

**WINTER 2022**



**news**  
PUBLICATION

**NATIONAL BLACK NURSES ASSOCIATION**

# **SPECIAL EDITION: PUBLIC POLICY**

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

# In this Issue

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- 4** A Message from the Co-Editor in Chief
- 5** Letter From the President
- 7** Commitment and Innovation Enhance Access to Pfizer Medicines
- 8** Get Involved in Health Policy
- 10** Making Dementia Prevention a Public Health Priority
- 13** Benefits Of a Hospital Quality Measure for Malnutrition Care
- 16** Recognizing The Need for Equitable Real-World Evidence in Maternal Health
- 19** Ensuring Equity in Alzheimer’s Clinical Trials
- 20** John Lewis Unfinished Business: Requiring New Medicare Payment Models to Address Health Equity
- 22** A Legacy Impacting the Future: Ebi’s Story
- 23** The Atlanta Black Nurses Association Promotes Research for the NBNA *All of Us* Research Project
- 24** “*All of Us*” Engagements and Collaborative Efforts During the Continued COVID-19 Surges
- 26** “*All of Us*” Engagement In the Time of COVID-19 - Thanksgiving 2021 Community Engagement Meeting
- 28** Flavored Tobacco Products Are Putting a New Generation at Risk
- 30** A Step Toward Health Equity: Recognize Obesity as a Disease, Not a Choice
- 32** National Black Nurses Association Celebrates the 34th Annual National Black Nurses Day on Capitol Hill
- 42** The Impact of COVID-19 on Retirement Plans
- 44** NBNA National News Highlights: CBS Mornings: Inside Look at How Nurse Burnout Impacts Overall Healthcare System | CBS Morning News - Nurse Burnout
- 45** NBNA Daisy Health Equity Awards
- 45** Race and Heart Disease in America
- 46** Members on the Move
- 48** Chapters on the Move
- 52** NBNA Chapter Presidents
- 56** NBNA Winter 2022 Advertisements

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The NBNA News is printed quarterly; please contact the National Office for publication dates.

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# Nursing's Voice: Advocacy Leads to Equity

**W**elcome to 2022 and our continuing efforts in the fight against the COVID-19 pandemic. We begin the year with renewed hope and steadfast confidence that our efforts on behalf of America's citizens are resulting in successful steps to end the health crisis. NBNA nurses remain vigilant in educating the public on safety practices and healthy lifestyle behaviors. Hand washing, social distancing, face coverings, and vaccination are strategies to maintain personal and public safety.

Now, more than ever, advocacy is essential if we are to ensure safe and equitable health care. NBNA's 34th annual NBNA Day on Capitol Hill was one opportunity to champion legislative priorities important to communities of color. Social justice and health equity issues remain major barriers to mitigation of the effects of this devastating pandemic. We must advocate for legislation that prioritizes fair and equitable access to COVID-19 testing and vaccines. Equitable distribution of resources is an important strategy to ensure protection for all Americans, and legislation that focuses on resources and economic recovery is essential.

During the legislative sessions this year, nursing's voices are more important than ever. We must speak loudly about issues related to quality health care for communities of color and underrepresented populations. The current pandemic has unmasked the inherent inequities in health care that are pervasive in our health care system. Factors contributing to these persistent disparities include lack of access to quality health care services subsequent to lack of policies that assist African Americans and other minorities to receive high quality care and support. Policymakers must be made aware of the very real impact that public policies have on the lives of all Americans, particularly populations of color.

NBNA nurses – Find your voices. Our voices are powerful, and NBNA nurses are well positioned to lead the crucial conversations that are necessary to mitigate disparities in health care. Let us begin by reviewing the legislative priorities included in the NBNA Day on Capitol Hill Legislative Toolkit. An ongoing priority is nursing workforce issues that reflect the need for ethnic and gender diversity in nursing. A diverse nursing workforce with adequate resources to provide



quality care is a considerable first step in achieving health equity. Legislation that allocates increased resources and funding to the nursing workforce is needed. Contact your senators, representatives, and legislative aides on the local, state, and national levels. Attend public forums and town hall meetings. The passion and visibility of our NBNA members must be on full display if we are to make a positive difference in the health and lives of our citizens.

Plan also to be in attendance at the NBNA 50th Annual Institute and Conference in Chicago, Illinois from Tuesday, July 26 to Sunday, July 31, 2022. The conference theme is "Bridging the Gap of Social Injustice and Health Disparities through Excellence in Nursing, Practice, Education, and Research". Continuing education sessions and networking opportunities are available as each of us embraces our collective commitment to advocacy, justice, and equity.

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# Public Policy Awakening: NBNA's New Call to Action

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

**O**n February 3, 2022, NBNA held its 34th National Black Nurses Day on Capitol Hill in Washington, DC. Our Day on the Hill provides an opportunity for Black nurses to create awakening events. The goal is to inform congressional representatives and their staff on laws, regulations, policies, and court decisions that impact the lives of our populations. From our national event, NBNA members return home armed with information and strategies to influence and take action at the state, local, and institutional levels to participate in solving real-world problems. Black nurses and people of color must have an active voice in public policy. There are always competing interest groups that want to influence how we live, work, play, worship, and transition life. Some groups are good, and others are bad, seeking self-gain at our expense. Those of us who have a stage must step on it and create the change we need to live for a better life.

NBNA's new call to action is that all of our members, corporate partners, leaders, and law makers develop "good public policy" through the lens of social justice. We are advocating for policies to protect lives and our environment and to create a safer world. We need strong, effective public policies that are measurable, producing good outcomes for all and not for a select few. Black nurses, and all nurses, must demand that public policies are developed and implemented to sustain our democratic, inclusive institutions in the US and globally.

If we have learned anything from the COVID-19 pandemic, it is that whatever affects one can "infect" all, and the same is true about bad policies. The polluted air in my communities will eventually blow into your exclusive gated neighborhoods; the toxic water from the west side of the city will flow into the waters of your lake homes; climate changes will impact your water supply and cause 90-degree heat waves in



February on the west coast, tornadoes in the southeast, and a nor'easter in the north. These events are due to past and current public policies and denial by some current elected officials that bad laws are by design, not default. Our health education systems and practice environments have followed larger society's business model of health care, thus abandoning nursing's history of "a caring profession with a focus on wellness."

Therefore, Black and Brown nurses must examine every public policy to identify embedded issues that could negatively impact health and create inequities where we learn and practice. We must establish, join, and maintain strong coalitions to challenge policies that create conditions that cause poor health and illnesses. The same policymakers who create laws causing political determinants of health, in the name of science and medicine, allocate billions of dollars in grant funding for researchers to "study us" and to try to improve our health outcomes. However, these officials continue to implement policies that cause the downstream problems that affect our health. What is nursing's response? We continue to emulate and change our profession to support the illness model of care versus addressing the needs to expand public health and the nursing workforce

to a focus on health education, disease prevention, and promotion of healthy living.

NBNA members, we must demand public policies that improve our education systems, economic status, environment, food quality, and overall health and wellness; we must increase diversity in our profession. The lack of nurses is a global workforce pandemic. These are changes that NBNA's new call to action is seeking, a true awakening in the public policy arena. Hear our cry; we cannot breathe polluted air, grow food in toxic soil, or drink lead-based water, and live better and healthier lives. Policymakers, "Can you use the billions you allocate to study us to fix the problems in our communities, and hold those that are causing these problems accountable?" This is our ASK. We, NBNA, are in our communities working and advocating for change. Where are you?

**Martha A. Dawson, DNP, RN, FACHE**  
NBNA President/CEO  
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# Commitment and Innovation Enhance Access to Pfizer Medicines

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Continuing Pfizer's 35-year history of providing medicine access support to patients in need, Pfizer RxPathways connects eligible patients to a range of assistance programs that offer insurance support, co-pay help,\* and medicines for free or at a savings. In the most recent five-year period where data is available (2016-2020), Pfizer helped more than 1.2 million patients receive over 7.4 million Pfizer prescriptions for free or at a savings.\*\* RxPathways is one way Pfizer demonstrates its commitment to equity by providing eligible patients access to its medicines to help reduce health care disparities.

As the impact of COVID-19 in the US was peaking in 2020, and unemployment projections were estimated at a high of 30% with even higher projections above 40% for African Americans and Latinx/Hispanics,<sup>1</sup> Pfizer RxPathways prepared to facilitate access to its program for those losing their employer-based health insurance. Online enrollment features provided easy access to Pfizer assistance programs for patients and their healthcare providers. Additionally, disaster relief protocols were activated such as those created to provide easy access to Pfizer medicines through various distribution channels after the devastation of Hurricane Maria in Puerto Rico.

While federal income assistance and the extension of unemployment benefits helped buffer the impact of these job losses on American families, the recovery will be long-term and especially harder for low-income families. As analyzed by the Center for Budget and Policy Priorities, real incomes fall more quickly for low- relative to higher-income workers in economic downturns, and declines are steepest for low-income workers of color.<sup>2</sup> Predictably, especially given the uncertainty of the future impact of the COVID-19

virus, the long-term economic recovery for people of color, particularly those who are low-income, will be hardest and take the longest. Pfizer is committed to continuing to provide support and access to Pfizer medicines for eligible patients through Pfizer RxPathways.

For more information, visit [www.PfizerRxPathways.com](http://www.PfizerRxPathways.com).

## ***Making it Simpler for Eligible Patients to Access Their Pfizer Medicines***

In 2020, Pfizer launched its online enrollment platform, known as Pfizer PAP Connect, which makes it easier for eligible patients and their health care providers to get access to select Pfizer medicines. The online enrollment option can be used for many of the primary care medications available through the Pfizer Patient Assistance Program (PAP), which provides certain Pfizer medicines to eligible insured and uninsured patients through their doctor's office or at home.

As we continue in the COVID-19 pandemic and move toward recovery, Pfizer hopes that PAP Connect can be a vital tool to help patients enroll in the Pfizer PAP, especially for those who now find themselves uninsured or underinsured due to job loss. With the introduction of Pfizer PAP Connect, eligible new and reenrolling patients along with their doctors, are able to start and complete the enrollment process entirely online, without signing paper applications and making phone calls. For patients without access to computers, digital devices, or the internet, paper applications are still an option.

**PAP Connect works in concert with Pfizer RxPathways. For more information and a complete list of Pfizer medicines available for online enrollment, please visit [www.PfizerPAPConnect.com](http://www.PfizerPAPConnect.com).**

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\* Co-pay assistance provided by Pfizer is not health insurance. Terms and conditions apply.

\*\* Data on file. Pfizer Inc. New York, NY

<sup>1</sup> Bernstein J and Jones J. The impact of the COVID 19 recession on the jobs and Incomes of persons of color. Center on Budget and Policy Priorities, June 2, 2020

<sup>2</sup> Ibid

# Get Involved in Health Policy

Angelo Moore, PhD, MSN, NE-BC

Nurses need to make a conscious effort to be engaged in policies that impact health. The need to be involved in health policy is especially important, because the National Black Nurses Association mission is “to serve as the voice for Black nurses and diverse populations ensuring equal access to professional development, promoting educational opportunities and improving health.” We cannot achieve our mission without having a role in the development of policies to achieve this mission or eliminate policies that promote or help maintain systemic discrimination and racism. David E. Dawes coined the term “Political Determinants of Health.” The Political determinants of health involve the systemic process of structuring relationships, distributing resources, and administering power, operating simultaneously in ways that mutually reinforce or influence one another to shape opportunities that either advance health equity or exacerbate health inequities” (Dawes, 2020).

When I first heard him use this term, my perspective about addressing health equity allowed me to better appreciate the importance of health policy. I thought “How can we work more upstream and prevent incidences that take less resources than our current downstream efforts that often result in much more intensive treatments, poorer outcomes, and expensive care?” In order to address health equity, we must address policies that negatively impact health. Where we live, work, play, worship, and the amount of education and income influence what and how we consume that helps or will be detrimental to our health. Policies impact social drivers or determinants of health which accounts for 80% of health outcomes, rather than the 20% from health care services (Artiga & Hinton, 2018). North Carolina is one of the few states that have not expanded Medicaid that benefit the most needed populations. Take a look and compare the Compromise of 1860 and Fugitive Slave Act Map (<http://www.thomaslegion.net/thecompromiseof1850andthefugitiveslaveact.html>) and the map of states without Medicaid Expansion (<https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>). One might be quite surprised of the similarities. Hence, the need for health policy advocacy is vital to adequately serve People of Color and those historically, medically marginalized and underserved.

We stand on the shoulders of our ancestors that sacrificed to give us the right to be involved in the political process; therefore, it is a privilege and honor to exercise those rights. National Black Nurses Day on Capitol Hill provided



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an awesome opportunity to engage our elected officials and discuss policies that support health equity. The theme for the 34th NBNA Day on Capitol Hill as “Health Equity, Nursing Resilience & Innovation: NBNA’s New Call to Action.” My colleague, Alisia Granville (Piedmont Black Nurses Association) and I had the opportunity to meet with Congressman David Price (D) and staff and Senator Richard Burr’s staff. The legislator’s offices were contacted in advance, and appointments were to meet and discuss important issues and policies related to NBNA’s six Legislative Priorities: (1) American’s Mental Health Crisis and Resilience, (2) Nursing Workforce Issues, (3) Continued Inequities I Telemedicine & Telehealth, (4) Black Maternal and Infant Mortality, (5) The Road to COVID Recovery, and (6) Inequities in Cardiovascular Health. Information from the toolkit, local relevant statistics, personal testimonies, and work experiences provided a productive conversation about the topics.

I have always exercised my voting rights; however, I could not be actively engaged in politics. Due to active duty military service, it was more appropriate to be apolitical; therefore, this was my first opportunity as a military retiree to participate in NBNA Day on Capitol Hill. Although this was my first time participating, I was prepared and felt comfortable talking to my elected officials representing North Carolina and my district. Alisia Granville and I were joined by other NBNA members and nursing students from Howard University. As a Winston-Salem State University Alumnus, it was refreshing and inspiring to see nursing students from other Historically Black Colleges & Universities (HBCUs) involved in the political process so early in their professional careers.



Participating in NBNA Day on Capitol Hill allowed us to advocate for historically medically underserved and marginalized groups that need our help the most. Understanding the connection between policies and the impact on health outcomes are extremely important if we are to reach optimal health for all people. I encourage each chapter to organize and plan a similar event at their local level, because politics are local and significantly impact our daily lives.

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# Making Dementia Prevention a Public Health Priority

Stephanie Monroe, JD

Daphne Delgado, MPH

Alzheimer's disease is a growing national and global public health crisis, by 2050, it is expected to impact more than 12.7 million in the U.S. alone. Women and communities of color are most impacted and bear a disproportionate economic and caregiver burden with women making up two-thirds of Alzheimer's cases 60% of those providing care to people with Alzheimer's. By 2030, nearly 40 percent of all Americans living with Alzheimer's will be Black or Latino.<sup>1</sup>

Alzheimer's not only takes a toll on patients and their families, but it also has a significant economic impact. Without early intervention and treatment, care costs alone are projected to exceed \$1.1 trillion over the next 30 years.<sup>2</sup>

Alzheimer's is not inevitable and not a normal part of aging. And, while deaths from other major causes such as heart disease have decreased, the number of deaths from Alzheimer's disease have dramatically increased. As a nation, we must take a new approach to focus not only on curing Alzheimer's disease but preventing it in the first place.

Studies show that up to 40% of dementia cases could be prevented or delayed if exposure to 12 modifiable risk factors were eliminated—low education, high blood pressure, hearing impairment, smoking, midlife obesity, depression, physical inactivity, diabetes, social isolation, excessive alcohol consumption, head injury, and air pollution.<sup>3</sup> Alzheimer's, the most prevalent form of dementia, makes up approximately 60% of dementia cases.<sup>4</sup> Expanding knowledge about risk modification strategies for dementia is critical to advancing our nation's public health response to Alzheimer's.

Two recent developments are moving the nation close to this reality and create opportunities for nurse leadership in the fight for better brain health. In December 2021, U.S. Department of Health and Human Services (HHS) Secretary

Xavier Becerra announced the addition of a new goal focused on Alzheimer's risk reduction to the National Alzheimer's Plan and in January 2022, UsAgainstAlzheimer's released new guidance on how healthcare providers, including nurses, can put risk reduction science into practice to support brain health across the lifespan.

The new HHS goal named "[Accelerate Action to Promote Healthy Aging and Reduce risk Factors for Alzheimer's Disease and Related Dementias \(ADRD\)](#)" calls for clear strategies to achieve this goal, including additional research, strengthening the public health infrastructure, and turning risk reduction research findings into clinical practice. Overall, the new goal will seek a 15% reduction by 2030 in prevalence of 10 key risk factors. These risk factors include depression, diabetes, hearing loss, mid-life hypertension, physical inactivity, poor diet quality and obesity, poor sleep quality and sleep disorders, tobacco use, traumatic brain injury, and unhealthy alcohol use.<sup>5</sup>

An aggressive 15% reduction per decade in the prevalence of these risk factors could result in up to 1.2 million fewer people in the United States having Alzheimer's type dementia in 2050.

To ensure that physicians, nurses, and other healthcare providers have the necessary knowledge to encourage effective risk reduction strategies with their patients, UsAgainstAlzheimer's convened clinical experts – including representatives from the National Association of Black Nurses - to develop six recommendations for providers: [Primary Prevention Recommendations to Reduce the Risk of Cognitive Decline](#). These six recommendations and associated strategies can be used to initiate risk reduction conversations with patients about cognitive decline and brain health generally.<sup>6</sup>

The recommendations include a focus on:

- Neurovascular Risk Management
- Physical Activity
- Nutrition
- Sleep
- Social Activity
- Cognitive Stimulation

To assist with this effort, UsAgainstAlzheimer's has developed [resources](#) and tools to share with providers as they optimize brain health care and support early detection and intervention.

Given the strong levels of trust that nurses have with patients, they are uniquely equipped to engage in conversations about brain health and risk modification strategies if given the proper knowledge. Nurses can meet patients where

# REDUCE THE RISK OF COGNITIVE DECLINE

## What Clinicians Can Do to Help Patients



### Neurovascular risk management

Manage established hypertension or Type II diabetes with appropriate medications; encourage optimal brain health in accordance with cardiovascular health through lifestyle interventions such as physical activity, diet, and sleep to help reduce the risk of cognitive decline.



### Physical activity



Conduct annual assessment using a validated tool to identify adults who are not meeting recommended levels of physical activity (2 ½ hours per week of moderate intensity). For those individuals, develop a gradual approach that fits within a person's lifestyle.



### Sleep

Routinely assess sleep quantity and quality in adult patients using a validated tool and whether they take any medications to sleep. Encourage patients to get 7-8 hours of sleep in a 24-hour period, including naps. Refer severe sleep complaints to sleep clinic when possible.



### Nutrition

Annually assess dietary eating patterns and habits. For individuals who indicate a less than optimal diet, counsel patients about the value of a healthy diet and share resources with patients about brain-healthy diets such as MIND or DASH. For complicated needs, refer to a dietician.



### Social activity

Annually perform an assessment using a validated tool to identify adults experiencing loneliness or social isolation. Suggest strategies for enhancing their social connection and activity and perform regular check-ins.



### Cognitive stimulation

Ask adult patients about their level of cognitive stimulation or activity which may include learning new skills or other stimulating activities they practice. For individuals who indicate low levels of cognitive stimulation, make suggestions for increasing cognitive activity.

UsAgainstAlzheimer's convened a workgroup of national experts to develop recommendations and implementation guidance for primary care clinicians and general neurologists to help patients reduce their risk of cognitive decline. The six recommendations are intended for all **adults 45 and older**.

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UsAgainstAlzheimer's

they are, help spur conversations about sensitive health issues, and share implementable strategies and easily understandable resources designed to address the needs of patients, families, and communities.

### **Social Media Messages:**

1. By 2030, nearly 40% of all Americans living with #Alz will be Black or Latino. @HHSgov's prioritization of reducing #Alzheimers risk factors & new clinical guidance to help providers talk to their patients about cognitive decline are critical steps toward #BrainHealthEquity.
2. Women & communities of color are more likely to be diagnosed with #Alz and bear a disproportionate economic and #caregiver burden. New clinical guidance provides clinicians with recommendations & strategies to help patients & families reduce risk of cognitive decline.
3. Studies show that up to 40% of dementia cases could be prevented or delayed through modifiable risk factors. @HHSGov added a goal to the National Alzheimer's Plan focused on reducing #Alz risk. Cognitive decline isn't a normal part of aging, it's time we aim to prevent it!

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mer's, the first national network created specifically to respond to the disparate impact of Alzheimer's on African Americans. By working nationally, locally, and through strategic partnerships, AfricanAmericansAgainstAlzheimer's is raising awareness of the critical need to engage, connect, and mobilize to advance our national commitment to ending Alzheimer's by 2025.



**Daphne Delgado** is the Project Director of Brain Health Partnerships at UsAgainstAlzheimer's, where she works to promote brain health equity through public health promotion and early intervention strategies, workforce development, and strategic partnership engagement.

# Benefits of a Hospital Quality Measure for Malnutrition Care

Mary Beth Arensberg, PhD, RDN, LDN, FAND  
Anniece Spencer, DNP, FNP-C, BC-ADM

**T**here are over 650 healthcare quality measures endorsed by the National Quality Forum (NQF), but none have been specific to nutrition. That changed last year with the NQF's endorsement of the Global Malnutrition Composite Score measure.<sup>1</sup> This article explores why NQF's endorsement of a hospital nutrition measure helps fill a gap in quality care and benefits health equity and nursing care.

## *Malnutrition and quality healthcare*

Poor nutrition—often termed malnutrition and related to lack of adequate protein, calories, and other important nutrients—is associated with poor health outcomes and increased healthcare costs. Malnourished hospitalized patients have 2 times longer hospital stays than patients with no malnutrition, have 3 times higher inpatient death rates than the average death rate of all hospitalized patients, and have 2 times higher hospital costs than the average cost of all hospital stays.<sup>2</sup>

The problem is malnutrition is often not identified or treated. An estimated 20% and 50% of adults are at risk of becoming or are malnourished on hospital admission, yet only 8% are diagnosed.<sup>2</sup> This gap occurs for a number of reasons, including limited attention to nutrition in clinical care processes and lack of tracking malnutrition care in electronic medical record systems. The new NQF-endorsed Global Malnutrition Composite Score addresses both concerns. It incentivizes nutrition screening, assessment, diagnosis, and care planning as part of routine hospital care. In addition, as an electronic clinical quality measure it supports a more streamlined process of measuring and reporting through the hospital Electronic Health Record (EHR).<sup>3</sup>

## *Malnutrition and health equity*

Malnutrition is reported to be highest in Black, older adult, and poor communities. Limited access to healthy foods can contribute to these disparities. Black Americans are nearly 2.5 times as likely as White Americans to lack access to a full-service grocery store.<sup>4</sup> Malnutrition is also linked to food insecurity, which remains a problem for many communities and older adults. A 2021 Household Pulse Survey documented over 2 million adults aged 65+ reported their household sometimes or often did not have enough food to eat during the past seven days.<sup>5</sup>

Another challenge is the disparity in chronic disease rates. Black Americans are at higher risk for a number of chronic diseases, many of which are diet related.<sup>6</sup> For example, Black adults are 60% more likely than non-Hispanic white adults to be diagnosed with diabetes.<sup>7</sup> Prevention and management of conditions like diabetes is a health equity concern when individuals cannot access healthy food and diet and lifestyle education.

## *Malnutrition and nursing care*

Malnutrition can prolong healing, lead to increased infections, disabilities, and other complications,<sup>8</sup> all of which can directly impact delivery of care at the patient bedside. As frontline providers nurses have critical roles in identifying and addressing malnutrition, including:

- Screening for malnutrition risk (using tools like the Malnutrition Screening Tool<sup>9</sup>) and referring at-risk patients to a registered dietitian nutritionist for comprehensive nutrition assessment.
- Ensuring regular and accurate documentation of patient weights and percent of food eaten (when ordered); one study documented bodyweight measurements are only recorded in 13-55% of hospital patients.<sup>10</sup>
- Implementing nutrition-focused quality improvement programs as part of institutional quality initiatives to reduce lengths of stay, readmission rates, and healthcare costs. A nutrition-focused quality improvement intervention where nurses screened patients on hospital admission and initiated oral nutrition supplements (ONS) in patients found to be at risk decreased length of stay by a margin of 0.88 days ( $P < .05$ ) more for patients at nutritional risk versus patients not at risk.<sup>11</sup>
- Learning more and educating others about the issue of malnutrition and nutritional risk.

The Centers for Medicare & Medicaid Services (CMS) has the opportunity to include the Global Malnutrition Composite



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Score measure in their 2023 Hospital Inpatient Quality Reporting Program to be released later this year. The Malnutrition Composite Score measure will benefit healthcare quality, health equity, and nursing care and nurses can help support and advocate for this measure.

### *Did you know....*

- **Malnourished patients can be any weight, even overweight.** In people with diabetes 1 of 7 patients with high body mass index may be at risk for malnutrition even before entering the hospital.<sup>12</sup> Excess body weight can hide underlying muscle mass loss which is especially critical for hospital patients where prolonged bed rest can lead to declines in muscle mass/strength and changes in metabolism. Research indicates just a single week of bed rest substantially reduces skeletal muscle mass and lowers whole-body insulin sensitivity.<sup>13</sup>
- **Combined use of continuous glucose monitoring and nutrition products can improve diabetes self-management.** A recent pilot study paired use of data from professional continuous glucose monitors with consuming diabetes-specific ONS. Results demonstrated replacing breakfast and an afternoon snack with the diabetes-specific ONS lead to improved glucose levels and increased overall feelings of control over food choices.<sup>14</sup>

### **Resources**

- [anhi.org](https://anhi.org): malnutrition-specific nurse continuing education programs and resources
- [defeatmalnutrition.today](https://defeatmalnutrition.today): information, resources, and advocacy for older adult malnutrition

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### ***Social media messages***

- A hospital nutrition measure helps fill a gap in quality care
- Nurses can help support and advocate for a hospital nutrition measure
- The Malnutrition Composite Score measure benefits healthcare quality, health equity, and nursing care
- Malnourished patients can be any weight, even overweight
- As frontline providers nurses have critical roles in identifying and addressing malnutrition

# Recognizing the Need for Equitable Real-World Evidence in Maternal Health

Sally Greenberg

Jeanette Contreras

**T**he longstanding preterm birth crisis in the U.S. is indicative of how our healthcare system continues to fail Women of Color. Black Women, in particular, bear a disproportionate burden of the physical, financial, and emotional toll of our nation's prematurity epidemic—experiencing preterm birth at [a rate of 51% higher](#) than all other women.

As the COVID-19 pandemic drags on, the spotlight on inequities like this is illuminating disparities across the healthcare continuum and bringing renewed focus to the profound impacts of systemic racism and social determinants on health outcomes. The result has been a growing call for more diverse, representative research—from clinical trials to post-market data collection—ensuring those most vulnerable to adverse outcomes are included in any studies that assess the performance of therapies or interventions for their conditions.

## ***Existing efforts to improve inclusion***

Efforts to expand diversity and representation in medical research are underway in Congress. Policymakers are encouraging the incorporation of Real-World Evidence (RWE) in drug development through the recent Cures 2.0 draft legislation introduced by Reps. Diana DeGette (D-CO) and Fred Upton (D-MI). While the status quo limits us from effectively reaching underserved populations, the proposed legislation would allow studies that include RWE for some drugs after they have been approved. At the heart of this issue is a growing appreciation that the same therapy can affect different populations in different ways, which is why Cures 2.0 supports collecting data that more accurately reflects the unique experiences and needs of patients across diverse populations.

## ***Understanding treatment efficacy in diverse populations: 17P***

The lack of representative research in the field of maternal health is undeniable, and its implications are staggering. Even though preterm birth is the second-largest contributor

to infant death in America today—disproportionately impacting women and families of color—too few therapeutic tools currently exist to prevent it, and those that do are understudied in communities of color.

Today, “17P,” the only FDA-approved treatment to help reduce the likelihood of spontaneous, recurrent preterm birth in the United States is at-risk of being withdrawn from the market in all its forms, including the branded product and five generic versions. The recommendation to consider withdrawing 17P was based on conflicting results from two trials with vastly different patient populations, both of which confirmed its safety but diverged on the level of efficacy demonstrated. The [original trial](#) was representative of a diverse U.S. population while the [confirmatory trial](#) studied the therapy in a largely white population in Europe.

## ***It's not a straightforward comparison.***

If 17P is withdrawn, the women most affected by preterm birth, predominantly women of color, would be left without an FDA-approved treatment option. Nurses on the frontlines of maternal and infant care recognize the harm this could cause. A survey conducted in 2021 among women's health, obstetric, and neonatal nurses found that more than 70% believed patients at risk of preterm birth would be at a disadvantage if 17P were removed from the market and more than 80% believed that having approved treatments to prevent preterm birth AND conducting more research on effectiveness across diverse populations was important.

## ***The path forward***

In late 2021, the FDA granted a public hearing for 17P and is currently considering the path forward, including additional data collection through leveraging RWE from past patient use. The success of the first (approval) trial for 17P in the impacted communities signals the importance of RWE.

Not only might RWE help drive a better understanding of how a therapy like 17P works in diverse patient communities by examining performance in the context of multiple variables,



## THE PRETERM BIRTH CRISIS IN THE UNITED STATES

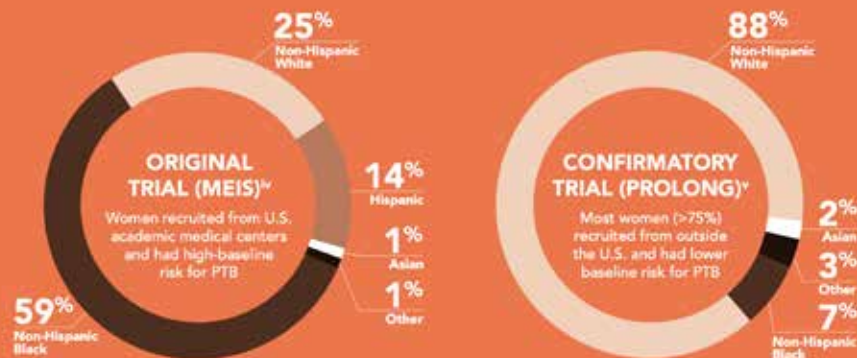
- 2nd largest contributor to infant death
- 6th highest rate of preterm birth worldwide
- 10.1% of births
- Unequal burden on communities of color

The preterm birth rate among Black women in the U.S. is **51%** higher than the rate among all other women



## UNDERSTANDING TREATMENT EFFICACY IN DIVERSE POPULATIONS: 17P

The only FDA-approved treatment to prevent spontaneous, recurrent preterm birth—17P—was recommended for withdrawal based on conflicting efficacy results from two clinical trials with vastly different patient populations, one inclusive of women in the U.S. most vulnerable to preterm birth and one not. The Preterm Birth Prevention Alliance believes that to achieve birth equity, we must gain a better understanding of who can benefit most from treatments like 17P before decisions are made.



## THE NEED FOR MORE RESEARCH ACROSS DIVERSE POPULATIONS

A survey conducted in 2021 among women's health, obstetric, and neonatal nurses<sup>3</sup> found that:



View the complete infographic at:  
[https://nclnet.org/wp-content/uploads/2022/02/PBPA\\_Provider\\_Infographic.pdf](https://nclnet.org/wp-content/uploads/2022/02/PBPA_Provider_Infographic.pdf)

it could also help fill in gaps in existing data, informing the potential use, risks and benefits for those at highest risk.

Continued access to 17P is, at its core, a matter of health equity. Black women must not yet again be left vulnerable to a system that historically has overlooked them.

To learn more and support our efforts to increase use of RWE in preterm birth research, visit [Preterm Birth Prevention Alliance](#).



**Sally Greenberg** is Executive Director, and Jeanette Contreras, Director of Health Policy, National Consumers League



**Jeanette Contreras** is the Director of Health Policy, National Consumers League.

# Ensuring Equity in Alzheimer's Clinical Trials

Carl V. Hill, MPH, PhD

**A**lzheimer's and other dementia disproportionately affect older Black and Hispanic Americans compared to older Whites. Yet much of the Alzheimer's research to date has not included sufficient numbers of Black, Hispanic, Asian or Native Americans to be representative of the U.S. population. Representation reflective of the U.S. population in Alzheimer's and dementia research is critical in order to ensure that future treatments and means of prevention are safe and effective in all populations.

That's why the Alzheimer's Association is proud to partner with the National Black Nurses Association to address this underrepresentation in clinical trials and drive support for the [bipartisan Equity in Neuroscience and Alzheimer's Clinical Trials \(ENACT\) Act \(S. 1548/H.R. 3085\)](#).

The ENACT Act would increase the participation of underrepresented populations in Alzheimer's and other dementia clinical trials by expanding education and outreach to these populations, encouraging the diversity of clinical trial staff and reducing participation burden. Critically, the ENACT Act would also build upon successful strategies implemented at the National Institute on Aging (NIA) including providing funding to expand the number of Alzheimer's Disease Research Centers (ADRCs) in areas with higher concentrations of underrepresented populations. The legislation would also direct the NIA to enhance the diversity of principal investigators and study staff to be more representative of the populations they wish to enroll.

The Alzheimer's Association worked directly with Sens. Ben Ray Luján (D-N.M.) and Susan Collins (R-Maine), and Reps. Lisa Blunt Rochester (D-Del.), Jaime Herrera Beutler (R-Wash.) Chris Smith (R-N.J.), John Curtis (R-Utah) and Maxine Waters (D-Calif.) to introduce this legislation.



**Dr. Carl V. Hill**, is the Alzheimer's Association chief diversity, equity and inclusion officer.

The bill also has broad support from health care and equity organizations in addition to the National Black Nurses Association including the National Asian Pacific Center on Aging, the National Caucus and Center on Black Aging, Inc., and the National Hispanic Medical Association, which have partnered with the Alzheimer's Association to support the ENACT Act.

By gathering momentum for the ENACT Act, the Alzheimer's Association is addressing underrepresentation in clinical trials so everyone will benefit from advances in Alzheimer's and dementia research. The Alzheimer's Association is proud to prioritize the ENACT Act and work to engage people from underrepresented populations in Alzheimer's disease research. By supporting our tireless advocates and working with congressional champions, we will pass this critical, bipartisan legislation. Learn more at [alzimpact.org/enact](http://alzimpact.org/enact).

# John Lewis' Unfinished Business: Requiring New Medicare Payment Models to Address Health Equity

Mary I. O'Connor, MD  
Matt Reiter

For over ten years, our healthcare system has been transitioning away from volume-based, fee-for-service (FFS) payments to healthcare providers and towards new value-based payment models. When Congress passed the Affordable Care Act (ACA), it ceded significant authority to the Centers for Medicare and Medicaid Services (CMS) to lead this transition.

More specifically, the ACA created the Center for Medicare and Medicaid Innovation (CMMI), within CMS. CMMI was given the statutory authority to design, test and implement new payment models as long as they improve care quality and reduce the cost of care. Moving away from volume-based FFS payments towards models that reward for cost and quality is certainly a laudable goal. However, focusing on cost and quality can create perverse financial incentives that are negatively impacting how medically and socially complex patients access care.

The more difficult a patient is to treat, the harder it is to achieve good cost and quality scores under these new models. Unfortunately, value-based payment models do not adequately adjust for these complexities. Providers know this. Surveys show that providers are indeed [concerned](#) about the financial impacts of caring for complex patients. Individual providers might try to avoid caring for these patients ("lemon dropping") if they are worried about the

financial ramifications for doing so and focus on providing care to healthier patients ("cherry picking").

Providers that treat disproportionate number of complex patients also are at a disadvantage in these models compared to their peers. CMS recognized this when it changed the Hospital Readmissions Reduction Program to group hospitals into quintiles based on the number of dual-eligible patients they treat. Hospitals compete within their own quintile which levels the playing field regarding patient risk. Previously, safety net hospitals were unfairly competing against hospitals in the most affluent suburbs. However, new [research](#) shows this methodology may not be enough.

By not adjusting for medical and social risk, these models are penalizing the providers and hospitals who care for these patients. We know from decades of research that Blacks, Hispanics, people in rural areas, and women, are disproportionately impacted by chronic medical conditions that contribute to medical complexities as well as social factors that adversely affect health status.

Movement is Life, a non-profit national coalition committed to health equity, brought this issue to the legendary civil rights icon, the late Congressman John Lewis, who agreed to champion legislation that ensures the vulnerable Medicare beneficiaries are not left behind by the transition to value-based payments.

Before his untimely and tragic passing, Congressman Lewis introduced the Equality in Medicare and Medicaid Treatment (EMMT) Act of 2019, which would have added a third statutory requirement to how CMMI evaluates new models. In addition to cost and quality, the EMMT Act requires CMMI to also evaluate new models based how they impact access to care for racial, ethnic and geographic minorities. Senator Cory Booker introduced companion legislation in the Senate.

The National Black Nurses Association (NBNA) was one of the first organizations to endorse the EMMT Act when it was introduced. Their support was instrumental in the progress we made to advance the EMMT Act.

Although the bill received almost two dozen House cosponsors, it did not pass the House before the end of the 116th Congress. Movement is Life is now working with Senator Booker and Congresswoman Terri Sewell to reintroduce the EMMT Act in the 117th Congress. Thanks to their leadership, the EMMT Act should be reintroduced in the very near future.

CMS, under the leadership of Administrator Chiquita Brooks-LaSure, has made health equity a top priority to the point where equity will be integrated into every aspect of CMS's

work. We are extremely optimistic that these efforts will lead to great improvements for Medicare beneficiaries. Passing the EMMT Act will support this goal by ensuring that new

value-based payment models promote health equity by ensuring access to care. We ask you for your ongoing support of the EMMT Act!

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**Mary I. O'Connor** is Chair of Movement is Life, Inc. a non-profit national multi-stakeholder coalition committed to health equity. She is co-founder and Chief Medical Officer at Vori Health and Professor Emerita of Orthopedic surgery at Mayo Clinic.



**Matt Reiter** is a Vice President at Capitol Associates, Inc., a bipartisan lobbying, and policy consulting firm specializing in health policy. He is also a member of the Movement is Life Steering Committee.

# A Legacy Impacting the Future: Ebi's Story

## Be The Match®

**M**y brother always wanted to leave some mark. When he got diagnosed with his cancer, he was able to use his platform to help bring over 15,000 people to sign up for [the registry]. I think this was a great way for him to have a lasting legacy," said Ebi's Brother, Layifa.

Be The Match® worked with Ebi from January until July 2021 to raise awareness about the registry and recruit and educate potential donors. Ebi's first social media post about Be The Match resulted in over 1,000 registrations in one day. By sharing patient stories and his own journey, Ebi's followers had the chance to see the impact they could make on thousands of people in need of blood stem cell transplants.

Ebi passed away on July 21, 2021 from his battle with leukemia. His legacy lives on through his family, friends and the nursing community who have rallied together to continue encouraging people to join the registry. To date over 15,500 people have registered in Ebi's honor.

Inspired by Ebi's commitment to his work as a nurse, Be The Match has partnered with the National Black Nurses Association (NBNA) to continue to support the nursing community in a meaningful way to honor Ebi's legacy. The NBNA Ebi Porbeni Memorial Scholarship presented by Be The Match will offer two \$5,000 scholarships to nursing students to continue to diversify the medical field.



**Ebiowei Porbeni**, affectionately known as Nurse Ebi, was a social media influencer, health care provider and host of the Nurse Speak podcast. Through his podcast and social media platforms, Ebi shared his everyday experience of working in the health care field. He amassed a significant following. When he was diagnosed with leukemia in September 2020, Ebi used his platform to share his cancer battle. He also encouraged his followers to give back by joining the Be The Match Registry®.

# The Atlanta Black Nurses Association Promote Research for the NBNA *All of Us* Research Project

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Gaea A. Daniel, PhD, RN

Laurie C. Reid, MS, RN

**T**he Atlanta Black Nurses Association has been busy spreading the word to their Metro Atlanta community about the *All of Us* Research Project. During our second year serving as a community partner, we have collaborated with other organizations to promote enrollment and retention in the research program, with the intention of increasing the representation of Black people in research studies.

As part of the ABNA 10th Annual Scholarship Breakfast, we addressed the crowd to introduce the *All of Us* Research Program to attendees and encourage enrollment. The speaker made it an interactive session by asking questions about the presented information throughout the presentation to reinforce important points. Informational flyers and giveaways were passed out for participants to take home and spread the word.

We also held a tabling event at the Delta Sigma Theta Sorority, Inc., who held their national biannual conference in Atlanta at the Georgia World Congress Center. The Atlanta Black Nurses Association was provided the opportunity to display *All of Us* research materials at the host chapter

booth. Several members engaged attendees about the initiative throughout the four-day event.

Lastly, we partnered with Emory University who is an *All of Us* Health care Provider Organization and the Diabetes You Can Win Foundation, Inc. to provide education about diabetes and the hemoglobin A1C. The audience for this *All of Us* Research Program Zoom meeting included enrolled and prospective study participants from various backgrounds. This session, and others like it, was meant to offer something back to participants to get and/or keep them interested and engaged in the study.

We look forward to hosting another event with Emory University on March 21, 2022, as one of our members, Rowena W. Elliott, PhD, RN, CNN, AGNP-C, GS-C, CNE, LNC, ANEF, FAAN, will present on renal health. We will also be partnering with the Black Greek Letter Consortium on their Rooted in Resilience Tour stop in Atlanta. This three-day event will also promote education and enrollment in the *All of Us* Research Program by highlighting the importance and benefits of involvement in research by underrepresented communities.



**Gaea Daniel** is an Assistant Professor at the Nell Hodgson Woodruff School of Nursing, Emory University. Dr. Daniel is actively engaged in research and the community as she seeks to improve sexual health outcomes for Black women and increase the representation of Black men in nursing. She is the *All of Us* Research Program champion for the Atlanta Black Nurses Association.



**Laurie C. Reid** is a retired U.S. Public Health Service Officer with nursing expertise in Correctional/Prison Health. Prior to retirement, she was a senior public health advisor in the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention, focused on Health Disparities among communities of color.

# “All of Us” Engagements and Collaborative Efforts During the Continued COVID-19 Surges

Sasha DuBois MSN, RN

## COVID in Boston

**C** OVID in Boston has seen another surge over the fall and winter, leading to the increased reapplication of restrictions in all aspects of life. The closing of businesses, canceled surgeries, limited to no hospital visitors, and shortened hospital visiting hours were a direct result to fight the spread of COVID. With the initial first surge starting in Boston in 2020, many nurses experienced growing stress and anxiety regarding enduring the surge of patients. Many nurses had concerns about their own mental health, but also the mental health of their patients, as postponed non-emergent care limited access to health screening and prevention.

## Pivoting to Increase Resilience and Engagement

NERBNA usually has an Annual Kwanzaa celebration every December, but the organization had to maintain the health and well-being of members. We understood that it was important for members to retain a community to come to and find relief so we focused our holiday time meetings on community and resiliency. For further programming, we decided to pivot back to providing access and education in order to engage our members. It's also important to be sensitive to the time constraints that our members may have, so we plan our *All of Us* events during our monthly membership meetings to increase engagement and awareness.

## Collaborating with Community Partners

We have been working with *All of Us* community partners such as the Cobb Institute in order to provide quality educational experiences within the nursing and healthcare community. Maintaining the professional relationships that we gained last year was important to NERBNA so that members could have tangible evidence of *All of Us* work being done throughout the community. Just in February, NERBNA participated in an interdisciplinary panel regarding Multiple Myeloma Disparities and the PROMISE Study, which is focused on prevention and early detection of this disease that disproportionately affects Black people. The webinar was also in collaboration with the Dana Farber Cancer Institute. Other panelists included Drs. Edith Mitchell, Monique



**Sasha DuBois** is a Nurse Director at Brigham and Women's Hospital in Boston, MA, and a Mentor at the Simmons University Dotson Bridge and Mentoring Program. Sasha serves as the NBNA Secretary and President of the New England Regional Black Nurses Association.

Hartley-Brown, Irene Ghobrial, and Vonzella Bryant. Throughout the program, the *All of Us* engagement surveys were filled out by participants and there was a strong focus on best practice for engaging NMA physicians, NERBNA practitioners, and Black or African American Patients.

## Collaborating with Outside Organizations

Collaborating with other local outside organizations is key because it spreads the word about *All of Us* and also increases the likelihood that the community will be more comfortable participating in this important initiative. Partnering with other local outside organizations that are active in the community is important to build a sense of trust for the *All of Us* Research program. People understand that there are very important health issues that affect the Black community, and NERBNA's work in the first half of 2022 is about increasing awareness regarding major health disparities while simultaneously bringing back the love of advocacy in nursing practice. On March 15 NERBNA is working with *All of Us* to provide the platform for the Brockton NAACP, AdmeTech, Massachusetts General Hospital, and Brigham and Women's Hospital to increase awareness regarding a prostate equity program that they have participated in. The incidence of Prostate cancer amongst Black men is highest in Brockton, MA, a suburb of Boston. Brockton, once a large factory/mill town for shoe



production, now has a large population of Black, Latin X, and Cape Verdean residents. In addition, this event is important because it also provides access to a black urologist that many people may be seeking for representation and further care.

### ***Emergence and Resilience***

As we emerge from the last surge, there are more plans to continue to collaborate with the *All of Us* Research program in order to provide awareness for recruitment in hospitals

by revisiting nursing leadership as well as working with our community partners such as the W. Montague Cobb/NMA Health Institute during NERBNAs annual spring conference in April. *All of Us* has provided NERBNA the resources to drive a focused initiative on healthcare access and patient/provider trust that will in turn increase engagement in the program. *All of Us* keeps our care as nurses patient-focused and provides professional and clinical opportunities to provide equitable avenues for patients to advance health outcomes and participate in decreasing disparities.

# “All of Us” Engagement in the Time of COVID-19

## Thanksgiving 2021

### Community Engagement Meeting

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Julius Johnson, DNP, RN, FNP-BC

Sheldon D. Fields, PhD, RN, FNP-BC, FAAN

As the holidays started to come around, New York City goers were anxious to get together and celebrate after missing the 2020 holidays due to COVID-19 and the lack of a vaccine. The Greater New York City chapter decided to plan multiple events surrounding the holiday seasons to bring Black nurses and the community together for a celebration. The first of the three events was our annual Thanksgiving family/community dinner. We combine this event with our *All of Us* annual update as it tends to be one of our most popular events of the year and allows community members to celebrate with us and our families. We rented out a Black-owned lounge in Brooklyn New York called “333” that we have used before. The owner hosts multiple Black networking events for business owners and community members and we thought it would be good to capitalize off of the crowd that

is associated with their venue and our chapter’s reputation within the Black communities across NYC. The collaboration brought a brief of fresh air to the chapter and generated excitement to work with an established community venue emerging to return to business post the pandemic shut down. This event allowed us to bring our colleague’s and supporters face to face for the first time in over 18 months.

Logistics such as holiday decorations and printing of the “*All of Us*” brochures and fact sheets were handled by our chapter member, Caroline Mattison. She did an excellent job at coordinating the ordering and assuring that we had the right number of fliers for the spacing at the lounge. Everybody who attended raved about the special center pieces with “*All of Us*” information that were placed on each table through the venue.



**Dr. Julius Johnson** is the President of the Greater New York City Black Nurses Association. He serves as an associate professor, chair of faculty affairs, and the director of the family nurse practitioner at Long Island University – Brooklyn School of Nursing.



**Dr. Sheldon D. Fields**, NBNA First Vice President and Associate Dean for Equity and Inclusion, Research Professor, Ross and Carole Nese College of Nursing, The Pennsylvania State University.

The “*All of Us*” presentation was done by Dr. Julius Johnson who has extensive experience speaking on all aspects of the *All of Us* project. As he spoke everybody was engaged and community members from the front of the lounge made their way to the back to listen to the presentation and actively took part in it. The end of the presentation brought a round of questions about the *All of Us* Program. Afterwards, chapter members gathered in small groups and spread throughout the lounge to socialize with one another. As the smaller group talks began to form, many questions surrounding *All of Us* began to surface. Questions such as “Do you really trust what they will do with our data?” and

“Did you really enroll in the program or was that a lie” were frequently asked. Others such as “Who will be doing the research projects on us” were also asked and addressed. The benefit of having a chapter that is so well experienced in the *All of Us* project is that the board and a lot of chapter members are now personally invested in the goals of project and can speak directly to its long-term benefits in creating precision medicine. The members of the chapter were able to move around the room and effectively answer the questions and concerns that people amongst the group had. We have found this type of community facing mixed holiday educational event to be incredibly successful.

# Flavored Tobacco Products Are Putting a New Generation at Risk

Laurie Rubiner

As we start 2022, there are so many important issues that are deserving of our attention. One issue we must not forget is the number one cause of preventable death in the United States - tobacco use. While we have made incredible strides to reduce tobacco use overall, disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country. As well, the rise of youth e-cigarette use threatens all of the progress we have made to reduce youth smoking.

One action we can take to reduce tobacco related disparities and reduce youth tobacco use is to prohibit the sale of flavored tobacco products. Tobacco companies market products in many kid-friendly flavors such as gummy bear, berry blend, chocolate, peach, cotton candy, strawberry, and grape, and more seem inevitable. Research shows that flavored products – no matter what the tobacco product – appeal to youth and young adults. 80.8% of 12-17 year olds who had ever used a tobacco product initiated tobacco use with a flavored product.

Menthol cigarettes, the only flavored cigarettes left on the market, pose an enormous public health threat. The Food and Drug Administration (FDA) has found that menthol cigarettes are more addictive, easier for kids to start smoking and harder for smokers to quit. 85% of Black smokers smoke menthol cigarettes about half of high school smokers regardless of ethnicity use menthol cigarettes. Preference for menthol among is also disproportionately high among LGBT smokers, smokers with mental health problems, socioeconomically disadvantaged populations, and pregnant women.

This is no accident. The tobacco industry has targeted communities, especially the Black community, for decades. Since the 1950s, the industry has targeted Black communities and kids with pervasive marketing of menthol cigarettes through magazine advertising, sponsorship of community and music events, free samples of cigarettes, retail promotions and other tactics.

The Black community suffers the greatest burden of tobacco-related mortality of any racial or ethnic group in the United States. Each year, approximately 45,000 African Americans die from smoking-related disease. Smoking-related illnesses are the number one cause of death in the Black community,



Laurie Rubiner received her B.A. in English from Barnard College and J.D. from Georgetown University Law Center where she has also served as an Adjunct Professor of Law. She is a member of the board of Planned Parenthood of Metropolitan Washington and was one of the founding board members of the American Constitution Society for Law and Policy.

surpassing all other causes of death, including AIDS, homicide, diabetes, and accidents.

E-cigarette use among youth is also a public health crisis. Over 2 million middle and high school students used e-cigarettes in 2021. An alarming percentage of youth e-cigarette users report frequent or daily use – 43.6% of high school users report frequent use (on at least 20 days a month) and 27.6% report daily use. Flavors play a key role in youth e-cigarette use: 85% of youth e-cigarette users use flavored products.

Cheap, flavored cigars – sold in hundreds of flavors like banana smash, cherry dynamite and chocolate, as well as menthol – have flooded the market in recent years and fueled the popularity of these products with kids. Cigars are now the most popular tobacco product among Black high school students, and the second most popular tobacco product after e-cigarettes among all high school students.

The FDA has the authority to prohibit menthol cigarettes, flavored e-cigarettes and other flavored tobacco products, and the Campaign for Tobacco-Free Kids and the National Black Nurses Association have repeatedly urged them to do so. Here's where things stand on these critical issues:

1. **Menthol cigarettes and flavored cigars:** On April 29, 2021, the FDA took a long-overdue step forward by announcing that it will initiate rulemaking to prohibit menthol cigarettes and flavored cigars. This represents

truly historic action to protect kids from tobacco addiction, advance health equity and save lives, especially among Black Americans. We have urged the FDA to move swiftly to propose, finalize and implement the necessary regulations to turn this decision into life-saving action.

2. **Flavored e-cigarettes:** Given the clear evidence that flavored e-cigarettes attract and addict kids, the FDA should take immediate enforcement action to clear the market of flavored e-cigarettes. In addition, the FDA is currently reviewing applications from e-cigarette manufacturers to keep their products on the market. The FDA should not authorize the sale of any flavored products that put kids at risk. FDA must continue to reject all flavored e-cigarette applications, including menthol e-cigarettes. The delays have gone long enough.

In the absence of Federal action, states and localities should restrict the sale of flavored tobacco products.

Nurses are on the front lines and know the impact tobacco use has on their patients. The voice of nurses is critical in the fight to reduce tobacco use as nurses are the most trusted professionals within Black and local communities and the backbone of the medical world. The Campaign for Tobacco-Free Kids has been honored to partner with NBNA to support and uplift you and your voices in this fight. Together we can protect our communities and fight back against the tobacco industry.

To learn more, visit [tobaccofreekids.org](https://tobaccofreekids.org)

# A Step Toward Health Equity: Recognize Obesity as a Disease, Not a Choice

Fatima Cody Stanford, MD, MPH, MPA

Kelly Copes-Anderson

When the American Medical Association [recognized obesity as a disease](#) in 2013, doctors and other health care workers began to pay greater attention to a condition that is a cause of death for nearly [one out of five adults](#) in America. Eight years on, U.S. policies have failed to catch up with medical understanding in addressing this public health crisis.

Without the right kinds of policy interventions, nearly [half of Americans](#) will have obesity by 2030.

Communities of color will be hit hardest. Already, nearly 50% of Black and 45% of Hispanic American adults have obesity — a body mass index (BMI) of 30 or higher. But obesity is not just a matter of carrying extra pounds. It puts individuals at greater risk for many other chronic diseases, including cardiovascular diseases, metabolic diseases like diabetes, and many cancers, all of which disproportionately affect communities of color and perpetuate health disparities.

Treating obesity and related conditions costs the U.S. [\\$1.4 trillion](#) every year.

Congress has a historic opportunity to turn the tide. The [Treat and Reduce Obesity Act of 2021](#) would update Medicare's 20-year-old rules by recognizing the disease as a treatable medical condition and expanding access to comprehensive, affordable, and clinically effective treatments for obesity. The bill would establish two provisions that empower people with obesity to take control of their health.

First, the act would ensure broader coverage for [intensive behavioral therapy](#). This is an evidence-based approach to eating, exercise, and environment modification that

promotes healthy behaviors to help people lose weight. Medicare currently reimburses only primary care physicians for intensive behavioral therapy. The Treat and Reduce Obesity Act would expand that to include dietitians, mental health professionals, and other health care professionals who can safely guide individuals with obesity through this therapy.

Under current Medicare rules, a person with obesity who does not have diabetes must pay out of pocket to see a dietician. If that person develops diabetes, Medicare will then cover visits to the dietician. This makes no sense from a public health perspective. Government policies should provide incentives to prevent diabetes and other diseases, not just treat them after they appear.

Second, the Treat and Reduce Obesity Act would modernize Medicare Part D by allowing it to cover FDA-approved anti-obesity medications. This is a profound opportunity to improve health and quality of life, especially with newly available medicines and those in the pipeline that make use of the body's naturally occurring hormones to regulate insulin and decrease appetite.

The significance of these two advancements goes beyond treating individuals with obesity. They represent a decisive moment in shifting society away from viewing obesity as caused by individuals making poor choices and toward treating obesity as a manageable chronic disease like asthma or high blood pressure. This is a crucial step in eliminating bias against people with obesity, which has hobbled efforts to address this epidemic even as it fuels health inequity.

The Treat and Reduce Obesity Act has been introduced in every session of Congress [since 2012](#) and gone nowhere, reflecting the profound systemic challenge of passing legislation to address this disease. But there is a palpable shift underway as more government leaders are adopting a mindset about obesity informed by science rather than prejudice. Policymakers across the aisle are casting aside the old view that obesity is a matter of individual willpower and, like the American Medical Association and other leading health organizations, [recognizing obesity as a disease](#). As a result, the act now has unprecedented bipartisan and bicameral support from across the political spectrum.

A growing chorus of patient advocates back the bill, with more than 100 obesity and health advocacy organizations recently urging Congress to pass the act. This includes the National Urban League, National Black Nurses Association, League of Latin American Citizens, Black Women's Health Imperative, and National Hispanic Medical Association, and others, all of which see this piece of legislation as the best opportunity for Congress to have an immediate impact on communities of color that are most affected by obesity.

There is a groundswell of public support too. A Morning Consult poll conducted in November on behalf of Obesity Care Now found that 70% of the 2,200 U.S. adults surveyed support [Medicare recognizing obesity](#) as a treatable medical condition. Among the same group, 73% support expanding Medicare coverage for prevention and treatment of obesity in adults.

Updating Medicare coverage to include more health professionals providing education and behavioral support

for people with obesity and covering medications to treat obesity should not be controversial. We do this for every major disease, from asthma to diabetes to heart disease. It should be federal policy for obesity, too.

The obesity epidemic has reached a critical level, with Black and Hispanic Americans disproportionately bearing its impact. The U.S. can take a big step toward achieving health equity by improving care for people with obesity. Congress must lead the way.



**Fatima Cody Stanford** is an obesity medicine and nutrition physician and scientist at Massachusetts General Hospital and Harvard Medical School.



**Kelly Copes-Anderson** is head of diversity, equity, and inclusion at Eli Lilly and Company.

## National Black Nurses Association Celebrates the 34th Annual National Black Nurses Day on Capitol Hill



**T**he National Black Nurses Association recently hosted its 34th annual National Black Nurses Day on Capitol Hill on Thursday, February 3, 2022. The theme of National Black Nurses Day is “Health Equity, Nursing Resilience & Innovation: NBNA’s New Call to Action.”

“NBNA Day on the Hill is our time to educate Members of Congress about our legislative priorities and important call-to-action issues affecting our community, stated NBNA President Dr. Martha A. Dawson. “Last year we were virtually representing ‘on the Hill’ - this year we will look forward to coming together and making a greater impact and stance in-person.”

“Nurses continue to be the frontline champions battling the pandemic, mental health crisis, and adjusting to a political landscape that continues to shift our nation,” stated Dr. Sheldon Fields, Chair, NBNA Health Policy Committee. “This day on the Hill represented the collective thinking of a diverse group of leaders and is intended to accelerate the urgency for transformation as we move from one phase of the pandemic towards rebuilding and thriving in the future. NBNA will continue to encourage every nurse to take part in practical public policy activities that will help to improve the health conditions in the communities we serve.”

### *The featured sessions and speakers are:*

#### **Breakfast Keynote Speaker**

**COVID and COVID Vaccines Update:** What We Need to Know Sponsored by: National Medical Association | Featured Speaker: Dr. Doris Browne, 118th President, National Medical Association

**Working Together to Improve Access for Diverse Patients Sponsored by:** Pfizer, Inc. | Featured Speaker: Melissa Bishop-Murphy, JD, Director, National Advocacy and Professional Relations, New York, NY

**Older Adults and Nutrition:** The Outlook for 2022 Sponsored by: Defeat Malnutrition Today Coalition | Featured Speaker: Robert Blancato, President, Matz, Blancato and Associates, National Coordinator Washington, DC

**The Need to Prohibit the Sale of All Flavored Tobacco Products Sponsored by:** Campaign for Tobacco Free Kids | Featured Speaker: Laurie Rubiner, Executive Vice President of U.S. Programs, Washington, DC

**Treat and Reduce Obesity Act** Sponsored by: Novo Nordisk | Featured Speaker: Sonya C. Clay, Director, Federal Government Affairs, Washington, DC

**What Nurses Need to Know about Medicare Advantage** Sponsored by: UnitedHealth Group | Featured Speaker: Hope Miller, Senior Vice President, Optum House Calls Clinical Operations, Washington, DC



**RWJ Health Policy Fellows Program** Sponsored by: National Academy of Medicine | Featured Speaker: Dr. Gregg Margolis, Director of Health Policy Fellowships and Leadership Programs, Washington, DC

**Hospice and Palliative Care: Lessons Learned during the COVID19 Public Health Emergency that Policymakers Should Implement** Sponsored by: VITAS Healthcare | Featured Speaker: Mark Slobodien, Vice President of Government Affairs, Washington, DC

**The Six NBNA Legislative Priorities for the day were:**

1. America's Mental Health Crisis and Resilience
2. Nursing Workforce Issues
3. Continued Inequities in Telemedicine & Telehealth
4. Black Maternal and Infant Mortality
5. The Road to COVID Recovery
6. Inequities in Cardiovascular Health



Dr. Martha A. Dawson addressing the audience



NBNA Welcomes Corporate Roundtable Members: Andrea Speight, CeraVe Skincare, L'Oreal; Thomas Allison, Senior Vice President, CeraVe Skincare; Damon Davis, Novo Nordisk; Acacia Salatti, United Health Group



NBNA Welcomes Corporate Roundtable Members: Erika Gaudio, VITAS Healthcare; Dr. Martha A. Dawson; Carolyn TenEyck, NOVAVAX; Diane Deese, VITAS Healthcare; Beverly Berry, Alzheimer's Association



Dr. Sheldon Fields, Dr. Millicent Gorham, Carter Todd



Speaker: Cynthia Bell



Erika Gaudio, VITAS Healthcare; Dianne Mance, NBNA Conference Manager; Diane Deese, VITAS Healthcare



Corporate Roundtable Setting



NBNA President Dr. Martha A. Dawson and First Vice President Dr. Sheldon Fields surrounded by NBNA Day Attendees.



Speakers: Sonia C. Clay, Novo Nordisk; Melissa Bishop-Murphy, Pfizer, Inc.; Hope Miller, Optum HouseCalls, Dr. Martha A. Dawson; Dr. Sheldon Fields; Laurie Rubiner, Campaign for Tobacco-Free Kids; Robert Blancato, Defeat Malnutrition Today Coalition



Howard University Was In The House



Howard University Students



Capitol Hill Virtual Visits with Senators and Representatives



Tobacco-Free Kids College Listening Tour: Howard University, Johns Hopkins University, and Lincoln University Nursing Students



**Tobacco-Free Kids College Listening Tour: Howard University, Johns Hopkins University, and Lincoln University Nursing Students**



**NBNA Day on Capitol Hill 2022 participants**



**NBNA Day on Capitol Hill 2022 participants listening to greeting from Members of Congress**



Keynote Speaker Dr. Doris Browne, 118th President, National Medical Association



Tobacco-Free Kids College Listening Tour: Howard University Nursing Students



Tobacco-Free Kids College Listening Tour: Howard University and Lincoln University Students



Southeastern Pennsylvania area Black Nurses Association members



Florida NBNA Chapters



New Jersey Chapters with Board Member Dr. Angelo Moore and Immediate Past President Dr. Eric J. Williams



Board Member Dr. Angelo Moore with the Southeastern Pennsylvania Area Black Nurses Association



NBNA Chapter President speaks on Chapter Programs



Florida Chapters virtual visit with members of Congress





**D'Verick Baker – King | Alcorn State University**



**Alexia Teague, President, Chattanooga Black Nurses Association**



**NBNA Student Representatives Ardenia Norris, and Dr. Lindsey Harris, President Alabama State Nurses Association**



**Howard University Nursing Students signing up for membership with Dr. Marcia Lowe and Estella Lazendy, NBNA Membership Services Manager**

# The Impact of COVID-19 on Retirement Plans

John E. Miller, MBA

**C** OVID-19 has had an influence on nearly every aspect of day-to-day life, from the way we interact with each other to how we define “going in” to work. Now, those effects are appearing in one more place: retirement plans. However, this phenomenon isn’t only being felt by Americans who are ready to retire. Non-retirees are also reassessing their post-career plans and wondering whether they need to adjust their long-term savings strategy.

The exact financial consequences of the pandemic won’t be clear for several years to come. However, if one thing’s for certain, it’s that the way adults across the country view retirement has drastically changed.

## *Retirement Attitudes Today*

As we set our sights toward a post-pandemic future, many of the effects experts expected to see further down the line are already being experienced by both retirees and members of the workforce across the country.

Just some ways that pandemic has influenced the American perspective on retirement include:

- **Comfort with finances:** According to data from Statista, almost 70% of adults are not as content with their financial situation after the outbreak of COVID-19 compared to where they stood before.
- **401(k) contributions:** It’s hardly a surprise that more Americans are taking a hard look at their savings. Business Insider has reported that, moving forward, 1 in every 3 adults plan to make larger contributions to their retirement accounts.
- **Age of retirement:** While the average American traditionally retired at 62, about 2.7 million Americans age 55 or older are contemplating retirement years earlier than they’d imagined because of the pandemic, as explained by Bloomberg.

It’s important to remember that these attitudes are likely to continue changing as the economy moves toward recovery and new developments surrounding COVID-19 and its variants emerge.



**John** is the Managing Partner and Senior Asset Manager for Provident Capital Group with 20 years of experience in Financial Services. He partners with individuals and families in providing them with investment guidance, and comprehensive wealth planning to meet their financial goals

## *The Great Resignation and Retirement*

For employers, the pandemic has had an especially disruptive impact: The Great Resignation.

So far this year, about 34.4 million people have **quit their jobs**, according to CNBC. Much of this turnover can be attributed to the flexibility created by work-from-home policies as well as burnout in frontline industries such as hospitality, retail, manufacturing and health services. However, as employers contend with increasing numbers of employee churn, the labor market’s gradual recovery has also been accompanied by an increase in retirement among adults ages 55 and older.

Half of U.S. adults over the age of 55 reported that they were **out of the labor force** due to retirement, according to a recent Pew Research Center analysis. Compared to 2020, this number has spiked by more than 3 million in just 12 months.

Whether voluntary or involuntary, this trend will only serve to exacerbate the impact of the Great Resignation as some of the most experienced workers across the country enter into the next stage of their lives far earlier than originally planned.

## *Lifestyle in retirement*

After a year or more spent at home and indoors, more retirees are viewing their post-career journey as an opportunity to explore the world rather than as a time to settle down.

Bloomberg has explained that this "life-is-short" attitude is manifesting in several different ways. Just some of the interests retirees have begun to pursue include:

- Charitable passions and volunteer work.
- Teaching and mentoring younger professionals.
- Working on public boards within the community.

Whether retirement is a year away or decades ahead, it's never too soon to consider what you would like your own post-career plans to look like. As you think about your own future, try to make a budget that details your expected income from Social Security, pensions, retirement savings, other investments and part-time work versus what you plan to spend.

### ***Looking toward your own retirement***

There's no one-size-fits all answer to how much income you'll want during your retirement. At the end of the day, it all depends on what type of lifestyle you would like to live and your anticipated expenses. As you look ahead to your own plans, working with a financial advisor may be the best way to ensure your post-career lifestyle is sustainable and enjoyable.

# CBS Mornings: Inside Look at How Nurse Burnout Impacts Overall Healthcare System

## Nurses Nationwide Feeling Burnout

Nurses across the country are facing severe burnout as they enter their third year of fighting COVID-19. NBNA nurse members Darnell Caldwell and C. J. Marbley share their personal stories with burnout. In addition, CBS News senior medical correspondent Dr. Tara Narula joins “CBS Mornings” to share some tips on how medical professionals can combat burnout and stay healthy as COVID cases continue to surge.

Original Air Date: Feb 2, 2022

VIEW THE SHOW AT [THIS LINK](#)

				
<b>DAVID MANCINI</b> TRAVELING E.R. NURSE	<b>DARNELL CALDWELL</b> ADMIN SUPERVISOR FOR COVID VACCINE AND MOBILE TEAM	<b>ABRAHAM DELGADO</b> E.R. NURSE	<b>DR. APRIL KAPU</b> PRES. OF THE AMERICAN ASSOCIATION OF NURSE PRACTITIONERS	<b>C.J. MARBLEY</b> CHIEF NURSING OFFICER AND CHIEF OPERATING OFFICER







**68%**  
OF NURSES  
CONSIDERED  
LEAVING POSITION

SOURCE: NATIONAL NURSES UNITED



**1 in 5**  
NURSES ARE  
BURNED OUT

SOURCE: MAYO CLINIC PROCEEDINGS



## ***NBNA Daisy Health Equity Awards***

The DAISY foundation is a non-profit organization, established in memory of J. Patrick Barnes, by members of his family. At the age of 33, he died of complications from Idiopathic Thrombocytopenic Purpura (ITP). Diseases Attacking the Immune System is what Daisy stands for. The DAISY Award for Nurses Advancing Health Equity was created to honor nurses whose work advances health equity, mitigate health disparities, and addresses social determinants of health.

The National Black Nurses Association (NBNA) is excited to announce our new, unique partnership with The DAISY Foundation to acknowledge and award our nurse heroes.

### ***The Award Categories are:***

- **NBNA Daisy Health Equity Award for Frontline Registered Nurse**
- **NBNA Daisy Health Equity Award For LPN/LVN Nurse**
- **NBNA Daisy Health Equity Student Award**
- **NBNA Daisy Health Equity Chapter President Leadership Award**
- **NBNA Daisy Health Equity Award for The NBNA Chapter (Team) Award**



Each chapter is invited to submit the names of up to two (2) members of their chapter who meet the eligibility criteria for frontline registered nurse, LPN/LVN, and student nurse. Each chapter is invited to apply for the chapter president award and the chapter/team award. One award will be given in each of the categories. Only one submission per chapter per category.

Please submit applications and documentation [here](#) no later than **May 15, 2022**.

## ***Race and Heart Disease in America***

Heart disease is the leading cause of death in America, accounting for about 1 in 4 fatalities each year. This sobering statistic has remained largely unchanged for decades within populations of color, particularly for Black Americans. To help uncover how we've arrived at this point and where to go from here, the Medical Alley Association, the Association of Black Cardiologists and the Preventative Cardiovascular Nurses Association have partnered to start thought-provoking conversations and, ultimately, meaningful change in healthcare.

### ***How We Got Here***

In this first of two podcast episodes, Gabriela Spence of the Medical Alley Association is joined by Dr. Keith C. Ferdinand, Gerald S. Berenson endowed chair in preventative cardiology and professor of medicine at Tulane University School of Medicine, and Dr. Yvonne Commodore-Mensah, assistant professor at John's Hopkins School of Nursing and Public Health and the Center for Health Equity. The guests discuss the history of health inequities in this country, beginning with the civil rights movement and moving through important moments that have reinforced inequality and mistrust in healthcare institutions.

### ***Taking Today's Pulse***

In the second podcast episode, hear a deeper dive into the reality of health inequities today. Sit down with Dr. Jennifer Mieres and Dr. Chloé Villavaso to discuss how barriers in access to preventative care and timely interventions are greatly impacting populations of color and are key contributors to the state of heart health in BIPOC communities.

### ***A Path Forward***

The third and final installment of this series is a recorded webinar featuring thought leaders in the cardiovascular space as they share their strategies to work towards the elimination of health inequities, including tested community approaches and policy solutions.

Catch the entire series at: <https://medicalalley.org/heart/>

**Ottamissiah “Missy” Moore** has been appointed to the Board of Directors of Collington Community Living in Prince George County, MD. Collington is a continuous care community.

**Linda Thompson**, PhD, RN, FAAN was elected President of Westfield State University in Westfield, MA in 2021. Her investiture is April 29, 2022.



**Leonora Muhammad**, DNP, RN, NBNA Board Member, was recently appointed Chief Nurse Executive, Corizon Health, in St. Louis, MO. Dr. Muhammad is the president of the Black Nurses Association of Greater St. Louis Chapter.



**Charity Bean**, SN and Owner of Doula Bean Maternal Care, LLC was appointed as the St. Louis BNA Chapter Ambassador for the NBNA Mini Nurse Academy. She will coordinate and lead the chapter's efforts for the academy pilot program.



**Laurretta Davis**, Graduate RN recently graduated from St. Charles Community College's ADN Program. Congratulations and way to go Laurretta.

**Johnnie Rush**, RN recently graduated from St. Louis Community College's ADN Program, we are excited that Johnnie has already taken and passed his NCLEX exam. Way to go Johnnie.



The Florida Board of Nurses approved Central Florida Black Nurses Association as a Continuing Education (CE) Provider, a historic milestone. The CE committee (CFBNA of Orlando) comprised of Bernice Edwards, Eloise Abrahams, June Robinson, Gail Parker, Juanita Green, Dorothy Jackson, and Dr. Jennifer Sankey contributed to completing the application. Our CE status has a three-fold benefit. First, members receive 5-6 FREE CE courses annually. Second, our members are utilized as presenters of many health topics, contributing to their growth and development. Thirdly, the public can receive education on health topics of interest. Being a CE Provider has strengthened the platform of our organization.

The Executive Leadership of Central Florida Black Nurses Association of Orlando, consisting of Mrs. Eloise Abrahams, Monica Akins, and Dr. Jennifer Sankey, conducted New Leader Orientation. The purpose of the orientation was to help newly appointed and existing board members, committee chairs, and Co-chairs to review organizational processes and foster networking. We trained over 15 leaders. This inaugural event was informative, interactive, and inspiring. It was well-attended, with positive feedback received on the post-orientation evaluation from the attendees. We will hold it annually.



New Leader Orientation Planners & Hosts Monica Akins, Eloise Abrahams, Dr. Jennifer Sankey



New Leader Orientation attendee Melissa Mercado and Denise Brown

**Juanita Green**, a member of CFBNA of Orlando, is the organizer of the health talks, which have been presented on Jubilee Sunday at Antioch Missionary Baptist Church in Oviedo, Florida. The Lois Wilson, Judith Clark, Courtney Sanders, Dr. June Robinson, and Dr. Jennifer Sankey members of Central Florida Black Nurses Association of Orlando have presented health talks on diabetes, hypertension, sickle cell, and stress, respectively. The health talks reach hundreds of individuals aligning with our mission.

The Central Florida Black Nurses Association of Orlando -Membership Committee consisting of Susie Forehand, Juanita Green, Gail Parker, and Dr. Jennifer Sankey created a Member Specialty Directory. The purpose of the directory is to provide our nurses with a resource for networking, mentoring, and identifying speakers for community events.

**Susie Forehand**, co-founder of CFBNA of Orlando and former professor at Valencia Community College selected as a panel member for the Valencia African Heritage Association Black History Month Event.

**Dr. Jennifer Sankey**, a guest panelist, for the Black Health and Wellness Hot Topics Event held in Orlando, Florida sponsored by the League of Women Voters of Orange County.

**Dr. Marcia Lowe**, NBNA's 2nd Vice-President and the NBNA membership committee hosted their second chapter development workshop for chapter presidents, vice presidents, membership chairpersons, and future leaders on January 10, 2022. Dr. Debra Mann, Deborah Thedford Zimmerman, Tammy Woods, Kim Scott, Kendra Greene, Carter Todd, Estella Lazenby, and Ora D. Williams were among the speakers. "Celebrating Black History Month:

African American Nurse Leaders Past and Present," was presented by Dr. Lowe. The event took place on Zoom on Wednesday, February 9, 2022, for the UAB School of Nursing's Black History Month celebration in Birmingham, Alabama.

**Icy Hale**, MSN, BSN, ADN, RN, a member of the Birmingham chapter and a Lifetime member has recently accepted a new position as the program coordinator for student nurses and post baccalaureate nurse residents at the Birmingham Veterans Health Care System. She coordinates and facilitates nursing students and nurse residents who have chosen the path of nursing to help serve those who have served. Mrs. Hale is also the Transformative Nursing Facilitator in which she facilitates caring for patients and nurses using a holistic approach transforming mind, body and soul and finding that "balance" in life. Congratulations to Mrs. Icy Hale

## *A Year of Reflection: Greater New York City – BNA Chapter on the Move*

What a year it has been! Racial Injustice and the Covid-19 pandemic challenged every aspect of how we exist. The nation had to adapt in providing care and created processes to conduct business in the new unprecedented space. Yet, the Greater New York City Black Nurses Association met the challenges of 2021 with moral courage and acted in the best interest of the communities served, always standing up for what was right and not letting fear hinder them. The GNYC-BNA executive board and members rose to the challenges of 2021 while remaining resilient in the face of adversities and crises.

Over the last two years, GNYC-BNA maintained full community engagement through public town halls to address critical issues with our dignitaries, nursing leaders, bedside staff, two peaceful protests with over 500 participants, and a maternal health march coupled with conferences in support of the disparities within the community. In addition, over \$8000 dollars of donations were raised to provide a hot meal for Thanksgiving and toys for children to celebrate the holidays. The vaccination rollout was equally impressive; GNYC-BNA operated FEMA vaccination sites led by Nurse Practitioners and nursing students in marginalized communities, inoculating more than 40,000 individuals while simultaneously answering their questions, educating, and providing comfort. These remarkable feats could not have been achieved without our dedicated members' many personal sacrifices and professional contributions. We continue to convey our most profound thanks for all of these efforts.

We had so much to be thankful for at the chapter's third annual Scholarship and Awards Gala held on Saturday,

December 11, 2021. We closed the year with some of our highest recognition and accomplishments. This year's theme was "Building Resilience," which was only fitting. However, the word resilience is not a pretty word – it carries scars and symbolizes the battle, but it is also the gateway of something special. Resilience is the ability to bounce back from misfortunes quickly, and the word means more to who knows it the most. Resilience and excellence were echoed and used simultaneously throughout the scholarship and award gala.

### **Highlights from the 2021 Scholarship and Awards Gala: GNYC-BNA presented**

- 20 scholars with scholarships pursuing nursing degrees at the LPN, Associates, Bachelors, Masters, DNP, and Ph.D. levels
- 9 awards to Honorees for their outstanding work and service to healthcare and nursing
- 10 federal governmental citations by Congresswoman Yvette Clarke (D-NY) to the honorees. State Assembly citations by Phara Souffrant, RN, to Dr. Kellie Bryant and Dr. Selena Giles for their outstanding community services.

Present at the Gala were New York State Lieutenant Governor Brian Benjamin, Democratic Majority leader Senator Charles Schumer, fellow nurse and State Assembly Phara Souffrant, and Congresswoman Yvette Clarke, who all expressed and declared their support of nurses and acknowledged the work of the chapter. In addition, Congresswoman Yvette Clarke stated, and I quote, "supporting nurses is personal for me." Charles Schumer, an early supporter of GNYC-BNA



The GNYC-BNA Leadership Board with US Senate Majority Leader Charles E. Schumer.



## A Year of Reflection: Greater New York City – BNA Chapter on the Move (cont)



The GYNC-BNA Leadership Board



Greater NYC Executive board (Kamila Barnes, Kim Ennis, Jewel Adams, Dewi DeVeaux, Kellie Bryant, Akia Blandon) with NY Congresswoman Yvette Clarke.

called for more support for front-line healthcare workers and the cancellation of student loan debt.

The Gala also featured a panelist discussion facilitated by Dr. Dewi Brown-DeVeaux. It featured staff nurse Jose Perpignan BSN, RN, nurse manager Camille Davis BSN, RN, Chief Nursing Officer Ophelia Byers DNP, APRN-BC, NEA-BC. CPXP, CDE, and nursing educator Darryl Thomas, BSN, RN. The panelists' discussion centered on the theme "building resilience" and was felt throughout the room.

Altogether, 300 Nurse Executives, staff nurses, educators, family, and friends attended the gala. This year has been truly remarkable—made possible by the dedication, commitment, compassion, and shared values of the GNYC-BNA family.

The Keynote address was delivered by the famed Dr. Sandra Lindsay, DHSc, MBA, MSN, RN, CCRN-K, NE-BC, the

first American to be immunized against COVID-19 outside of the clinical trials. She spoke passionately about nursing resilience, and the leadership nurses must continue to provide in our fight against the pandemic.

The gala was a star-studded event, and its success could not have been possible without the leadership of Dr. Kellie Bryant-scholarship committee chair and Dr. Dewi Brown-DeVeaux-co chair and the loyalty of the Scholarship and Award Committee: Dr. Kimberley Ennis, Dr. Kamila Barnes, Dr. Germaine Nelson, Dr. Akia Blandon, Jewels Adam and the chapter president Julius Johnson who served as an advisor. The achievements outlined above are just a tiny sample of GNYC-BNA many accomplishments over the past year, spanning all areas of our chapter's mission "For the Greater Good". We will host our 4th Annual Scholarship and Awards Gala in October 2022.

## Black Nurses Association of Greater Washington DC Area

BNA of GWDCA has a “distinguished legacy of community service”. In keeping with the philosophy and mission of the NBNA, Dr. Joan E. Smith, Vice President of BNA of GWDCA spearheaded the partnership between BNA of GWDC and

the DC Food Pantry Program to address food insecurity in school-aged children, particularly middle school. In a very short turnaround time, the chapter collected toiletries and non-perishable items to fill 2 pantries.

### BNAGWDCA and DC Food Pantry Program Project

#### Featured members of BNA of GWDCA:

Lois Bowman, Judy Jourdain-Earl, Jackie Hill, Kim Greenwood,  
Pamela Hodge, Gwen Johnson, and Joan Smith



## Acadiana Black Nurses Association

Despite the social, health and environmental obstacles faced during the 2021-2022 pandemic crises, members of the Acadiana Black Nurses Association (ABNA) forged ahead and made phenomenal strides in support of the mission and initiatives of NBNA. ABNA chapter members continually collaborated with educational and health related organizations whose aims are to address disparities in academic, health and socioeconomic status across the lifespan in Acadiana.

### Installation of new officers 2022

On February 6, 2022, The Acadiana Black Nurses Association (ABNA) chapter held its 2022 installation ceremony of new officers via zoom with limited members present (health safety).



Standing L-R: Dr. Jeanine Thomas, Parliamentarian; Sharonda Johnson, Sec'y. Sec'y; Phylis Rodgers, Financial Sec'y; Ida Fuselier, Sec'y; Seated L-R: Dr Iris Malone, ABNA President; Lucille Woodard, 1st Vice President Ms. Angela Brown chairs ABNA membership committee.

### Supporting Acadiana's At-Risk schools during COVID -19

The Acadiana Chapter of the National Black Nurses Association (ABNA) is fortunate to have received funding from NBNA to provide health supplies to At-risk schools located in the ABNA chapter region with high COVID case rates. ABNA identified 20 schools within Acadiana's seven (7) parish region that would benefit from the health-related supplies. As of February 9, 2022, COVID cases from these 7 parishes ranged from 39 to 242 new cases per week with 5 weekly deaths reported. No data has been provided to substantiate age related cases and deaths.



A BIG thank you to ABNA from Park Elementary School for COVID-19 prevention supplies.



COVID-19 prevention supplies delivered to Acadia parish's South Rayne Elementary School principal Donna Duhon and counselor Claire Senegal



ABNA member Sharonetta Brooks delivered health supplies to Crowley Elementary school.

# Chapter Presidents

## ALABAMA

Birmingham BNA (11)	Alean Nash	Birmingham, AL
Montgomery BNA (125)	Katherine Means	Montgomery, AL
Northern Alabama BNA (180)	Frederick Richardson	Harvest, AL
Tuskegee/East Alabama NBNA (177)	Dr. Cordelia Nnedu	Tuskegee Institute, AL
West Alabama Chapter of the NBNA (184)	Dr. Johnny Tice	Tuscaloosa, AL

## ARIZONA

BNA Greater Phoenix Area (77)	Rosa Norris	Phoenix, AZ
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## ARKANSAS

Little Rock BNA of Arkansas (126)	Lauren Banks	Little Rock, AR
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Capitol City BNA (162)	Carter Todd	Sacramento, CA
Central Valley BNA (150)	Joy Alexander	Fresno, CA
Council of Black Nurses, Los Angeles (01)	Barbara Collier	Los Angeles, CA
Greater Inland Empire BNA (188)	Nia M. Martin	Corona, CA
San Diego BNA (03)	Dr. Sharon Smith	San Diego, CA
Stanford National Black Nurses Association (190)	Dr. Sharon Hampton	Stanford, CA

## CONNECTICUT

Northern Connecticut BNA (84)	Marlene D. Harris	Hartford, CT
Southern Connecticut BNA (36)	Andrea Murrell	West Haven, CT

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BNA of Greater Washington, DC Area (04)	Dr. Pier Broadnax	Washington, DC
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BNA, Tampa Bay (106)	Rosa Cambridge	Tampa, FL
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Greater Gainesville BNA (85)	Rachael Drayton	Ocala, FL
Miami Chapter - BNA (07)	Dr. Marie Etienne	Miami, FL
Palm Beach County BNA (114)	Rochun McCray	West Palm Beach, FL
St. Petersburg BNA (28)	Bonita Clark	St. Petersburg, FL
Treasure Coast Council of BN (161)	Ruth Davis	Port Saint Lucie, FL
Volusia Flagler Putnam Chapter of the NBNA (187)	Dr. Alma Dixon	Palm Coast, FL

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Atlanta BNA (08)	Arkeelaua Henderson	College Park, GA
Columbus Metro BNA (51)	Gwendolyn McIntosh	Columbus, GA
Concerned National BN of Central Savannah River Area (123)	Romona Johnson	Martinez, GA
Middle Georgia BNA (153)	Dr. Debra Mann	Dublin, GA

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Savannah BNA (64)	Pam Cummings	Savannah, GA

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Honolulu BNA (80)	Linda Mitchell	Aiea, HI
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Chicago Chapter NBNA (09)	Ethel L. Walton	Chicago, IL
Greater Illinois BNA (147)	Patricia Roberts	Bolingbrook IL
Illinois South Suburban NBNA (168)	Dr. Carol Alexander	Matteson, IL
North Shore BNA (172)	Susan Bailey	Waukegan, IL

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Northwest Indiana BNA (110)	Mona Steele	Gary, IN

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KYANNA BNA, Louisville (33)	Cynetha Bethel-Jaiteh	Louisville, KY
Lexington Chapter of the NBNA (134)	Dr. Lovoria Williams	Lexington, KY

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BN of Southern Maryland (137)	Kim Cartwright	Clinton, MD
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Western Massachusetts BNA (40)	Dr. Khadijah Tuitt	Springfield, MA

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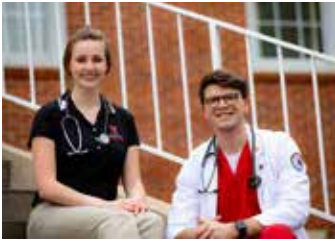
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