window with a 12% alteplase utilization rate (national average is 9%). Patients who receive treatment with alteplase have a lower percentage of death and disability from stroke and are more likely to be able to return to their prior level of function.

Additionally, in post event surveys, 95% of participants completing the survey said they would be making a lifestyle change based off information received in the event. These changes include incorporating exercise into their daily routine, taking medications on schedule, quitting smoking and establishing a relationship with a primary care physician.

In conclusion, focused outreach efforts specifically targeting the African American population can have a positive impact in increasing the percentage of patients arriving in the stroke treatment time window and potentially increase the percentage of patients being treated for stroke with alteplase. This year we will celebrate five years of sponsoring "Jazz Up Your Health" and hope to continue to expand our efforts in reaching more of the African-American community to reduce death and disability from stroke.

Brain Health: Information and Outreach to Help Us Make the Most of Life

Sarah Lenz Lock, JD,
Senior Vice President for Policy at AARP

David Debiasi, RN,
Associate State Director for Advocacy,
AARP Virginia

AARP's research tells us that 98% of adults age 40 and over believe that brain health is very important, but only about half are doing the most important activities to support their brain health. And while many people report that they are concerned about their own brain declining as they age, a third of adults don't know what activities are good for their brain health. These are some of the many reasons that AARP created the Global Council on Brain Health (GCBH). The GCBH is an independent collaborative of scientists, health professionals, scholars, and policy experts from around the world who are working in areas of brain health related to human cognition. AARP with support from Age UK brings the GCBH together to provide reliable recommendations on how all of us can maintain and improve our brain health.

But exactly what **is** brain health?

Think you already know what brain health is? The National Institute of Aging and the Administration on Community Living part of the U.S. Department of Health and Human Services actually launched a campaign in 2015 called, "What is Brain Health?" They defined it as "the ability to remember, learn, play, concentrate and maintain a clear, active mind. It's being able to draw on the strengths of your brain—information management, logic, judgement, perspective and wisdom." But the shorter way they expressed it is "making the most of your brain and helping reduce risks to it as you age."

So far, the GCBH has focused on brain health relating to people's ability to think and reason as they age, including aspects of memory,

perception and judgment. The GCBH has examined how physical exercise, sleep, social engagement, cognitively stimulating activities and nutrition impacts brain health. You can find the latest scientific consensus in these areas along with recommendations and practical tips at www.GlobalCouncilonBrainHealth.org. However, brain health encompasses more than just cognitive function. It also includes two other important elements of mental wellbeing: people's ability to interact with other people and to regulate their emotions. That's why the GCBH's latest meeting focused on the state of the science around how mental wellbeing impacts people's cognitive functions as they age, but also explored how interacting with others and managing emotions and feelings plays a role in brain health. We expect the GCBH next report, which will be released in the Fall of 2018, to provide helpful recommendations on how people can best manage feelings of stress, anxiety and depression that they may experience in order to help maintain their brain health through their lifespan.

But no matter how we define it, we all know that maximizing our brain health is critical to living well and making the most of your life.

How can we empower people to achieve a brain healthy lifestyle so we can all make the most of our lives?

AARP and the National Black Nurses Association are partnering to conduct outreach to share the information on what we know works – and what doesn't – to help maintain and improve brain health as we age. AARP recently developed a workshop entitled *The Five Pillars of Brain Health*. This interactive program is available in either a 30- and 60-minute PowerPoint format. Participants learn about the five pillars of a brain-healthy lifestyle as well as brain-boosting activities, and have the opportunity to share the brain health behaviors they have integrated into daily living as well as be inspired by others. This session is a good overview for anyone interested in improving their brain health and will provide actionable steps along with resources to learn more. *The Five Pillars of Brain Health* is supported by a Do It Yourself (DIY) Tool Kit to assist volunteers and staff to present this topic in the community. The Do It Yourself Tool Kit includes marketing samples for email and social media as well as an instructional video to familiarize the speaker with using the kit. It is a great resource to take advantage of. It's never too late to take charge of your brain health and be a brain health educator your community! **The Tool Kits are being reviewed by the NBNA Brain Health Committee this spring and will be shared at the NBNA Conference.**



Sarah Lenz Lock, JD, is the Senior Vice President for Policy in AARP's Policy, Research and International Affairs. She is the Executive Director of the Global Council on Brain Health.



David is an Associate State Director for AARP Virginia.



NBNA would like to wish everyone a Happy Mother's Day and a Happy Graduation to all those throwing their caps this May. We also would like to congratulate all those that are celebrating new jobs.

Give the gift of a NBNA membership or a NBNA Conference Registration to your recent grad, mentor, or mother at the links below.

- [NBNA Membership](#)
- [NBNA Lifetime Membership](#)
- [NBNA Conference Registration Online](#)
- [NBNA Conference Registration PDF](#)

Sleep: The Brain's Natural Remedy to Maintain Optimal Health

Branden Taylor, DNPc, MSN, CRNP, PMHNP-BC,
CNL, RN



Branden Taylor, graduated with a bachelor of science in biology and minor in chemistry with honors (Magna Cum Laude) from Prairie View A&M University just outside of Houston, TX. Currently, he is employed as the first psychiatric nurse practitioner to serve as consultation/liaison specialist in acute care medicine for one of the hospitals in the Lifebridge Health Network.

Did you know that your brain physically needs rest? One of the most important and regimented ways to get rest is for you to get an optimal amount of sleep. It is important to ensure you are getting enough sleep so that you can function. Without enough sleep you are more likely to make poorer food choices, feel fluctuations in mood, and have problems performing in your daily occupational, educational, and social activities of daily living.

What area of the brain is affected by sleep?

Hypothalamus – is a small structure that sits near the base of the brain that is essential in providing homeostasis, regulating thirst, hunger, body temperature and sleep/wake cycle.

Can stress affect sleep?

Yes. People who are more stress prone are likely to experience more fragmented, poor quality, and decreased quantity of sleep. Stress is typically related to the “fight” of the famous “flight or flight” response that aids alertness or rest. In the case of stress, our bodies are more likely to be alert under increased stress. This causes a decrease in the overall quality of sleep because the body naturally wants to be more alert during this time. So, as you could imagine, sleep then becomes a lower priority in this instance.

What can you do to reduce stress and improve sleep quantity and quality?

Proper diet and exercise is essential to ensure that you can obtain a healthy sleep schedule. It restores the brain function by allowing for the approximation of 8 hours of sound sleep for adults needed for optimal rest. It also aids eliminating toxins in the brain

that can affect memory, learning, and maintain ability to perform routine functions such as walking and talking. In addition, good sleep hygiene enables one to function in performing learned tasks optimally such as driving, cooking or give you energy to clean your house. This will result in restful sleep and you will be left feeling well rested, experience lower feelings of stress, and overall have less fluctuations in mood.

Chemicals that can affect your sleep

1. Caffeine
2. Nicotine
3. Alcohol
4. Prescription Medications: antihistamines, antidepressants, beta blockers

What professionals/individuals who are more at risk for sleep deprivation?

Individuals who perform shift work or travel across time zones regularly are more at risk for disruption in sleep/wake cycle because the need to be functional during a time of day when natural light is not readily available to promote wakefulness, leading to greater risk for sleep disorders or regular sleep disruptions.

1. Health care professionals: nurses, physicians
2. Travel Professionals: pilots, flight attendants, air traffic controllers
3. Public service employees: police officers, public safety workers

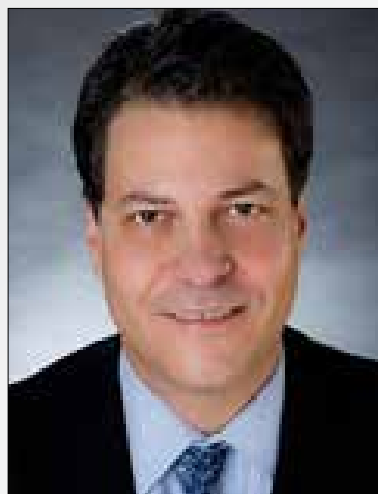
What can you do to improve sleep hygiene?

According to the National Sleep Foundation, the following are essential in improving your overall sleep hygiene, ensuring you are getting optimal rest and subsequently reducing your overall stress level.

1. Avoid caffeine 4 hours prior to bedtime.
2. Use your bed only for sleeping.
3. Minimize your frequency and duration of naps during the day, staying awake ensures that you will be more tired at bedtime, and less likely to have fragmented sleep.
4. Do not watch television, use portable electronic devices such as IPADs, cell phones, computers an hour before bedtime as the light input stimulates your circadian rhythm for wakefulness, and subsequently will delay or even prevent your ability to fall asleep.
5. Read something that you typically find uninteresting at bedtime as it will likely cause you to dose off to sleep.

Healthy Fuel for Your Brain

Mitchell Elkind, MD



Dr. Mitchell S. V. Elkind, MD, MS is a Professor of Neurology and Epidemiology at Columbia University's Vagelos College of

Physicians and Surgeons and Mailman School of Public Health. He is a vascular neurologist who treats stroke patients, and his research focuses on the best ways to prevent strokes and improve outcomes among stroke patients. He is the Chair of the American Stroke Association Advisory Council, and a member of the American Heart Association's National Board of Directors.

Eating healthy foods not only improves your body, but it fuels your brain and keeps it sharp for years to come.

In a 25-year study of nearly 3,400 people ages 18 to 30, researchers found that those with slightly elevated blood pressure, blood sugar and cholesterol levels tended to have lower cognitive, thinking and reasoning abilities in their 40s and 50s.

Most of the time, young people aren't worrying so much about how what they eat today will affect their brain function later. I'm sure they would be surprised to know that even mildly elevated blood sugar, cholesterol and blood pressure seems to make a difference in how your brain functions when you are older.

Research shows that it's never too late to start eating to fuel your brain. Follow these recommendations from the American Heart Association and you'll increase your chances of having a healthy and sharp brain well into your golden years:

- Eat a variety of nutritious foods from all food groups.
- Limit salt, sweets, sugar-sweetened beverages, saturated fats, trans fat, sodium and red meat.
- Eat lots of fruits, vegetables and fiber-rich whole grains.
- Consume low-fat (1 percent) and fat-free (skim) dairy products.
- Eat skinless poultry and fish.
- Eat nuts and legumes.
- If you drink, do so in moderation.

Two eating plans have proven to benefit brain health:

- The DASH (Dietary Approaches to Stop Hypertension) diet focuses on foods that are:
 - » Low in saturated fat, total fat and cholesterol
 - » High in fruits, vegetables and low-fat dairy foods
 - » Whole grains
 - » Poultry, fish and nuts
 - » Low amounts of fats, red meats, sweets and sugared beverages

- While Mediterranean dietary patterns vary around the world, common characteristics include:
 - » High consumption of fruits and vegetables
 - » Bread and other cereals
 - » Potatoes
 - » Beans
 - » Nuts and seeds
 - » Olive oil
 - » Dairy products, fish, poultry and wine in low to moderate amounts
 - » Minimal red meat

Resources:

The American Heart Association/American Stroke Association has resources to help you adopt and maintain healthy behaviors to keep your brain sharp and healthy. Learn more at StrokeAssociation.org.

What Stroke Patients Don't Know CAN Hurt Them

MaryAnn Bauman, M.D.



Mary Ann Bauman MD is a member of the National Board of the American Heart Association and past chair of the American Stroke Association Advisory Committee. She is a board certified internist who lives in Seattle.

The brain is a complex organ fueled by oxygenated blood. Every year, approximately 700,000 people in the U.S. experience a blockage in the arteries supplying blood to the brain. This is known as an acute ischemic stroke.

About 87 percent of strokes are categorized as ischemic, of which approximately 30% end up without a known or identified cause by the time the stroke survivor is discharged from the hospital. These unexplained ischemic strokes are labeled “cryptogenic.”

For patients and their loved ones, a stroke is a traumatic event that comes with many burdens and hurdles, both physical and emotional. Stroke survivors face an increased risk of a second stroke (one in four stroke survivors will have another one) - and typically, that second stroke is more disabling than the first.

When medical experts are unable to identify the cause of the stroke, they don't know how best to treat the patient to avoid that second stroke. This uncertainty can lead to frustration and fear for survivors and their families.

“Not knowing the cause of my stroke scared me. I came home, I was terrified. I was afraid to be alone, I was afraid to go to sleep at night and not wake up. I would like to know what caused my stroke, so that I can be aware,” said cryptogenic stroke survivor Toni Guzman.

The path to defining the unknown

It is important that cryptogenic stroke patients ask their doctors to extensively test them to pin-point the root cause, to treat and beat stroke.

Developing a multidisciplinary pathway to care is critical to defining the cause of a stroke and preventing another one. This requires

a collaboration between cardiologists, neurologists, primary care physicians and other healthcare professionals.

In some instances, **atrial fibrillation (AF)**, a specific type of irregular heartbeat, is detected by monitoring the heart's rhythm over time with a 24-hour holter monitor, a 30-day event monitor or an implantable loop recorder device. Patients with AF are five times more likely to have a stroke.

Another potential diagnosis is **patent foramen ovale (PFO)**, or a hole between the heart's chambers that fails to close properly. When PFO occurs, a blood clot can make its way to the brain and cause a stroke.

Plaque clogging large blood vessels or **large artery atherosclerosis** can also be a cause of blockage in the brain arteries that results in stroke.

The reality is that some cryptogenic stroke patients may never know the cause of their stroke, but many do find a treatable cause after extensive testing.

Even if the source of the stroke is never found, every stroke survivor can take action to prevent another stroke. Eat better, exercise, control stroke risk factors such as high blood pressure and discuss with a doctor if an aspirin regimen is appropriate. Living a healthy lifestyle may decrease the risk of that second stroke - no matter what the cause.

Alzheimer's, Brain Health and the African American Community

Stephanie Monroe

It is surprising to me how few people (regardless of their race or ethnicity) are aware of the following statistic: Older African Americans are 2 to 3 times more likely to develop Alzheimer's disease compared to older White Americans.

Why, you might ask, are African Americans at a higher risk for this disease? Among other contributing factors, African Americans are more likely to have high blood pressure, high cholesterol, and diabetes than non-Hispanic whites, which makes them more susceptible to Alzheimer's. Alzheimer's has become the fourth leading cause of death for older African Americans.

When you dig a bit deeper, the data paint an even grimmer picture:

More than 20 percent of the 6 million plus people living with Alzheimer's disease in the U.S. are African Americans, even though African Americans make up only 13 percent of the U.S. population. The economic burden of Alzheimer's and other dementias on African Americans is startlingly high - more than \$71.6 billion in 2012.

These figures clearly demonstrate the brain health disparities that plague our communities. African Americans need to know about these facts and get involved in helping find a cure for this disease.

National Minority Health Month provides us an opportunity to recognize and address the uneven causes and impacts of Alzheimer's.

Some say that brain health is a 21st Century civil rights issue because when you lose your cognitive ability, your rights as a human being are greatly diminished. We must honor and continue the legacy of civil rights by fighting against the disproportionate impact of diseases like Alzheimer's on African-Americans, particularly African American women. Women account for two thirds of the nearly 6 million seniors with Alzheimer's. Currently, black women have the highest rates of diabetes and high blood pressure of any demographic group, increasing their risk for heart disease and dementia.



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

Nurses, are critical to addressing this growing disparity. You are after all – “the beating heart of our medical system”

Former President Barack Obama

It's time to start thinking about brain health like we think about our hearts. The brain is the most important organ in our bodies, yet we don't talk about it until it's under attack. Let's shift the conversation towards addressing these challenges to our community head-on.

At the policy level, inclusive scientific research is central to addressing health inequalities. According to the FDA, despite representing a much larger part of the U.S. population, African-Americans account for just 7 percent of all clinical trial participants. We need to ensure an appropriate research focus on these disparities and encourage greater minority participation in clinical trials.

We must pressure Congress for a comprehensive approach to treating and solving Alzheimer's disease. This approach relies on continued increases in Alzheimer's research funding, which is needed to help us better understand how the disease develops and progresses, and to help us develop effective interventions and a cure.

Another important way that Congress can help ensure that our African American community overcomes this devastating disease is to pass the bipartisan CHANGE Act. This legislation encourages timely and accurate assessment, detection, and diagnosis of Alzheimer's, supports innovative approaches to support family caregivers, and removes regulatory barriers to disease modifying treatments.

By working together, with an emphasis on addressing minority health disparities and promoting brain health, we will uncover effective interventions, identify a cure, and protect our children and our grandchildren from facing this devastating disease.

AfricanAmericans**Against**Alzheimer's
A Network of UsAgainstAlzheimer's

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Federal Regulations: Bringing Federal Legislation to Life

Janice Phillips, PhD, RN, FAAN



Janice Phillips, PhD, RN, FAAN, is the Director of Nursing Research and Health Equity, Nursing Administration, Rush University Medical Center, Chicago, IL. From 2010-2011, Janice served as a Robert Wood Johnson Foundation Health Policy Fellow in the Office of Senator John D. Rockefeller IV (D-WV). She is a co-editor of the text, *Cancer and Health Policy*, published by the Oncology Nursing Society in 2015. Dr. Phillips is the co-chair of the NBNA Health Policy Committee.

Many nurses are introduced to the policy making process during their nursing education or through their advocacy activities with professional and voluntary 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 former role as Director of Government and Regulatory Affairs at CGFNS International, I assumed 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 Register is available at: <https://www.archives.gov/federal-register/tutorial/online-html.html>

Creating Future Generation of Nurses: Elementary School Mini Nursing Academy

Dr. Martha A. Dawson

Tammy Davis

Dr. Lindsey Harris

Deborah Thedford-Zimmerman

Cheryl Dickenson, nursing student

Dr. Carthenia Jefferson

Dr. Jennifer Coleman

Occupations Students of American) is another organization that promotes nursing as a career pathway; it was formed in 1976 (HOSA, 2017). The organization focuses on middle school, secondary, and post-secondary/collegiate students, and is the largest organization aimed at preparing students to enter the healthcare field, including nursing. However, many of the science, technology, engineering and math (STEM) students may already have a career focus prior to middle school. Therefore, in a competitive environment, nursing should develop some bold and provocative strategies to ensure student preparation and success in selecting, enrolling, matriculating, and graduating from nursing programs. In addition, not all HOSA programs require students to take STEM classes as a part of their course work.

Nurses and deans of schools of nursing (SON) must emphasize that nursing is a science-based discipline and that the selection process includes evaluation of students' success in college level prerequisite STEM courses. Therefore, students that are interested in nursing should not enter college without preparation in STEM. We cannot keep doing "the same thing and expecting different results." One option is to introduce students to the profession of nursing in elementary schools and possibly pre-kindergarten programs.

In December 2017, Ms. Ophelia Acquah, a teacher at Robinson Elementary School developed a "Health Science Academy (HSA)." She designed, coordinated and taught the HSA for third to six grade students. Ms. Acquah invited different health professionals to present information on health care and healthcare careers. The school is located in Fairfield, Alabama. Fairfield is a part of

Nursing is the most trusted profession and is the largest professional healthcare workforce with over 3 million nurses in the US, with a projected need of 3.8 million nurses by 2030. However, the nursing population continues to have a small number of nurses from diverse racial and ethnic backgrounds, 19.5-21.4% depending on different sources (National Council of State Board of Nurses [NCSBN], 2015; Health and Resources Services Administration [HRSA], 2017). According to NCSBN, the growth in the non-White nursing population increased from 17% in 2008 to 19.5% 2015, reflecting a growth increase of 2% over 7 years. Obviously, the profession must implement strategies to increase the interest in nursing among racial and ethnically diverse students.

HRSA Nursing Workforce Diversity (NWD) Program aims to recruit and help nurses obtain their Bachelor of Nursing (BSN) degree; a few NWD grant initiatives have included high school and pre-nursing students. The HOSA-Future Health Professionals (formerly Health





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Tammy Davis, RN BBNA CEU Coordinator



Lindsey Harris, DNP, FNP-BC President, Birmingham Black Nurses Association, Inc.



Deborah Thedford-Zimmerman, RN, MSN. WOCN President elect of BBNA and Membership Chair NBN Membership Committee and the Obesity Committee



Jennifer J. Coleman, PhD, RN, CNE, COI, Professor, Ida Moffett School of Nursing, Samford University, Chair, BBNA Mentorship Program



Carthenia W. Jefferson, RN, Esq. Attorney, Legal Nurse Consultant and speaker, BBNA Legal Counselor, NBNA Bylaws Committee

the Birmingham metropolitan area; 89.9% of 11,117 residents is classified as Black (2010 Census Data). When Ms. Acquah invited the Birmingham Black Nurses Association to participate, seven BBNA members designed the Mini Nursing Academy (MNA) 101 with a hands-on clinical lab. The BBNA nurses provided students with an overview of the nursing profession and taught the following activities in a skills lab type setting: Hands only CPR, glucose checks and monitoring, pre-and post-exercise heart rates, and blood pressure checks. https://www.facebook.com/pg/Birmingham-Black-Nurses-346233328811590/photos/?ref=page_internal

As a part of their course, Ms. Acquah also had students complete projects that were evidence-based and used research methodology and frameworks. A research professor assisted Ms. Acquah and the students with their projects that included using APA citations and references. See link to the full article and video below. Ms. Acquah asked the BBNA to return for the program completion and graduation ceremony.

In February 2018, three BBNA members returned to conduct a celebratory pinning ceremony for the students. During their matriculation and pinning ceremony, students presented posters and podium presentations on their evidence-based projects. The students were well prepared and had used their peers as participants in their projects. They used charts, graphs, and survey results to support and report their findings. Students wore stethoscopes around their necks and fit-to-size white lab coats as their principal, parents, faculty, news media, and peers looked on. It was exciting and rewarding to see these young students discuss obesity, exercise and eating habits, diabetes, hypertension, heart disease, hand washing, and other related health topics.

Peter Drucker, stated that the “best way to predict the future is to create it, (https://www.brainyquote.com/quotes/peter_drucker_131600). The MNA that was designed by BBNA members could be one way to increase the pipeline of future nurses. “Most of the career academies are in the high schools, but the pace the world is going, the kids need to be exposed at an early age – the earlier the better,” said Acquah, who has no background in healthcare but a passion for finding solutions to needs. “A lot of times students in low-income areas are forgotten, but it’s my responsibility as an educator to find a need and fix it.” This model of introducing nursing to younger students could be a roadmap to create the future and fix the lack of diversity in the nursing profession.

References

1. IOM (Institute of Medicine). 2011. The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press.
2. National Council of State Board of Nursing: 2013 and 2015 surveys. Retrieved from: <https://www.ncsbn.org/workforce.htm>
3. Robinson Elementary School excel in Nursing (2018) Article and Video <https://www.birminghamtimes.com/2018/03/fairfield-elementary-school-students-excel-in-nursing-program/>
4. U.S. Department of Health and Human Services. Health and Services Administration. Bureau of Health Workforce. Retrieved from: <https://bhwh.hrsa.gov/fundingopportunities/?id=71a65b17-a6c8-45cf-a944-99b0d256cfef>
5. Robinson Elementary School excel in Nursing (2018) Article and Video <https://www.birminghamtimes.com/2018/03/fairfield-elementary-school-students-excel-in-nursing-program/>

A Case for Diversity: Healthcare Through the Lens of Critical Race Theory

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A consequence of race, a social construct that was long-ago proven non-biological, is racism, which results in discrimination, maltreatment, and/or stereotypes based on one's own false sense of superiority or overgeneralization. Health disparities are a ramification of racism, as literature reviews have concluded that poor mental and physical health outcomes are associated with discrimination (Gibbons et al., 2014). Discrimination stemming from racism in healthcare is as old as healthcare itself. Whether being perceived as an infectious disease carrier to perpetuate segregation in the early 20th century as Dr. Keith Wailoo explains, or complaints of minority patients being dismissed as if they are false, discrimination in healthcare has contributed to health disparities and poor outcomes for minorities (2006). Critical Race Theory (CRT) provides a framework for exploring health disparities from a systems level.

Birthered in the academic field of law in the 1980s out of frustration of the United States' slow racial reform, CRT is an amalgamation of Critical Legal Studies and traditional civil rights scholarship (Harris, 1994; UCLA School of Public Affairs, 2009). While CRT posits that racism is deeply rooted in American society, it is important to note that it does not accuse every white person as being a racist, nor does it insist that an individual racist must exist; however, it does propose that institutional racism is widespread and omnipresent within the structures of power and governance, and that this specific type of racism upholds the neglecting and reduction of the peoples' ability to thrive when they are of color (UCLA School of Public Affairs, 2009). CRT examines racism as a systemic issue, but the personalized qualitative accounts of racism are central to

its existence, as it "seek[s] to empower and include traditionally excluded views and [to] see all-inclusiveness as the ideal because of [the theorists'] belief in collective wisdom" (Bell, 1995).

The discrimination in healthcare is not always obvious and sometimes the discrimination is evident in what is not being done, such as assuming the patient can tolerate pain, that the patient is attention- or drug-seeking, or that a patient is not educated enough to understand their health condition(s). It must also be acknowledged that perceived racism can have harmful effects on health outcomes due to patients not seeking care or following the advice of a provider (Greer-Williams et al., 2014). Healthcare providers within the system also have inherent biases towards patients that do not look like them, which adds another barrier to health equity.

Diversity is lacking among healthcare providers, and the 2010 Future of Nursing Report recommends increasing diversity to care for diverse populations (Institute of Medicine, 2011). Having more diverse providers could help mitigate the discrimination and cultural incompetency that exists in the healthcare system, but unfortunately, discrimination exists on the side of education of healthcare providers as well. CRT can be used once again as a tool to understand the difficult journey of a minority pursuing a degree in a healthcare-related field. Admission may be problematic because of lack of preparation from a student's geographically segregated high school, but when a minority does get in, expectations from faculty may be lowered, opportunities for achievement may not be offered, and feelings of isolation may be unavoidable – all of

which may minimize the potential for success (Ackerman-Barger & Hummel, 2015).

CRT sheds light on a system, not necessarily designed to harm people of color, but most certainly not structured to support them. Justice, and thereby law, was supposedly created as a colorblind institution of society, as displayed by the blindfolded Lady Justice. However, CRT helps to evaluate the structure of an entity as it relates to racism, and any other form of discrimination, to develop an understanding of inequities throughout that lead to poor outcomes. Essentially, CRT takes the blame off the individual and rationalizes that a personal failure is highly attributable to a system failure. CRT does not excuse one from the responsibilities of making bad choices, yet it provides a framework for appreciating that not all are privileged with multiple options to make good choices.

References

1. Ackerman-Barger, K., & Hummel, F. (2015). Critical race Theory as a lens for Exploring inclusion and Equity in Nursing Education. *Journal of Theory Construction & Testing*, 19(2), 39-46.
2. Bell, D. A. (1995). Who's afraid of critical race theory. *U. Ill. L. Rev.*, 893.
3. Gibbons, F. X., Kingsbury, J. H., Weng, C. Y., Gerrard, M., Cutrona, C., Wills, T. A., & Stock, M. (2014). Effects of perceived racial discrimination on health status and health behavior: A differential mediation hypothesis. *Health Psychology*, 33(1), 11.
4. Greer-Williams, N. J., Enoch, K. S., Booth, B., Starlard-Davenport, A., Sarto, G. E., & Kieber-Emmons, T. (2014). Rural African American Women and Breast Cancer: Social Determinants of Health Shape Ability to Conceptualize Health in the Arkansas Delta. *Journal Of Rural & Community Development*, 9(2), 51-66.
5. Harris, A. P. (1994). Foreword: The Jurisprudence of Reconstruction. *California Law Review*, 82(4), 741.

If Not Now When: Addressing Diversity, Equity and Inclusivity in Nursing

Dr. Martha A. Dawson, FACHE



Dr. Martha A. Dawson, FACHE, Assistant Professor and Divisional Director, Nursing Health Systems Leadership, UAB Sparkman Global Health Center Scholar, NBNA Historian, 2018, Resolution Co-chair, 2018, Resolution, Chair 2015-2017

For many years, Health Resources & Services Administration (HRSA) has funded projects to increase diversity in the registered nurse (RN) population. HRSA goal is to increase the number of RNs from disadvantage backgrounds with an expected outcome that nurses representing the patient populations they serve can provide culturally sensitive care and better engage their communities (HRSA 2017). HRSA's Nursing Workforce Diversity (NWD) program has helped diploma nurses, associate nurses, and first-degree nursing students, obtain a baccalaureate RN degree. NWD grants are used to increase recruitment, enrollment, retention, matriculation and graduation from accredited baccalaureate schools of nursing. HRSA NWD funding has been successful in increasing the number of nursing students with diverse background. However, there has been very little upward shift in the percentage of diversity in the nursing population.

In 2010, Dr. Linda Burns-Bolton, NBNA Past President, was the co-chair of the Institute of Medicine (IOM) Report on the Future of Nursing. This report highlighted diversity as a thread that is embedded in the four key messages and eight recommends representing years of work that engaged stakeholders from business, government, healthcare, education and the profession. In 2013, the National Council of States Board of Nursing (NCSBN) surveyed 41,880 nurses, and 19% reported a race other than White. Sadly, in 2015, the NCSBN survey of 78,739 nurses showed no change in the diversity of the nursing population relative to race and ethnicity; the percentage was still 19%, an increase of only 2% since 2008. However, HRSA has reported that minority nurses represent 21.4% (HRSA, 2015). NCSBN 2017 survey results should become available this July 2018. Depending on the data source, African American (Black) nurses makeup 6-12% of the US nursing population. According to the US Census Bureau, people of color makeup 39% of the population. Therefore, with over 3 million nurses

in the US, nursing has a long way to go to improve diversity, equity and inclusivity. The percentage of Black nurses must increase in every skill level, degree and role within the profession.

If we are going to improve population health and eliminate health disparities, we must do better and develop strategic initiatives to increase diversity, equity and inclusivity in nursing. This increase must be in both the number and the percentage of nurses of color in the profession. In its most elementary form, diversity is defined as the mix of things; it can be a mix of animals, plants, ideas or people; it is the count of different things. In other words, it is the data. We must be careful in reporting numbers and percentages data of the professional nursing population that include all types of workforce differences such as age, gender, degrees, sexual orientation, disciplines, religion, and other information at the risk of marginalizing race and ethnicity. The simple solution is to report data by categories and not as a single figure.

Equity is about the perceived and actual practice of fairness and justice. Equity matters relative to when all things are equal will an individual have the same access to information, promotions, pay and other forms of rewards and incentives. Once an organization has a diverse workforce, will all categories of workers regardless of race, ethnicity and position be treated fairly within their peer group; this is the key question to assess a culture of equity. On the other hand, inclusivity is the effective integration, recognition and use of diverse employees to capitalize on their knowledge, experience and wisdom as equal partners in decision-making and in guiding the strategic direction of the organization to accomplish defined outcomes and promote the mission. Below are visual images of diversity taken from my roots. Diversity is a quilt of many colors and different patterns. However, the colors and patterns are not integrated to form a seamless image. Inclusivity is a tapestry, an

National Black Nurses Association (NBNA) Resolutions in Action



Dr. Martha A. Dawson, FACHE, Assistant Professor and Divisional Director, Nursing Health Systems Leadership, UAB Sparkman Global Health Center Scholar, NBNA Historian, 2018, Resolution Co-chair, 2018, Resolution, Chair 2015-2017

Dr. Martha A. Dawson, FACHE

It is important for nurses to function as policy advocates and change agents. National Black Nurses Association (NBNA) was organized in 1971 to ensure that black nurses have a voice at the decision-making and policy formation tables. Due to Dr. C. Alicia Georges, Chairperson Department of Nursing Lehman College, President-Elect of AARP Board of Directors and Past NBNA President, the NBNA has been involved in policy advocacy for 30 years. Dr. Georges' efforts ensured that NBNA members would have a voice and face in Washington DC. This annual platform has allowed NBNA members and students the opportunity to meet with Members of Congress to inform them on issues that are important to our communities, constituencies and partners.

Many of NBNA's strategic policy initiatives arise from the organization's Resolution Committee (RC). The RC is a standing, member-driven committee. Past resolutions include a focus on nutrition and global health, and these continue to inform NBNA members' policy work. During the 2018 Day on Capitol Hill, members learned more about two recently approved resolutions on safe human donor milk and palliative and hospice care. In addition, important topics from the Day on Capitol Hill can lead to a NBNA's decision to develop a resolution. For example, the RC will move forward to the Board of Directors three resolutions for consideration in 2018. These resolutions emerged from presentations given during the 2018 Day on Capitol Hill.

This year resolutions are addressing the opioid crisis, second hand smoke and exclusive breastfeeding. The member taskforces that have driven the development of these resolutions are experts in their clinical and leadership disciplines. Once the taskforce members agree, the leader send the evidence-based resolution to the RC for review, revision and recommendations. The RC will send the resolution back to the taskforce to make corrections

and/or address suggestions as needed. Once the RC approves the resolution, it moves to the Board of Directors for review and approval. The Board can make changes to the resolution, or send it back to the RC for further follow-up or development. The final key step in the process is approval by the NBNA membership.

After a resolution is approved by the membership, the real advocacy and activist work starts with local chapters and the national office. As the resolutions comes to life, Dr. Millicent Gorham, Executive Director ensure that key stakeholders, leaders, organizations and association and schools of nursing are informed about NBNA's strategic policy focus and directions. For example in 2016, she sent a press release to over 23 entities announcing our Palliative and Hospice Care Resolution. During the same time, she embarked upon an active relationship with partners and key national organization to highlight NBNA's support for safe human donor milk to protect our newborns. Then our local chapters embrace the resolutions and help to move the agenda forward within and throughout our communities, schools, workplaces and faith-based organizations.

Health policy is a major focus of NBNA. We are meeting our advocacy goal with dissemination of carefully planned resolutions. NBNA's resolutions give us a united voice to influence change around the decision-making table. Our members are able to use these evidence-based documents to frame their presentations to lawmakers and others. A new initiative starting this year is to align each resolution with to a current committee that can become the ongoing champion for the embedded activities. If you are passionate about and committed to working on a cause, sponsoring a resolution may be a great first step. There are several ways to submit a resolution: chapter members, partnership and board members.

To Retrieve the NBNA Resolution Manual Go To: <http://www.nbna.org/files/NBNA%20Resolution%20Guidelines%20Manual.pdf>



elegant picture. There are threads of many colors that are so well integrated that a person is drawn to the picture prior to appreciating the role that each thread played in creating the art. Both quilting and tapestry are equally beautiful. When an organization has effectively developed a culture of diversity, inclusivity and equity, it is evidence to external stakeholders and internal employees that promote and buys into the success of the organization. It is time for nursing to rethink their commitment, approaches and support to create a nursing tapestry of diversity, equity and inclusivity. The

challenge to NBNA members is that each of us should commit to recruiting one high school or college student into nursing per year.

References

1. Dawson, M. (2018) Thoughts on Nursing. Minority Nurse. Retrieved from: <https://minoritynurse.com/martha-dawson-thoughts-nursing/>
2. IOM (Institute of Medicine). 2011. The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press.
3. National Council of State Board of Nursing: 2013 and 2015 surveys. Retrieved from: <https://www.ncsbn.org/workforce.htm>
4. U.S. Department of Health and Human Services. Health and Services Administration. Bureau of Health Workforce. Retrieved from: <https://bhw.hrsa.gov/fundingopportunities/?id=71a65b17-a6c8-45cf-a944-99b0d256cef>

Medical Mission Trip to Haiti

Lola Denise Jefferson, BSN, RNC, CVRN



Lola Denise Jefferson, BSN, RNC, CVRN is currently the House Supervisor for Kindred Sugar Land Hospital. She is the 1st Vice President and Bylaws Chair of the National Black Nurses Association and the Founder & Executive Director of the Fort Bend County Black Nurses Association.

Ten nurses from the Fort Bend County Black Nurses Association (FBCBNA) traveled to Pignon, Haiti on February 24 through March 1, 2018 to volunteer at the Hospital Bienfaisance. It was a full service 65 bed hospital founded by Dr. Guy Theodore. This was the first medical mission trip that most of us had ever experienced. In preparation to travel to Haiti, we had to obtain several immunizations that included Hepatitis A, Hepatitis B, Typhoid, Tetanus, Diphtheria, and Pertussis (TDAP) and Typhoid. Everyone had to take the daily malaria pills. We were warned of the three different kinds of mosquitos in the daytime and another different kind of mosquito during the night. We were advised to wear continuously long-sleeved shirts, pants, socks, closed toe shoes and mosquito repellent.

We stayed on the Hospital Bienfaisance Campus in an air-conditioned dorm. They advised us to sleep under a mosquito net every night to protect ourselves from the mosquitos. Fortunately, we did not experience any mosquitos in the dorm. We were also advised not to drink the water, but to only drink the bottled water and to brush our teeth with the bottled water as well. The chefs cooked us three hot fresh meals each day. They prepared our food with bottled water and they were accustomed to cooking for Americans. No one became ill or experienced diarrhea. The immunization nurses warned us that the number one complaint of travelers is traveler's diarrhea.

The first day we were greeted with a program that was dedicated to the FBCBNA. Dr. Marie Evelyn Moise, an internist, was our guide and host. She shared with us that we were the first group of nurses to volunteer to assist the nurses. Of the nurses employed at the Hospital Bienfaisance, only 20-30% are Registered Nurses. All others are nurse assistants. The nurse assistants give medication, start intravenous lines, draw labs, hang intravenous medications, charts and do most of the procedures that registered nurses perform. FBCBNA divided into groups to help, teach, and assist throughout the hospital. The operating room, emergency room, obstetrics, medical/surgical, intensive care unit, case management, and HIV clinic were the areas where we worked.

Dr. Moise recommended that Sabine Dallemand and I, who work in leadership roles in our own hospitals, meet with the nurse managers to share and teach. Ms. Dallemand speaks fluent Creole French; thus, she frequently interpreted for us. Many natives

spoke or understood English. The nurse management was very interesting. Basic skills such as the following a chain of command, scheduling workdays or taking disciplinary actions were lacking. Dr. Moise asked that I write the steps to disciplinary actions so that the managers could get familiarized with the process and use it.

FBCBNA helped deliver a baby. Janis Billups, a midwife, helped a patient who was in labor for hours. Once it was decided that the patient needed a caesarean section because of the failure to progress, the patient was moved to the operating room where our Madame President Marilyn Johnson assisted with the surgery. The baby was successfully delivered without problems.

The assignment for Danielle Davis, the Under Forty Chairperson and Erin Hunt was the Intensive Care Unit. While working in the Intensive Care Unit, Ms. Davis and Ms. Hunt helped the nurses with mock codes and Cardiopulmonary Resuscitation (CPR). The stories are plentiful. Crystal Akah, Susan Jenkins, Lurine Parker, Margaret Waters worked in other areas with equally or more interesting reports.

At the end of each day, Dr. Moise had all ten nurses to give a report on the occurrences that they witnessed and for the nurses to give suggestions for improvement.

The Fort Bend County Black Nurses Association plans to revisit the Hospital Bienfaisance to continue the training of the nursing staff. The nursing staff was very appreciative of everything that was taught with good retention and asked that we return soon! The Haiti Medical Mission trip was so rewarding and all of us cannot wait to go back to Hospital Bienfaisance in Pignon, Haiti!



We stayed on the Hospital Beinfaisance campus in dorm rooms. Now we are ready to go volunteer!



There were three different Haiti nursing schools that we helped with nursing instruction. We gathered everyday to teach the students and staff in a classroom setting. Everyone was willing and eager to learn.



Under Forty Chairperson Danielle Davis and Erin Hunt practiced Mock Codes with the Nursing staff.



FBCBNA delivered a baby!!! Midwife Janis Billups(holding the baby) helped labor the patient, Madame President Marilyn Johnson 1st assisted with the Cesarean Section and Sabine Dallemand interpreted. Ms. Dallemand speaks fluent Creole French.



Margaret Waters giving instructions to the nurses and nursing students.



Madame President Marilyn Johnson giving hands on live demonstration on the surgical

Texas Hurricane Harvey

Lola Denise Jefferson, BSN, RNC, CVRN



Lola Denise Jefferson, BSN, RNC, CVRN is currently the House Supervisor for Kindred Sugar Land Hospital. She is the 1st Vice President and Bylaws Chair of the National Black Nurses Association and the Founder & Executive Director of the Fort Bend County Black Nurses Association.

August 25 – 30, 2017, Hurricane Harvey flooded Houston and Southern Texas. This was the first time a category four major hurricane struck Southern Texas in over 48 years. The number of persons who were affected by Hurricane Harvey exceeded 125 million. It flooded over a third of Houston. Many Houstonians were trapped inside their homes for days and could not go to work, school, or grocery store. Some nurses stayed in the hospital for days helping to take care of patients. There was little movement. Nurses, doctors, other employees and visitors were forced to stay inside as it rained and rained. Before the storms, many Houston residents filled their home with water and food. Most people lost electricity which escalated the situation as there was no method to receive updates on the storm.

During the Hurricane, many members of the National Black Nurses Association called Texas to check on the local chapters. National

President Dr. Eric J. Williams called frequently to inquire of our well being and safety. A number of chapters volunteered to send food, supplies, clothes and other needed items. Dr. Linda Washington and Patrise Tyson of the Miami Black Nurses Association spearheaded an event, collected and sent 500 t-shirts, personal hygiene products, shoes and school supplies. We are very grateful for their



Dr. Linda Brown and Patrise Tyson of Miami BNA prepare packages to send to Texas.



Miami BNA sending supplies to Texas!



Past NBNA Board Member Yvonne Ogadi and NBNA Lifetime Member Glenda Clement sorting clothes at a shelter for Hurricane Harvey survivors.

sisterly generosity and all of the other people who gave their time, energy and skills. Some members of Texas BNA Chapters that were affected by the hurricane included the Black Nurses Association of Greater Houston, Fort Bend County BNA, Galveston County Gulf Coast BNA, and Southeast Texas BNA. They encountered damage to their homes resulting in the loss of just about everything that was materially important to them including their cars..

When we could safely leave our homes, nurses volunteered their time to help hurricane survivors in the clinics. Hurricane Harvey as destructive and menacing as it was, brought us together and we worked hard and were bone tired but the joy of giving until it hurts was like a balm to our souls and spirits. We are still recuperating from the category four hurricane, but we are rejuvenated!



Fort Bend County BNA President Marilyn Johnson, Lifetime Member Elizabeth Phashe and 1st Vice President Lola Denise Jefferson at Marshall High School during Hurricane Harvey.



NBNA Lifetime member Glenda Clement sorting clothes for Hurricane Harvey survivors.



Lifetime Member June Wiseman sorts food for Hurricane Survivors.



Southeast BNA 's member Bernanadine "Midge" Julun-Jacobs house during Hurricane Harvey.

Gout Alliance Aims to Reduce Stigma, Empower Patients

Christopher Parker, DO

“The pain was like a moving mouse.” This is how Gary Ho described the gout he suffered from eight years ago.

“First in my elbow,” Gary explained, “then it would disappear. A few days later my ankle would be red, swollen, and painful, then it would go away. Finally, it would attack my big toe. The pain was excruciating.”

Gary was living in a constant state of pain. Downing bottles of over-the-counter painkillers just to make it through the day during the intense, frequent attacks.

Until he met Dr. Christopher Parker, Chief of Rheumatology at Austin Diagnostic Clinic.

“Dr. Parker was the first doctor who didn’t dismiss my concerns,” recalled Gary. “He took me on as a patient and I became a student of the disease, like he had been years earlier.”

Their doctor-patient relationship blossomed into a friendship. And their shared passion for helping gout patients led the duo to form a support group about two years ago. Gary envisioned a forum where people with gout could share their experiences and ask questions, without judgement. He wanted to create a network like he wished he had.

Creating the group coincided with Dr. Parker’s passion: sharing the truth about gout at the grassroots level. “There’s so much misinformation, lore and old wives tales that it’s hard for patients to know what to believe.”

Dr. Parker and Gary now also share their expertise as co-founders of the Alliance for Gout Awareness, an organization dedicated to reducing stigma and empowering patients by improving public understanding of gout.

Such an effort is important, according to Dr. Parker, so providers across the country have accurate information to share with their patients. He also believes people with gout will feel more comfortable discussing their condition if they are equipped with patient-oriented materials.

In addition to patients and physicians, the Alliance for Gout Awareness brings together stakeholder groups like the National Black Nurses Association. Alliance members collaborate to develop and disseminate educational materials and support resources that help both patients and the public learn more about gout. An increased awareness of the disease and broader acknowledgment of its impact can keep patients from feeling isolated, an experience Gary knows all too well.

Gary first noticed his ankle was swollen and sore when he was 24. His doctor diagnosed it as sprained, though Gary couldn’t recall hurting it. It was better soon, but as time went on, other joints would ache and swell. It wasn’t until years later that a doctor finally diagnosed Gary with gout and treated the temporary symptoms.

As attacks became more frequent, Gary tried home remedies and advice from family, including his dad who had gout, but nothing worked long-term. He became isolated, stigmatized, even mocked for using crutches.

Finally, Gary limped into Dr. Parker’s office. The years that followed were filled with testing, education, medication, bloodwork, counseling, even participation in a clinical trial. But it paid off. Gary hasn’t experienced an attack in nearly seven years.

Dr. Parker dispelled common misconceptions and provided Gary truth about his condition. Some of the same information can be found in the Alliance’s recently released “Fast Facts,” which touches on who can develop gout and what causes it, both areas of frequent misunderstanding.

Men and women of all ages can suffer from gout. “Often doctors don’t consider gout when working with female patients,” said Dr. Parker, “but they can get it too. And both men and women should inform their doctor if gout runs in their family.”

Proper diagnosis is essential to appropriate treatment and successful long-term management. According to Dr. Parker, patients should seek care from a specialist like a rheumatologist or an orthopedist, especially if they are experiencing a non-classic presentation of gout.



Christopher Parker, DO is a Physician, Rheumatologist, and a Professional Speaker as an Educator to Other Physicians. He is Board Certified by the National Board of Osteopathic Medical Examiners; American Board of Internal Medicine, Subspecialty Rheumatology. Member of the Alliance for Gout Awareness.



Gary Ho is a 25-year gout patient, self-proclaimed foodie, and, with Dr. Parker, is the co-administrator of the Gout Support Group of America, a Facebook group dedicated to improving the lives of people living with gout through wellness education, empowerment, and support from peers. Member of the Alliance for Gout Awareness.

“Don’t be afraid to seek a second opinion,” advised Dr. Parker. “No doctor can be an expert in every disease. It’s important to establish a relationship with someone who understands your condition and is excited to work alongside you to restore your health.”

“Find your cheerleader,” added Gary. “Dr. Parker offered me hope. He never overpromised, but instead he showed me a path toward health that was doable. And walked with me down it.”

The Alliance for Gout Awareness recognizes the value of a strong doctor-patient relationship and encourages patients to seek the information and treatment they need.

From Laptops to Vitamins: One Nurse's Contribution in Nigeria

Tamara Otey, PhD, RN



Tamara Otey, PhD, RN, made her 11th trip to Nigeria in the summer of 2017, where she spent two-and-a-half weeks caring for patients in Umeuleagwa Onicha. Many of the people living in this small rural town do not have access to health care,

due to the town's poor infrastructure and the lack of medical equipment and technology. In addition, many residents don't seek medical services because they can be imprisoned for lack of payment if they cannot afford to pay onsite for the services they receive. These obstacles to health are compounded by the prevalence of malaria, a leading cause of death in Nigeria, and by the complications that arise from hypertension, another threat to health in this region.

To help address these problems, Otey, an assistant professor at Goldfarb School of Nursing at Barnes-Jewish College, founded Growing Trees International Ministry. This nonprofit organization was created to provide funding for health care and other improvements in Imo State, Nigeria, where Umeuleagwa Onicha is located. Through money raised by Growing Trees, Otey has helped provide the town with medical equipment such as thermometers, stethoscopes, blood-pressure cuffs and over-the-counter medicines, including ibuprofen and vitamins for adults and children. In partnership with other nonprofit groups, Growing Trees also has funded development of two water wells in Umeuleagwa Onicha.

Otey admits that her most meaningful accomplishment in Nigeria is helping to build, furnish and provide technology for the town's first health clinic. Funding she received through Goldfarb's Office of Nursing Research Pilot Grant program for Growing Trees helped purchase a laptop and tablets to capture patients' health information electronically, a technology unprecedented for the town. Otey has also used funds to create printed health-education materials in the town's native language of Igbo and in English. This effort is aimed to helping residents gain a better understanding of health and health care.

Otey's work in Nigeria has influenced her ongoing research in the prevalence of HIV infection in African Americans. In an article titled "A Mid-South Perspective: African American Faith-based Organizations, HIV, and Stigma1," published in 2016 in the *Journal of the Association of Nurses in AIDS Care*, Otey and co-researcher Wendy Renee Miller, PhD, RN, CCRN, presented their efforts to engage African American faith-based leaders working in areas with high rates of HIV in meaningful conversations about attitudes toward HIV and those who are infected.

Otey has focused her career on the prevention of HIV and malaria, and other diseases that threaten vulnerable populations. Whether she is in Nigeria or the U.S., she uses her nursing background and research expertise to train volunteers, ministry workers and medical professionals in basic nursing skills. Ultimately, her goal is to help ensure that quality health care is available to all.

To learn more about Goldfarb's research priorities and their impact on quality of patient care, visit www.BarnesJewishCollege.edu/Research.

Reference

1. [http://www.nursesinaidscarejournal.org/article/S1055-3290\(16\)30030-9/fulltext](http://www.nursesinaidscarejournal.org/article/S1055-3290(16)30030-9/fulltext)

With a legacy beginning in 1902, Goldfarb School of Nursing at Barnes-Jewish College has a strong tradition of educating health care professionals in St. Louis.

Goldfarb School of Nursing is located on the campus of Washington University Medical Campus in St. Louis and is affiliated with Barnes-Jewish Hospital, with a second site at Missouri Baptist Medical Center. Goldfarb School of Nursing has nationally recognized educational facilities with state-of-the-art classrooms, lecture halls and sophisticated Clinical Simulation Institute labs with patient simulation mannequins and exam rooms that provide high-tech, advanced nursing care experiences.

Goldfarb School of Nursing at Barnes-Jewish College is accredited by the Higher Learning Commission (HLC), the Commission on Collegiate Nursing Education (CCNE) and is approved by the Missouri State Board of Nursing and Higher Education Commission.

To learn more about Goldfarb School of Nursing at Barnes-Jewish College, visit www.BarnesJewishCollege.edu

Nurse Practitioners: Past, Present & Future

Sandy Cayo, DNP, FNP-BC, APRN

Selena A Gilles, DNP, ANP-BC, CCRN

Angela Godwin, DNP(c), FNP-BC

Nurse Practitioners (NP) or Advanced Practice Registered Nurses (APRN) have played a vital role in bridging the gaps to care across specialties in our healthcare delivery system. Nurse Practitioners have provided high quality care for over 50 years in the United States. Nurse Practitioners are first and foremost nurses. They are experts at patient and family-centered care, operating under the foundational principles of caring and integrity. Being a Nurse Practitioner is not just a profession but a calling. It involves critical thinking, problem solving, and interpersonal and interprofessional relationship-building.

Nurse practitioners have a rich history. The first NP certificate program was started at the University of Colorado School of Nursing in 1965 by a public health nurse, Loretta Ford along with her physician colleague Henry Silver, a pediatrician. There was a strong public health demand for nurses to have a more active role in the outpatient pediatric setting. Over time, as healthcare became more specialized, the need for NPs in the primary care setting grew. (Ralston, Collier, Hope, & Fairman, 2015). As the civil rights and women's health movement progressed, so did the social movement and shift in roles of the NP. By the early to mid 80's, the educational requirement shifted from a certificate program to an advanced degree. (Ralston et al, 2015). According to the American Association of Nurse Practitioners (AANP), today there are over 248,000 NP's licensed in the US; about 86% are working in primary care (AANP, 2018). The nurse practitioner has now grown to become a well respected profession and a provider of choice among patients.

Primary care providers play an integral role in improving public health and are key to helping the nation meet its Healthy People 2020 targets. Experts agree that with many physicians moving out of primary care, much of this burden will continue to fall on

advanced practice providers such as NPs and physician assistants (PA). It is estimated that by 2020, the US will have a shortage of 20,400 primary care physicians (U.S. Department of Health and Human Services, 2013).

Nurse practitioners have demonstrated to be efficient and cost-effective providers but, unfortunately, many states still restrict their practice. Although the NP is an autonomous role, there are only 22 states where NP's have the ability to practice independently without a collaborator (Ralston et al; AANP, 2017). In the Institute of Medicine's (IOM) *Future of Nursing Report* (2010), an important recommendation was to remove scope of practice barriers for advanced practice registered nurses, recognizing that changes must be made in scope of practice laws to allow APRNs to practice to the full extent of their education (IOM, 2010). The utilization of full practice of NPs is associated with decreased hospitalization rates in multiple populations and, thus, can effectively impact quality and cost of health care (Oliver, Pennington, Revelle, Rantz, 2014; Kuo, Chen, Baillargeon, Raji, & Goodwin, 2015). Effectively integrating increased NP's into the health care delivery system may alleviate the projected primary care physician shortage (U.S. Department of Health and Human Services, 2013).

For the last 16 years, nurses have been rated highest in honesty and ethical standards among 22 professions, according to Gallup polls (Rifkin, 2014). Nurse practitioners continue to inspire patients and motivate them to be active participants in their care and treatment. As we move forward, it's imperative that more states allow NP's the authority to practice completely independently of physician oversight to the fullest extent of their training, including prescribing medications. What this means for the general population is more access to care..

The American population is older as well as more diverse. In 2010, 80% of the populations included non hispanic white older adults. By 2050 that number will drop to 58% (Centers for Disease Control and Prevention [CDC], 2013). A more diverse aging population also requires a diverse nursing workforce. Diversity in nursing remains a concern that the *Future of Nursing report* (2010) notes needs further emphasis (IOM, 2010). Currently, only 9.9% of the nursing workforce being identified as African American and 4.8% as Hispanic; the face of healthcare providers especially for the elderly will have to change as well to match our population's needs (Minority Nurse, 2015). As we grow increasingly ethnically and racially diverse, it's important for our nursing workforce to also do the same. Recruiting



Dr Sandy Cayo is a Clinical Assistant Professor in the Undergraduate Program at New York University Rory Meyers College of Nursing. As a Family Nurse Practitioner, her main research interests are in family

medicine, urban health, and complementary and integrative health. She has worked with first generation and minority nursing students to help improve retention in academic nursing programs and continues to work with disadvantaged populations through education of wellness as a whole. Dr Cayo is on the board of many organizations, including currently serving as Vice President for Meyers' Sigma Theta Tau International Upsilon Chapter and Treasurer for the Greater NYC BNA.



Dr Selena Ann Gilles is Clinical Assistant Professor in the Undergraduate Program at New York University Rory Meyers College of Nursing. Dr Gilles is certified in Critical Care Nursing and has been an Adult Nurse

Practitioner for 8 years, specializing in Neuro and Pain Management. She has a strong community advocacy and currently works with organizations who aim to serve the underprivileged and underserved communities in Haiti and Ghana. Dr. Gilles is currently a member of six professional organizations/associations, including serving as President-elect for Meyers' Sigma Theta Tau International Upsilon Chapter and Program Committee Chair for the Greater NYC BNA.



Angela Godwin Beoku-Betts joined the New York University Rory Meyers College of Nursing in 2007 as an adjunct clinical instructor. In 2011 she became a full-time faculty and has taught

various on- and off-campus clinicals in the undergraduate program. Additionally, Instructor Godwin is a Kaplan Nursing Faculty and specializes in assisting students in passing the NCLEX. As a board certified Family Nurse Practitioner, her focus is in Bariatrics as she runs a private clinic in the Bronx with an interest in weight loss and related health disparities. Her scholarly interests include obesity, diabetes management, and metabolic syndrome.

and training a diverse workforce is a priority in order to meet the needs of this evolving population.

As our future of healthcare reform becomes more uncertain with changing healthcare policies and an unsteady political climate, NP's will be there to supply the care patients need. Nurse Practitioners are influencing via teaching/precepting in the classroom and clinical setting as well as front line researchers and providers. Nurse practitioners are innovators. They are driving evidence-based practice and advocating for patients. They inspire and educate future nurses how to identify problems within their community and how to make sustainable change happen. As researchers, they develop and utilize data to ensure our patients are getting the best, evidence-based care. Not only do they provide complex patient care, but they are "full partners" in shaping the future of the American healthcare system. Nurse practitioners are providing the solution to the future of the United States healthcare system and we will continue to inspire, innovate and influence in this role.

References

1. American Association of Nurse Practitioners (2017). *2018 Nurse Practitioner State Practice Environment*. Retrieved from <https://www.aanp.org/images/documents/state-leg-reg/stateregulatorymap.pdf>

2. American Association of Nurse Practitioners (2018). *NP facts*. Retrieved from <https://www.aanp.org/images/documents/about-nps/npfacts.pdf>
3. Auerbach, D. (2012). Will the NP workforce grow in the future?: new forecasts and implications for healthcare delivery. *Medical Care*, 50 (7): 606-610.
4. Centers for Disease Control and Prevention (2013). *The State of Aging and Health in America*. Retrieved from <https://www.cdc.gov/aging/pdf/state-aging-health-in-america-2013.pdf>
5. Institute of Medicine (2010). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
6. Kuo, Y., Chen, N., Baillargeon, J., Raji, M., & Goodwin, J. (2015). Potentially preventable hospitalizations in medicare patients with diabetes. *Medical Care*, 53 (9): 776-783.
7. Minority Nurse (2015). *Nursing Statistics in the US*. Retrieved from <https://minoritynurse.com/nursing-statistics/>
8. Oliver, G.M., Pennington, L., Revelle, S., & Rantz, M. (2014). Impact of nurse practitioners on health outcomes of medicare and medicaid patients. *Nursing Outlook*, 62, 440-447.
9. Ralston, B., Collier, T., & Fairman, J. (2015). The NP: celebrating 50 years. *The American Journal of Nursing*: October 2015
10. Riffkin, R. (2014). *Americans rate nurses highest on honesty, ethical standards*. Retrieved from <http://news.gallup.com/poll/180260/americans-rate-nurses-highest-honesty-ethical-standards.aspx>
11. U.S. Department of Health and Human Services (2013). *Projecting the Supply and Demand for Primary Care Practitioners Through 2020*. Rockville, Maryland: U.S. Department of Health and Human Services.

Save Now, Play Later!

James L. Marshall, Jr



James L. Marshall, Jr.,
Registered Investment
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Nurses make a very good living, while doing one of the most important jobs in the world. But sometimes it seems like no one is paying attention, or giving them the credit they deserve for being so indispensable. My good friend and client Nurse Wilson told me that she rewards herself ever chance she gets for being so awesome. She rewards herself with nice cars, expensive jewelry and fabulous trips. And it makes her feel good when people can see how successful her career has been through her largesse.

Unfortunately this does not leave much money for saving and investing. And Nurse Wilson can't work forever. One day she, her employer or her health is going decide that its time to retire. And it will be too late to start planning and saving. Like most people Nurse Wilson has good intentions about saving for retirement. But few know when they should start and how much they should save.

Sometimes it might seem that the today's expenses make it too difficult to start saving for tomorrow. It's easy to think that you will begin to save for retirement when you reach a more comfortable income level, but the longer you put it off, the harder it will be to accumulate the amount you need.

Start Your Wealth Building Journey Today!

The rewards of saving early for retirement far outweigh the cost of waiting. By contributing even small amounts each month, you may be able to amass a great deal over the long term. One helpful method is to allocate a specific dollar amount or percentage of your salary every month and to pay yourself as though saving for retirement were a required expense.

Here's a hypothetical example of the cost of waiting. Two friends, Chris and Leslie, want to start saving for retirement. Chris starts saving \$275 a month right away and continues to do so for 10 years, after which he stops but lets his funds continue to accumulate. Leslie waits 10 years before starting to save, then starts saving the same amount on a monthly basis. Both their accounts earn a consistent 8% rate of return. After 20 years, each would have contributed a total of \$33,000 for retirement. However, Leslie, the procrastinator, would have accumulated a total of \$50,646, less than half of what Chris, the early starter, would have accumulated \$112,415.

This example makes a strong case for an early start so that you can take advantage of the power of compounding. Your contributions have the potential to earn interest, and so does your reinvested interest. This is a good example of letting your money work for you.

If you have trouble saving money on a regular basis, you might try savings strategies that take money directly from your paycheck on a pre-tax or after-tax basis, such as employer-sponsored retirement plans and other direct-payroll deductions.

Regardless of the method you choose, it's extremely important to start saving now, rather than later. Even small amounts can help you greatly in the future. You could also try to increase your contribution level by 1% or more each year as your salary grows.

It's like I told Nurse Wilson; "a journey of one thousand mile starts with one step"

Start your wealth building journey today!

Chapters in Service

Birmingham Black Nurses Association

Dr. Martha A. Dawson, FACHE Coordinator of the Nursing and Health System Administration Master's track at the University of Alabama at Birmingham School of Nursing has been promoted to the Division Director for Nursing and Health System Leadership. She will continue as the coordinator for the Nursing Administration and provide leadership to the Clinical Nurse Leaders and Nursing Information track.

Dr. Martha A. Dawson, FACHE Director of the Nursing and Health System Leadership at the University of Alabama at Birmingham School of Nursing had two of the leadership tracks under her supervision rank in the top ten nursing programs by US World News: Nursing and Health System Administration #2 and Clinical Nurse Leaders #7.

Dr. Martha A. Dawson, FACHE Director of the Nursing and Health System Leadership and assistant professor at the University of Alabama at Birmingham School of Nursing was interviewed by Minority Nurse on February 28, 2018 regarding her Thoughts on Nursing. <https://minoritynurse.com/martha-dawson-thoughts-nursing/>

Dr. Martha A. Dawson, FACHE Coordinator of the Nursing and Health System Leadership at the University of Alabama at

Birmingham School of Nursing did a podcast with the American Association for Men in Nursing on March 18, 2018 on the Role of Mentors and Mentees in professional mentorship relationships. She was interviewed by Mr. Michael Ward and Mr. Blake Smith, AAMN President Elect.

Dr. Martha A. Dawson, FACHE Director of the Nursing and Health System Leadership and assistant professor at the University of Alabama at Birmingham School of Nursing was selected to the National Perinatal Association Best Milk: Optimal Infant Feeding Project Committee.

Gladys Amerson was promoted to Educator/Certified Informaticist Nurse at Children's of Alabama. In her new position, she trains nurses, physicians and ancillary staff on how to utilize the electronic medical record. She creates training materials and oral presentations to enhance knowledge of electronic clinical documentation.

Effective March 2018, **Deborah Walker** became the President of the Board of Directors for Eastside Mental Health Department in Birmingham, Alabama,

Chapters On the Move

Fort Bend County Black Nurses Association (FBCBNA)



Fort Bend County BNA at the Local National Black Nurses Day



Texas Woman's University Nursing Students with Dr. Olinda Johnson



NBNA 1st Vice President Lola Denise Jefferson was the Mistress of Ceremony and led the audience in the National Negro Anthem.

Chapters On the Move

Fort Bend County Black Nurses Association (cont)



San Jacinto College Nursing Students with Kimberly Sanders Hebert



NBNA Lifetime Member Dr. Olinda Johnson was the keynote speaker.



Prairie View A & M University Students



OMadame President Marilyn Johnson - NBNA Lifetime Member, NBNA 1st Vice President Lola Denise Jefferson - and Vanessa Auguillard - NBNA Lifetime Member

Chapters On the Move

Fort Bend County Black Nurses Association (cont)



Fort Bend County BNA volunteering at the Houston Food Bank!



Chairperson Margaret Waters and NBNA Lifetime Member happily sort the donated food items.



Working with a smile!!!

NBNA 1st Vice President Lola Denise Jefferson - NBNA Lifetime Member, Elizabeth Phashe - NBNA Lifetime Member, Chairperson Margaret Waters - NBNA Lifetime Member, and Ethelene Wilmore - NBNA Lifetime Member.

Chapters On the Move

First Coast Black Nurses Association

Members of First Coast Black Nurses supported the Frisch Institute for Senior Care Symposium on April 10th. One of our speakers was Dr. Elaine Tagilareni from the National League of Nursing. This event was organized by FCBNA member Dr. Deborah Brabham.



Dr. Debra Brabham, Dr. Carol Neil, President, Vathrice Hartwell, Treasurer.



Dr. Carol Neil, President, Vathrice Hartwell, Treasurer and Jacqueline Lee, Second Vice President.

Atlanta Black Nurses Association



The Atlanta Black Nurses Association (ABNA) is excited to announce its 40th Chapter Anniversary Celebration being held October 13, 2018 in Atlanta. Our theme, *Atlanta Black Nurses Association Continues to Magnify Health Awareness in the Community, the State and the Nation*, reflects our chapter's renewed commitment to the NBNA mission.

ABNA is pleased to acknowledge the following chapter member's accomplishments: **Dr. Darlene Ruffin-Alexander** was a keynote speaker at the Global STEMS Conference in Atlanta Georgia and the LeadingAge Conference in South Carolina. **Lisa Alexander, Ph.D.**, successfully defended her dissertation- *Utilizing and Integrated Clinical Experience Model (ICE-M) as an Alternative to Limited Clinical Preceptorships for Senior Pre-Licensure Nursing Students*- to earn her doctorate. Dr. Alexander was recently promoted to Associate Dean of Faculty at Chamberlain College of Nursing-Atlanta campus and will serve as a speaker at the Elsevier Nurse Education Conference, the ATI Nurse Educators Summit and the Georgia Nurses Educators conference. **Karen Rawls, Ph.D.**, recently returned from China as a guest faculty member at the University of Wenzhou Medical Center School of Nursing and Inner Mongolia University of the Nationalities School of Nursing located near north Russia; just south of Beijing. Dr. Rawls taught 364 BSN students Community Health and Evidence Based Practice in Nursing Research and currently lives in Northern Virginia; serving as President of the Northern Virginia, VNA chapter. **Gaea Daniel** (doctoral student) will serve as the 2018 AACN Graduate Nursing Student Academy Advocacy Leader at Emory University representing the state of Georgia.

ABNA is working in the community with churches and other organizations! The chapter is an active partner with Emory Alzheimer's Disease Research Center's community education and cognitive screening projects. Chapter members have been trained to serve as community cognitive screeners. In collaboration with the Georgia Baptist College of Nursing, Mercer University, ABNA serves as a mentor to 3rd and 4th year BSN students conducting group sessions on pathways to success and work-life expectations. ABNA recently hosted, *Domestic Violence- It's Everybody's Business*- a CE program for nurses and social workers held at Grady Hospital in collaboration with VITAS.



Chapters On the Move



**FSCJ'S FRISCH INSTITUTE
for SENIOR CARE
THIRD ANNUAL SYMPOSIUM**

PRESENTS

*Advancing Evidence-Based Interventions
for Quality Senior Care*

April 10, 2018 • 8 a.m. – 4 p.m.
FSCJ Nathan H. Wilson Center for the Arts
11901 Beach Blvd., Jacksonville, FL 32246

Learn about emerging advancements and interventions in geriatrics, including chronic diseases and complex challenges older adults' experience.

Hear from experts in gerontology who will share best practices to influence quality and positive health outcomes for older adults.

REGISTRATION OR QUESTIONS

- To register online, visit bit.ly/2IsNCUw
- Contact Deborah Brabham at [\(904\) 766-6534](tel:9047666534) or d.brabham@fscj.edu
- 4 CEUs will be provided to participants who attend this event
- Cost — \$50 (*A continental breakfast and lunch will be provided.*)

KEYNOTE SPEAKER



Dr. Elaine Tagliareni, Ed.D., R.N., C.N.E., F.A.A.N., is the former chief program officer and current consultant at the National League for Nursing (NLN). For more than 25 years, she was a professor of nursing and worked nationally to support models that increase the academic progression of all nursing graduates and provided patient-centered care for older adults and their caregivers.

FSCJ Florida State College
at Jacksonville

Members on the Move

Dr. Eric J. Williams, NBNA President, was the keynote speaker at the University of Texas, El Paso for Cinco De Mayo annual celebration addressing graduate level students on “Creating the Next Level of Leaders”.

Dr. Eric J. Williams is at the Kentucky State University School of Nursing speaking on “Nurses Inspire, Innovate and Influence”, for the 2018 nursing pinning ceremony.

Dr. Eric J. Williams attended the Los Angeles Southwest College Nurses Day Celebration.

Dr. Eric J. Williams presented at the Tuskegee University School of Nursing and Allied Health 2018 Spring Symposium on April 20, 2018.

Dr. Eric J. Williams will receive the Villagers Award from the Afram Global Organization on May 26, 2018 in Los Angeles, CA.

Trilby Barnes-Green, NBNA Treasurer, attended the National Coalition for Infant Health Steering Committee Meeting in Toronto, Canada.

NBNA Secretary **Kendrick Clack** received the 40 and Under Award from the National Minority Quality Forum.

NBNA Treasurer **Trilby Barnes Green** was appointed to the Neonatal Health Advisory Committee hosted by Mallinckrodt Pharmaceuticals.

NBNA Board Member **Kim Scott** received a leadership award from Holy Names University, her graduate school alma mater.

Dr. Pier Broadnax, President, Black Nurses Association of Greater Washington, DC Area offered greetings at the Congressional Briefing on the opioid crisis hosted by U.S. Representative Yvette Clarke and co-hosted by NBNA, National Medical Association and National Dental Association.

Central Texas BNA Inaugural Meeting



Central Texas BNA, Fort Bend County, and Tarrant County BNA at the Inaugural Meeting of Central Texas Black Nurses Association.

Members on the Move

Central Texas BNA Inaugural Meeting



Founder & President Mack Parker of the Central Texas Black Nurses Association



Dr. Doris Jackson, Texas Board of Nurses Board member, presented a 2 hour Continuing Education lecture on Jurisprudence.



NBNA 1st Vice President Lola Denise Jefferson and Mr. President Mack Parker presenting to the audience the benefits of the National Black Nurses Association.



President Marilyn Johnson - Fort Bend County BNA, President Mack Parker - Central Texas BNA, Andrea Clack - Tarrant County BNA, and Lola Denise Jefferson - 1st Vice President National Black Nurses Association



Central Texas Black Nurses Association

Members on the Move

Birmingham Black Nurses Association

Birmingham Black Nurses Association Membership Chair, Deborah Zimmerman, and Mentorship Program Chair, Jennifer Coleman conducted a presentation at Lawson State Community College in Birmingham on April 3. Mrs. Zimmerman provided information on BBNA membership opportunities and activities at the national level. Dr. Coleman presented an interactive discussion on NCLEX test-taking strategies, resume writing, interview skills, and career options. Twenty-one graduating seniors attended the presentation.

Dr. Jennifer Coleman, BBNA member and past president, received the Audrey Gaston Howard Award at the Samford University Annual African American Alumni & Friends Luncheon on April 9. The award is part of Samford's commemoration of the 50th anniversary of integration at Samford and is in memory of the first African American student to enroll and graduate from Samford. The award recognizes African American alumni who have distinguished themselves through exemplary professional achievement and civic and community service. Twenty nine alumni were recognized at the luncheon.

In February 2018, BBNA members, Dr. Martha Dawson, Dr. Jennifer Coleman, and Mrs. Deborah Zimmerman presided over the pinning ceremony of students from the Nursing Academy 101 at Robinson Elementary School in Fairfield, AL. The ceremony was a celebration of the students' completion of the Academy's activities related to nursing and healthcare. During the students' enrollment in the Academy, BBNA members provided education on CPR, physical activity, health promotion, and the research process.



Photo at Samford University African American Alumni and Friends Luncheon - BBNA President Dr. Lindsey Harris, Birmingham Mayor Randall Woodfin, Dr. Jennifer Coleman

Chapter Websites

ALABAMA

Birmingham BNA (11) www.birminghambna.org

ARIZONA

BNA Greater Phoenix Area (77) www.bnaphoenix.org

ARKANSAS

Little Rock BNA of Arkansas (126) www.lrbnaa.nursingnetwork.org

CALIFORNIA

Bay Area BNA (02) www.babna.org

Council of Black Nurses, Los Angeles (01) www.cbnlosangeles.org

Inland Empire BNA (58) www.iebna.org

San Diego BNA (03) www.sdblacknurses.org

South Bay Area BNA (San Jose) (72) www.sbbna.org

COLORADO

Eastern Colorado Council of BN (Denver) (127) www.eccbn.org

Mile High BNA (156) www.denverbna.org

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Northern Connecticut BNA (84) www.ncbna.org

Southern Connecticut BNA (36) www.scbna.nursingnetwork.com

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BNA of Greater Washington, DC Area (04) www.bnaofgwdca.org

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BNA, Miami (07) www.bna_miami.org

BNA, Tampa Bay (106) www.tbbna.org

Central Florida BNA (35) www.cfbnaoforlando.org

First Coast BNA (Jacksonville) (103) www.fcbna.info

St. Petersburg BNA (28) www.orgsites.com/fl/spnbna

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Atlanta BNA (08) www.atlantablacknurses.com

Concerned National BN of Central Savannah River Area (123) www.cnofcsra.org

Savannah BNA (64) www.savbna.org

HAWAII

Honolulu BNA (80) www.honolulublacknurses.com

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Chicago Chapter NBNA (09) www.ccnbna.org

Greater Illinois BNA (147) www.gibna.org

INDIANA

BNA of Indianapolis (46) www.bna-indy.org

Northwest Indiana BNA (110) nwibna.nursingnetwork.com

KENTUCKY

KYANNA BNA, Louisville (33) www.kyannabna.org

LOUISIANA

Shreveport BNA (22) www.sbna411.org

MARYLAND

BNA of Baltimore (05) www.bnabaltimore.org

BN of Southern Maryland (137) www.bnsmd.org

Chapter Websites

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- New England Regional BNA (45) www.nerbna.org
- Western Massachusetts BNA (40) www.wmbnurses.org

MICHIGAN

- Grand Rapids BNA (93) www.grbna.nursingnetwork.com
- Greater Flint BNA (70) www.greaterflintbna@gmail.com
- Kalamazoo-Muskegon BNA (96) <https://kmmbna.nursingnetwork.com>
- Lansing Area BNA (149) labna.nursingnetwork.com

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- BNA of Greater St. Louis (144) www.bna-stlouis.org
- Greater Kansas City BNA (74) www.gkcblacknurses.org

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- Southern Nevada BNA (81) <https://snbna.nursingnetwork.com>

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- Concerned BN of Central New Jersey (61) www.cbncnj.com
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- Mid State BNA of New Jersey (90) msbna.nursingnetwork.com
- New Jersey Integrated BNA (157) <https://njibna.nursingnetwork.com>
- Northern New Jersey BNA (57) www.nnjbna.com

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- Youngstown Warren BNA (67) www.youngstown-warrenobna.org

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- Southeastern Pennsylvania Area BNA (56) www.sepabna.org

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- Metroplex BNA (Dallas) (102) <https://mbna.shutterfly.com/>

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Northwest Indiana BNA (110)	Mona Steele	Gary, IN

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Wichita BNA (104)	Linda Wright	Wichita, KS
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Southeastern Pennsylvania Area BNA (56) Monica Harmon Philadelphia, PA

SOUTH CAROLINA

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

Upstate BNA (155) Dr. Colleen Kilgore Greenville, SC

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Nashville BNA (113) Shawanda Clay Nashville, TN

TEXAS

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Galveston County Gulf Coast BNA (91) Lillian McGrew Galveston, TX
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VIRGINIA

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

WISCONSIN

Milwaukee BNA (21) Dr. 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