Highlights from the 23rd Annual National Black Nurses Day on Capitol Hill

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ON THE COVER:
Attendees at the White House Briefing on NBNA Capitol Hill Day, 2012

Dr. Regina Bejamin, United States Surgeon General and Dr. Deidre Walton, NBNA President in attendance at the White House Briefing on NBNA Capitol Hill Day, 2012

Valerie Jarrett, Senior Advisor to President Barack Obama and Dr. Deidre Walton, NBNA President in attendance at the White House Briefing on NBNA Capitol Hill Day, 2012

*Deceased
A Message From the President
Mission Focused: Soaring Like Eagles

THE NATIONAL BLACK NURSES ASSOCIATION just marked another milestone in its history with the 24th Annual Black Nurses Day on Capitol Hill. NBNA members, chapter presidents, Board of Directors, and NBNA 9th President, Dr. Bettye Davis-Lewis, attended the first White House Briefing for the NBNA membership. The Health Policy Committee, chaired by Debra Jones did a phenomenal job in preparation to ensure that the event was a success. The theme, “The Politics of Healthcare: Nursing from the Bedside and Beyond,” was most appropriate for this post-health care reform era.

Access to healthcare is an important pre-requisite to obtaining quality of care. The Affordable Care Act is an important milestone in addressing significant issues related to the uninsured, pre-existing health conditions, and health insurance for the nation’s children. As NBNA continues to advocate for solutions for the underserved and uninsured, we must continue to educate consumers to be in charge of their health care. We have an important role in advocating and making certain that there is not only access to care but recognize that high quality care is a universal issue. We must ensure that with rising health care costs and insurance premiums that there is an increased focus on prevention and wellness.

NBNA must continue to make strategic steps to abate the inequities in health care. As an organization, we must be on the forefront in the development of strategies and interventions to ensure equal access to health care and holding health care providers accountable for quality and cost. We must establish community partnerships with a shared vision and goals for health care interventions in varied racial, ethnic and social class groups. Lack of access to care has a societal price.

Health care reform is now law. We must continue to take an active role in preparing our communities for the post health care reform marketplace. It has opened new doors and has been a catalyst for change in our health care delivery system.

I challenge each member of NBNA and all nurses to continue to make a difference in your communities. We continue to be committed to excellence in education, practice and research. Our signature programs continue to enhance nurses in their skills to provide culturally competent and evidence-based health care services to our communities.

NBNA, we will remain consistent with our mission and together we are soaring like eagles.

DEIDRE WALTON, JD, MSN, RN
NBNA PRESIDENT
Presidential Highlights:
Dr. Deidre Walton

Dr. Walton was a session speaker for Center for Medicare and Medicaid Services Quality/Net Conference in Baltimore, MD.

Dr. Walton attended multiple activities in Birmingham, AL during the Birmingham Black Nurses Association’s Open House.

Dr. Walton met with Dr. Nena F. Sanders, Dean, Ida V. Moffett School of Nursing at Samford University and Dr. Doreen C. Harper, Dean, University of Alabama at Birmingham (UAB) School of Nursing.

Dr. Walton had the opportunity to engage nursing students in a round-table discussion at Lawson State Community College.

Dr. Walton also met with Executive leadership at UMB Hospital.

Dr. Walton visited the Spain Rehabilitation Hospital in Birmingham.

Central Carolina Black Nurses Council (CCBNC)

CCBNC held its Annual Meeting on January 21, 2012. The purpose of the meeting was to celebrate chapter successes in 2011 and to set goals and strategies for a successful 2012.

Helen Horton, RN, President, presented the chapter’s first comprehensive written annual report.

CCBNC held its Twenty First Annual Educational Lecture Luncheon on December 3, 2011 at the Friday Center in Chapel Hill. Ernest Grant, MSN, RN, was the keynote speaker. Ernest is the Nursing Education Clinician for the North Carolina Jaycee Burn Center. Ernest is the Director of Outreach and Prevention. He also serves as the Burn Center’s Liaison for pre-hospital, hospital, allied health professionals, corporate entities, and Military Personnel. The keynote address was, “The Future of Nursing: What is the role of HBCUs and African American Nurses?”

Helen Horton, RN, and Erma Smith-King, RN, attended the Health Awareness and Healing Sunday at Covenant Presbyterian Church in Durham, NC on February 12, 2012. The church recognized public health and health practitioners/clinicians, educators and administrators during a special worship service and reception.

Connie Kelley-Sidberry, RN, was the mistress of ceremony at the 9th Annual Go-Red for Women Luncheon on February 4, 2012, at Martin Street Baptist Church in Raleigh, NC. There were over 160 women in attendance from several local churches. This annual event provides educational information on heart disease and a heart healthy lunch. Presenters included a nutritionist who talked about healthy snacks, a person who demonstrated with audience participation Zumba exercise and a registered nurse who is a Clinical Educator in Heart and Vascular Disease who was the keynote speaker.

Helen Horton, RN, Erma Smith-King, RN, and Gloria Anderson, RN, participated in a series of health related programs sponsored by the WD Hill Community Center. Health professional from different community programs provided information and education on various health-related topics. Members of CCBNC presented information on Heart Health, Diabetes, HTN, AIDS/HIV, and Nutrition.

Betty Borden, BSN, RN, received the 2011 Distinguished Chapter Service Award. The awards recognize members who provide extraordinary service to the chapter. Ms. Borden is a retired nurse from Duke Medical Center and now works as a Parish Nurse at First Calvary Church in Durham, NC.

Jocelyn Gladney-Allsbrook, BSN, RN, CPACU, received the 2011 Distinguished Chapter Service Award. Jocelyn is a Clinical Nurse Four/Assistant Manager at UNC Hospitals in Chapel Hill.

BNA of Greater Washington DC Area (BNAGWDCA)

Ottamissiah ‘Missy’ Moore, BS, LPN, CLNI, WCC, CHPLN, member of BNAGWDCA, was honored as the 2012 Black Nurses of the Year on March 3rd. Missy is a staff development specialist at the Washington Center for Aging. She is the president of the National Federation of Licensed Practical Nurses (NFLPN) and a lifetime member of NBNA. She serves on the fund development and conference committees. Barbara L. Nichols, DHL, MS, RN, FAAN, was the speaker for the event.

Dr. Walton was the keynote speaker for the New England Regional Black Nurses Association’s 40th Anniversary in Boston, MA.

Dr. Walton attended the New York Black Nurses Association, Queens County Black Nurses Association, Chi Eta Phi, and Caribbean Nurses Association Black Nurses Day at New York University (NYU) in Manhattan, NY.

Dr. Walton attended the Black Nurses Day Celebration with the New Jersey Council of Black Nurses Association in Newark, NJ.

Dr. Walton was the keynote speaker for the Greater Houston Black Nurses Association’s Annual Scholarship and Awards Luncheon in Houston, TX.

Dr. Walton attended the Robert Woods Johnson Foundation-AARP “Champions of Nursing” Inaugural Diversity Steering Committee Meeting in Princeton, NJ.

Dr. Walton is scheduled to attend the Champion Nursing Council and Champion Nursing Coalition Meeting in Washington, DC.

Dr. Walton is scheduled to be the keynote speaker for the Tampa Black Nurses Association’s Annual Scholarship Dinner in Tampa, FL.

Continued
MEMBERS on the MOVE

Patricia Tompkins, RN, member of BNAGWDCA, staffed an exhibit table at the College Bound and Career Expo hosted by the Federal City Alumnae Chapter of Delta Sigma Theta (Washington, DC). The event was held on December 20, 2011 at the University of the District of Columbia Community College (South Dakota Campus), Washington, DC. The event was for middle and high school students and their parents. Patricia provided a 2-3 minute overview of the nursing profession and the “Black Nurses Association Make a Difference: Choose Nursing” program. The presentation was presented to 6 groups of 10-20 students & parents. Students and parents visited the BNAGWDCA table for the distribution of black nurses labeled pens, and notebooks. Patricia also presented the participants with copies of the Johnson & Johnson’s ‘Be Someone, Be a Nurse’ brochure and BNAGWDCA’s bookmark. Scholarship information was provided to the participants. The scholarships include the Margaret Pemberton ($2,000) and the Founders ($1,000) Scholarships for graduating students.

New Orleans Black Nurses Association (NOBNA)

Cheryl L. Nicks, RN, CNNP, CGT, CLNC, CPLC, author, poet, speaker, and neonatal nurse practitioner, published Poems For The Heart with Steps to Grow By. This publication is a book of poems that uses life lessons and gives action steps for personal growth. The book has also been made into a CD, infusing Cheryl’s performance of her poems with the melodic sounds of New Orleans’ local musicians. She also coauthored a book, Fight For Your Dreams, the Power of Never Giving Up, with world renowned motivational speaker Les Brown. The book is filled with personal stories of overcoming adversity. You can follow Cheryl by visiting her website: www.CherylNicksEnterprises.com

Black Nurses Association of Baltimore (BNAB)

Trina K amorzi, RN, new NBNA member, accepted a position as an ICU nurse at MedStar Good Samaritan Hospital. Trina will be starting the BSN program in May 2012.

Danielle Houston, RN, new NBNA member, accepted a position as an ER nurse at Maryland General Hospital. Danielle will be starting the BSN program in August 2012.

Barbara Crosby, MSN, RN, NBNA Board Member, was invited by Sheliah O’Connor to represent BNAB on the Montgomery County Fetal & Infant Mortality Review Board Community Action Team, also known as “CAT”. The board is responsible for conducting in-depth reviews of fetal or infant loss. The in-depth review involves a medical review and maternal interview. CAT is an Advisory/Advocacy group that takes recommendations made by the board and to find the most effective methods to implement system changes. Barbara participated in the first meeting on January 24th at the Montgomery County (Maryland) Health Department. Barbara was also re-appointed to the Maryland Podiatry Board.

Ronnie Ursin, DNP, RN, NEA-BC, NBNA Parliamentarian, is the new Director of Nursing Resources at Providence Hospital in Washington, DC.

Atlanta Black Nurses Association (ABNA)

Atlanta BNA and Georgia State University co-hosted a roundtable advisory with Sally Howard, Esq., U.S Secretary of Health and Human Services, Chief of Staff. The event was held on January 20th at the Georgia State University. Howard discussed the importance of the relationship between nurses and patients in closing the coverage gap, especially when delivering care to the underserved. In addition, HHS has made tremendous financial investments by awarding nearly $900 million in scholarships and loan repayments to health care professionals, including nurses, to help expand the country’s primary care workforce and meet the health care needs of communities across the country.

ABNA recently partnered with the Dominique Wilkins Foundation “Human Highlight Health Initiative” promoting essential health screenings and diabetes awareness. ABNA members Laurie Reid, MS, RN, CCN/M, Pat Gunter-Johnson, RN, Fred Davis, SN, and Beverly Dinkins Learmont, FNP participated with Morehouse College offering blood pressure, glucose and cholesterol screenings to minority communities on the MLK Holiday. Services were provided at a local middle school.

ABNA gave back to the community during the holidays! Snacks for children who are victims of sexual violence were provided to the Georgia Center for Child Advocacy. The Dekalb Center for Healthy Living was the recipient of a $100 Wal-mart gift card to purchase cleaning supplies.

ABNA hosted the Office of the Secretary of Health and Human Services to discuss nursing workforce and health disparity issues. ABNA members in attendance: Laurie Reid, RN, CCN/M, President; Lynn Houston Bell, MSN, RN; Karen Rawls, MSN, RN; Mary Dawson, RN; Jackie Williams, PhD; and Pat Gunter-Johnson, RN.

Laurie Reid, MS, RN, CCN/M, ABNA President, was recognized as a March of Dimes Nurse of the Year. Laurie made her footprint as an advisor in the area of HIV/AIDS prevention. She is a Senior Public Health Advisor at the Centers for Disease Control (CDC) and Prevention and a Commissioned Officer in the U.S. Public Health Service. Laurie serves as an advocate for vulnerable populations, specifically the incarcerated population. She is a program manager in the Office of Health Equity in the Division of HIV/AIDS Prevention.

Patty Palmer, LPN, NBNA Board Member and member of ABNA, was the recipient of a scholarship from the Military Order of the Cootie of the United States. This is a non-profit Veterans Service Organization.
MEMBERS on the MOVE

Birmingham Black Nurses Association (BBNA)

Birmingham BNA participated in the 1st Annual Ruben Studdard Marathon held in Birmingham, AL. Ruben is a native of Birmingham, AL. The event was held November 18-20, 2011. Thousands of runners, family, and friends from around the state of Alabama and the country participated in the marathon. This event benefited the Ruben Studdard Foundation through sponsorship, while driving millions of dollars of economic impact to Birmingham and bringing attention to the obesity epidemic in the state. Birmingham is a unique city filled with culture, art and entertainment, and has a lot to offer families, friends and spectators. BBNa participated in the weekend celebration by attending Casino Night at Adamson Ford. Whole Foods, Inc. sponsored Pasta Night. Members of BBNa indulged in good nutrition through heart healthy eating. BBNa members managed one water station and one first-aid station on November 20, 2011. Chapter members wore marathon t-shirts and took pictures with Ruben Studdard.

Black Nurses Association, Miami (BNAM)

BNAM was featured as one of the first time donors to the FIU College of Nursing and Health Science annual donor’s scholar luncheon in September 2011. Several members of the executive board raised funds to donate a scholarship to a Black nursing student. The 2011 recipient of the BNAM scholarship, in honor of Ms. Rosa Thompson (9999 – 2009), founding member of BNAM and former faculty advisor at FIU, Ms. Krystal Jones, SN.

Dr. Ora Strickland, PhD, RN, FAAN, retired from Emory University’s Nell Hodgson Woodruff School of Nursing after 22 years of service. In the summer of 2011, she was appointed dean of the Florida International University (FIU) College of Nursing and Health Sciences. Dr. Strickland is a nationally-recognized leader in women’s health, minority health, and nursing measurement. BNAM welcomed Dr. Stickland to Miami by hosting a reception in her honor at the FIU.

Annie Neasman, RN, past president of BNAM and President and CEO of Jessie Trice Community Health, was named one of the 10 most powerful women in Miami-Dade.

L to R: Deborah Andrews, MPH, RN, BBNA President; Tonnette Bishop, BSN, RN; Chireta Lane, SN; Deborah Thedford-Zimmerman, MSN, RN, CWOCN; Torri Tippett (granddaughter of Deborah Thedford-Zimmerman); Carolyn Washington, RN; Erical Booker (BFF to BBNA); Ruben Studdard 2003 American Idol Winner; Cheryl Lane, MSN, RN, CRNP, CWCN, CRRN; Deborah C. Walker, MA, BSN, NE-BC; and Tammy Davis, RN.

L to R: Annie Neasman, RN, past President; Dr. Ora Strickland; Krystal Jones, SN, Rosa Thompson Scholarship recipient; Dr. Florence Keane, Assistant Professor & Recording Secretary; and Yuvonne Martin, RN, President of BNAM.

NBNANews has made the submission process a little easier for you. You no longer have to submit information to Drs. Millicent Gorham and Ronnie Ursin. Send all articles, member news, chapter highlights, pictures, and other information to nbnanews@nbna.org.

CONTINUED
San Diego Celebrated its Annual Prayer Breakfast
Theme: “Hear Me While I Pray”

SAN DIEGO BLACK NURSES ASSOCIATION, Inc. (SDBNA) hosted its Annual Prayer Breakfast on Saturday, December 10, 2011 at Bayview Baptist Church-Martin Luther King Auditorium. The late Yvonne Hutchinson, a SDBNA President and NBNA member of the NBNA Board of Directors, originated the Annual Prayer Breakfast concept in the 1980’s. Initially, the event occurred in the homes of SDBNA members, but it has since grown exponentially. The December 10, 2011 attendance of 260 guests was the largest attendance since inception of the Annual Prayer Breakfast.

The Annual Prayer Breakfast had two main purposes; (1) to demonstrate SDBNA’s appreciation of our organization’s many supporters, friends, and collaborators; and (2) to conduct a spiritually-enriching and inspirational end-of-year event with reflections and expressions about our blessings as an individual and community-service organization. During the program SDBNA members expressed appreciation to guests for their continued support of our organization. We gave gifts to several guests as tokens of appreciation. Sharon Smith, SDBNA President, presented Dr. Deidre Walton, NBNA President, with a gift from Kenya which she acquired on a 2011 humanitarian trip with two other SDBNA members, Rose Jones, RN, and Shenell Baker, RN. The program incorporated SDBNA members’ and guests’ expressions of thanksgiving. Additionally, guests graciously expressed thanks to SDBNA for its steadfast commitment to decreasing health disparities in the community.

The theme was, “Hear Me While I Pray”. Dr. Walton was our dynamic speaker for the Annual Prayer Breakfast. She spoke passionately about health issues in African Americans and underserved communities. We were challenged to actively combat health issues individually and as a community. She spoke about the importance of prayer in our lives as we face health and health care challenges. Our organization was honored to have another NBNA representative as a guest; Dr. Irene Daniels-Lewis, NBNA Treasurer and Chapter Liaison. Dr. Daniels-Lewis expressed encouraging and heart-felt remarks that SDBNA members and guests appreciated.

Dr. Walton attended church services with SDBNA members at Bayview Baptist Church on December 11, 2011. Pastor Timothy J. Winters introduced Dr. Walton to the Bayview congregation which warmly welcomed her. Dr. Walton had lunch with SDBNA members after church before departing to her home in Scottsdale, AZ. The weekend of memorable events shared with Dr. Walton and Dr. Daniels-Lewis were highlights of a successful and productive year for SDBNA under the leadership of Sharon Smith, SDBNA President.

San Diego Black Nurses Association with Dr. Deidre Walton, NBNA President and Dr. Irene Daniels-Lewis, NBNA Treasurer and Chapter Liaison.
Kalamazoo-Muskegon Black Nurses Association (KMBNA)

Birthale Archie, MSN, BS, RN, NBNA Historian and President KMBNA, presented at NBNA Capitol Hill Day. Birthale presented, “How Legislation Impacts Health Care Delivery from the Bedside and Beyond.” Emphasis was on the importance of select legislation that promotes preventive health screenings, provisions for pre-existing conditions, care for the elderly and our most vulnerable population, and efforts to eliminate health care disparities. Birthale was invited to attend the White House U. S. Department of Transportation Roundtable discussion in January 2012 with the Honorable David Strickland, Administrator, National Highway Traffic Safety Administration of the U. S. Department of Transportation.

Council of Black Nurses, Los Angeles (CBNLA)

Eric J. Williams, DNP, MSN, RN, served as a textbook reviewer of Nursing Process and Critical Thinking, 5th Edition. Dr. Williams was one of six reviewers of the text. Special emphasis was placed on the implementation phase of the nursing process.

Dr. Williams attended the Southern California chapter for the Assembly of Men in Nursing conference, November 2011. He served as the opening keynote speaker. The theme was, “Men in Nursing: Together Making a Difference.” The Institute of Medicine (IOM) report on the Future of Nursing served as a basis for the discussion on support and professional development of men in nursing. Cultural and gender issues with emphasis on career transitions were also interrelated with the recommendations from the IOM report.

Barbara W. Julian, BSN, RN, and Dr. Williams attended the Village Health Foundation 10th Annual Celebration of 10 Years of Service to the Los Angeles Community. The theme was, “Health Choices.” Congresswoman Maxine Waters and Karen Bass were among the award recipients.

Southern Nevada Black Nurses Association (SNBNA)

Debra A Toney, PhD, RN, FAAN, immediate-past NBNA President and member of the SNBNA, was the keynote speaker at Vanderbilt University’s week long MLK celebration. Dr. Toney’s address was entitled, “Living the Dream: Improving the Health of our Nation: How We Care Matters.”

Dr. Toney participated in KSNV-TV Channel 3, Community Connections Meeting. She spoke on the state of minority health in Las Vegas.

Dr. Toney participated as a panelist for Nathan Adelson Hospice 8th Annual Multicultural Conference and Luncheon. The event is dedicated to raising awareness and educating the community about end of life care issues.

Dr. Toney was appointed by State Senate Majority leader to serve as a member of the Academy of Health.

Dr. Toney was reappointed and re-elected to serve as chair of the Nevada State Office of Minority Health.

Mississippi Gulf Coast Black Nurse Association (MGCBNA)

Rita Wray, MBA, RNC, FAAN, member of the Mississippi Gulf Coast Black Nurses Association, past NBNA treasurer and historian, deputy executive director for the Mississippi Department of Finance and Administration in Jackson, MS, was named by Governor-elect Phil Bryant as a co-chair of his inaugural committee. She joins Trent Lott, former U.S. Senate Majority Leader and Don Halle, President of Gulf Commercial Construction in planning the activities. The inaugural theme is, “Rising Together.”

Northern Connecticut Black Nurses Association (NCBNA)

Vicie Brooks, BSN, RN, member of NCBNA, was appointed to the role of the Community Liaison Nurse for Hartford Hospital. Brooks has a 40-year history at Hartford Hospital to her outreach role in the community. She has organized numerous community activities in her off-duty hours. Vicie’s work has earned her the trust and confidence of area communities. She has served as head of the Nurse’s Unit at Christ Temple Church in Hartford, where she organizes and facilitates an annual health fair. The annual health fair increases access to medical care for the community. She conducts monthly programs on topics that include hypertension, organ donation, sexually transmitted diseases, skin care and diabetes.

As Community Liaison Nurse, Vicie Brooks will be responsible for supporting health screenings, health fairs and information sessions within the Hartford community. The focus of these programs will be to reach underserved populations with an emphasis on stroke prevention, management of hypertension and the prevention of head injury.

Vicie Brooks will enhance the hospital’s partnership with city schools. This partnership will strengthen Vicie’s presence as a mentor for students interested in careers in healthcare.

Vicie Brooks graduated from Capital Community College and completed her Bachelor of Science degree from the University of Hartford. She is a founding member of NCBNA. In 2011, she received the Connecticut Hospital Association’s Heroes in Healthcare Award for her community service.
The National Federation of Licensed Practical Nurses, Inc. chose Sgt. Maj. Michael W. Robinson, LPN, to receive the highest honor that can be bestowed to a LPN in the country during their 62nd Annual Convention banquet held at the Omni Colonnade Hotel.

Sgt. Maj. Michael W. Robinson is assigned to the 7302nd Medical Training Support Battalion, Army Professional Management Command. He was awarded the distinguished service award for exemplary service to the LPN profession for outstanding service to the community on Oct. 23, 2011. Robinson continues to foster the relationship between military and civilian LPNs to enhance their professional development and practices. He is responsible for introducing the concept of the 1st Medical Simulation Warrior Competition to test Critical Emergency Medical Skills of Nurses and EMT’s using (tactical field care, medical evacuation, and care under fire concepts) at a National Nursing Convention.

His primary goal is to find or navigate the pathways that will transition the Army Medics/LPN to civilian employment (i.e. healthcare management, BSN, LPN). The secondary goal is to demonstrate to the healthcare industry that the Army Medics/LPN is a versatile, skillful and economical member of the healthcare team.

Central Carolina Black Nurses Council (CCBNC)

The twenty-first annual Educational Lecture Luncheon of the CCBNC was held on Dec. 3, 2011 at the Friday Center in Chapel Hill and featured Ernest Grant as the keynote speaker. Mr. Grant is the Nursing Education Clinician for the North Carolina Jaycee Burn Center where he is the Director of Outreach and Prevention and serves as the Burn Center’s liaison for pre-hospital, hospital, allied health professionals, corporate entities, and Military Personnel. He spoke on HBCUs and their impact on the nursing profession.

Two members of the organization received the Distinguished Chapter Service Award at the luncheon: Betty Borden and Jocelyn Gladney-Allsbrook. The awards recognize members who provide extraordinary service to the chapter. Ms. Borden is a retired nurse from Duke Medical Center and now works as a Parish Nurse at First Calvary Church in Durham and Ms. Gladney-Allsbrook is a Clinical Nurse IV/Assistant Manager at UNC Hospitals in Chapel Hill.
Honolulu Black Nurses Association (HBNA)

An the award goes to Linda Mitchell, RN, NBNA Board Member and member of HBNA. Mitchell received the Delta Sigma Theta Rock the Vote Award. The Vote Award is given to an individual who has made a significant contribution to the political environment in Hawaii. This contribution was in the form of voter registration, programming, voter education, political activism, and/or social advocacy. Linda worked extensively to influence legislation and policies both locally and nationally related to voter education and health issues such as breast cancer. She has served as a past president of the HBNA, is a member of Alpha Kappa Alpha Sorority and recently named Chair of Education and board member for the Susan G. Komen Race for the Cure (Hawaii affiliate).

Southeast Texas Black Nurses Association (STBNA)

STBNA was featured in the local newspaper and television station for their “Honey Child” event. The event was provided through a grant from the March of Dimes to educate expectant mothers on prematurity. The chapter gave away 600 onesies, pregnancy massages and pregnancy photo shots to the attendees.

STBNA was visited by the local television station CBS KFDM channel 6 during the January, 2012 chapter meeting. CBS KFDM was most interested in healthcare and perspectives on the upcoming national election.

B. Midge Julun-Jacobs, RN, and Yolanda Johnson, RN, were presenters for career day at Central Medical Magnet High School in Beaumont, Texas. They spoke with students regarding nursing school requirements, nursing schools in the area, state and Historically Black Colleges and Universities, the different areas of nursing practice and all about the local chapter and NBNA.

L to R: Stephanie Williams, RN, and B. Midge Julun-Jacobs, RN, STBNA President, with Tuskegee Airmen. The group was attending the preview of “Red Tails” hosted by the Arcadiana and New Orleans Black Nurses Associations. The event was sponsored by Vitas and held in Lafayette, LA.

Memphis Riverbluff Black Nurses Association

Georgia McNeil Oliver, MSN, RN, is celebrating 13 years as Co-Founder and Director of Memphis Healthy Churches. Memphis Healthy Churches provides cancer prevention, cardiovascular, obesity, diabetes and HIV/AIDS education and case management in African American churches representing thousands of parishioners. Trained health representatives actively work with their pastors to promote lifestyle changes and healthy behaviors in their congregation.
South Eastern Pennsylvania Area Black Nurses Association (SEPABNA)

Cynthia Byrd-Wright, RN, has been certified by the Addiction Certification Board, Inc., as a Tobacco Treatment Specialist. Juanita Jones, RN, newly elected President, has successfully completed a Master In Nursing Management from Gwynedd Mercy College. Juanita was also the recipient of the Mercy of Philadelphia Hospital’s 30 Year Service Award. Denise Pinder, RN, SEPABNA Vice President, and Michelle Young Stevenson, RN, joined President Emeritus Dr. Lucy E. Yates while participating with the Delaware Valley Association of Black Psychologists during an interdisciplinary professional team building session at the Philadelphia College of Osteopathic Medicine.

Karen King Shannon, BSN, RN, SEPABNA Immediate past President, earned a BSN from Gwynedd-Mercy College, Frances M. Maguire School of Nursing in Gwynedd Valley, PA. Roberta Waite, EdD, APRN, CNS, FAAN, a prolific publisher of nursing articles, was one of only five medical and nursing faculty members accepted as highly respected Macy Scholars. This award is accompanied by a generous two year monetary allotment for the implementation of a proposal for educational reform. Dr. Waite has been recently appointed to a three-year term on the Board of Directors of Catholic Health East. She was also a nursing panelist during the National Conference on Higher Education’s program in Center City, PA.

New York Black Nurses Association Inc. (NYBNA)

Reflections of Dr. Martin Luther King Jr., gift-giving from NYBNA to the residents of the Greater Harlem Nursing Home. NYBNA members present: Susan Thompson, Imani Kinshasa, Marcia Skeete, Vivienne Smith, JadQuetta M. Whaley, Jasmin Waterman, Jacqueline Baker, Bernice Headley, Hayward Gill Jr. (with students), Nelline Shaw and Bernice Simmons.

Jacqueline Baker, RN, received a Community Award from the NAACP in December 2011 at their Annual Dinner/Dance for service at her church, St. Mark AME, and her community. Hayward Gill, Jr., RN, was honored January 2012 at a faculty meeting of St. Joseph’s College School of Professional and Graduate Studies for 35 years of outstanding service to students and to the college.

THE NBNA NEWSLETTER CRITERIA FOR SUBMITTING ARTICLES:

- 500-750 Word Article
- Title of Article, Author’s Name and Credentials (Alison Brown, MSN, RN)
- Three-line biographical sketch & author’s headshot photograph
- Resources where appropriate
- 430 character statement about the article for the NBNA Facebook Page

Deadlines: May 10 & August 10
WHO IS A UPMC NURSE?

A UPMC nurse is a healer, a leader, an advocate, a colleague, and a listener. A UPMC nurse is constantly looking for opportunities to develop professionally and improve patient care. Nurses at UPMC combine their education and experiences with a deep commitment to caring for others and helping others reach their potential. UPMC helps nurse do this by providing educational and professional opportunities, and a culture of nursing excellence.

To learn more, visit UPMCNurses.com or e-mail nurse@upmc.edu.
Acadiana Black Nurses Association: Lafayette, Louisiana

ACADIANA BLACK NURSES ASSOCIATION (ABNA) was founded by Trilby Barnes Green, RN, former member of NBNA Board of Directors and current President of the New Orleans Black Nurses chapter (NOBN) and sponsored by the University of Louisiana at Lafayette (ULL), College of Nursing and Allied Health Professions and Dr. Jennifer Jackson who is Assistant to the President for Campus Diversity at University of Louisiana at Lafayette. The chapter was formed on January 11, 2011 and chartered on July 14, 2011 in Indianapolis, IN, at the NBNA Conference and Institute.

ABNA has worked diligently to execute NBNA’s mission through several community collaborations: Black owned Barbershop in Crowley and Lafayette, LA (blood pressure screening and education); Louisiana National Kidney Foundation (Kidney Early Evaluation Program [KEEP] screening); NOBN and VITAS (ELNEC-Veterans Train-the-Trainer Course); and Our Lourdes Regional Medical Center (flu vaccinations).

The president, executive committee, and members of the ABNA have worked assiduously and exerted multiple resources to ensure that the chapter remains a success. Although ABNA is a major priority to us, several members are involved in numerous endeavors that provide an amalgamation of ABNA’s resources and strength, clinical experience, education, and professional diversity.

Africa Dauphiney, MSN, ANP-BC, the second vice president of the ABNA, graduated from the MSN and Adult Nurse Practitioner program at the ULL in May 2011. Africa was successful in the Adult Nurse Practitioner certification examination.

Herbert Druilhet, MSN, CEN, FNP-BC, received the Acadiana Celebrates Nursing Award in 2011. Herbert is a DNP student at American Sentinel University in Denver, CO.

Gilbert Fontenot, MSN, FNP-BC, the corresponding secretary for ABNA, is a DNP student at University of Missouri, Kansas City.

Denise Linton, DNS, FNP-BC, 1st Vice President of the ABNA, presented, “Beliefs related to the follow up of abnormal Pap test results,” at ULL, Delta Eta Chapter, Sigma Theta Tau Sixth Annual Accents on Scholarship in December 2011. Dr. Linton also presented, “Fighting cervical cancer with vaccines, Paps, and follow-up,” at the American College of Nurse Practitioners Clinical Conference in Denver, CO in October, 2011.

Iris Malone, DNP, FNP-BC, Secretary ABNA, established partnership with the University of Louisiana Dietetic division to allow senior dietetic students to provide one on one nutritional counseling and nutritional program for Northside High School students. This is the first known program established at a high school in Lafayette Parish. Dr. Malone’s abstract, “CPR (Collaborative Preventative Services) in Parish Nursing: Bringing in the Old to Create a New Way of Nursing,” is approved for presentation at the June 2012 Innovations Conference at Wesleyan University in Marion, IN.

Genesia Rucker, MSN, MA, RN-BC, LNC, is a Master of Divinity student at United Theological Bible Seminary College, Monroe, LA, and a DNP student at Walden University, MN.

Geralyn Shelvin, PhD, RN, was a recipient of the Women Who Mean Business Award in 2011.

Jeanine Thomas, MSN, RN, ABNA President, is pursuing a PhD in Nursing at the University of Arizona in Tucson. Jeanine’s major is Reducing Risks and Promoting Health in Vulnerable Populations and minor is Understanding Mechanisms to Treat and Prevent Biological Injuries. Jeanine’s research interest is developing interventions to treat obesity in African American women diagnosed with breast cancer.

Lucille Wood, BSN, RN, CGRN, earned her certification as a gastroenterology nurse and received the Lafayette Commission on the Needs of Women 2011 Women of Excellence Award for her work with a non-profit prevention and re-direction outreach ministry for youth.
NBNA MEMBERSHIP THEME 2012: “Every 1 Counts, Make 1 Phone Call, Send 1 Email, Have 1 Conversation, Recruit 1 Member”

Marcia Lowe, MSN, RN-BC, NBNA Membership Chair

EVERYONE WHO RECRUITS a new member is a winner. The theme this year is, “Every1Counts.” The membership committee of the National Black Nurses Association, Inc. (NBNA) has taken on the challenge to develop strategies that will enable chapters and individuals to recruit members.

NBNA celebrated forty years of nursing excellence this year. What can we do as members of NBNA to continue the legacy? Where are the younger members and why are they not members of NBNA? What incentives would be attractive to potential members when selecting a professional organization to join? These are all valid questions that need more investigation. NBNA currently offers many incentives during the membership drives.

What can your chapter do or you as a member to recruit? Many chapters have developed innovative strategies to meet the goal of increasing membership. Several chapters hold annual membership drives to introduce potential members to NBNA. Others have incorporated educational offerings for continuing nursing education to entice potential members. Many chapters have websites that showcase the benefits of membership and ongoing chapter activities. The NBNA website lists the many benefits of this great organization.

Another area that needs addressing is what can NBNA do to attract the new graduates or younger nurses to the organization? These nurses are vital to the continued existence of NBNA well into the future. Today’s younger nurses routinely use computers, facebook, texting, webinars and conference calling. In other words they do not want to sit in a meeting. Current chapter activities must incorporate communication on the same level in order to attract these nurses.

Each local chapter of NBNA and each individual member must work to promote the growth of this great organization. We have to speak positively about our organization to our colleagues, friends, family members, and church members, whomever we meet. We have to be involved in our communities and publicize the goals of the organization so that members of the public will know that the National Black Nurses Association exists and that there are many chapters. We have to visit schools of nursing and invite students to join us. We must offer incentives to ensure that student members will remain active after graduation. We have to offer scholarships and encourage their involvement with activities.

Remember that every nurse, student nurse or retired nurse is a potential member. NBNA is inclusive, not exclusive. The burning question remains, what are some successful strategies that can be utilized to recruit and retain members?

Here are some tips for recruiting and retaining new members:

- **Assemble a creative membership outreach team.** Each chapter needs a membership coordinator and a visionary committee.
- **Hold a membership recruitment effort** at the beginning of the year to recruit new members. Make it innovative.
- **Develop a network.** Think about your community. Interact with nurses, student nurses and retired nurses.
- **Seek opportunities to be visible in the community.** Participate in health fairs, doctor days, school of nursing events, church events or career days at schools.
- **Promote NBNA.** Create a flyer that will tell potential members of the benefits of membership. Refer potential members to the NBNA website.
- **Work with the media.** Let the media know of events that your chapter is participating in. Notify NBNA so that your chapter activities can be shared with other chapters.
- **Use personal contacts.** Look around at your friends, neighbors and co-workers. Everybody knows a nurse. Contact former members with a personal invitation.
- **Increase activities, not meetings.** Meetings are important to discuss business, but keep them short and to the point. Make sure that members have information prior to the meetings so that when decisions need to be made, it won’t take up so much time.
- **Offer CEUs** as a part of your recruitment strategy. This will require some effort and planning. And don’t forget to provide refreshments.
- **Just ask!** People often say that they did not know that there is a National Black Nurses Association. “Make 1 Phone call, Send 1 Email, Have 1 Conversation, Recruit 1 new member.” We must invest our time and talents to ensure that NBNA remains a vital professional organization. The NBNA membership committee would like for you to share any innovative strategies that have been successful for your chapter in the area of membership recruitment. What successful strategies have been initiated by your chapter? Please submit your article to the NBNA newsletter.

Marcia A. Lowe, MSN, RN-BC, is past president of the Birmingham Black Nurses Association, Inc. and currently serves as the Communications Chairperson. She serves on the National Black Nurses Association’s Board of Directors, is the Membership Chair, on the Scholarship and Awards, Adhoc for Chapter Development and Program Committees.
Licensed Practical/Vocational Nurses

Rhonda E. Ruben, LPN/LVP Representative, NBNA Board of Directors

First let me thank you for the opportunity to serve as your LPN representative on the NBNA Board of Directors. It has been a great experience, one I will always cherish. NBNA is one of the few professional nursing associations that are inclusive of LPN members.

Last year at the 40th Annual NBNA Conference, approximately 95 members were in attendance at the LPN/LVN session. Each year this session has exceeded its expectations and I am proud to say we have sustained tremendous success over the years. This is because we have had outstanding speakers who provide critical information that is important to our members and our patients. Last year’s speakers Mr. Richard Lowery and Ms. Carthenia Jefferson who are both practicing attorneys, presented valuable information regarding, “The Legal Aspects Related to Nursing.” In the same fashion at this year’s conference, we will follow-through with the recommendation from the Institute of Medicine Report, The Future of Nursing: Leading Change, Advancing Health. The report is very clear that nurses must commit to lifelong learning in order to handle the complexities of healthcare today. This year’s LPN/LVN session will again host two guest speakers; Ms. Latoya C. Scott, CEO of Principal Financial Consultants who will present, “Significantly You: The Key to Being Financially Fit over 40” and Ms. Rhonda E. Ruben, “Staying Fit at Any Age.”

The National League of Nursing cites that the nursing community must recognize the seamless career pathways that consider the LPN/LVN trajectory a key component of the nurse workforce advancement. The LPN forum supports this statement as we continue to practice the art and science of nursing. LPN/LVNs are critical to the healthcare system and are employed in numerous settings such as: hospitals, long-term care facilities, correctional nursing, physicians’ offices and rehabilitation facilities. As you may know, many LPN/LVNs claim this level of nursing as a lifelong career with wonderful perks; while others are in advanced training to become RNs. Ultimately, it is a decision they must determine.

As a member of the National Black Nurses Association Board of Directors for the past three years, I want to applaud and acknowledge our LPN member Ms. Wiherena Cothman who, has been in attendance at all NBNA conferences but most importantly, has been an LPN for 51 years. Thank you NBNA for the great opportunities you provide to all of your members. I look forward to seeing you in Orlando!

The Tuskegee Airmen Scholarship Foundation and NBNA Announce New Scholarship

The Tuskegee Airmen Scholarship Foundation (TASF) and NBNA announced the establishment of the Della H. Raney Nursing Scholarship, named after the first chief nurse assigned to the Tuskegee Air Field; Della H. Raney. Della Raney was born in Suffolk, Virginia on January 10, 1912. She was the first African American nurse commissioned as a Lieutenant in the United States Army Nurse Corps (ANC) during World War II. To join the Army Nursing Corps and receive an officer’s commission, a woman had to be a registered professional nurse and a member of the American Red Cross. She was a graduate of the Lincoln Hospital School of Nursing in Durham, North Carolina – the first nursing program established for African American nursing students in the United States.

Prior to joining the military, Raney was an operation room supervisor at the Lincoln Hospital in Durham, North Carolina. Raney’s first assignment was at Fort Bragg, North Carolina. She was promoted to chief nurse at Fort Bragg in 1942. Raney then transferred to Tuskegee Army Air Field and became the first chief nurse at Tuskegee. She later became chief nurse at Fort Huachuca, Arizona. Raney was promoted to captain in 1945 and to major in 1946. She retired in 1978.

The $2,000 Della H. Raney Scholarship is targeted to nursing students enrolled in at least the sophomore year at an accredited BSN degree program. Each applicant must submit an application, official transcript, two page statement about their nursing career/journey, resume, and two letters of references. The deadline to submit scholarship applications to NBNA is April 15th.

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Diversity for the Nursing Profession

Edward J. Halloran, PhD, MPH, RN

The North American Native American Indians have a phrase in their language used to describe people—translated the phrase means “human beings.” It occurs to me that the phrase “human beings” is entirely interpretable, without the bias often associated with other terms we use to describe ourselves. Man, woman, children, boys, girls, blacks, whites, Germans, Irish, Indians, tall, blond, old, young. Each descriptor of persons comes with an incredible amount of baggage related to our tendency to dichotomize or polarize these descriptions. It is as if everyone fits on a continuum: big-small, smart-dumb, fat-thin, good-bad. Not so! There are just too many ways to characterize human beings that no single one is sufficient to draw a conclusion with any lasting meaning. Gould (1981), in his classic work The Mismeasure of Man, argues forcefully against the dichotomy that attributes human behavior to either inherited traits or learned activity (environment). The search for such simplistic explanations of behavior has led to man’s great inhumanity to man. Blacks, women, and Jews are not inferior by any genetic measure. Only cultural bias, sometimes in the form of stereotype threat places human beings on this so-called continuum from good to bad.

Claude Steele, the I. James Quillen Dean for the School of Education at Stanford University, has authored an important book, Whistling Vivaldi, that identifies the pernicious effects on performance of stereotype threats. These threats hamper improvements in social problems like persistent intergroup tensions that impair a range of human functioning. He says performance gaps among minority groups are related to self-doubts and fears of confirming negative stereotypes. The resultant anxiety becomes upset enough to interfere with performance. Stereotyping is a major obstacle African Americans, Hispanics and men find when considering the nursing profession. Steele and his colleagues have also shown that specific yet small interventions can largely eliminate performance gaps between stereotyped groups and non-stereotyped groups.

Steele’s research reports show that using high standards when giving feedback and letting persons know that you expect them to eventually succeed improves performance; so does having a critical mass of minority students, say thirteen percent. Clearly expressing the value of diversity improves performance as does allowing stereotyped individuals to express self-affirmation. Using inter-group conversations framed as learning experiences eliminates performance gaps as does helping stereotyped individuals to develop narratives about the setting that explain their frustrations while at the same time projecting positive engagement and success.

It may be time to prepare a tool kit for hospitals and nursing schools to give guidance on how Steele’s concrete, research based recommendations can be achieved. Perhaps such an exercise can begin with counting, an activity all minorities perform in any setting where being minority is obvious. While African Americans make up 13% of the population only 5.4% of nurses are Black. Hispanics comprise 16% of the US population and 3.6% of nurses, and men are a small proportion of nurses, 6.6%. The nursing profession is alone among professions in not having made changes in membership that better reflect the population. Human beings need the best from the nursing profession and excellence in service can be realized by greater diversity among nurses.

REFERENCES:

Dr. Halloran has been an administrator and educator in the nursing profession for more than four decades. He was chief nursing officer at University Hospitals, Case Medical Center in Cleveland. He also taught at the Frances Payne Bolton School of Nursing, Case Western Reserve University before coming to the University of North Carolina at Chapel Hill where he now teaches nursing and is an activist with the American Assembly for Men in Nursing.
Wassup with HIV/AIDS and Black Men

Sheldon D. Fields, PhD, ARNP, FNP-BC, AACRN, DPNAP, FAANP

ON FEBRUARY 7, 2012 we marked the 12th Annual National Black HIV/AIDS Awareness Day and the theme was “I am my Brothers/Sister’s Keeper: Fight HIV/AIDS”. This national initiative is spearheaded by a group of 12 lead organizations known as the “Strategic Leadership Council” (http://www.nationalblackaidsday.org/). It is a grass roots movement to mobilize those in the Black community around issues of HIV/AIDS education, testing, involvement, and treatment. So why does such a day have to exist you ask, and for that we turn to the sobering statistics of the current state of HIV/AIDS in the Black community and just why this article is focused specifically on the plight of Black men.

THE STATISTICS:

The HIV/AIDS pandemic is more than 30 years old and while we have made extraordinary advances in the treatment of HIV to the point where we talk more about “living” with HIV instead of dying from “AIDS” great inequities still exist. Blacks comprise 14% of the U.S. population but accounted for 44% of all new HIV infections in 2009 (CDC, 2011). No other racial group has a higher HIV infection rate. In the same year Black men accounted for 70% of all of the HIV infections among Black men is a bit of an understatement as the statistics clearly warrant there has been action, progress and exciting new biomedical innovations that hold the hope of truly ending the epidemic.

In July of 2010 we saw the release of the National HIV/AIDS Strategy here in the United States. The strategy has three overarching goals, (1) Reduce HIV incidence, (2) Increase access to care and optimize health outcomes, and (3) Reduce HIV-related health disparities (ONAP, 2010). This focus on the domestic epidemic has led to unprecedented coordination among agencies at the federal level charged with addressing our domestic epidemic (http://www.aids.gov/). The U.S. in July 2012 will also host for the first time in almost twenty years the 19th International AIDS Conference in Washington, D.C. (http://www.aids2012.org) were all the world will be watching what is and is not happening here in the U.S. to end HIV/AIDS.

The Congressional Black Caucus has long pointed out the emergent need for attention to the threat of HIV/AIDS in communities of color and advocated for the allocation of funds for the National Minority AIDS Council (NMAC), which since 1987 has been working with these target communities to end the HIV/AIDS epidemic. NMAC released in 2011 for World AIDS Day a PSA campaign entitled “HIV Ends with Us” (http://www.nmac.org/travel/1277-nmac-releases-hiv-ends-with-us-psy-with-gilead-html) featuring Wendy Williams. They also sponsor the “Men’s Institute of Leadership Excellence and Service (MILES) program”. This is an innovative leadership program aimed at enhancing the capacity of leadership staff, particularly African American MSM within Community Based Organizations (CBOs) that serve African American gay, bisexual and other MSM (http://www.nmac.org/travel/1291-mens-institute-of-leadership-excellence-and-service.html).

The Centers for Disease Control and Prevention has released a new HIV testing and AIDS awareness campaign specifically targeted at BMSM entitled “Testing Makes Us Stronger”. It is the first such national campaign that the CDC has ever launched focused specifically on BMSM. The campaign cost a total of $2.4 million (https://www.facebook.com/#!/testingmakesusstronger) and is part of the “Act Against AIDS” program initiated by the White House in 2009—a five-year, $45 million investment. The campaign is resonating well with its target audience and continues to be rolled out nationally in major heavily Black populated areas.

WHAT IS BEING DONE:

No sitting president has ever made such a public statement and declaration about the lives of young Black gay men and it made for a truly historic moment.

So to say that HIV/AIDS is a major problem among Black men is a bit of an understatement as the statistics clearly point this out. The statistics however have been pointing this out for years and the criticism has been that not enough has or is being done specifically to stem the tide of this epidemic among Black men. While the criticism in many respects is warranted there has been action, progress and exciting new biomedical innovations that hold the hope of truly ending the epidemic.

CONTINUED
The Urological Male Review

Audwin Fletcher, PhD, ARPN, FNP-BC, FAAN

When compared to the female anatomy, the sexual organ of a man seems deceptively straightforward; but unfortunately, looks can be deceiving. The reassuring news is that with early medical attention, most urological conditions that plague my fellow Brothers, and me, can be successfully treated and managed. The purpose of this review is to provide my Brothers [and the spouses of my Brothers] with important facts about erectile dysfunction, testicular cancer, prostate cancer, and colorectal cancer. These facts could change the lives of many.

Erectile Dysfunction

According to the National Institutes of Health, almost every man at some point in his life will experience temporary, situational impotence. But, an estimated 30 million American men suffer from full or partial erectile dysfunction (ED). Erectile dysfunction can be a total inability to achieve an erection, an inconsistent ability to do so, or a tendency to sustain only brief erections that are satisfactory for intercourse. It is important to note that while ED may be a source of embarrassment and frustration for males, it can very well indicate chronic health problems. A physical exam can give clues to systemic problems. For example, if the penis is not sensitive to touch, a problem in the nervous system may be the cause. Abnormal secondary sex characteristics, such as hair pattern, can indicate hormonal problems. In addition, the examiner might discover a circulatory problem by observing decreased pulses in the wrists or ankles. Lastly, unusual characteristics of the penis itself could suggest the source of the problem.

Testicular Cancer

Researchers postulate that while testicular cancer is a relatively rare lesion, it does account for at least 1% of all cancers in men. About 7,500 men in the United States are diagnosed with testicular cancer each year. Testicular cancer occurs most often in men between the ages 15 and 39, and is the most common form of cancer in men between the ages of 20 and 34. The causes of testicular cancer are not known. However, literature indicates that several factors increase a man’s chances of developing this disease. The risk factors are: 1) undescended testes—normally the testes descend into the scrotum before birth; 2) abnormal testicular development—men with small testes are more apt to develop testicular cancer; 3) history of testicular cancer; and 4) family history of testicular cancer. Since most cancers of the testes are found by men themselves, men are encouraged to seek medical attention for: 1) a painless lump or swelling in the scrotal sac; 2) any enlargement of a testicle or change in the way it feels; 3) a feeling of heaviness in the scrotum; 4) a dull ache in the lower abdomen, back, or the groin; 5) a sudden collection of fluid in the scrotum; or 6) pain or discomfort in a testicle or in the scrotum. Most men with testicular cancer can be cured with surgery, radiation therapy, and/or chemotherapy.

REFERENCES:


Dr. Sheldon Fields is an Associate Professor of Nursing and Assistant Dean of Clinical Affairs and Health Policy at Florida International University, College of Nursing and Health Science.
PROSTATE CANCER

According to the American Cancer Society, prostate cancer is the most common cancer in American men. African American men are 66 percent more likely than Caucasian men to develop the disease, and are two to three times more likely to die from the disease. Researchers believe this, in part, because African American men are less likely to be screened for illness and are less likely to seek treatment. Prostate cancer screening consists of two tests. The first is a digital rectal examination (DRE), in which the health care provider inserts his finger in the male’s rectum and assesses the prostate for any nodules or hard areas. Secondly, men should also get a prostate-specific antigen (PSA) blood test, which measures the amount of protein produced by the prostate gland. A PSA value of zero to four is considered normal. Generally, the PSA is about 40 to 50% accurate; and the DRE is 25% accurate. Signs of prostate problems include: 1) frequent urges to urinate; 2) blood in the urine or the semen; 3) painful or burning urination; 4) difficulty in urinating; 5) difficulty in having an erection; 6) painful ejaculation; 7) frequent pain or stiffness in the lower back, hips or upper thighs; and 8) dribbling of urine.

COLORECTAL CANCER

According to the National Cancer Institute, cancers of the colon and rectum are among the most common cancers in the US. The exact causes of colorectal cancer are unknown. However, literature documents that the following risk factors increase a man’s chances of developing colorectal cancer: 1) increased age—usually over 50 years; 2) high fat/calorie and low fiber diets; 3) development of polyps; 4) first-degree relatives with history of colorectal cancer; and 5) development of ulcerative colitis. Common signs and symptoms of colorectal cancer include: 1) stools that are narrower than usual; 2) blood in the stool; 3) a change in bowel habits; 4) diarrhea, constipation or a feeling that bowels don’t empty completely; 5) generalized abdominal discomfort; 6) vomiting; and/or 7) weight loss with no known reason. Those who have any of the risk factors described above [even when symptoms are not present] should have screening tests more frequently. A fecal occult blood test (FOBT) checks for hidden blood in the stool. A sigmoidoscopy examines the rectum and the lower colon. A colonoscopy examines the rectum and the entire colon. And, DRE is an exam in which the health care provider inserts a lubricated, gloved finger into the rectum to assess for abnormal areas.

SUMMARY

In assessing your sexual function, your healthcare provider focuses on the manifestations of the sexual dysfunction. Any symptoms or changes in function should be explored fully and described in detail. Factors that may affect sexual functioning [e.g., stress, physical disease, use of medications, illicit drugs, or alcohol] should be identified and addressed.

Therefore Brothers, maintaining our sexual health can be achieved by following a few general tips. First, eat healthy. A low fat diet is paramount in good sexual function. Literature documents that fat causes hardening of the arteries, which can reduce the blood flow to the penis and thus, results in erectile complications. In addition, decreasing fat intake is also believed to decrease the risks of developing prostate cancer. Secondly, exercise regularly. A regular exercise regimen enhances the libido by increasing endorphins, improving blood circulation, preventing obesity, and thus, decreasing impotence. Third, drink less alcohol. It has been documented that heavy drinkers have an increased risk of certain cancers. And finally, smoke less. Research indicates that cigarette smokers are more likely than nonsmokers to develop cancer [other than lung cancer]. The risk of cancer begins to decrease soon after a smoker quits, and the risk continues to decline gradually each year thereafter.

In conclusion, most men ignore their sexual dysfunctions until dragged into clinics or hospitals by a woman, not realizing that the sexual problem could be a late sign of a disease. In an attempt of being role models for those of whom we treat, it is imperative that NBNA members encourage the “BROTHERS” in their lives [husbands, sons, fathers, friends, uncles, cousins, father-in-laws, brother-in-laws, son-in-laws, and patients] to get checked and to get checked regularly!!!!!!

Dr. Audwin Fletcher is a Professor & Director and Multicultural Affairs at the University of Mississippi Medical Center School of Nursing. He is a NBNA Board member and can be reached at 601.984.6210 or afletcher@umc.edu.

HEALTH: A Male Perspective
The introduction of HEPA (High Efficiency Particulate Air) backpack vacuums can also help reduce airborne germs and improve overall indoor air quality. Backpacks provide an increase in productivity of 70 percent compared to traditional push vacuums, and the HEPA filters the air to .3 microns, ensuring harmful germs are not blown out of the exhaust back into the air.

Microfiber cleaning cloths are superior to cotton or other fabrics or disposable paper, proving to be 99% more effective at capturing and removing bacteria and soils. (Be sure to turn and change cloths often; also, cloths should be color coded and devoted to a single, designated area to prevent cross-contamination.)

Finally, empower teachers, staff and students by using flyers, emails and meetings to reinforce the need to minimize germ transmission. Stress effective hand washing and the use of alcohol-based hand sanitizers, and keep sanitizing stations visible and well stocked. By combining effective hygienic cleaning and hand care education, you’ll reduce health risks and improve your chances of weathering the cold and flu season with minimal absences.

REFERENCES:

Peter J. Sheldon, CBSE

Like some weird high school science experiment gone bad, bacteria and germs infest the typical school. Viruses and bacteria can live on hard surfaces for up to 72 hours; furthermore, children and students in care centers and schools consistently come into close contact with each other. Recent studies by Dr. Charles Gerba, University of Arizona environmental microbiologist, show that proper surface disinfection led to a 50 percent reduction in absenteeism in schools. According to a study in the American Journal of Infection Control, proper hand hygiene can cut absenteeism by nearly 20 percent.

Some of the germiest areas in schools include:
1. **Water fountains.** Public drinking fountains can harbor as many as 2.7 million bacteria per square inch on the spigot.
2. **Pencil sharpeners.** Because bacteria can live on surfaces for as long as 72 hours, there is more than enough time for microbes to be transmitted from one person to another via sharpeners.
3. **Computer keyboards and mice.** PC keyboards in schools are often used by more than one student; in fact, keyboards can have more than 200 times as many bacteria as a toilet seat.
4. **Desks.** The average desk has 100 times more bacteria than a kitchen table and 400 times more bacteria than the average toilet. Have students help out by going over their desks with a disinfectant wipe each morning.
5. **Bathrooms.** E. coli and other fecal toxins are often found on nearly every surface. Kids should be encouraged to use paper towels to turn faucets off and on, to close the toilet lid before flushing, and to open the door before exiting.

To effectively kill and remove germs and soil, consider a shift to a nightly health-focused, hygienic cleaning system using hospital-grade disinfectants. EPA-registered disinfectants help reduce the overall risk of illness by killing harmful organisms on surfaces. Staff and students should be provided with disinfectant disposable wipes as well, to periodically wipe down high-touch points throughout the day.

**REFERENCES:**

**Peter J. Sheldon SR., CBSE,** an expert in the Building Services Contracting industry brings over 20 years of experience to his position as Vice President of Operations of Coverall Health-Based Cleaning System®. Sheldon works closely with the Coverall sales and operations teams to spearhead initiatives that further the company’s strategic objectives and help the company develop the most efficient and innovative cleaning processes available.

**Top Five Germiest Places in Local Schools**

Peter J. Sheldon, CBSE
African American Veterans: 2012 Health Equity and Other Issues
Ron Armstead

According to a new compilation of facts from the U.S. Census, more military veterans are Black than any other minority group (February, 2009). In addition, the projected Black population of the United States for July 1, 2050 is 65.7 million. On that date, according to projections, Blacks would constitute 15% of the nation’s total population. However, despite current data suggesting that, at least in the short term (due to overall veterans population decline and higher percentages of ethnic minorities in the military who will eventually become veterans), there will be a higher proportion of minorities among veterans in the future, Department of Veterans Affairs (DVA) estimates and projections have been made for the years beyond 1990, for the veterans’ population as a whole, and for female veterans, but this has not been done by race or ethnicity.

As VA stakeholders, we (The Veterans Braintrust) have benchmarked some startling national statistics such as rising suicides and divorce rates, continuing military family financial hardships and stressful parenting responsibilities associated with serving multiple tours of duty in the war zone. Further, according to a recent Bloomberg Business Report (2011) the Black veterans (age 20 to 24 years old) unemployment rate is 48%; Black and Hispanic veterans homeless rate is 56%; female veterans numbers are expected to gradually increase to 5.8 million patients (GAO Report) and in the coming year, more than 260,000 Iraq and Afghanistan veterans, as well as other military personnel, will be released due to downsizing.

All too often our returning Iraq and Afghanistan soldiers and their families are described as the best trained, best educated and best selected although the returning service members and their families have changed over the past forty years, or since the close of the Vietnam Conflict. There are many socio-emotional circumstances that often cloud their paths to the future. For example, opposition to the War on Terrorism, whereby 60% of the American population had voiced their opposition, and Black’s support was consistently the lowest of any subgroup in a number of national survey polls—much like the Vietnam War. Some analyst say Blacks lack of support for the war in Iraq yields strange similarities to Vietnam, but also critical differences. Comparing histories has shown that the Vietnam Conflict and the War on Terrorism have strained black community and military relationships across the country. The Congressional Black Caucus and NAACP, amongst other major organizations, argue that the years of war has once again come at the expense of our domestic agenda coupled with a retreat from affirmative action, social assistance programs for the poor and an unprecedented number of Black males incarcerated. Even some conservative commentators such as Armstrong Williams, who supported military action against Iraq, argued Blacks’ views are shaped as much by historical and economic concerns as they were by partisan views of former President Bush. “They have seen how we were treated in World War II and how Black veterans are treated,” William said. “It’s just something that has been passed down from their grandparents and parents.”

Federal DVA agency statistics stating Black veterans health disparities, dissatisfaction with VA care (both inpatient & outpatient), and disproportionate homelessness reinforces the fact that successful transition of service men and women of African descent into civilian life after their separation from military service, frequently lacks a lot to be desired. Equally important, in the passing of the guard from the Vietnam generation to the 21st century new greatest generation of African American military service members and families we are increasingly reminded that they are a relative minority within a minority in terms of the actual numbers of men and women who are serving in the U.S. armed services (less than 1% of the general population). In many instances, these African American service members were drawn voluntarily from a larger community context and one can only wonder if youth violence, high unemployment and underemployment, limited education, training or job opportunities, and unstable families and neighborhoods helped to fuel their active duty, reserve and National Guard enlistments.

After volunteering for military service and multiple deployments enlistments often return feeling quite disconnected from both their families and communities of origin. Readjusting to the new normal of community life and socio-economic circumstance be it family, housing, education, employment, or vocational training upon successfully completing multi-tours of duty overseas in Iraq and Afghanistan can be quite challenging for some, but overwhelming for others. Successful transition and/or readjustment for African Americans separating during this time of high anxiety, economic uncertainty, and employment peril are all key issues for Congressional Black Caucus Veteran Braintrust, House Veterans Affairs Committee and federal or state agencies responsible for providing services to returning veterans and their families. So, in order to listen and learn from African American and ethnic minority VA consumers, offer recommendations for VA improvements and address health disparities effecting African American veterans. Generally speaking, it is vital to form new partnerships with the National Black Nurses Association, National Medical Association and others to better advocate, and enhance our collective understanding of a myriad of issues in order to improve access, treatment, cultural competence, research and service delivery capability to a changing veteran population.

Ron E. Armstead has served as Executive Director from 1988 to the present working between Boston and Washington, DC over the past...
Mentorship – Keeping it Real
Sergeant Major Michael W. Robinson, LPN

The word mentor though defined can mean something different to each one of us. For many of us the only mentorship you could count on was a chastisement if you didn’t respect your elders, on many occasions was told to work hard and get good grades in school. If you were lucky enough to have parents that told you, you could be anything you wanted in life and praised your every good effort you should have considered yourself mentored.

Today’s generation X and Y would say that’s ole school and out dated, even though that old stuff has served many of us very well. This generation of young men and women adopted a very popular phrase, “Just keeping it real.”

Okay, let’s keep it real!

The word mentor has been redefined by today’s youth to mean give me the keys to success and I don’t have time to ‘slow walk’ this, I am ready to drive. Give me the same keys that made you successful, bought you that BMW, the house on the hill and that Armani suit. So I say for real, their response is fo-real, fo-real. Okay, here ya go.

**Step 1: Ya gotta have a plan.** No more liven day to day. Ya gotta have a realistic step-by-step detailed plan to succeed. A plan will focus your efforts because if you don’t plan to succeed, you are planning to fail. Make your plan flexible with an A & B option, evaluate often and don’t be afraid to update. Push yourself daily because believe you me some days you just won’t be feelin that whole struggle for success thing. Develop long and short term goals and reward yourself after each accomplishment by dancing in place, raising your hands to the sky and a bologna sandwich if that’s all you can do. Hey I’m just keepin it real; it bees like that sometimes.

**Step 2: Life is not fair.** So recognize, don’t expect a free ride or an easy road. Work hard and earn your breaks.

**Step 3: Be willing to sacrifice.** To achieve your goal be prepared to dial back luxury items, get less sleep, miss meals and cut the parties short. Live modestly today to ensure a prosperous future.

**Step 4: Learn to manage your fears.** Understand that most things we fear are due to the unknown. Study and understand what and why you are afraid. If failure is your greatest fear, make sure you are prepared so you have no reason to fear. Do your homework. Know and study your subject, rehearse and pre-test yourself to build confidence.

**Step 5: Be courageous and determined.** Develop the type of courage that will not allow you to give up on yourself or your dreams. Remember you only fail when you give up on yourself. Never quit, re-evaluate and move to plan B or C.

**Step 6: Don’t let the things you don’t know stop you from doing the things you do know.** Remember your attitude, behavior and personality can go a long way toward earning a break. Be eager to learn and give your best while your knowledge base builds.

**Step 7: Find your motivational Mojo.** Take the time to know what re-energizes and motivates you. Your faith in God, spiritual readings, meditation, inspirational music or the dreams of a better life for you and your family. Don’t forget to motivate your body, maintain an acceptable level of fitness, flexibility and wellness. When things get tough and the pressure of life pounds your body, you will be able to power through it.

If all of the above fails you, let me give you my most coveted key to sustain your efforts to succeed. Please forgive me but it’s an old school phrase from my grandmother: “Son, there’s more than one way to skin a cat!”

Hold up, don’t take this literally, nobody is going to harm any cats. What my grandmother was trying to say was that there is more than one way to get what you want out of life and hundreds of pathways to success. You can even carve out and create your own way.

Remember this, never, ever give up on yourself and you will never be a failure.

This is as real as it gets!

**CONSIDER YOURSELF MENTORED**

PS: My personal motivational songs are, “Win” by Brian McKnight and “Never Would Have Made It” by Dr. Marvin Sapp.

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24 years. Under his leadership the Veterans Braintrust has expanded from a small core group of activist to national support network and advocacy group throughout the nation devoted to veteran's rights, health equity, social service delivery, civil rights and community development. Mr. Armstead his graduate degree from Massachusetts Institute of Technology (MIT), an Administrative Fellowship at Harvard University Medical School, and a Congressional Fellowship in the Office of Hon. Charles B. Rangel (D-NY). His extensive background includes, but is not limited to issues of homelessness, mental health, social work, youth violence prevention, affordable housing and community development.
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PROSTATE CANCER IS ONE of the most common non-cutaneous malignancies among American men. It is identified as the second leading cause of cancer deaths among men in the United States. African American men have a higher risk of developing and dying from prostate cancer, for reasons which are currently unknown. According to Jones (2009), approximately 27,130 African Americans were diagnosed with prostate cancer and 3,690 were fatal. This high number is not shared with Caucasian male counterparts.

The health issue of prostate cancer is a very important matter within the African American community. Many men may feel embarrassed and uncertain about obtaining prostate cancer screening due to myths and stigmas that surround having prostate cancer (Jones, 2010). This unspoken stigma of not addressing the issue until treatment becomes ineffective is a reality for many African American men. Later detection leads to later treatment that is less likely to be effective than earlier detection and diagnosis. The American Cancer Society advises that all men should get annual prostate examinations after the age of 50. In the African American community the fear of a prostate exam may play a role in discouraging some men from undergoing what some may perceive as an invasive procedure. However, African American men need to become aware of the many benefits of undergoing the exploratory procedure.

To help screen for prostate cancer, many providers advise men to undergo a Prostate Specific Antigen (PSA) test, which measures blood levels of a protein produced by prostate gland cells and is a marker for prostate cancer. Although there is controversy surrounding the test, at this time it is the most definitive screening test because it can detect high levels of PSA, which is one of the hallmarks of a prostate cancer diagnosis (American Cancer Society, 2011).

With prostate cancer affecting more African Americans than any other race in the United States; it is important that African American men are informed to not allow their fear of prostate examinations to deter them from getting screened for this cancer. Yes, all men need to be aware of the health benefits of getting screened, but it should be especially emphasized for African American men because of the higher incidence of developing the cancer.

Some common reasons that African American men do not utilize the screening procedures for prostate cancer may be due to financial burden, knowledge deficits, and lack of cultural sensitivity to the issue. Possible reasons African Americans tend to die from prostate cancer may be due to delayed treatment and limited access to health care services.

One of the important foci for future prevention of prostate cancer among African American men should be geared towards education. The severity of prostate cancer seems to be overlooked until a family experiences it. The most effective means of education may be in community settings (i.e. barbershops, churches), where healthcare educators can provide relevant medical and prevention information to ensure that men stay educated about the benefits of getting screened for prostate cancer. Another effective measure would be to educate women, who are very influential in their households. Women who play the roles of mother, sisters and/or spouse can be effective in encouraging and supporting the men in reality to actually go through with the exam. An episode of the hit television show, “My Wife and Kids” featured a storyline where the husband was leery about taking the exam as the doctor suggested, but his wife stressed to him what the effects of not knowing would have on their family. Although scripted, this scenario is very realistic in the impact that women may have on convincing some men to get tested.

Adequate education regarding prostate cancer, especially with African Americans, is a national problem. Many African American men are receiving diagnoses of prostate cancer when treatment measures are no longer effective. It is important to not only educate older adults about getting prostate examinations and the many benefits of screening, but maybe even more important to educate the youth because it will help them grow into adulthood with the knowledge that will guide them in getting screened early and knowing the signs and symptoms of prostate cancer. In time this could possibly be considered rites of passage for African American Men.

As research continues in the realm of prostate cancer, it is imperative that educating those who are most affected become a number one priority. African American men in particular, need to have adequate knowledge as well as resources to prevent or diagnose this disease early enough before it is too late. This increase in knowledge could be the key to decreasing the mortality rate of this deadly disease in the African American community.

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John Dahunsi recently earned a BSN from Bowie State University. He also has a BS in Biology with a minor in Chemistry. He will be matriculating through the Master in Public Health program at New York Medical College. John has interest in Oncology research.
Asphidity Bags:  
A Student's Guide to Ethnocentric Healthcare  
Gregory Woods, SN, Samuel Merritt University School of Nursing  

Prior the 1950’s, poliomyelitis was a problem for the American population. Without a treatment, people began to invent remedies to prevent, cure, or soothe this ailment. African Americans used the asphidity bag as a home remedy to ward off polio. The asphidity bag was a compilation of various herbs and pungent substances that were thought to ward off disease. The remedy began in the Appalachian Mountains in the 18th and 19th century, became popular with African Americans of the deep-south in the 20th century, and has now changed forms again in the 21st century. Today, the African American asphidity bag has been transformed into a Ziploc bag of pill bottles from the pharmacy that is utilized by patients to verify medication lists with their healthcare provider. The asphidity bag is representative of African American generational healthcare and how it has evolved from roots and berries, animal and human rituals, and tribal medicine men, to African Americans leading the health care revolution into the 21st century. There are many African American cultural traditions that have affected my personality and behavior. Witnessing these traditions and their effect on the health of African Americans has influenced my view on ethics, and therefore my future nursing practice.

“Ethnomedicine is: local or indigenous knowledge and methods for caring for, healing, and managing human lives and livestock” (African Journal, 10/01/2009 to present, p. 1-100). The asphidity bag was a collection of pungent herbs, often including ginseng, pokeweed and yellow root (Kirkendall, 2010). It was used by my mother’s family in the delta region of Mississippi during the 1940’s. My mother states “The bag smelled terrible and all of my 12 brothers and sisters had to wear the bag tied to a string hanging around our neck. I can remember wearing the bag at age five to ward off polio and children dying from polio” (E. Woods, personal communication, February 6, 2012). The smell was terrible; however the shortcoming of not wearing the bag was contracting polio. The wisdom of the older generation was not questioned because elders knew of other home remedies that worked. My mother did not have a choice in wearing the asphidity bag. The thinking behind the asphidity bag was to keep insects, rodents, or other kids away that could possibly transmit the disease. Many people of my mother’s generation remember the foul stench of the bag. They remember the horrible smell; they remember polio; they remember the stories that their parents and elders told them about the debilitating diseases that the asphidity bag was believed to prevent. Although the effectiveness of this remedy is uncertain, it did provide peace of mind to parents that their children and families would not be devastated by polio. The small bag provided hope that children would live a long healthy life to later take care of their parents if the parents were to become infirm.

The bag was also a knowledge transfer tool. The asphidity bag remedy was taught to the next generation along with the stories of past relatives, cooking skills, methods of garden and field work, and disciplinary approaches. The bag was not only a defense against polio; it was a community tool of communication. The asphidity bag was the topic of many community conversations because of the effect polio had on families until mass immunizations occurred in the 1960’s. The impact of the polio vaccine was not apparent until the mid-1950’s when it was developed by Jonas Salk, MD (National Museum of American History, Smithsonian Institute, n.d.). The vaccine lowered the use of the asphidity bag but failed to demolish it due to cultural beliefs. It is common for African Americans to relate culture and spirituality.

Strong beliefs in God, prayer, and spirituality are foundations of African American culture and also have affected the healthcare of African Americans. Most African Americans ask for someone to pray or mention their name in church when sick. Prayer for the ill has taken place for numerous years. Even those that are not religious are coerced into accepting prayer for themselves from others because people explore alternative methods of healing when acutely ill. Even those that do not have a strong belief in God will turn to prayer and alternative therapies. As a student nurse, I know that healthcare has a variety of components. These components concern emotional spirituality and the physical treatment of an illness. African Americans believe that a strong spiritual presence can aid you through sickness as well as help you gain prosperity.

The asphidity bag is a true symbol of African American folklore that is valued as a long standing tradition of home medicine. It is one of many southern traditions that have helped to shape my personality and identity as an African American. The asphidity bag has left an indelible mark on my personality and lifetime memories. I discovered this fact in nursing school through personality testing and reflecting on experiences to date. I asked myself: could it be that the asphidity bag had a role in how I scored on the MBTI personality test? Could the stories about the bag and polio have altered my perception of the world and how I interact with the people around me? People build a multitude of experiences and memories as they proceed through life that influences their reaction to various stimuli. The stories of the asphidity bag, my family, and interaction with others have helped me to develop into the person that I am today. Because the asphidity bag affected all my relatives that came before me; it had to have an impact on how I perceive and judge the world around me.

continued
Healthcare comes in many different forms and practices. Asphidity bags, red yeast rice, cupping, garlic, and various teas are several home remedies that have debatable effectiveness. However, those that use these remedies perceive them to be effective; Perception is reality. Perception is developed from “the ways of becoming aware of things, people, happenings, or ideas” and when “people differ systematically in what they perceive... then it is only reasonable for them to differ correspondingly in their interests, reactions, values, motivations, and skills” (The Myers and Briggs Foundation, n.d.). It is only necessary to believe that Asphidity bag—like cures will work to experience their healing power.

There was once a long standing belief that a bag filled with leaves and roots from the field could prevent or cure polio. It sounds silly but isn’t what we do today. A pharmaceutical company digs up roots in Africa or the Amazon, processes those roots to products, and we rub them on our chests, squeeze them into a pill, or apply them through the skin and say, wow, I feel better. We take our Ziploc bag of pills to the doctor so that he can verify the dose of medication that we are taking and the physician says I am going to increase your dose; however if we do not see any results, we might want to consider some alternative therapies. Bring in your bag of medication on your next visit and we will check your medical values again. The Ziploc bag of medication that grandma takes to the doctor is the Asphidity bag of the twenty first century.

I am learning that healthcare comes in many forms and that some of these remedies work and some do not work. However, I must respect all people, their cultural beliefs, and the customs that they grew up with. Living in a diverse region of the United States, I have seen kids turned upside down to cure them of nausea, Chinese cupping to cure pain syndromes, and blood-letting to release infection. These methods are not so different from the Asphidity bag. They are cultural healthcare practices that have been around for hundreds, if not thousands of years and millions of people have relied on their healthcare power.

The ANA Code of Ethics is fairly explicit in expectations for the actions of a nurse. However, ANA Code of Ethics Provision Two may be difficult to adhere to if my primary commitment is to the patient. The difficulty lies in allowing patients to uphold their cultural health care practices while I adhere to nursing standards and hospital policies. Many cultural practices are not acceptable in western health care environments under the Code of Ethics Provisions 1-9. Practices such as Cupping or Asphidity bags are no longer an acceptable means of treatment. However, the client’s cultural practices are extremely important to healing physically and psychosocially. Many practices such as the use of an Asphidity bag would not be allowed in a U.S. clinic or hospital due to the smell alone. Provision Two of the ANA Code of Ethics states, “The nurse’s primary commitment is to the patient… an individual, group, family, or community” (American Nurses Association, 2001). There is conflict with supporting the patients’ cultural practices in a respectful manner and upholding standards set forth by the nursing governing organizations. On one hand, I need to care and support the patient’s health and health practices; on the other hand, I need to fulfill my pledged duty to uphold the most basic regulations of nursing. My current solution as a student nurse is to watch how experienced providers deal with this issue and to formulate my own practices that are congruent with the rules and regulations of my state Board of Nursing and the ANA Ethical Provisions. As a nurse, I am going to support the client’s health maintenance and recovery to the full extent of my practice.

The ANA Standards of Professional Performance would be easier to adhere to when performing nursing duties in relationship to client’s cultural practices with the exception of Standard VIII. ANA Standard of Professional Practice Standard VIII, Resource Utilization, states “The nurse considers factors related to safety, effectiveness, and cost in planning and delivering patient care.” (American Nurses Association [ANA], 2004) My ability to deliver patient care will be affected by cultural practices that are not congruent with the American standard of care. A modicum must be reached so that patients can adhere to cultural practices that fulfill their health care needs while receiving appropriate medical and nursing care.

The Asphidity bag represents many things in African American health care including home remedies, knowledge transfer, and the spiritual power of healing. However, the practical use of the bag in conjunction with western medicine creates a dilemma in nursing care for various ethnicities in the clinical setting. The difficulty lies in upholding nursing standards while respecting cultural traditions. The bag has evolved from a rural preventative measure for polio to a low tech method of tracking medication usage. Although western medicine is bound by rules, and regulations that provide a standard of care; my first duty as a nurse is to improve the health of clients through traditional and non-traditional sources of appropriate care.

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Hypertension and African American Men

Hershaw Davis, Jr., BSN, RN

Hypertension in the African American community is a burden that has dire socioeconomic consequences. Although there have been strides in the use of preventive education and medicine to reduce the impact of this health disparity, the rates among African American men are among highest in the nation. Given these alarming statistics, we must now more than ever concentrate our efforts in hypertension prevention and education. In this article, the effects of hypertension on African American men will be discussed and prevention strategies will be given.

National Center for Chronic Disease and Health Promotion (2010) states that heart disease and stroke impact the U.S. population in epidemic proportions. According to the American Heart Association, these conditions have led to direct and indirect costs of an estimated $475 billion in 2009. National Center for Chronic Disease and Health Promotion (2010) also states that heart disease and stroke are the first and third leading causes of death and major causes of disability. Disease burden and growing disparities among certain populations are characteristics of the heart disease and stroke epidemic. One of the populations greatly affected by this epidemic is African American men. African American men suffer disproportionately from high blood pressure, a known risk factor for heart disease and stroke.

According to the American Heart Association (2012), hypertension is defined as persons aged 20 years and older whose mean systolic blood pressure of 140 mmHg or greater and a diastolic blood pressure of 90 mmHg or greater. National Center for Chronic Disease and Health Promotion (2010) states that although the percentage of African American men with hypertension decreased from 30.3% to 26.5% between 1998 and 2006, it is still markedly higher as compared with Mexican American men but smaller than that of white men. These trends were consistent during both the 1988–1994 as well as 1999–2004 time periods.

While death rates from hypertensive disease increased among African American men, white men, and African American women from 1999 to 2004, the increase was largest among African American men. Death rates from hypertensive disease in both African American men and women, throughout the period, were more than double those of white men. Also, death rates related to both heart disease and cerebrovascular disease (stroke) declined steadily for African American men and women as well as for white men from 1990 to 2004, but rates remained the highest among African American men in each of the years.

These findings suggest that medication and disease awareness are not enough. Reinforcement through hypertension prevention awareness programs strategically targeting African American men in such places as houses of worship, recreational centers, barbershops, lodges, and institutions of higher learning is a must. Our education efforts must not focus on data and statistics alone rather emphasize lifestyle changes as the road to hypertension eradication in African American men.

As a part of a holistic lifestyle approach, the American Heart Association (2012) suggests eight ways to control hypertension eat a better diet, which may include reducing salt, enjoy regular physical activity, maintain a healthy weight, manage stress, avoid tobacco smoke, understand hot tub safety, comply with medication prescriptions and if you drink, limit alcohol.

Adopting a healthy lifestyle is critical for the prevention of HBP and an indispensable part of managing it. Think of these changes as a “lifestyle prescription” and make every effort to comply with them. Whether you have been diagnosed with high blood pressure, also called hypertension, or are concerned because you have some of the risk factors for the disease, understand this: while there is no cure, high blood pressure is manageable. By adopting a heart-healthy lifestyle, you can: Reduce high blood pressure, prevent or delay the development of high blood pressure, enhance the effectiveness of blood pressure medications and lower your risk of heart attack, heart disease, stroke and kidney disease. (American Heart Association, 2012)

Although many of these goals are individually based, the support of our community is the key in helping the men of our community live longer and decreasing this disparity that has held sway over our community to long. Let us now commit ourselves to teach one – reach one. I know we make a difference.
THE FUTURE OF NURSING lies in the hands of innovators who design and implement projects that positively effect change and assure quality care for the communities they serve. The federal mandate to implement Electronic Health Records (EHR) nationwide led to the 2006 Technology Informatics Guiding Education Reform (TIGER) summit to transform nursing based on evidence and informatics. Most hospitals have purchased or are in the process of deciding on an EHR system to meet the 2014 federal mandate expecting hospitals to use EHR documentation. Since nursing comprises of fifty-five percent of the health care force, the plan was to prepare the next generation of nurses to practice in automated health care systems (DuLong, 2008). EHR is a workplace reality for nurses and nursing students who are expected to improve the quality of patient care (Kelly, Brandon & Docherty, 2011). Advantages include: a single consolidated record per patient, capacity for data interfaces and alerts, improved interdisciplinary communication, and evidence-based decision support. However, EHR can add to work complexity by forcing better documentation of previous unrecorded data (Robles, 2009). Health information technology (HIT) and EHR are vital requirements for nurses to provide holistic and competent nursing care. The future of safe, effective health care necessitates incorporating clinical informatics in nursing education programs while serving to bridge a gap between academic and clinical institutions. Although EHR can improve the quality of care, the extent is unknown due to the dearth of studies (Kelly, Brandon & Docherty, 2011). There is a chasm between what nurses currently learn in nursing programs and what is needed in workplaces with new graduates expected to function competently (Messmer, Braggs & Williams, 2011). Nurses play a key role in EHR implementation and adoption and are in a unique position to champion EHR. Among 137 physician practices, the adoption rate for the practice was 83% higher when a nurse was the primary user of the EHR, than when no nurse was involved (Mihalko, 2012). Nursing education is challenged preparing graduates with 21st century knowledge and skills for practice in a complex, emerging technologically sophisticated, consumer-centric, global environment (Warren & Connors, 2007). The Institute of Medicine (IOM) recommended nurses-in-training should experience, reflect upon, and develop the knowledge, skills, and attitudes creating competence in patient centered care, evidence-based practice, quality improvement, safety, and informatics (http://www.iom.edu). Health care delivery is promising a future of constant change in health care technology; thus, it is imperative that nursing promotes HIT competency to assure that we are capable of meeting the health care needs of our growing communities (Simpson, 2010). As 2011 Health Information Technology Scholars (HITS), our goals included developing innovative, evidence-based strategies incorporating technology (EHR and HPS) to enhance the Miami Dade College (MDC) nursing curriculum, an urban college in Miami Florida. Our project increased nursing student’s knowledge of patient safety and their skill competencies using new technologies and teaching strategies.
The project incorporated HIT and EHR into all components of an Associate Degree Nursing program (ADN) while encompassing cultural sensitivity for our diverse students. The project addressed the National League for Nursing (NLN) and Quality and Safety Education for Nurses (QSEN) competencies to ensure that nursing students and faculty utilize them in their practice, providing safe and high quality patient care. The project was based on Miami Dade College’s Vision—an exceptional learning environment in which students are challenged and empowered through innovation, state-of-art technologies, teaching excellence, and student support program. The program prepares each student with the knowledge, skills, and values to succeed in a dynamic world (MDc Planning and Effectiveness, 2010). The nursing dean and faculty embraced our project because of its value and the timing of the IOM Report: The Future of Nursing: Leading Change, Advancing Health (IOM, 2010). We capitalized on the strengths of the faculty champions and maximized the use of the Human Patient Simulation (HPS) laboratory and EHR to develop case scenarios tailored for nursing students. Selected courses included Adult Health Assessment, Fundamentals of Nursing Specialties, and Medical-Surgical Nursing with plans for Pharmacology while addressing cultural diversity and gerontological needs of the patients.

Components of the nursing curriculum demonstrated a seamless interface with the integration of HIT and EHR into the ADN program. Proposed projects include advancing this technology into all components of the ADN and integrating simulation into the RN-BSN program curriculum. Skiba (2006) articulated a call to action: preparing the next generation of nurses to use emerging technology and the need for higher education to ensure literacy in information technology. With the limited number of available nursing positions in the area, these ADN graduates should be more marketable and motivated to pursue additional academic opportunities. Curriculum, design, faculty and student orientation, implementation strategies were addressed along with the proposed impact on nursing practice. This project will serve as a model for other programs to emulate.

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Yamina Alvarez, DNP, ARNP, is an Associate Professor, Senior at Miami Dade College, School of Nursing Medical Campus. Dr. Yamina Alvarez holds a Doctor in Nursing Practice (DNP) from University of Miami (2009) and has served as the Chair and Co-Chair for the Nursing Resource Technology Committee during the last three years at Miami Dade College.

Patricia, R. Messmer, PhD, RN-BC, FAAN, is a consultant for Nursing Education & Research at Miami Dade College, chair of the Nurses Charitable Trust, serves on the ANA Nominating Committee, was past ANF trustee/treasurer and ANA-PAC trustee/secetary. Dr. Messmer received the 2009 ANF Jessie Scott Award and conducted a historical study of ANF scholars (1955-2011). Dr. Messmer facilitated funding of the ANF Elizabeth Carnegie grant to support minority nurses conducting research studies.
A Call to Nurses for More Leadership

Thelma R. Roach-Serry, BSN, RN, NE

What does leadership as a nurse mean to you? As nurse leaders we should all be actively involved as leaders not only at the bedside, but also in the board room. We should expand our calling to help others at the highest level and farthest reach that we can have. Since my days at Howard University in Washington, D.C. and perhaps as growing up as one of four children amongst three male siblings, I learned a lot in regards to leadership. I quickly learned to speak up in order to survive teasing and taunts from my brothers.

According to Robert K. Greenleaf, leadership “begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead.” As a self-professed leader, I have felt a tremendous calling to be actively engaged in my church, community and profession. I have a long history of being engaged with professional organizations from the Student Nurses Association at Howard, to involvement at the local and state level of the Virginia Nurses Association, to my involvement with Nurses Organization of Veterans Affairs (NOVA) at the chapter level and serving on national board, to being connected to a number of service organizations and groups including Alpha Kappa Alpha Sorority, Inc. and Chi Eta Phi Nursing Sorority, Inc.

As nurse leaders, we are challenged and compelled to do more, be better leaders showing others through our service and leadership that we voices that need to be heard. As we reflected in our current state with health reform and the Roberts Woods Johnson Foundation Institute of Medicine report on the Future of Nursing (IOM/FON), we have to accept the call to represent the nursing profession at every opportunity more than ever before because people want to hear what we have to say. When we are asked to provide input or to participate, we are demonstrating leadership.

Recently, I had the opportunity to attend FDA Office of Women Health Nurse Stakeholders Meeting which was held in the US Capitol on Wednesday, October 26th. I was there officially representing NOVA, but also was there because as Nurse Manager of Specialty Clinics at McGuire Veterans Affairs Medical Center in Richmond, Virginia I also saw the opportunity to gain new contacts and additional resources of information for the staff in involved with our women’s health programs. The meeting pertained to Women’s Health issues from the perspective of nurses who are stakeholders in providing care. The meeting was held at the Association of Women’s Health, Obstetrics, and Neonatal Nursing (AWHONN). The meeting was attended by various individuals representing more than twenty organizations. The meeting was lead Beverly Gallauresi, MPH, RN, Senior Nurse Advisor (Beverly.Gallauresi@fda.hhs.gov) and of FDA HHSS and Marsha Henderson, MCRP Associate Commissioner for Women’s Health, FDA OWH. The Meeting Objectives were three fold—networking dialogue with nursing professionals who share similar goals and objectives in support of women’s health, opportunities for collaboration with OWH Outreach and Research and Development teams, and introduction to FDA OWH Hispanic outreach efforts on Safe Medication Use.

Participants elaborated on their organization priorities and there was excellent dialogue about their priorities for 2012 for women’s health. I had the opportunity to share information about the VA. The outcome of the meeting was directed at enabling the participant organizations to collectively plan a strategy to enhance and expand efforts related to women’s health care throughout the nation. It was also a time to network and make new connections with other who are actively engaged in nursing organizations. It was an opportunity for nurses to engage with other nurses to strategize and plan on how we can be more engaged with each other and more importantly with the healthcare community.

I also had the opportunity to speak about the IOM/FON and to challenge nursing leadership at the October meeting of BNA, Central Virginia Chapter. The meeting was held at John Randolph Medical Center in Hopewell, Virginia and was attended by Virginia State University Nursing Students, BNA members, and the executive nursing team of the medical center. What an awesome opportunity for me to be involved as a nurse leader serving as a role model for rising nurse leaders and inspiring fellow colleagues to continue to represent the nursing professional proudly and unashamedly. Other presenters at the meeting included Florence Jones-Clarke, RN, MSN of the Virginia State Board of Nursing and National Board Member of the American Nurses Association and Pat Lane, RN, MBA, the Neuroscience Coordinator—St. Francis Medical Center in Chesterfield, Virginia and former member of the NBNA Board of Directors. These two ladies are examples of nursing leadership. The meeting was a strategic planning meeting for leaders to mentor others and a call to service for all in attendance. I walked away feeling empowered and challenged to do more as a nurse leaders.

So what does leadership as a nurse mean to you? I compliment every nurse for what you are doing to serve others, but I also challenge you to continue to excel as leaders and to always push the envelope and always be willing to be a voice as nurse leaders.

Thelma R. Roach-Serry, BSN, RN, NE currently works as the Nurse Manager, Specialty Clinic at Hunter Holmes McGuire Veterans Affairs Medical Center. She is the Vice-President of the Virginia Nurses Association, Thelma also functions as a National Board Member of Nurse Organization of Veterans Affairs.
The Voice of Tallahassee
Daphne Campbell, RN, Florida State Representative

As a PRACTICING REGISTERED NURSE for 30 years, stepping into the political arena in 2010 was an eye-opening experience which allowed me to view the medical field in a different light. I had now been granted the voice needed to bring change to areas that myself, as a registered nurse, as well as many of my coworkers felt were necessary. As I experience my second Florida Legislative Session, I pride myself in being able to make informed decisions about bills regarding the medical field.

One of my main priorities in the Florida Legislature is to expand the scope of practice for advanced registered nurse practitioners (ARNP). ARNPs in Florida and Alabama are the only ARNP’s in the United States who are not able to prescribe controlled substances. In November 2011, Florida Taxwatch, a not-for-profit, private, nonpartisan research institute published an article that estimated that Florida taxpayers would save $339 million annually if the Legislature enabled nurse practitioners to function at their “full scope” of practice. Legislation to expand the scope of practice for ARNPs is scarce. The lack of legislation is due to powerful lobbying groups in Florida that serve the needs and financials of other self-serving medical professionals.

I filed House Bill 4103, during the 2011 Legislation, to delete provisions that require for a physician to supervise certain ARNPs and physician assistants at medical offices other than the physician’s primary practice location. However, due to heavy lobbying against this bill by powerful medical lobbyist groups, this bill was not heard on any committee. For this reason, I filed House Bill 1195 and Senator Gary Siplin (D-Orlando) has filed Senate Bill 1750 to allow ARNP’s sign a Certificate of Involuntary Examination under the Baker Act. A Certificate of Involuntary Examination is used when a patient is suicidal or homicidal. It allows the healthcare provider the ability to protect the public from a homicidal patient. Professionals who currently have this ability include: social workers, marriage and family therapists, psychiatric nurses, and physician’s assistants. HB 1195 and SB 1720 put ARNPs as an addition to the list. ARNPs education and training fully qualifies them to execute an involuntary examination certificate.

Authorizing ARNPs to initiate Baker Act exam prevents delays in treatment and transfer of patients to the inpatient psychiatric care setting and avoid using law enforcement in an unnecessary manner.

Daphne Campbell is a first-term Florida State House Representative elected in 2010. She has just completed her first year in office. Representative Campbell is originally from Haiti and has been a Registered Nurse for over 30 years. Due to the many problems voiced by members of her community, Daphne ran for office in 2010 and won the seat for District 108. She has helped pass several bills like “Medical Malpractice” and “Affordable Housing.” During this upcoming 2012 Session, Representative Campbell has several bills such as “Student Involvement in Educational Governance” which will establish a student advisory council in the Department of Education and “Employment of the Homeless” which will give a tax credit to employers willing to hire the homeless.
THE FOOD AND DRUG ADMINISTRATIONS (FDA) Office of Woman’s Health (OWH) mission is to protect and advance the health of women through policy, science, outreach and to advocate for the participation of women in clinical trials and sex-specific analyses.

Pregnant women have a desperate need for additional information regarding medications prescribed by their health care providers. Approximately 64% of pregnant women are prescribed one or more drugs during pregnancy, excluding vitamins and minerals. Many enter pregnancy with chronic health problems that require continuous or intermittent use of prescription medication.

The recognized gold standard essential to defining the safety and effectiveness of medications are adequate and well-controlled clinical trials. However, because pregnant women are rarely included in clinical trials, pregnancy exposure data in product labeling are often inadequate to fully evaluate safe use. Pregnancy exposure registries (PERs) address this gap by collecting ongoing observational pregnancy and fetal outcomes data; clinically relevant human data that will improve product labeling so that healthcare practitioners and their patients can make better informed decisions about prescription drug use while pregnant.

Although PERs are not a new concept, health care providers and the public are woefully unaware of their existence. In addition, because PER listings are scattered throughout numerous manufacturer websites it is difficult for providers to locate a PER. Consequently, pregnant patients are rarely encouraged to enroll in these registries.

So while pregnant women are advised to discuss medication use with their health care provider, the prescriber actually has little clinical safety and efficacy data to advise the patient. Because “we don’t know, what we don’t know” there is reluctance both to prescribe and to take medications, even when the drug is necessary to manage serious disease. FDA OWH has developed a compendium of PERs which provide clinically relevant prospective observational pregnancy and fetal outcomes data. This unique and innovative tool is the only consumer web site that lists all available PERs in one site.

The FDA OWH PER website is a multi-phase project. In Phase I a website was created as an outreach tool to raise consumer and health care provider awareness about the registries. In Phase II, usability testing was conducted via focus group assessment to help refine the content and organization of the website. Phase III continues to promote awareness about the website, the value of pregnancy registries and facilitates the review of collected data toward potential labeling changes for these products. This FDA OWH website addresses an unmet need through the collection and analysis of safety and exposure outcomes about prescription drug use during pregnancy.

The FDA OWH PER is both unique and innovative as it is the only web site that lists all Pregnancy Registries in one easy to use site located at http://www.fda.gov/ScienceResearch/SpecialTopics/WomensHealthResearch/ucm251314.htm. This consumer web site is relevant to any health care provider and can also be used to encourage pregnant women to participate in PERs. As nurses and healthcare providers; please consider telling your pregnant patients taking prescription medication about the PERs website and encourage their participation.

REFERENCES:

HHS Secretary of Health, Chief of Staff, Ms. Sally Howard Discusses Primary Care Workforce and Health Disparities in Atlanta, Georgia

Laurie C. Reid, MS, RN

IN RESPONSE TO A REQUEST for community engagement from the Department of Health and Human Services (DHHS), Region IV, the Atlanta Black Nurses Association (ABNA), truly answered the call! In partnership with the Byrdine F. Lewis School of Nursing and Health Professions, Georgia State University (GSU), ABNA hosted the U.S. Secretary of Health and Human Services, Chief of Staff, Sally Howard who led a roundtable discussion with nurse leaders, educators and other key stakeholders this past January. The discussion focused on the importance of the relationship between nurses and patients in closing the coverage gap, especially when delivering care to the underserved. Additionally, the tremendous HHS financial investments of awarding nearly $900 million in scholarships and loan repayments to health care professionals, including nurses, to help expand the country’s primary care workforce and meet the health care needs of vulnerable populations across the country, was highlighted.

Howard was joined by panelists Dr. Jackie Williams, ABNA member and assistant chair and professor of nursing, Georgia Perimeter College; Dr. Joan Cranford, Assistant Dean of Nursing at GSU; and two GSU nursing students. Discussions focused on the Affordable Care Act and the impact it has on HHS’s efforts to increase the number of health care professionals working in the National Health Services Corps (NHSC). The NHSC provides primary care to people in underserved communities throughout the nation; tools used to increase these numbers include the NHSC Loan Repayment Program and the NHSC Scholarship Program for primary care providers, such as nurse practitioners, who give two to four years of service in high need communities. Howard also stated that the ultimate goal of the Affordable Care Act was to be sure the uninsured had access to health care, but she noted that as the variety of health care avenues for the uninsured were created, more health care providers must also be trained to care for the additional patients.

Anton Gunn, Regional Director, Region IV, HHS, moderated the event and led the follow-up discussion and Q&A. Student questions focused on finding jobs after graduation and they encouraged HHS to consider a similar program for undergraduate nursing students to increase the number of RNs serving rural communities. Nursing educators weighed in on the issues of producing the nursing workforce to include competition for clinical placement and it was noted that faculty retention is also a challenge as faculty can often earn more as practicing nurse than as an educator. Many educators echoed the sentiment and agreed that, “thinking outside of the box,” was important. Dr. Jackie Williams added that another problem facing the development of the health care workforce was barriers to the scope of practice. She voiced that with the Affordable Care Act, there was a growing need to put more advanced practice nurses in rural areas to serve patients and in order to keep these nurses in the communities and serving as primary care professionals, there must be an expansion of duties and pay for the nurses. Other participants in the audience, including Pat Johnson-Gunter of the ABNA, also cited the need to remove practice barriers to advanced practice nurses. The Secretary’s roundtable provided the Atlanta Black Nurses Association with a forum to advocate for the health care needs of vulnerable populations and promote strategies that ensure access to health care, equal to, or health care standards of the larger society as stated in the NBNA mission.

Laurie C. Reid is President of the Atlanta Black Nurses Association and serves as a public health advisor and program consultant at the Centers for Disease Control and Prevention.
IN A CHANGING HEALTHCARE environment, many Americans need help understanding the Affordable Care Act and how to best access resources to help them take better care of their health. Together Rx Access®, a prescription savings program sponsored by many of the nation’s leading pharmaceutical companies, has significantly redesigned its website—togetherrxaccess.com—to better connect people with resources about access to coverage options and more.

Visitors to the Program’s website can learn how the Affordable Care Act may impact them and their families by watching the “Health Reform Hits Main Street” video produced by the Kaiser Family Foundation, by reading various articles about free preventative services, coverage options for pre-existing conditions, and how young adults may be able to stay on their parents’ health insurance plans until age 26, and by referring to a glossary of key healthcare reform terms. They can also access links to other valuable resources that provide information and a timeline tracking current and future healthcare changes.

Additionally, visitors to the Program’s website can determine eligibility and immediately enroll in the prescription savings program. Individuals may be eligible for the Together Rx Access Card if they do not qualify for Medicare, do not have public or private prescription drug coverage, and have a household income of up to $45,000 for a single person to $90,000 for a family of four (income eligibility is adjusted for family size).

Most cardholders save 25 to 40 percent* on brand-name prescription products. Savings are also available on a wide range of generics. Medicines in the Program include those used to treat asthma, chronic pain, fibromyalgia, diabetes, depression, high cholesterol, and many other common conditions. The Together Rx Access Card is free to get and free to use.

There are three easy ways to enroll in the Program. And, no documentation is required.
• Visit TogetherRxAccess.com to instantly enroll online.
• Call a toll-free number 1-800-250-2839.
• Complete a short paper application and return it by mail.

All enrollment materials are available in English and Spanish. Healthcare professionals interested in ordering a supply of enrollment materials for distribution to uninsured patients, can visit www.togetherrxaccessonline.com/order/.

Together Rx Access also directs individuals to the Partnership for Prescription Assistance (PPA), a clearinghouse for more than 475 public and private assistance programs, including nearly 200 offered by pharmaceutical companies. Those who are eligible for the Together Rx Access Card may qualify for additional savings on prescription medicines, or even free medicines, through other patient assistance programs in the PPA. The PPA also connects people to free health clinics in their community.
To the Members of the United States Congress:

We, the undersigned, urge you to support HR 3679 The National Nurse Act of 2011. This legislation would designate the Chief Nurse Officer of the U.S. Public Health Services as the “National Nurse for Public Health” to elevate the authority and visibility of this position. Chronic conditions such as diabetes, asthma, obesity, and others pose the single greatest threat to the health of Americans and our nation’s economy. Nurses provide key services for the prevention and management of these conditions and this legislation is necessary to support further work needed to promote prevention, improve outcomes, and guide national, state and local efforts in addressing the nation’s health.

This is the ideal time to make a National Nurse for Public Health a reality. The current administration and Congress have a clear commitment to wellness promotion and illness prevention. There is convincing evidence that the health of our country can be dramatically advanced by deploying our greatest and most trusted national health resource, America’s nurses. Establishing a National Nurse for Public Health would be a practical step forward in publicly acknowledging the need for a focus on wellness and prevention. This legislation would provide the nation with a trusted professional representative from nursing to kick off the move to prevention in whatever form of health-care system our lawmakers deliver.

The National Nurse for Public Health would provide a visible nurse leader to advocate for enhanced prevention efforts for all communities. Further, we recognize the potential of having the National Nurse for Public Health as a representative who would meet with health care leaders to determine ways to address continued health disparities and poor health literacy.

We, as organizations and individuals, support this legislation as a means to achieve the goals of better health, decreased health disparity and improved health literacy and look forward to working with you on this important issue. We applaud your efforts in highlighting the important contribution of nurses and in your advocacy of improvement of the nation’s health. We strongly urge your support of The National Nurse Act of 2011.

Thank you for your consideration and please call upon us if we can be of further support as this bill moves forward.

Contact:
Teri Mills MS, RN, CNE
President, National Nursing Network Organization
teri@nationalnurse.info
503-320-2385
http://nationalnurse.org

NBNA SUPPORTED THIS SIGNATORY LETTER TO CONGRESS

The following state legislative bodies have passed resolutions urging the US Congress to enact legislation for establishing a National Nurse:

- Massachusetts General Court*
- Oregon State Legislature*
- New York State Assembly*
- Vermont State Legislature*
Black Nurses’ Day on Capitol Hill Photo Highlights

“The Politics of Healthcare: Nursing From the Bedside and Beyond”
BELOW L to R: Juanita Jones (President of SEPABNA), Dr Lucy Yates, Karen King-Shannon, Lorraine Braxton, Stephanie Tunstall, Michelle Young-Stevenson, and Denise Pinder
L to R: CAPT Beverly Dandridge, BNA of Greater Washington, DC Area; Dr. Regina Benjamin, U.S. Surgeon General, U.S. Department of Health and Human Services; CDR Brenda Ross, BNA of Greater Washington, DC Area, CAPT Laurie Reid, President, Atlanta BNA

L to R: Deborah Andrews, President, Birmingham BNA; Dr. Deidre Walton; Mayra Alvarez, Director of Public Health Policy, Office of Health Reform, U.S. Department of Health and Human Services; Erma Jean King, Member, Central Carolina Black Nurses Council
L to R: Dr. Barbara Hatcher, Member, NBNA Health Policy Committee; Dr. Deidre Walton, Dr. J. Nadine Gracia, Deputy Assistant Secretary for Minority Health, U.S. Department of Health and Human Services; Frances Ashe-Goins, Deputy Director, Office of Women’s Health, U.S. Department of Health and Human Services.

L to R: Dr. Deidre Walton, Acacia Salatti, Deputy Director, Center for Faith-based and Neighborhood Partnerships, U.S. Department of Health and Human Services; Dr. Veronica Clarke-Tasker, NBNA Secretary.
L to R: Karen Howard, Director of Government Relations, Nurse Family Partnership; Arisa Cunningham, Vice President, Global Diversity, Medical Devices and Diagnostics Group, Johnson and Johnson; Dr. Deidre Walton, NBNA President; Lisa Davis, Vice President of Corporate Affairs, MedImmune; Alethia Jackson, Esq., Director of Government Relations, Walgreens; Dr. Barbara Hatcher, Moderator and Member, NBNA Health Policy Committee
L to R: Regena Thomas, Senior Advisor for Constituency Outreach Democratic National Committee and Dr. Deidre Walton

L to R: Dr. Deidre Walton, NBNA President and U.S. Representative Donna Christian Christensen
NBNA.org — 41

L to R: Thelma Roach-Serry, BSN, RN, NE-BC, Vice President, Virginia State Nurses Association; Deborah Jones, MS, RNC, Chair, NBNA Health Policy Committee; Birthale Archie, MSN, BS, RN, Co-Chair, NBNA Health Policy Committee; and Dr. Deidre Walton, NBNA President
ABOVE: Nursing Students and Faculty from Howard University

BELOW: Nursing Students and Faculty from the University of the District of Columbia
ABOVE: Nursing Students from Coppin State University

LEFT, L to R: Maria Dudley, RN, member of the Council of Black Nurses, Los Angeles (CBNLA); Joyce Spalding, RN, President of CBNLA; U.S. Representative Karen Bass; NBNA Member; and Sandra McKinney, RN, President of South Bay Black Nurses Association gather at NBNA Day on Capitol Hill 2012

BELOW LEFT, L to R: Rosa McKinzy, Cambridge, RN; Congresswoman Kathy Castor, 11th District; and Mattie E. Jackson, RN

BELOW, L to R: Standing: Sandra Mckinney; Lovene Knight; Birthale Archie, NBNA Historian; Joyce Spalding; Deborah Jones, NBNA Board Member Sitting: Dr. Irene Lewis; Dr. Deidre Walton, NBNA President; and Marie Dudley
**NBNA Chapter Websites**

**ALABAMA**  
Birmingham BNA ..................................................www.birminghambnbna.org

**ARIZONA**  
Greater Phoenix BNA .............................................www.bnaphoenix.org

**CALIFORNIA**  
Council of BN, Los Angeles .................................www.cbnlosangeles.org

Inland Empire BNA .................................................www.iebna.org

San Diego BNA ....................................................www.sdblacknurses.org

S. Bay Area of San Jose BNA .................................www.sbbna.org

**COLORADO**  
Eastern CO Council of BN (Denver) .....................www.coloradoblacknurses.org

**CONNECTICUT**  
Northern Connecticut BNA .................................www.nctna.org

Southern Connecticut BNA .................................www.scbna.org
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<td>MINNESOTA</td>
<td>MINNESOTA BNA (111)</td>
<td>Minneapolis, MN</td>
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<td>MISSISSIPPI</td>
<td>MISSISSIPPI GULF COAST BNA (124)</td>
<td>Gulfport, MS</td>
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<td>MISSOURI</td>
<td>GREATER KANSAS CITY BNA (74)</td>
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<td>NEVADA</td>
<td>SOUTHERN NEVADA BNA (81)</td>
<td>Las Vegas, NV</td>
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<td>CONCERNED BLACK NURSES OF CENTRAL NEW JERSEY (61)</td>
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<td>NEW YORK</td>
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<td>MILWAUKEE BNA (21)</td>
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<td>PITTSBURGH BLACK NURSES IN ACTION (31)</td>
<td>Pittsburgh, PA</td>
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<td>SOUTHEASTERN PENNSYLVANIA BNA (56)</td>
<td>Philadelphia, PA</td>
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