

Volume 5 Number 3

# WE MAKE A DIFFERENCE FOR NURSES IN NEW YORK STATE

January 2021

The Official Publication of the American Nurses Association - New York ANA - New York Nurse will reach over 72,600 New York nurses and schools of nursing.

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ANA-NY 9TH ANNUAL CONFERENCE Mark your calendar October 29-30, 2021 for ANA-NY 9th Annual Conference. This year's theme is "Nurses; A voice to lead." Our Keynote is ANA-NY very own member, Shantay Carter, BSN, RN Founder of Women of Integrity Inc. ANA-NY'S ANNUAL CONFERENCE IS COMING BACK TO NYC. The conference will be held at The Hilton Long Island 598 Broad Hollow Road Melville, NY 11747. Early-Bird Sale starts on June 7th, 2021. AMERICAN NURSES ASSOCIATION

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# FROM THE DESK OF THE EXECUTIVE DIRECTOR

### Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN,

I think we can all breathe a sigh of relief at having 2020 in our rear-view mirror. Even though we aren't out of the woods yet, we have the hope of getting ahead of COVID-19 and finding the "new normal." Make sure to take some time for yourself. Check out our Wellness Wednesday posts for ideas.



In this issue you will find my

ED Annual Report with updates on the goals with which we optimistically started the year and identification of the goals for 2021. We have had an astonishing 35% increase in members this year. I attribute that to several factors including the implementation of Value Pricing, as approved by the membership in 2019 and the amazing on-going efforts of our office team to gather and post resources on our website regarding COVID-19 and keep our social media presence fresh, entertaining, and dynamic.

Any day now the inaugural issue of the Journal of ANA-NY (JANANY) will be published. If you have an article waiting to see the light of day, think about submitting it. Poster only, no worries, the call for posters for our 9th Annual Conference is open, too. We also have our keynote speaker for 2021 booked. Not only is she a nurse, she's an ANA-NY member!

We continue to shout our Organizational Affiliates (OA). If your nursing group would like to have us promote your events, reimburse you for CNE approval, co-brand Nurses Week ads in your local paper, and more, sign up to be an ANA-NY OA.

Bottom line, ANA-NY has remained strong and focused through the disruption of the pandemic, we pivoted and strengthened our position as a resource to ALL nurses in

NYS, and we are poised to further expand our member benefits and outreach across the state. Stay well and hope to see you in person in October!



**f 9 0 in** 

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- Subject to editing by the ANA-NY Executive Director & Editorial Committee
- Electronic submissions ONLY as an attachment (word document preferred)
- Email: programassociate@anany.org
- Subject Line: ANA-New York Nurse Submission: Name of the article
- Must include the name of the author and a title.
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- If requested, notification will be given to authors once the final draft of the ANA New York Nurse has been submitted.
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Article submissions, deadline information and all other inquiries regarding the ANA-New York Nurse please email: programassociate@anany.org

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# PRESIDENT'S MESSAGE



Marilyn L. Dollinger, DNS, FNP, RN

I hope all of you and your families had a good Holiday celebration and that you are staying well. The predicted surge of COVID-19 has arrived and continues to pose a threat to the health and well-being of all Americans. We will keep the

nurses, all health care providers, and support staff on the frontlines across the country in our prayers.

I continue to be hopeful as good news continues about the successes in vaccine development. But—there is work to do even as this crosses our horizon. We have a duty and a role to play in influencing public understanding of the importance of getting the vaccine and making sure that the distribution of vaccines is done in an equitable way.

I hope many of you have seen the short clip that Dr. Ernest Grant, ANA President did on NPR in late November that is posted on ANA-NY's social media sites. In case you missed it, you can view it at <a href="https://n.pr/3fwdlXH">https://n.pr/3fwdlXH</a>. He talks about the need for all nurses to educate the public about the benefits of vaccinations but he also talks about his special duty as a black man to role model that the vaccine is safe for black and brown people. He is making a difference.

There are many wonderful initiatives across the state to promote the public's health and I want to highlight some that have been publicized in the Rochester area demonstrating the power of collaboration and outreach. A December 1, 2020 article in the Democrat and Chronicle described the work of the Rochester Black Nurses Association, the Black Physicians Network of Greater Rochester and community health organizations to form "Community Fighting COVID." This coalition provides culturally competent information to communities of color who have high levels of medical mistrust—particularly when vaccine programs are deployed. Workers in low wage jobs and from underrepresented groups are more

likely to be frontline workers, unable to work from home, and need public transportation to get to work. Screening, assessment, education about prevention, and flu shots are provided in many venues including homeless shelters, to seniors, and many others in conjunction with FQHCs. They are making a difference.

In mid-December, I sent a letter to Gov. Cuomo, on behalf of ANA-NY, the New York State Council of Deans and the Council for Associate Degree Nursing in New York State volunteering the thousands of nursing students across New York to be part of the vaccination plan. We have also communicated this plan with other stakeholders.

From the letter:

...the distribution of the proposed vaccine to New Yorkers may be the most important public health project in this century. The need for proper and prompt administration will challenge New York's already overtaxed healthcare systems. Thousands of clinical nursing students in New York State have the skills and training to administer the vaccination. Many programs already use these students to staff flu shot clinics on their campuses and in the community. RN nursing students are covered in the New York State Practice Act, which allows students to perform certain skills when they are supervised by nursing faculty. NY

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All qualified interested personnel should respond to: Ms. Susan Sherlock, Coordinator of Health Services e-mail: ssherlock@ccsd.edu Education Law §6908. We believe that using clinical nursing students will increase the workforce to administer vaccines, while leaving Registered Nurses to their life-saving work in hospitals.

As noted above, there are close to 200 nursing programs, in all corners of the state. Students and faculty from our schools can provide the additional workforce to quickly meet the demands for widespread vaccinations in many of the rural and underserved areas which are suffering the most and where the vaccination challenges will be the most pronounced.

We are proud to take the lead on this initiative and will keep the membership updated as the Governor's Vaccine Distribution and Implementation Task Force moves forward

Stay well and remember—we can make a difference together!



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### LEGISLATIVE UPDATE



### Amy Kellogg

Tuesday, November 3, 2020 was election day across the country. While most of the attention was focused on the national elections, and specifically, the race for President, it was an important election year in New York as well. All 213 members of the New York State legislature were up for reelection. In New York, regardless of whether you are an Assemblymember or Senator, you



have to run for reelection every two years.

The 2020 elections were very different this year for a variety of reasons, but most significantly, they were different because of COVID-19. While the pandemic changed the way many voters chose to vote, it did not have a negative impact on voter turnout. Many states, including New York, had early voting for the first time in a Presidential election year. As a result, there were around 100 million votes cast before election day. For comparison sake, in 2016, there were 57.2 million absentee and early voting ballots cast. The majority of early votes came from absentee ballots with about 2/3 of the early votes coming from those (62.1 million) and 1/3 from early voting (35.5 million).

When you add in Election Day voter turnout that was around 50 million votes, this means that total votes were the highest they have been in over a century with about 65% of eligible voters, or 150 million voters, voting in this election. For comparison sake, in 2016, which was touted as having strong voter turnout, there was a voting rate of 60% of eligible voters, 137 million, turning out for the vote

In New York, absentee voting was done on an unprecedented scale with 2.5 million New Yorkers

requesting an absentee ballot and almost 2 million being returned before the deadline. For comparison sake, in 2016, only 400,660 absentee ballots had been requested. As a result of the pandemic, the legislature passed, and the Governor signed, a bill that allowed fear of contracting COVID-19 as one of the reasons to request an absentee ballot.

As mentioned, this was the first Presidential election where there was early voting in New York, and there was strong early voter turnout as well. In total, around 2.5 million, or around 20%, of registered voters voted early in New York. There was such overwhelming turnout for early voting that many polling places throughout the state saw long lines that led to a wait to vote, and many polling places added extended hours to meet the demand. In New York City, lines to vote were up to four hours long for some voters.

While a lot of time and attention were on the national races, there were many races in New York that were being watched closely by those impacted by New York State government. In 2018, we saw a substantial change in the New York State Senate when control of the house flipped from Republican to Democrat. During this year's elections, no one thought that there would be a change in party control of the Senate, but the one issue we were watching was whether the Senate Democratic majority would pick up two more seats, which would give them a supermajority making them veto proof.

Given the sheer number of absentee ballots that New York received, and the challenges of counting ballots in the era of COVID-19, the vote counts took a few weeks to be completed. In the end, once all the votes were counted, the Senate Democrats were able to pick up three seats total meaning that house will now be veto proof.

The Assembly has been veto proof for a number of years, and with the Senate also being veto proof that means that if the two houses pass a bill that is subsequently vetoed by the Governor, the two houses

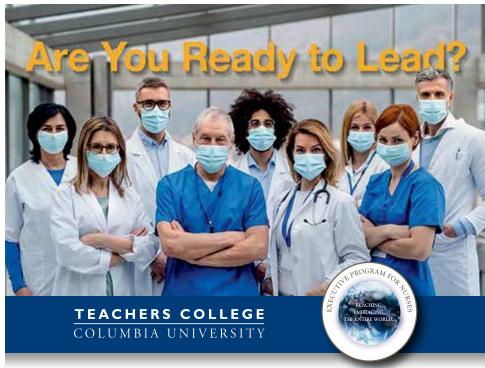
will have enough votes to override the Governor's veto. This override power has the potential to alter the power dynamic in the State as between the Executive and the Legislature. At this time, we don't know if there will actually be a shift in the dynamic, or if the override powers will even be used, but we will be following this closely.

In the final vote tally for the Senate, there will be 43 Democrats and 20 Republicans. For the Assembly, there will be 107 Democrats and 43 Republicans. Further, while we won't see a major change in the controlling party, or their leadership, in either house next year, we will see many new faces in Albany next year. Between retirements, primary and general election losses, members running for other offices and members moving on to other jobs, we will see at least 36 new legislators between the two houses. While this is not an unprecedented level of turnover, it will mean that there will be a lot of new faces, and new committee chairs, to meet and inform next year in each house.

At this time, there is no set decision on what the 2021 legislative session will look like, and no idea on whether we will convene again in person at some point next session or remain meeting remotely. Per the New York State Constitution, the Governor is slated to deliver his 2021 State of the State address on Wednesday, January 6, 2021. The Governor has not yet indicated whether he will try to deliver this address remotely or if there will be a broader change to how we start session because of the pandemic.

Regardless of the medium for the 2021 legislative session, we will continue to advocate for your issues. At the October annual meeting, the membership approved the legislative agenda for 2021, which reflects the ANA-NY priorities for the next legislative session and will dictate the issues that we monitor and work on. We will also continue our coalition work on key issues related to a smoke free New York and vaccinations, as well as

Legislative Update continued on page 17



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- Friday, February 5 at 12:00 PM
- ► Tuesday, February 16 at 8:00 PM
- Friday, March 5 at 12:00 PM
- > Thursday, March 18 at 12:00 PM

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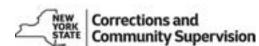
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### **Meet your Committee Chairs**

### Audit Committee Amy Bivona-Carmignani, BSN, RN



**Bylaws Committee** Catherine S. Finlayson, PhD, RN, OCN

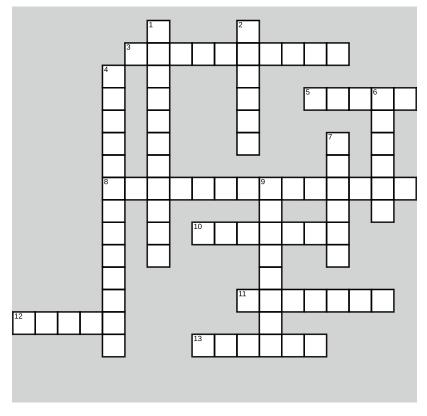




**Legislation Committee** Denise Rivera, MBA, RN



### **Crossword Puzzle**



### **Across**

- 3 Opportunity for high risk practice
- 5 PFIC organ
- 8 Health of woman during pregnancy
- 10 Conference platform
- 11 Flo's war
- 12 ANA President
- 13 Antiseptic Doc

### Down

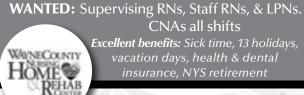
- 1 Experiencing social or economic obstacles
- 2 Peer reviewed journal
- 4 Veto proof
- 6 Highest possible standard
- 7 Conference alter ego
- 9 Amy

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### **Nominations and Elections** (elected)

Toby Bressler, PhD, RN, OCN, FAAN



**Awards** Jennifer Nahum, DNP, RN, PPCNP-BC, CPNP-AC



**Nursing Education** Susan Birkhead, DNS, MPH, RN, CNE



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# HIGHLIGHTS FROM THE 8TH ANNUAL CONFERENCE

ANA-NY held its first virtual annual conference on October 22-24, 2020 in VirBELA  $^{\text{TM}}$ . With 2020 full of Zoom conferences and meetings, we wanted to stand out to provide our constituents (sponsors, exhibitors, presenters, and audience) with a fun and engaging online experience. Fun was had by all!

### **CONFERENCE HIGHLIGHTS**

### 2-day Learning and a Preconference

Thanks to our sponsors (ALD, CEI, NSO, and PROMED Staffing Resources), attendees were able to immerse themselves in session topics such as: Preconference Cannabis Panel Discussion, human connection, mental illness and substance abuse, nurse advocacy, understanding the importance of the legislative process, and more!

**Expo Hall** was full of exhibitors and poster presenters displaying, connecting, and interacting with our members!

**Awards Reception** with an outstanding display of fireworks! Congratulations to our 2020 ANA-NY Award winners: Friend of Nursing Award – Brandon Quall; Mentorship Award - Dr. Deirdre O'Flaherty, RN; Nursing Practice Award - Dillon Dzikowicz, BS, RN; and Policy and Service Award - Dr. Andrea Sonenberg, RN

### **Testimonials**

"Great conference cannot wait for next year"

"ANA-NY should be commended for their forward-thinking approach to developing this conference. Participating through VirBELA<sup>TM</sup> an extremely contemporary approach to the challenges of meeting face to face during COVID. The entire planning committee, executive board, and resource staff did an excellent job of providing a professional conference. Kudos!"

"This was well organized and the variety of topics and time in between sessions was perfect. Thank you for a wonderful experience!"



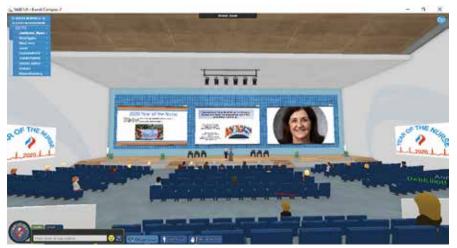


































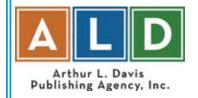








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PRECONFERENCE

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KEYNOTE SPEAKER

### **EXHIBITORS**















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### **2020 Annual Book of Reports**

### ANA-New York Presidents Report November 2019 - October 2020

During the past year as President of ANA-New York I consistently participated in the following events: ANA President/ED quarterly conference calls, ANA GOVA quarterly conference calls, ANA-New York BOD monthly conference/in-person/virtual meetings, ANA- New York Membership committee conference calls, ANA-New York Legislative committee monthly conference calls, ANA-New York Finance committee conference calls, ANA-New York Annual Meeting monthly conference calls, NEMSD quarterly conference calls and NEMSD-Nurse Peer Review Leader quarterly conference calls. I also serve as a NEMSD CNE Individual Application Reviewer and was certified August 18, 2020 as a NEMSD CNE Approved Provider Unit Reviewer. I have also submitted President's articles for ANA-New York Nurse quarterly newsletter and Annual Daily News Nursing week article.

Additionally, I am a nurse consultant for the Health Welfare Coalition of Long Island (HWCLI) for the 2020 Census Project, trained in census intake and serve on the Early Childhood and Education Committees.

As a member of the Patriot Guard Riders (PGR) an organization that "Stands for those who stood for us" I advocate for veterans with PTSD and counsel family members when standing flag line missions at veteran funerals across Long Island.

This past January I was inducted as a Deacon at Christ Community Church (CCC) in East Islip and serve on outreach community events; food drives, school supplies for financially challenged families, mental health counseling, parish nursing (direct patient care for hospice patients) and since March 14, 2020 COVID-19 education and screening events.

Additionally, these are the highlighted events I participated in and promoted the mission of ANA-New York and development of collaborative engagement opportunities.

### October 2020

10/8: ANA – NY Legislation Committee meeting

### September 2020

9/1: CCC Executive meeting

9/3: ANA-NY Annual Meeting Committee meeting

9/9: PNASC BOD meeting

9/15: Molloy Advocacy Presentation

9/16: NEMSD BOD meeting 9/17: NEMSD NPR meeting 9/24: ANA-NY BOD meeting

9/25: NYNA meeting

### August 2020

8/5: HWCLI 2020 Census meeting

8/5: NEMSD APU Review Catholic Hospital with Ann Purchase

8/6: ANA-NY Legislation Committee meeting

8/7: PGR @ Calverton Mission

8/10: PGR @ Calverton Mission

8/11: PGR @ Calverton Mission

8/12: CCC Deacon's meeting

8/14: ANA-NY Executive Session meeting

8/17: PGR @ Farmingdale Mission

8/18: CCC Women's Fellowship

8/18: NEMSD APU Review Bristol Hospital with Ann Purchase

8/19: ANA-NY ED Evaluation with JLG

8/19: NEMSD BOD meeting

8/24: ANA-NY BOD meeting

8/28: NYNA meeting

### July 2020

7/1: PGR @ Calverton Mission

7/1: CCC Deacon's meeting

7/7: CCC Executive Council meeting

7/8: ANA-NY ED Tea

7/8: ANA-NY BOD meeting

7/9: Kids Mental Health webinar

7/10: CCC Thank you and gift cards for Exchange

Ambulance of Islips

7/15: NEMSD BOD meeting

7/16: NEMSD NPR meeting

7/21: CCC Women's Fellowship

7/23: ESREC meeting 7/24: NYNA meeting

7/27: PGR @ Farmingdale Mission

7/28: Asthma Webinar

7/30: NEMSD NPR APU Webinar

7/31: ANA-NY BOD Executive Session meeting

### June 2020

6/1: ANA Virtual MA vote

6/2: ANA COVID-19 Grief Webinar

6/2: CCC Executive Council meeting

6/3: ANA Dues Escalator Webinar

6/4: ANA-NY Legislation Committee meeting

6/4: ANA-NY Poster Abstract reviews

6/5-6/6: ANA-NY BOD meeting

6/9: ESREC meeting

6/10: ANA C/SNA meeting

6/11: ANA-NY Annual Meeting Committee meeting

6/17: NEMSD BOD meeting 6/18: NEMSD NPR meeting

6/19: ANA MA Virtual meeting

6/24: PGR @ Lindenhurst Mission

6/25: PGR @ Islip Airport for Commander Diane

Gardner RN

6/26: PGR @ Farmingdale General Mission

6/26: NYNA meeting

6/26: PNASC Swearing in as President-Elect

### May 2020

5/1: NEMSD Dues meeting

5/5: CCC Executive Council meeting

5/7: ANA-NY Legislation Committee meeting

5/11: ANA-NY BOD meeting

5/12: ANA-NY Membership Assembly Orientation call 5/14: CCC Deacon's Meeting

5/15: ANA-NY Finance Committee meeting

5/17: PGR @ Calverton Mission

5/19: ANA C/SNA call

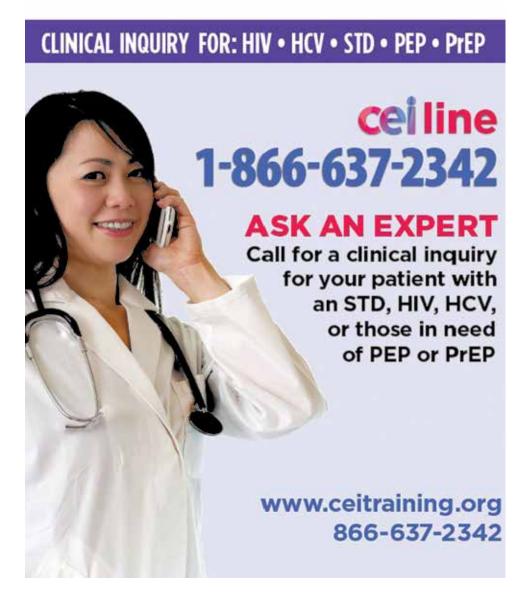
5/20: PGR @ Calverton Mission 5/20: NEMSD BOD meeting

5/21: NEMSD NPR meeting

5/28: PGR @ St. Charles Mission 5/29: PGR @ Calverton Mission

5/29: NYNA meeting







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### January 2021

### Page 9

### April 2020

4/1: ANA-NY COVID-19 Conference call

4/2: ANA-NY Legislation Committee meeting

4/6: ANA-NY BOD meeting

4/7: CCC Executive Council meeting

4/8: ANA C/SNA call

4/15: NEMSD BOD meeting

4/22: CCC Deacon's meeting

4/23: ANA-NY Annual Meeting Committee meeting

4/23: ANA C/SNA call 4/23: NEMSD BOD meeting

4/24: NYNA meeting

### March 2020

3/1: CCC Community Outreach

3/3: CCC Executive Council Meeting

3/5: ANA-NY Legislation Committee meeting

3/6-3/7: ANA-NY BOD meeting @ Molloy College in Rockville Center 3/8: COVID-19 PAUSE all venues shut down

3/9: ANA-NY Annual Meeting Committee meeting 3/14: St. Baldrick's Head Shavee (Raised over \$50,000 for the past 9 years)

3/18: NEMSD BOD meeting

3/20: ANA MA call

3/24: CCC Created 40 Easter baskets for Lighthouse Missions

3/27: NYSNA meeting

3/28: CCC Executive Council meeting

### February 2020

2/1: CCC Ladles of Love, 50 quarts of soup for community 2/4: CCC Executive Council meeting 2/6: ANA-NY Legislation Committee meeting

2/7: ANA Membership Conference call

2/10: ANA-NY BOD meeting

2/11: NAPNAP Dinner meeting

2/12: HWCLI Education Committee meeting

2/19: NEMSD BOD meeting

2/21: NYNA meeting

2/24: CCC Deacon's meeting

2/25: ANA President/ED call

2/27: ANA-NY Education Committee meeting

2/27: ANA-NY Finance Committee meeting

2/28: NEMSD CE proposal meeting

### January 2020

1/3: PGR @ Calverton Mission

1/5: Deacon Installation for Christ Community Church in East Islip

1/6: PGR @ Calverton Mission

1/6: CCC Executive Council meeting January 2020 continued:

1/10: PGR @ Calverton Mission

1/11: NYNA Steering meeting

1/13: ANA -NY BOD meeting

1/14: HWCLI Early Childhood Committee meeting

1/14: Human Trafficking Conference call meeting with Dr. Feeg

1/16: NEMSD BOD meeting

1/22: HWCLI Education Committee meeting

1/22: NAPNAP Stop the Bleed seminar

1/23 – 1/24: Asthma Educator Institute

1/27: NEMSD Nurse Peer Review meeting

### December 2019

12/3-12/5: ANA Leadership Summit Alexandria, VA 12/6: Farmingdale University: Veterans' Conference

12/10: ANA-NY Legislation Committee meeting

12/11: ANA GOVA call

12/13-12/14: ANA BOD meetings

12/17: 2020 Census Prep Digital training

12/19: NEMSD BOD meeting

12/27: CCC Deacon's meeting

### November 2019

11/1: NEMSD BOD meeting

11/6: ANA Mentoring meeting

11/7: Center for Nursing RI HS College meeting

11/8: US Asthma Webinar Symposium

11/12: ANA BOD Emergency Call

11/13: Nurses Educational Funds (NEF) ceremony for

Fran Bono-Neri: Circle of Scholars.

11/14: ANA-NY Finance Committee meeting 11/15: Hofstra University Mental Health conference

11/16: NEMSD BOD DE Evaluation Call

11/19: NYNA Conference Call

11/21 NAPNAP Dinner meeting

11/22: ANA-NY BOD Conference Call

### October 2019

10/28: NEMSD Peer Reviewer Conference Call 10/29: Helen Fuld President Induction

### 2020 ANA-NY Annual Meeting Secretary's Report Tanya Drake

Since the October 2019 Annual Meeting, the Board of Directors has met at least monthly; three times inperson and nine on conference or video calls. Two additional executive video sessions were held to draft and finalize the annual executive director's performance evaluation and goals. Consensus was that monthly BOD meetings continue to be optimal in meeting the needs of the association and its membership and, despite the cancellation of quarterly in person meetings, the BOD has continued to function as a cohesive unit. Member preparation for meetings and participation has been consistent and electronic communication effective.

Committees continue to be supported by the ED and BOD liaisons and member feedback has been positive.

Executive Director Jeanine Santelli presented a written and verbal report of her activities and participated in each of these meetings. Program Manager Jamilynne Myers and, newly promoted, Communications Coordinator Shakira Hernandez participated as frequently as possible and presented monthly written reports. Lobbyist Amy Kellog, Harter Seacrest & Emory LLP, presented oral summaries of developments during the NYS Legislative sessions and her work on behalf of ANA-NY. Additional guests attended and presented reports as needed or requested by the Board. Among the guests were Kathleen Hale, NEMSD Division Executive; Mark Randall, VP Investments, and Daniel Marzullo, Client Associate, from Bank of America Merrill Lynch; and Amy Pedrick, CPA from West & Company.

On behalf of our members, among the actions the Board of Directors has taken over the past year were:

- Kept the membership updated on BOD activities by publishing approved minutes on the 'Members Only' section of the ANA-NY website and 'Board Buzz' a quarterly summary of BOD actions in each issue of the ANA-NEW YORK NURSE.
- Lauded our administrative staff for orchestrating the switch from an in-person Annual Conference to a virtual format.
- Approved the 2020 Budget and new and revised policies proposed by relevant committees.

2020 Annual Book of Reports continued on page 10













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### January 2021

### 2020 Annual Book of Reports continued from page 9

- Presented Future Nurse Leader Awards to 25 graduating students.
- Approved a new Nursing Practice: Early Career Award category.
- Endorsed letters and issued position statements or memos of support or opposition on issues and legislation in compliance with ANA-NY's mission and goals.
- Collaborated with other professional organizations to support tobacco control legislation that ended the sale of flavored e-cigarettes.
- Donated to ANA, Nurses House and other professional organizations providing direct relief to nurses affected by COVID 19 and natural disasters.
- Sponsored and participated in events held by professional nursing organizations and NSANYS.
- Determined that disaffiliating from NEMSD as of December 31, 2020 is in the best interests of our membership but will continue to be active on the BOD and to support the organization until then.
- Recognized ED Jeanine Santelli for her visibility, advocacy and actions in support of NY nurses during the COVID 19 pandemic.
- Thanked Program Manager Jamilynne Myers for creating and updating the COVID 19 Resource page on the ANA-NY website.
- · Accepted new Organizational Affiliates.
- Congratulated 2019-2020 Research Awards Fellow, Leorelkys Villar.
- Participated as observers with our elected representatives and alternates in the virtual ANA Membership Assembly.
- Approved a proposal from member Edmund Pajarillo for creation of a digitally published ANA-NY peer reviewed journal.
- Approved funding for production of two PSAs for posting on social media; one supporting nurses engaged in the fight against COVID 19 and one promoting membership in ANA-NY.

# Treasurer Report 2020 Annual Meeting Report Jan-August 2020

This report was submitted 9/17 and represents income/expense Jan – Aug. The report is in the Book of Report. Income shows a 17% increase, majority of this is due to an increase in our membership.

Expense category – are within the budget. Note, conference expenses will be less this year due to the virtual meeting, thus no hotel expenses. New expenses this year were an increase in advertising includes Nurses Day and donations to Nurses House for nurses sick with COVID-19. Membership expenses increased due to the mailing to new members a welcome kit as a means to connect with members. A neck gaiter gift will be sent to all members this year to thank everyone for their work as nurses.

At end of Aug, we had net income of \$114, 079.

CASH on hand was over \$300,000. The Board of Directors voted to moved cash into Investments with Merrill Lynch. ANA-NY is in good financial status.



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Income	2020 Dollars (rounded when possible)	2019
Member dues	411,910	346550
NEMSD	45	230
Annual Meeting registration	12, 700	11, 290
Annual Meeting sponsors	5000	5500
Future Nurse Leader	120	190
Interest	7	11
Total Income	\$431000	\$368000
Expenses		
Administrative Support (bookkeeping)	2100	3420
Advertising	34,130	20,269
Business Expense	2800	1770
Annual Meeting	0	2440
Committee meetings (includes annual meeting 2447)	4800	5890
Donation expense	8000	3320
Facilities and Equipment	23290	21600
Bank Fees	230	150
Insurance Expense	2120	2170
Lobbying Expense	30600	25900
NEMSD dues	5540	3000
Operations Expense	880	1500
Professional Services	4750	3770
Salaries and Wages	143250	130700
Development and Training	1950	3450
Insurance	15750	13780
Stipend	3000	3000
Travel and Meetings	1220	19320
Total expenses	\$317000	\$294600
Net Operating Income	\$108,000	\$106000

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- •HCV and Alcohol
- •Hepatitis C and Drug Use: Addressing Screening, Treatment, and Stigma
- •HCV Among Women of Childbearing Age
- •Hepatitis C in Children & Adolescents
- •Treating Medical Complications of Injection Drug Use
- •Pain Management for People who Use Opioids
- •Buprenorphine in New York State: A Clinical Overview
- •Harm Reduction for Health Care Providers
- •COVID-19, Drug Use & Harm Reduction
- •Naloxone: Preventing Opioid Overdose in Community



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### **Finance Committee**

We had four meetings this year via conference call to review the PL statements, budget and investment portfolio. Merrill Lynch presented at a few of the meetings as well as at the BOD meetings. We will start preparing the 2021 budget in Nov of this year as we have done in the past. Recommendations for use of income are taken from committee chairs and BOD.

Respectfully submitted

Sue Penque PhD, RN, ANP-BC, NE-BC< HC-BC, ANA-NY Treasurer

### 2020 ANA-NY Annual Meeting ED Report

### 2020 To do list status update:

- Develop 2020 ANAI project Project was to purchase and implement Phone2Action platform for grassroots advocacy. This platform was used for our Virtual Lobby Day. We would not have been able to have a virtual Lobby Day without this platform so the timing was great.
- Continue to increase visibility as "the other nursing organization" in NY Thanks (!?!) to COVID-19, ANA-NY was able to establish ourselves as a resource for all nurses in NYS for accurate, timely, COVID-19 information.
- Increase number of OAs Added NY Certified Nurse Anesthetists
- Continue progress on strategic plan goals see below
- Increase network in collaborative space made BMC connection for VirBELA platform. Not a lot of other opportunities for networking due to shut down.
- Continue to explore value added opportunities for members see below
- Create speakers' bureau for ANA-NY done and adding to it.

### 2019 Dialogue Forum Topics update

- Statewide project shut-down limited our time to create and launch an initiative.
   We are working collaboratively with Donate Life and American Red Cross to launch virtual challenges.
- Create a PR Committee to be the face of the association office team is functioning in that role. Review with Board to determine if the need for committee continues.
- Resource repository we have created a speakers' bureau for ANA-NY and will soon have our scholarly journal.

### Strategic Plan status update

Strategic Goal #1: Continue to increase membership at a sustained rate of 8% annually (benchmarks: 2012 Founding – 39 members, beginning of JS tenure - 4186 members, end 2019 – 6086 members)

- 7900 members (30% YTD)
- Quarterly Newsletter circulation >70,000
- Spectrum Reach for increased regional visibility
- Shakira Hernandez title and job description changed to Communications Coordinator to reflect her contribution to the visibility of ANA-NY
- Future Nurse Leader 25 nursing programs participated in 2020
- VPP implemented in March

Strategic Goal #2: Increase member retention to sustain membership growth goal of 8% annually

- Retention rate 65%
- Future Nurse Leaders, Class of 2018 24% initial membership and 13% retention of those who became members

Strategic Goal #3: Increase member engagement to support retention goal

- Monthly Office Update going to members via email
- Journal of ANA-NY approved by Board and will be coming in early 2021
- Annual ANA-NY Awards presentations at 2020 Annual Conference 8 nominees for 4 awards
- Annual election 10 nominations for 7 positions, less than 2% voting participation
- Poster session continues in 2020 conference
- Members as annual conference podium presenters
- Moving annual conference around the state
  - o 2021 Long Island
  - o 2022 Western
  - o 2023 Lower Hudson
  - o 2024 Capital

Strategic Goal #4: Increase value of membership

- COVID-19 webpage
- Elite Learning up and running with over 350 CNE offerings available at a 15% discount for ANANY members
- Free to members CE offerings in each ANA-NY newsletter

### Strategic Goal #5: Increase visibility

- Significantly elevated social media presence
- ANA-NY Virtual Lobby Day with 59 participants sending out 126 emails sent to both Assembly and Senate members
- Testified on Safe Staffing
- Met with Regent Norwood regarding use of simulation in nursing education
- Drafted white paper on simulation in collaboration with other nursing groups in state and revised after COVID-19 outbreak
- Sent letter of support for BS in 10 emergency regulations
- Multiple interviews regarding COVID-19 including call-in talk show on Sirius
- Regularly provide reports to:
  - o NYONEL
  - o Associate Degree Council
  - o Deans Council
  - o NYSED Board for Nursing
- Sponsorships and Donations:
  - o Nurses House
  - o Eva Allerton Nursing History Lecture
  - o American Nurses Foundation

2020 Annual Book of Reports continued on page 12



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### 2020 Annual Book of Reports continued from page 11

- o Tennessee Nurses Relief Fund
- o Ronald McDonald House
- Nurses Week ads/promotions
  - o Daily News
  - o Times Union, Albany
  - o The Buffalo News
  - o Schnepps Media, Long Island and NYC
  - o Democrat and Chronicle, Rochester
  - o In Good Health, Central NY
  - o Daily Gazette, Schenectady
  - o Professional Nurses Association of Western NY, Buffalo
- Collaborations
  - o Delphi Study Project with CNR
  - o Nursing Research Fellowship with CNR
  - o ESSAE Nominating and Leadership Development Committee
  - o ESSAE ALA Program committee member
  - o Credentialing portfolio consultant for Nurse Portfolio Credentialing Commission, Pittsburgh, PA
  - o Psychometrician for LAWNY and RRH, Rochester, NY
  - o ANAI participant
  - o Member of SUNY Polytechnic Institute IRB

### 2021 Goals:

Evaluate virtual conference and formulate a plan for future meetings and events Expand active engagement and retention of members and potential leaders Successful launch of scholarly journal for ANA-NY

Increase number of FNL participating schools Increase number of OAs Continue progress on strategic plan goals

Work with newly elected leadership to vision for future direction of association

### **ANA-NY Annual Meeting Report**

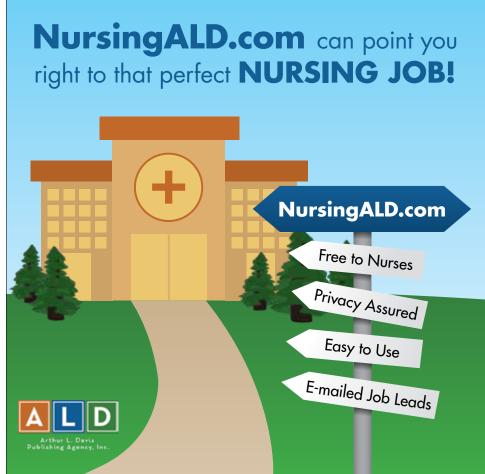
Submission Date	2020-09-07 11:39:59
Name of committee	Audit Committee
Report details/ accomplishments	Participated in the review of auditor term & recommended renewal to BOD Reviewed Financial Audit and 1099 report
Chair Name	Claire Murray
Committee Members	Phyllis Yezzo Patricia Brown Devino Horton Amy Bivona Kim Velez
Board Liaison	Kim Velez
Number of meetings held	3 by phone as above
Comments/ recommendations to the Board of Directors	as above
Goals for Coming Year:	Continue to review financial reporting and auditors' reports

### **ANA-NY Annual Meeting Report**

<u>'</u>	- 1
Submission Date	2020-09-02 11:57:15
Name of committee	Bylaws Committee

Report details/ accomplishments	Proposal by Tanya Drake on behalf of the Board of Directors: Article VIII. Relationship with the American Nurses Association Section 2. Representation a.3. Term Limits on Assembly Members Currently, the language reads: Other representatives and alternates to the Membership Assembly shall be elected by secret ballot to serve a two-year term or until a successor is elected. A mail ballot or appropriate electronic ballot is permissible.  The proposed language would be: Other representatives and alternates to the Membership Assembly shall be elected by secret ballot to serve a two-year term. No representative or alternate shall serve more than two consecutive terms. A mail ballot or appropriate electronic ballot is permissible.  The proposed change in language was put forth to prevent the same people from continuing to attend the Membership Assembly. The committee members agreed that ANA-NY representatives to the Membership Assembly are elected by the ANA-NY general membership. Therefore, if the general membership are happy with these representatives they can continue to send them, if not, they can vote for other members. It is a democratic process and everyone has the opportunity to nominate themselves and vote. The committee did not think that this was a substantive change and not worthy to put forth.  Motion NOT to accept the proposal was moved by Verlia Brown, seconded by Catherine Finlayson.  All members were in favor of the motion.  Proposal by Jeanine Santelli: Article I. Purposes and Functions Section, Section 3.h. NSANYS It was proposed to remove the following language from the bylaws: Article I. Name, Purposes and Functions Section as 5. Responsibilities o. establish relationships and collaboration with the Nursing Students Association of New York State (NSANYS).  AND Article V. Board of Directors Section 5. Responsibilities o. establish relationships and collaboration with the Nursing Students Association of New York State (NSANYS).  The rationale is that we should not have another organization in our by
Chair Name	Catherine S. Finlayson, PhD, RN, OCN
Committee Members	Catherine Scott Finlayson, Chair Mei R Fu Verlia Brown Janet Van Cleave Tanya Drake, Board Liaison
Board Liaison	Tanya Drake
Number of meetings held	1
Comments/ recommendations to the Board of Directors	None
Goals for Coming Year:	Continue to review and examine thy bylaws to determine if any changes need to be recommended to the Board of Directors.





### **ANA-NY Annual Meeting Report**

Submission Date	2020-08-20 10:55:49
Name of committee	Legislation Committee
Report details/ accomplishments	Overall Legislative Priorities: Pandemic Responsiveness, Safe Staffing, Improved Patient Care outcomes, Quality Nursing Education, and Health Care Reform. Position Number Support 58 Oppose 7 Watch 111 No Position 91 Bills added, no position at this time 32 Signed by the Governor 4 As of this writing, the committee is tracking 303 healthcare related bills in the New York State Legislature. The breakout of positions on the bills are as follows: In the beginning of 2020, activities were focused on the safe staffing bill sponsored by Assemblywoman Aileen Gunther. ANA-NY continued coalition efforts to address vaping and menthol cigarette issues. ANA-NY kept a close watch on the deficit in the state budget. Balancing the budget will mean cuts in spending. We are monitoring any potential impact on nursing. Then the pandemic hit New York StateIssues discussed lifting the physician supervision of NPs — What is the future impact after the pandemic? -Capability of out-of-state RNs to practice in NY — What is the future impact of the Nurse Licensure Compact (NLC) being enacted in NY? Right now, there is not support for the NLC from the Board of Nursing and ANA-NY has concerns about the NLC. ANA-NY lobby day was virtual on May 6, 2020. Was held jointly with the New York State Association of Nurse Anesthetists (NYSANA). Text messages were sent to all members — 108 members enrolled in Phone to Action with 58 participate and 120 connections with legislators. Not as high as hoped. NYSANA has 95 participate and 186 connections. Ended up reaching all members of legislator from one of the two groups. This was a learning curve but considered a successful first try. The work of the NY legislature for the remainder of the session were mostly related to local bills, sales tax, pension bills, limiting liability for facilities related to COVID diagnosis and treatment, and targeting nursing homes. Gave input for our lobbyist for a draft of a continuing education bill for nurses.
Chair Name	Beverly Karas-Irwin, DNP, RN, NP-C, HNB-BC, NEA-BC
Committee Members	Francine Bono-Neri, MA, RN, PNP Haline Chrostowski, RN James Connolly, MSN, RN Susan Dewey-Hammer, MN, RN Catherine Finlayson, PhD, RN, OCN Sue Penque, PhD, RN, ANP-BC, HC-BC, NE-BC Denise Rivera, MBA, RN Donna Tydings, DNP, RN, CNS-BC, NEA-BC Debra Wolff, DNS, RN, PCNP ANA-NY President: Lee Mancuso, MS, RN, FNS, RNC-NIC, AE-CRN Executive Director: Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN Consultants: Mel Callan, MS, RN, RNP-BC Cyndy Curran, MS, RN, CNS Marilyn Dollinger, DNS, RN, FNP Diane Dwire, RN ANA-NY Lobbyist: Harter Secrest & Emery, LLP. Amy Kellogg, Esq.
Board Liaison	Susan Chin, PhD, RN, NNP-BC
Number of meetings held	Committee had eight meetings through October.
Comments/ recommendations to the Board of Directors	Supported a Memorandum of Concern regarding a bill A.1184 about discipling. Support and sign on to a letter to the NCSBN to request changes to the NLC related to registration requirements/data collection, Education Tool for Nurses, Fiscal Analysis of NLC Impact of State Boards of Nursing, and Transparency of Proceedings and Findings. Along with 26 other professional organizations, supported the increase from a 15% license/registration surcharge for the NY State Education Department Office of the Professional increased staffing and modernizing technology.
Goals for Coming Year:	Continue to monitor progress of safe staffing bill. Work to support mandatory continuing education for nurses in NY. Develop education on the NY Legislative Process and advocacy for multiple audiences: student nurses, nurses in practice, nurse leaders, to name a few.

### **ANA-NY Annual Meeting Report**

Submission Date	2020-09-06 22:31:17
Name of committee	Nominations & Election Committee
Report details/ accomplishments	The committee met frequently throughout the year to brainstorm about open positions on in the officers, board, and at-large positions. We approached potential candidates to ascertain their willingness to serve and finally constructed a ballot for the membership.  The ballot was approved and sent to the membership for the election and met post-election to codify the election results.
Chair Name	Gertrude B. Hutchinson
Committee Members	Toby Bressler, Olga Kagan, Maryann Sharpe-Cassese, Christine Verni, and Louise
Board Liaison	Executive Director Jeanine Santelli

Number of meetings held	3
Comments/ recommendation to the Board of Directors	Try to obtain a more geographically diverse slate for the 2021 elections.
Goals for Coming Year:	To facilitate a smooth transition from the outgoing committee leadership to the incoming committee leadership

### **ANA-NY Annual Meeting Report**

Submission Date	2020-09-15 14:08:38
Name of committee	Annual Conference Meeting
Report details/ accomplishments	<ul> <li>Planned the 2020 meeting program</li> <li>Acquired and booked several speakers with excellent topics and high-quality content.</li> <li>Our first virtual conference using VirBELA (3D Virtual environment)</li> <li>Call to abstracts for poster presenters. Received several quality abstracts and accepted all abstracts for poster presentations. Three abstract submissions were elected podium presentations.</li> <li>Recruited and signed sponsors and exhibitors</li> <li>Host annual meetings in different parts of the state. The 2021 annual conference will be held at Hilton Long Island Huntington, October 28-30, 2021, www.hiltonlongisland.com. The 2022 conference will be held at Sheraton Niagara Falls, October 27-29, 2020.</li> </ul>
Chair Name	Gorete Crow Betty Mahoney
Committee Members	<ul> <li>Victoria Arrick</li> <li>Nadia Joseph</li> <li>Paula Donaldson</li> <li>Marilyn Klainberg</li> <li>Kimberley Velez</li> <li>Laura Terriquez-Kasey</li> <li>Elisa Mancuso (Ex Officio)</li> <li>Jamilynne Nyers</li> </ul>
Board Liaison	Kimberly Velez
Number of meetings held	7
Comments/ recommendations to the Board of Directors	no recommendations at this time.
Goals for Coming Year:	<ul> <li>Continue to increase attendance.</li> <li>Increase sponsors/exhibitors</li> <li>Continue with high-level quality CE presentations/content/speakers.</li> <li>Identify venues, speakers, themes, and sponsors for 2-3 years out.</li> </ul>

### **ANA-NY Annual Meeting Report**

ANA-NY Annual Meeting Report		
Submission Date	2020-08-15 22:07:26	
Name of committee	Awards Committee	
Report details/ accomplishments	- evaluated nominations - plan to award 4 awards at this years conference: Friend of Nursing, Mentorship, Nursing Practice - Early Career, and Policy and Service - worked to create a new award based on the current pandemic	
Chair Name	Jennifer Nahum	
Committee Members	Linda Millenbach Lynn James Priscilla Worral Amy Nugent Liz Catherine Cory Jacob Wilkins	
Board Liaison	Verlia Brown	
Number of meetings held	3 + plus emails	
Comments/ recommendations to the Board of Directors	I know that the ANA uses the shared drive, and I appreciate *ALL* the help I had to obtain everything, but committee members and I both have difficulty signing in.	
Goals for Coming Year:	- finalize COVID award and award it for the first time in 2021.	

### **ANA-NY Annual Meeting Report**

Submission Date	2020-09-17 09:37:29
Name of committee	Education Committee

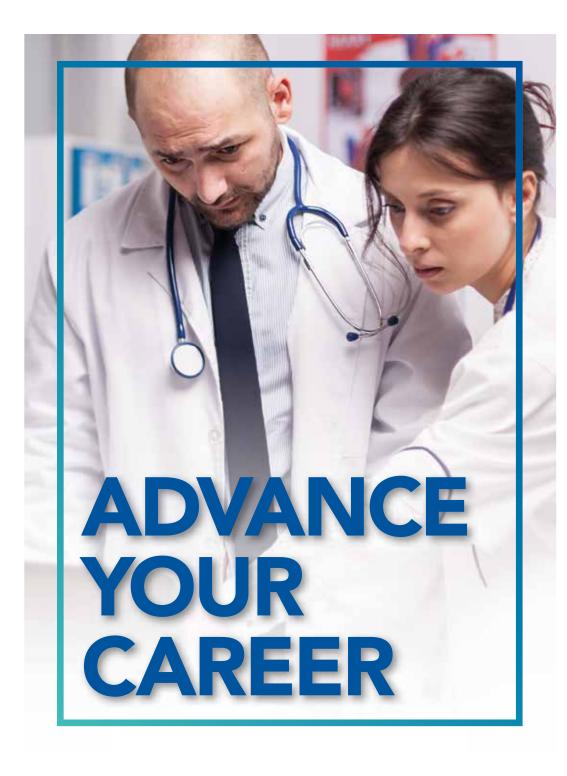
### 2020 Annual Book of Reports continued from page 13

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Report details/ accomplishments	*Reviewed and commented on Simulation position statement that was submitted to Regent Wade.  *Conducted three meetings with Suzanne Sullivan, Executive Secretary of the NYS Board for Nursing, each committee member commenting on how Covid has affected his or her work, focusing primarily on how the pandemic has impacted nursing education, nursing faculty and nursing students.  *Endorsed the possibility of establishing a charter school in the capital region whose aim is to prepare high school students for success in nursing education programs. This model would replicate the model established by the Rhode Island Nurses Institute Middle College.  *Began exploring the concept of 'holistic admissions', the intent of which is to ultimately increase the diversity of the nursing workforce.  *Garnered CE articles for the ANA-NY newsletter.
Chair Name	Susan Birkhead
Committee Members	Toby Bressler Jennifer Bryer Melissa Davis Kathie Dever Donna Florkiewicz Charlyn Habeeb Kady Hoistion Nadia Joseph Barbara Joslyn Maria Mendoza Deb Merriam Jordyn Preslar (student member, NSANYS) Kerlene Richards Letitia Rios Shawmeeka Ruffin Natalie Stepanian Elvira Solis Christine Utegg
Board Liaison	Joanne Lapidus-Graham
Number of meetings held	7 since January 1, 2020

Comments/ recommendations to the Board of Directors	The committee appreciates opportunities to comment on relevant matters before the Board, such as the simulation statement that was submitted to the Board of Regents.
Goals for Coming Year:	*Continue to explore the impact of the pandemic on nursing education.  *Obtain four articles for CE in the newsletter.  *Continue to explore innovative approaches to diversify the nursing workforce.  *Monitor the impact of the BS-in-10 regulation.

### ANA-NY Annual Meeting Report

Submission Date	2020-09-29 10:12:03		
Name of committee	Membership		
Report details/ accomplishments	Approval of the new member packet. Approval of the letter sent to the new members. Approval of the follow-up email sent to the new members. Which was sent to the Board of Directors for final approval.		
Chair Name	Amy Caramore		
Committee Members	Shakira Hernandez Patricia Rojas Iasmina Burchich Monika Dixon Eileen Klupka Kane Mc Aleese Joyce Saba Kimberly Velez Proserfina Ventura Christina Walker Deb Wolff Carolyn O'Reilly Ann-Maria Griffiths Andino Giselle Gerardi		
Board Liaison	Sue Penque		
Number of meetings held	2		
Comments/ recommendations to the Board of Directors	N/A		
Goals for Coming Year:	N/A		



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On behalf of our members, the Board of Directors:

- Lauded our administrative team for orchestrating a successful, first ever, all virtual Annual Meeting and Governing Assembly. It was different, informative, exciting and fun. But we all hope to meet in person next year! Mark your calendars: October 28-30 at the Hilton Hotel/Huntington.
- Reconstituted committees for 2021-2022, and appointed committee chairs, members and BOD liaisons. Committees are vital to the work of the association.
- Renamed the Annual Meeting Committee the Program Committee and charged it with designing and implementing programs and member engagement activities throughout the year and around the state. Email your suggestions to the office!
- Implemented a Consent Agenda format for routine reports for BOD meetings.
- Sponsored \$1500 for the NSANYS virtual Annual Meeting to be held in February.
- Approved for submission to the NYS Legislature a bill authored by Executive Director Jeanine Santelli and ANA-NY Lobbyist Amy Kellog which would mandate continuing education for registered nurses.
- Donated \$1000 to the American Red Cross for disaster relief.

Details on these and other Board discussions may be accessed in the Approved BOD Minutes on the Members Only website.



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### Influenza, Pandemics & Face Masks...What Would Florence Do?

### Deborah Elliott, MBA, BSN, RN and Lilly Fitzpatrick, RN, BSN student

Current scientists and researchers claim wearing a nose and mouth covering of at least three layers of a cotton type fabric can decrease the spread of COVID-19 via respiratory droplets. While there is still debate as to whether face masks are effective in the current pandemic, it has become standard practice and mandated in several states across the U.S. If Florence Nightingale were living today, what do you think she would do? First, she would ask where is the evidence to support this theory? Then, she would document the results herself when testing the theory, and probably create a pie chart diagram to prove it. During the Crimean War in 1854, Florence Nightingale promoted new practices to improve hygiene and sanitation, such as opening windows and doors to eliminate miasma, better known as "bad air." The miasma theorists believed there were invisible elements in the air that caused sickness and disease. But face masks were not recommended until about 40 years later.



(Adams, T., 2020).

The first documented case of an influenza epidemic occurred in Florence, Italy in 1357, and until the late 19th century it was believed this sort of respiratory illness was caused by the weather or climate. These elements were later assumed by British surgeon Joseph Lister in 1867 to also cause infections in wounds. Dr. Lister began experimenting with various solutions, primarily carbolic acid, to minimize post-surgical wound infections which led to the development of antiseptics. Antiseptic use became widespread in the years to follow, not only for direct placement into wounds but also to disinfect surgical instruments, tables, and even medical personnel hands. However, the use of face masks was still not recommended. Germ theorists, such as renowned French biologist and chemist Louis Pasteur, paved the way by further exploring the mysterious journey of microbes and their role in causing disease. In 1862, Pasteur's discovery of the process of pasteurization to remove bacteria from wine, liquor and milk helped to prevent such diseases as scarlet fever, tuberculosis, and diphtheria. But not until four decades later, in 1899, did Polish bacteriologist Carl Flügge, in collaboration with a local surgeon, confirm that respiratory droplets contain bacteria and proposed the

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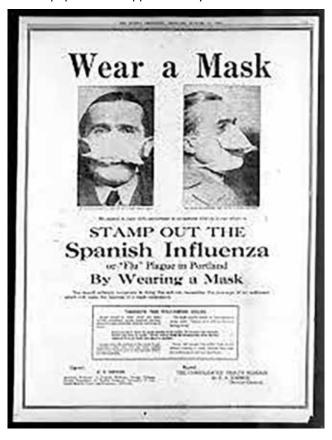
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use of donning a gauze mask for infection control. During that same year, a French surgeon, opposed to using chemical antiseptics to kill germs, started wearing a gauze mask when performing surgery for the same purpose. Although controversial, by the early 1930's, face masks finally became standard practice in most operating rooms in the U.S. and European hospitals.

Early studies to determine if face masks were effective began in military camps just prior to the 1918 pandemic. In February of that year, Joseph A. Capps, M.D., Major in the U.S. Army, concerned with the rapid spread of scarlet fever and measles at Camp Grant, Illinois, conducted an experiment which included adding the wearing of masks by all patients, transport staff and infirmary staff in addition to the quarantine and infection control measures already in place. During a five-month period, the experiment proved to reduce the spread of scarlet fever by 95% and the spread of measles by 100%. Dr. Capps published his findings in the August 10, 1918 issue of the Journal of the American Medical Association (JAMA), just two months prior the first peak of the infamous 1918 pandemic which occurred in October and November. A follow up experiment, conducted by another physician and First Lieutenant at Camp Grant, published in the October 12, 1918 issue of JAMA, made recommendations for a certain number of layers and size of a gauze mask that best minimized the spread of typical pneumococci (Type IV). These studies, and several others that followed, changed the trajectory of many contagious illnesses and informed practice to adopt new guidelines for infection control. The first recorded influenza infection was a U.S. Army private stationed in Fort Riley, Kansas during World War I in March 1918. The virus quickly spread when several Fort Riley soldiers were sent to Europe and fought alongside English, French, and German soldiers. From there, the virus spread to Asia, Africa, Brazil and the South Pacific and back to the U.S. during the summer months. During 1918 influenza, also referred to as the Spanish Flu, wearing a face mask as a means of protection spread outside the operating room to other health care workers, patients, police officers, and even residents of some cities. In October 1918, the elected legislative body of San Francisco unanimously passed the Influenza Mask Ordinance, the first such action which began a movement across the US with six other cities following suit that same month. Fifty million people succumbed to the H1N1 virus; this pandemic took the lives of nearly one-third of the world's population in approximately 12 months.



### (Canales, K., 2020).

The World Health Organization (WHO) maintains a global database of ongoing research and literature regarding COVID-19 and currently has nearly 130,000 multilingual resources, with over 700 discussing some aspect of face mask usage and efficacy (World Health Organization, 2019). While social distancing and handwashing is also recommended to help minimize the spread of COVID-19, many experts today believe that wearing a face mask is by far the most effective intervention. It is also considered the most respectful gesture since wearing a mask can prevent you from unknowingly spread the virus to someone else.

Microbiology and the study of disease continues to make significant progress while at the same time baffles scientists around the globe. current coronavirus pandemic is a prime example of how virulent and corruptive a specific virus can be, especially in its mutated forms. And while there may still be controversy and debate about the evidence behind the science of mask wearing, the Future of Nursing New York State Action Coalition (NYSAC) invites you to think like Florence and pledge to support the wearing of a face



(LaProduction1, n.d)

mask to help minimize the spread of COVID-19. NYSAC's Wear One, Share One, Spare One face mask campaign asserts that as health care professionals, nurses should be the example and pledge to wear a mask when in public, share their knowledge and expertise to encourage others to wear a mask (and give a mask to anyone who may not have one), with the understanding that doing so may spare someone's life, including your own. To find out more about NYSAC's campaign, visit: <a href="https://www.cfnny.">https://www.cfnny.</a> org/wear-one-share-one-spare-one



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Deborah Elliott is the Executive Director of the Center for Nursing at the Foundation of NYS Nurses, Inc. and also the Executive Director of Nurses House, Inc.; Lilly Fitzpatrick is a BSN student at State University of New York Polytechnic Institute.

# DONATE LIFE NEW YORK STATE

### The People You May Never Meet

Donate Life New York State (NYS) is the non-profit organization dedicated to increasing organ, eye, and tissue donation in New York State through collaborative advocacy, education, promotion, and research.

Nurses provide critical care along the complete spectrum of Donate Life — caring for waitlisted patients until they receive their gift of life, for transplant recipients after their surgeries and for those who, at the end of their lives, become organ and tissue donors. Many nurses who care for the donors never get to see the miracle they are helping to make possible. For every nurse who has yet to meet an organ transplant recipient, this is just one of the many lives that has been saved through your skilled and compassionate care.

Evan Palmatier was born with no complications and appeared to be a healthy newborn. It wasn't

until his 18-month checkup that the pediatrician became concerned with Evan's distended abdomen. Tests revealed that his liver was not functioning properly. The family was referred to a GI specialist in Buffalo and, after many months of additional tests and a biopsy, they were also referred to a pediatric liver specialist in Cincinnati. Evan was finally diagnosed with PFIC (Progressive Familial Intrahepatic Cholestasis), a hereditary liver disease. Evan was prescribed a medication to help with the flow of bile through his liver and, when he was 8, his younger brother was also diagnosed. Genetic testing revealed they had both been born with PFIC type 3.

Other than random severe itching, Evan's symptoms were minor compared to other children diagnosed with PFIC. For years, as he routinely met with specialists and underwent annual tests, his liver function remained stable. As a child and into his teen years, Evan participated in sports, which required the use of an abdominal guard for his enlarged spleen and liver. Despite all of this, he continued to live a relatively normal life.

This past winter, while Evan was attending college as a sophomore, he began to experience health issues related to his liver disease. He became jaundiced and was often nauseous. After weeks of this, he also began to experience edema in the legs and feet, as well as ascites within the abdomen. He was hospitalized twice within a month and told that he was in liver failure.

"For the next three months, as his symptoms worsened and Covid-19 became a reality, we dealt with trying to get him placed on the national transplant list," his mother, Shannon, recalls. They began the screening process for transplantation in late April

On May 19, 2020, the same day that he was placed on the transplant waitlist, Evan was rushed to a local hospital due to a GI bleed. "Even as Evan's symptoms worsened and his blood pressure dropped dangerously low, his nurse remained calm," says Shannon. "I never felt for one minute that Evan was not receiving the best care possible"

Evan received a blood transfusion and was flown to Strong Memorial that evening. His family was informed that Evan would remain in the hospital until his gift of life arrived. One of his nurses was a kidney recipient himself and took the time to share his story and experiences with Evan.

Just two days later, and 10 days shy of his 20th birthday, Evan received his gift of life. The surgery took 10 hours and lasted into the early morning of May 22nd. Shannon says, "We are beyond grateful to his donor and donor family. Words cannot express our gratitude. Without their selfless act, Evan may not be here today."

Evan is now six months post-transplant and doing very well. "It is difficult to describe the many emotions we have felt over these past several months," says Shannon. "The immense gratitude we feel for the donor and donor family is indescribable. Knowing that we were rejoicing over our son's gift and second chance at life while the family was grieving has been heartbreaking."

Shannon is grateful to all of the nurses who helped her son throughout his transplant journey. "The excellent care provided by his nurses during such a traumatic time helped us a great deal. We were able to navigate through the unknown territory of "transplant life" with their help and compassion."

She is equally grateful to a team of nurses she has never met those that cared for her son's liver donor.

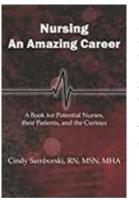




### Let's Return to My Bookshelf

Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R

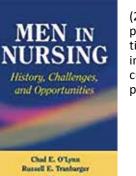
As I think about this issue's column, the holidays are over, winter is socked in (according to the calendar if not by the snow on the ground or the thermometor), and the question 'What to do to keep warm and fend off the winter doldrums?' arises. The answers are easy for this columnist: 1. Curl up under an afghan; 2. Make space for my two cats to join me; 3. Drink a cup of hot cocoa, and 4. Read a good book! With those suggestions in mind, this column is a little different from previous ones. I've chosen three books at random from my personal library to review and share with you. Some of these choices are recently read ones, others I read many years ago and skimmed to refresh my memory as to meaningful aspects. So, let's get started on this journey!



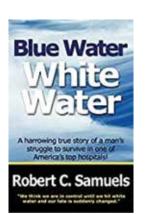
(Source image: LibraryThing.com, personal account) Cindy Samborski authored Nursing - An Amazing Career: A Book Potential Nurses, their Patients, and the Curious (2011) as a primer for those contemplating pursuing a career in nursing or for those who have been touched by nurses in their lives.

This book definitely hits goals of the subtitles through Samborski's explanations of various types of nursing educational programs, the levels of nursing credentials from initial associates or baccalaureate education and registration through Advanced Nurse Practitioners (APRN) to doctoral education. She also describes the various areas in which nurses can practice and impact positive outcomes with patients.

A good read for those wanting to know about the profession of nursing.



(Source image: Library Thing.com, personal account) Men in Nursing, History, Challenges and Opportunities (2006) is a volume which has been on my shelf since it's publication and it is one from which a chapter is read from time to time. The editors, both Doctorally-prepared nurses involved fourteen of their colleagues to look at the history, current (2006) issues facing men in nursing, international perspectives, and future directions for men in nursing.



(Source image: LibraryThing.com, personal account) Blue Water, White Water (2011) is quite a riveting read! This volume was given to me by Wanda C. Hiestand, EdD, RN. At the time, she told me, "I think you will be impressed, shocked, and moved at his story." Dr. Hiestand was a personal friend of Robert C. Samuels and advised him to seek medical help when he called her one very early morning thinking he was having a stroke. He ended up in the ICU with a diagnosis of Guillian-Barré Syndrome. What follows is his account of his care and hospitalization. This is a "must read" for seasoned nurses and also for nursing students.

### Legislative Update continued from page 4

continue to monitor the executive orders being issued by the Governor to address the pandemic to ensure that the profession is properly represented and that appropriate flexibility to effectively treat patients remains.

If you have any questions about the legislative process or the priorities of ANA-NY, please contact a member of the Legislative Committee. As always, we welcome your questions, thoughts, ideas or comments on legislation or the bill track.

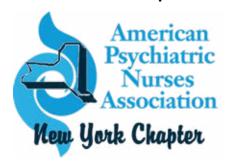
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New York State Association of Nurse Anesthetists



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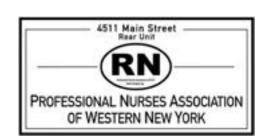
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# CONTINUING EDUCATION



# Health Inequities in the Black Maternal Population: A Concept Analysis

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### Leticia Rios, MS, RN

### Introduction

Black women have the worst pregnancy-related and birth outcomes of all races in the United States. According to the Centers for Disease Control and Prevention (CDC, 2020a), in the United States, in the years between 2014 and 2017, pregnancy-related mortality ratios were three times higher for Black women than for non-Hispanic white women: 41.7 deaths per 100,000 live births and 13.4 deaths per 100,000 live births, respectively. Low birthweight is one of the leading causes of infant mortality in the United States (Womack et al., 2018); in 2016, Black women were more than twice as likely as non-Hispanic white women to have low birthweight babies, 11.36% compared with 5.21%. In 2019, the preterm birth rate of non-Hispanic white women was 9.3%, whereas the preterm birth rate for Black women was 14.4% (CDC, 2020a).

Although there have been numerous advances in perinatal care, these advances are not reflected in the pregnancy-related outcomes for women from diverse populations, while the outcomes for non-Hispanic white women have shown improvement. The nation as a whole is unable to reach its Healthy People 2020 preterm birth rate goal because the preterm birth rate of Black women is increasing. Exploration of medical, political and societal structures that influence these outcomes is crucial. The Institute of Medicine (IOM, 2002) argues for equitable, culturally diverse care, and the IOM implies that racism may be the dominant factor related to poor outcomes. The reality is that until the root causes for these outcomes are identified, the process for identifying solutions cannot begin. This paper explores the historical and contemporary societal structures that contribute to and perpetuate oppression and discrimination leading to inequities and adverse maternal health outcomes. Only by understanding this context can strategies be identified that will lead to improved outcomes for Black women.

### Method

This paper defines, analyzes and explores health inequities in the Black maternal population using the Walker and Avant (2019) concept analysis framework. This concept analysis framework calls for defining a concept's attributes, antecedents, consequences, and empirical referents. These authors also recommend exploring a model case, a borderline case, and a contrary case but those have been eliminated due to space limitations.

### **Definitions**

### Health inequity

There are many definitions for the concepts of disparity in health outcomes, however, for the purpose

of this concept analysis the following will be used: health inequity. Healthy People 2020 uses the terms inequity and disparity interchangeably, stating that the concept of disparity is closer to previous conceptions of inequity and is a particular type of health difference that is closely linked with social or economic disadvantage. Healthy People 2020 goes on to state that a health outcome that is seen to a greater or lesser extent between populations is a health disparity and that health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group; religion; socio-economic status; gender; age; or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location or other characteristics historically linked to discrimination or exclusion (Healthy People 2020, disparities section).

According to Braveman (2014) health equity is the achievement or pursuit of the highest possible standard of health for all people, giving special attention to the needs of those at the greatest risk for poor health based on social conditions. Braveman goes on to state "health equity and health disparities are intertwined ... Health disparities are the metric that we use to measure progress toward achieving health equity" (p. 4).

### **Maternal Health**

The World Health Organization ([WHO], 2020) states that maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. According to the CDC (2020a) maternal mortality or pregnancy-related mortality is the death of a woman during pregnancy, at delivery, or up to one year after birth from any cause related to or aggravated by the pregnancy.

### Attributes

Attributes are defining characteristics of a concept that help to differentiate that concept from another related concept in order to name the occurrence of a specific phenomenon (Walker & Avant, 2019). There are seven attributes that define the concept of health inequity in the Black maternal population: discrimination, social determinants of health, personally-mediated racism, internalized oppression, poor quality health care, a medical model of care provision and reduced breastfeeding. These attributes are explored in depth below.

### **Discrimination and Social Determinants of Health**

Conditions in the areas where people live, work, go to school and play have a range of health risks and are known as the social determinants of health (CDC, 2020b). The environment in which one lives has a significant impact on an individual's health and survival. Black women are overrepresented in poverty and experience discrimination in access to basic resources and services as a result of systemic racism (Bleiweis et al., 2020; Holmes, et.al, 2016). Black people are segregated into poor living environments with scarce resources, inadequate education systems, poor quality food, limited access to transportation and limited access to high-quality medical facilities (CDC, 2020b; Hanks et al., 2018). Black women have reduced employment opportunities and, if they are employed, are paid less than their white counterparts (Wilson & Rogers, 2016). Criminal justice systems unjustly target Black men leaving Black mothers unsupported and their children fatherless (Coker, 2003).

### Personally-mediated Racism

Personally-mediated racism is the negative bias, prejudice and assumptions made by the group viewed as superior in society towards the groups that are considered inferior. (Knox-Kazimeirczuk et al., 2018). The superior group intentionally and unintentionally discriminates, treats unfairly and exerts microaggressions toward the inferior groups leading to chronic stress in those groups. The privileged group is often unaware of their privilege and implicit racist impacts. At times the actions and macroaggressions of the superior group may even be conscious and explicit. Implicit and explicit racist acts can range from mild to severe and each encounter induces stress in the target (Geronimus et al., 2019)

Black women are portrayed through single stories in the media and other forms of influence as aggressive, lazy, unhealthy, low achievers and are not viewed as productive members of society but rather abusive of support offered by society (Knox-Kazimeirczuk et al., 2018). These authors found that the stories told of this racial group are often negative, episodic in nature and devaluing. They go on to suggest that these attitudes and beliefs are carried through to organizations, institutions, community businesses and hospital systems. These attitudes encourage implicit and explicit biases, assumptions, stereotyping, prejudices and discrimination towards targeted racial groups. These societal values affect the views of all members of society leading to personally-mediated and internalized racism.

In healthcare systems these influences affect the delivery of care. Two contributing factors seen in healthcare are ethnocentrism and essentialism (McFarland & Whebe-Alamah, 2002). The first factor is ethnocentrism, which is a belief that one's way of life and view of the world are inherently superior to others and are more desirable. Ethnocentric healthcare providers may have a lack of respect for and understanding of patients who are of different races, have different cultures and have different beliefs. The other factor is essentialism, which defines groups as essentially different with characteristics natural to a group (Fuller, 2002). Essentialism does not take into consideration variations within a culture, leading to stereotyping. Negative stereotypes will affect healthcare professionals' attitudes and the ways in which they provide care.

According to Holmes et al. (2020), personally-mediated racism expressed in healthcare may lead to providers spending reduced time with Black patients, resulting in the underestimation of their complaints/concerns, in turn providing less effective care, ultimately yielding poorer outcomes. If these factors go unaddressed, they interfere with provider-patient relationships, can lead to misdiagnosis, reduced patient adherence to treatment recommendations, and continued disrespect for and mistreatment of minority patients (Fuller, 2002).

### Internalized Oppression

The process by which targeted groups believe and alter their attitudes, behaviors, speech and self-confidence to reflect the stereotypes and norms of the dominant group is called internalized oppression (Palmer et al., 2019). Gibson et al. (2017) state that targeted groups often have a positive outer group bias and a negative intergroup bias. These authors state that intergroup bias is not merely shaped by a desire to uplift the ingroup in order to build self-esteem ..., but is also impacted by a motivation to align with the social norms of the existing socio-political structure. ... Individuals will positively evaluate those social groups that are positively portrayed in society even when those groups are different from ones' ingroup (p. 2).

This is reflected the historical silencing of Black voices due to fear and distrust of their own voice and the voices of others who belong to the same group. The targeted groups have an awareness of the two sides of privilege and have an affinity for the more positively viewed racial group (Gibson et al., 2017). Alternatively, the targeted groups may have difficulties interacting with privileged groups which may be expressed in anger, rage and distrust, further perpetuating the oppression (Palmer et al., 2019).

### Poor Quality Health Care and the Medical Model of Care Provision

According to Howell et al. (2016a), the majority of care for Black women is delivered in a concentrated set of hospitals and those hospitals are characterized by the poorest quality, the highest rates of morbidity and mortality, the lowest standards of care, a reduced number of certified care providers and reduced access to resources. These authors state that as the quality of the hospitals' access to resources and provider standards increase, the number of Black women who deliver there decreases. They further found that, although the outcomes for Black women improve at higher quality hospitals, the disparity of outcomes between Black woman and white women persist in favor of white women. Finally, they conclude that generally hospitals provide care using a medical model that does not consider socio-economic factors that impact health. Although socio-economic factors are not modifiable by healthcare institutions,

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collaboration with communities to addresses all factors that impact health is optimal (Holmes et al., 2020; Iton & Shrimali, 2016; Lu et al., 2010).

### **Reduced Breastfeeding**

There is an enormous amount of evidence from organizations that guide practice such as the CDC, the American Academy of Pediatrics, and the WHO about the abundant benefits of breastfeeding. Breastfeeding rates are the lowest among Black women compared to any other race (Beauregard et al., 2019; Singleton, 2015). Breastfeeding has the potential to neutralize the effects of racism, reducing infant and maternal morbidity and mortality, along with the potential to reduce the incidence of reproductive cancers, maternal hemorrhage, cardiovascular disease, hypertension, stress, diabetes and much more (Griswold, 2017). The prevalence of those diseases is highest for Black woman who have the lowest rates of breastfeeding and receive reduced breastfeeding support, despite the fact that they are the population who could benefit the most from it.

### **Antecedents**

Antecedents are events or incidents that must occur prior to the occurrence to the concept (Walker and Avant, 2019). The antecedents for health inequity of the Black maternal population are the legacies of slavery, lack of diversity in government, systemic racism and oppression, and simply being a Black woman born in America. Owens and Fett (2019) state that the history of the kidnapping of Africans from their native land, their transport to American soil, being forced into slavery, and building the nation with unpaid labor are the legacies of slavery. These authors suggest that the devaluing of, commodification of and experimentation with Black bodies to expand understanding of injury, illness and treatment has led to fear of and distrust of healthcare providers. Although slavery has been abolished, the historical insult is perpetuated by the as yet unequal, racist structural systems of society. Societal systemic structures such as institutionalized racism produce less than optimal environments for targeted groups (Christopher & Simpson, 2014). Institutionalized racism is the umbrella that gives birth to several subsets of racism, such as personally-mediated racism and internalized racism. "The relatively autonomous, alienating and alienated functioning of the social and cultural (sub-) systems of modern capitalist societies that impose their constraints on individuals, limit their freedom and tend to reduce them to powerless carriers or passive executioners of the system" (Vandenberghe, 2001, p. 12994). These subsets perpetuate racism through individuals of the society, taking on a life of its own by way of personally-mediated and internalized racism.

Derald W. Sue (2003) posits that ethnocentrically imposed capitalistic, paternal, white privileged values and beliefs of the individuals who govern the American political systems and all others with privilege and power leads to the development of policies and laws that align privilege and power with the dominant white race. Sue points out these facts: White Euro American males constitute 33% of the population but are overrepresented in positions of power in the United States; " they occupy 80% of tenured positions in higher education and the house of representatives, 84% of the U.S. Senate, 92% of Forbes 400 executive CEO-level positions 90% of public school superintendents, 99.9% of athletic team owners and 100% of U.S. presidents" (p. 9). Advocacy efforts for equity are futile due to a lack of diversity in governmental leadership at all levels in the U.S. The values and beliefs of advocates do not align with the values and beliefs of the dominant forces in power. This leaves the targeted groups voiceless, ignored and underrepresented in laws and policies that directly affect them. Oppression is the combination of prejudice and institutional power that creates a system which discriminates against targeted groups, limits their rights, freedom and access to basic services and resources while unfairly providing advantages to dominant groups (Palmer et al., 2019). Power and privilege in healthcare is reflected in imbalances experienced in provider-patient relationships. Those with power are often not aware of its daily effects (Hewison, 1995). According to Farmer (2003), this can lead to a sense of powerlessness for the patient when faced with personally-mediated racism and other forms of privilege enjoyed by the dominant group. These contributing factors do not promote health and do not support autonomy in patients' abilities to manage their health conditions.

Being a Black woman born in the U.S., who intends to be pregnant, who is currently pregnant or was pregnant within the past year are important factors to consider for maternal morbidity and mortality. Singh and Siahpush (2001) found that, in general, the overall mortality risk of Black immigrant men and women were respectively 47% and 45% lower than those US-born Black men and

women, which shows that the essentialism doctrine is fallacious. A similar analysis found that the observed prevalence of pregnancy-related hypertension in the United States in 2014-2015 was 6.83% for non-Hispanic black women US-born women, as compared to 4.91% for non-Hispanic Black immigrant women (Singh et al., 2018).

### Consequences

Consequences are events that occur as a result of the occurrence of the concept (Walker & Avant, 2019). The experience of being Black in America leads to chronic stress, weathering, and increased morbidity and mortality (Geronimus et al., 2019). These authors developed a weathering hypothesis which puts forward that Black Americans' health deteriorates more rapidly than other groups because they bear a heavier allostatic load (or increased wear and tear on the body). Discrimination and the social determinants of health all have a cascading effect on each other, increasing the allostatic load induced by the adaptation to the chronic stress imposed by racism (McEwen, 2006). Black women experience a double jeopardy because being Black and being a woman increases the risk for morbidity including, but not limited to, cardiovascular disease, type 2 diabetes, gestational diabetes, hypertension, pre-eclampsia, maternal hemorrhage, infection and death. The unfair disadvantage to a population, due to race, that negatively affects the health of that population is social injustice (Singleton, 2015).

Black women are three times more likely than white women to die from pregnancy-related issues in the United States (CDC, 2020a). One study found that Black women who delivered their babies in New York City between 2011 and 2013 were 12 times more likely than white women to experience pregnancy-related mortality (Howell et al, 2016b). These authors "estimated that black-white differences in delivery location may contribute as much as 47.7% of the racial disparity in severe maternal morbidity rates in New York City" (p. 143). Black women in the United States are less likely to breastfeed (Griswold, 2017). These outcomes are attributed to political, socioeconomic and medical factors that impact the health of Black women. The consequences of the defined attributes and antecedents are the health inequities measured by the disparities in the maternal health outcomes between Black and white women in the United States.

### **Empirical Referents**

Empirical referents are measurable ways to demonstrate the occurrence of the concept (Walker & Avant, 2019). Racist interactions are not quantifiable. Empirical referents identifying the impacts of racism are needed to bring awareness for change. Researchers have considered many other factors to explain why Black women are not benefiting from the advancements of medicine and technology and are experiencing worse outcomes than white women. Disparities between white women and Black women are persisting and increasing (CDC, 2020a). These disparities exist even when controlling for economic status, risky health behaviors, education and/or access (Lu et al., 2010). At one point, essentialism held that race was a valid biological category (Fuller, 2002). Race is a not a biological descriptor, but a social construct created by race conscious societies. To seek an explanation for the factors related to the adverse maternal outcomes of Black women, researchers explored the possibility of a gene for race and found that there are more genetic variations within a race than between races and identified race as a social construct (Egede, 2006.) Researchers also explored a link between preterm birth and race, but that would mean that all Black woman everywhere would be at risk for preterm births; studies actually showed was that foreign-born Black women living in the United States have preterm birth rates identical to that of white American woman (Green, 2012). Petersen et al. (2019) found that collegeeducated Black women were 1.6 times more likely to succumb to pregnancy-related death than white woman who hadn't completed high school. There is a limited but growing body of evidence to support racism as a dominant factor in health inequity (CDC, 2020b). All of the articles reviewed for this concept analysis expressed that the social determinants of health are a major factor maternal health inequity. Social determinants of health are aligned with privilege and power assigned by political systems whose values and beliefs perpetuate the legacies of slavery through systemic/structural racism.

### **Implications for Nursing**

The American Nurses Association, (ANA, 2015) promulgates a code of ethics for nurses. Among other things, the Code states that "the nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person" (p. 1), and states that "the nurse collaborates with other health

professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities" (p. 31). Clearly nurses have a moral obligation to promote health. The health of American society is based on the health of our most vulnerable population, infants. An infant's health is directly reflective of the health of its mother (Christopher & Simpson, 2014; Singleton, 2015). Therefore, the health of the entire population rests on crucial societal changes in the treatment of women, not just white women but of all women.

There are many things that nurses can do to help improve outcomes for Black women and infants, including increasing the diversity of the nursing workforce, advocating for equity and justice at all levels, working with healthcare professionals and community members to implement strategies such as the life course theory, and conducting research that fosters insight and reveals potential solutions.

It has been demonstrated that outcomes for minority populations improve when cared for by professionals from that same population (Williams et al., 2015). The nursing workforce is not reflective of the diversity in the United States (American Association of Colleges of Nursing [AACN], 2019); while more than one third of the population is from an ethnic or racial minority, only 19% of registered nurses come from diverse racial or ethnic backgrounds.

One strategy for diversifying the nursing workforce is to address discrimination in education and, using a holistic admissions approach, ascertain that more applicants of color will be admitted to schools of nursing (Kuo, 2015). Utilizing grades and other metrics as the most important factor for admissions may be linked to racism, so applicants' overall experiences should be considered to assess whether they may have the ability to succeed. The nursing profession can also consider creating pipelines from high schools for students of color who are interested in a career in nursing (Kuo, 2015).

Nurses can advocate at all levels to eliminate disparities and promote equity in many areas of healthcare. As Griswold (2017) points out, "health is ultimately political because those with power and resources distribute the conditions required to achieve health in society" (p. 415). The experiences of nurses can be particularly persuasive in advocacy efforts and the literature identifies their role as ideal advocates for health equity (Farrer et al., 2015). Nursing advocacy efforts should focus on persuading decision makers to approve laws, regulations and policies that address health inequities. Advocating for funding to enrich the environment of the oppressed and providing them equal access to all resources will allow those individuals the opportunity to grow and thrive. Not only will targeted racial groups benefit, but such access would better the health of the entire population and improve the overall quality of all human life.

In the case of Black maternal inequities, nurses should advocate for the implementation of the principles of life course theory in the communities in which they practice (Fraser, 2012; Iton & Shrimali, 2016; Lu et al., 2010). Life course theory is a perspective that incorporates strategies in three broad areas: (a) healthcare that addresses the needs of Black women throughout all stages of life; (b) the enhancement of family and community systems; and (c) the reduction of or elimination of socio-economic inequities. Life course theory takes a longitudinal approach to understanding health improvement focusing on the impact of programs and policies across the lifespan of women, children and families. This approach has proven to be effective in closing the gap in maternal outcomes in certain American communities (Iton & Shrimali, 2016; Sofer, 2018).

Iton and Shrimali (2016) call on all health practitioners, including nurses, to conduct research to identify and build upon the correlations, exploring racism's impacts on health in order to work toward finding solutions. Metrics that are sensitive to measuring quality, symptoms and outcomes for women of color need to be identified as well. These authors also suggest that "research that accounts for historical context in patterns of health over space and time will be especially valuable to understanding the social processes underlying health development" (p. 1757).

### **Final Concept Analysis**

The defining attributes of health inequity in the Black maternal population include discrimination, social determinants of health, personally-mediated racism, internalized oppression, poor quality health care, a medical model approach to health care and reduced breastfeeding. The antecedents are the legacies of slavery, lack of diversity in government, systemic racism and oppression, and simply being a Black woman who was born in America and who intends to be pregnant, is currently pregnant or was recently pregnant within the past. The consequences are health disparities between white and Black women, chronic stress and weathering,

increased risk for chronic diseases and increased pregnancy-related morbidity and mortality.

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### **Continuing Education Post-Activity Questions**

- 1. In the United States, in the years between 2014 and 2017, pregnancy-related mortality ratios were three times higher for Black women than for non-Hispanic white women.
  - a. True
  - b. False
- 2. How did the preterm birth rate for Black women compare to that of non-Hispanic white women in 2019?
  - a. The preterm birth rate for Black women was lower than that of non-Hispanic white women.
  - b. The preterm birth rate was about the same for
  - c. The preterm birth rate for Black women was higher than that of non-Hispanic white women.
- 3. What attributes characterize Black women who are at risk for higher maternal mortality? SELECT ALL THAT APPLY
  - a. They are overrepresented in poverty.
  - b. They are paid less than white women.
  - c. They are reluctant to be employed. d. Their partners are likely to be incarcerated.
  - e. They are easily able to find employment.
- 4. What is ethnocentrism?
  - a. The belief that European culture is superior.
  - b. A central tendency towards valuing ethnicity.
  - c. Thinking that one's way of life is better.
  - d. Respecting the commonality of all humans.
- 5. What is essentialism?
  - a. A common body of knowledge that all nurses should acquire.
  - b. An assessment of differences that is supported by clear genetic evidence.
  - c. The possibility that a disease or illness has no known cause, such as essential hypertension.
  - d. A worldview that focuses on differences and artificially simplifies individual and group identities.

6. What might a healthcare provider's personally-

- mediated racism lead to? SELECT ALL THAT APPLY
  - a. Misdiagnosis
  - b. Increased treatment adherence
  - c. Enhanced communication
  - d. Poorer outcomes
  - e. Wasted time
- 7. White Euro males occupy what proportion of tenured positions in higher education?
  - a. 33%
  - b. 45%
  - c. 65% d. 80%
- 8. How does the observed prevalence of pregnancyrelated hypertension in US-born Black women compare to that of Black immigrant women?
  - a. Black US-born women have a lower prevalence of pregnancy-related hypertension.
  - b. The prevalence is about the same for both groups.
  - c. Black US-born women have a higher prevalence of pregnancy-related hypertension.
- 9. What is weathering?
  - a. The ability to ride out a storm.
  - b. Health deterioration due to a heavy allostatic
  - c. Facial creases due to excessive exposure to the
  - d. The health effects of occupations that require working outdoors.
- 10.In what ways can nurses work to improve pregnancy-related outcomes for Black women? **SELECT ALL THAT APPLY** 
  - a. Maintain the status quo.
  - b. Encourage breast feeding.
  - c. Advocate for equitable distribution of resources.
  - d. Implement evidence-based improvement strategies.
  - e. Memorize dietary preferences of Black women.
  - f. Support diversity in nursing education.

### Registration Form

Name: \_

E-mail address:
Address
Phone number

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# SIKESS S.O.S. FAST RELIEF FOR FIRST RESPONDERS

Continuing Education continued from page 21

### **EVALUATION FORM**

- 1. The learning outcome(s) for this activity was met?
- \_\_\_\_\_ Yes
- No
- 2. I found this activity worthwhile for my professional practice. (If you select "Disagree" or "Strongly Disagree," please provide a comment below.)

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

3. This activity will enhance my knowledge/skill/practice as a health care provider. (If you select "Disagree" or "Strongly Disagree," please provide a comment below.)

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

4. The authors were knowledgeable about the topic:

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

- 5. As a result of this activity, please share at least one action you will take to change your professional practice/performance.
- 6. Was this independent study an effective method of learning?
- 7. What other topics would you like to see addressed in an independent study?

### CONTINUING EDUCATION STATEMENT

This nursing continuing professional development activity has been submitted for approval to American Nurses Association Massachusetts, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



### STOP STRESS IN SECONDS

- 1. Touch the tension
- 2. Breath deep and slow
- 3. Once per breath, silently say, "I'm OK"

Continue *Stress Stopper Breathwork* until the tension releases from your body.

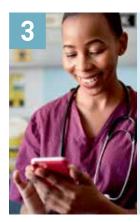


### **REDUCE ANXIETY IN MINUTES**

Complete the following statements to express your anxiety:

- 1. The thing that's most overwhelming is...
- 2. The most painful part of all this is...
- 3. My biggest fear about this is...

Use *Stress Stopper Breathwork* again until you feel calm.



### REGAIN CONTROL NOW

Automate relief & relaxation. Download the *STRESS IS GONE* mobile app:

• for iPhone

https://apps.apple.com/us/app/ stress-is-gone/id1496876427

• for Android

https://play.google.com/store/apps/details?id=com.stressisgone.android

Use the Stopper, MyMeds, & Resolve tabs.

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9am ET Mon-Wed-Fri Ring Central Meetings App Meeting ID: 582 811 3947 <u>For iPhone</u> <u>For Android</u>

https://apps.apple.com/us/app/ stress-is-gone/id1496876427 https://play.google.com/store/apps/details?id=com.stressisgone.android

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### **ABOUT**



**Brett Cotter**, author & Stress Is Gone founder, specializes in emotional trauma recovery through one-on-one coaching, quided meditation, & stress relief classes.

Brett has 20-years hands-on experience helping individuals and families break free from stress and pain. Brett has taught his signature classes in hospitals, schools, fortune 500 companies, non-profits, military bases, and disaster sites.

For more info: www.BrettCotter.com

### ANA-NY Membership Activation Form



First Name/MI/Last Name	Date of Birth	Gender: Male/Female	
Mailing Address Line 1	Credentials		
Mailing Address Line 2	Phone Number	Check preference: ☐ Home ☐ Worl	
	Email address		
County	 Current Employment Stati	us (ear full-time nurse)	
Professional Information	Current Employment State	us. (eg. run-ume nurse)	
	Current Position Title: (eg: staff nurse)		
Employer	Required: What is your primary role in nursing (position description)?		
Type of Work Setting: (eg: hospital)	□ Nurse Manager/Nurse Executive (including Director/CNO)     □ Nurse Educator or Professor     □ Not currently working in nursing		
Practice Area: (eg: pediatrics)	☐ Advanced Practice Registered Nurse (NP, CNS, CRNA) ☐ Other nursing position		
Ways to Pay			
Monthly Payment \$15.00 — *Signature below is required	Membership Dues (Price	reduced to \$15 monthly/ \$174 annually)	
☐ Checking Account Attach check for first month's payment.	Dues:	\$	
Checking: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment.		ptional)\$	
The account designated by the enclosed check will be used for the recurring payments.  Credit Card	American Nurses Foundation Contribution <u>\$</u> (optional)		
Credit Card: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") be charged to my credit or debit card on or after the first of each month according to the terms and conditions below.	Total Dues and Contributi	ons\$	
	Credit Card Information	☐ Visa ☐ Mastercard ☐ AMEX ☐ Discove	
*Monthly Electronic Deduction   Payment Authorization Signature	Credit Card Number	Expiration Date (MM/YY)	
I understand that I may cancel this authorization by providing ANA written notice seven (7) days prior to deduction. I understand that ANA will provide thirty (30) days written notice of any dues rate changes. I understand that my dues deductions will continue and my membership will auto-renew	Authorization Signature		
annually unless I cancel.	· · · · · · · · · · · · · · · · · · ·		
Annual Payment \$174.00	Printed Name		
☐ Check ☐ Credit Card	Credit Card Billing Address		
Please note: \$49 of your membership dues is for a subscription to American Nurse Today: American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year.	City, State	Zip	

# October 29-30, 2021

ANA-NY invites you to submit a podium/poster abstract for the 2021 ANA-NY 9th Annual Conference on October 29 -30, 2021

at The Hilton Long Island, Melville, NY.

The theme for the annual conference is "Nurses: A voice to lead."

The abstract submission should demonstrate translational research, evidence-based clinical projects, leadership initiatives, or evaluation processes that indicate transformative nursing education, practice, and research. Abstracts should be scientific in format and have a 500-word limit.

The abstract should:

Include background information of the research or project Include a description of methods, programs, or practices Be original work, including work in progress.

Each abstract will be reviewed using the following criteria: Theoretical foundation, audience, overall quality, and suitability as either poster or podium presentation. If accepted, all presenters at the conference must be paid attendees. All rights for abstract materials, both accepted and rejected, are the intellectual property of the primary author and coauthors (when applicable).

Click to submit your abstract at <a href="https://form.jotform.com/200058392314145">https://form.jotform.com/200058392314145</a>.

\*\*Deadline: April 2nd, 2021 \*\* "

### **Future Nurse Leader**

# Who is your class of 2021 Stands Out as a Future Nurse Leader?

Nurses with strong leadership skills are vital to the future of the nursing profession and health care. As part of ANA-New York's (ANA-NY) commitment to encouraging new nurses to be professional, successful leaders, we have established an award program to recognize the leaders in the upcoming graduating class.

The ANA-New York Future Nurse Leader Award, sponsored by ANA-NY and the American Nurses Association (ANA), will recognize new graduates, who, as nursing students displayed exceptional leadership abilities. We are looking for students who show initiative, make significant contributions and can inspire others with their vision. While ANA-NY is conferring this award, the selected winner is determined by your school of nursing. In order for your one candidate to be included as a Future Nurse Leader, complete and submit online at <a href="https://form.jotform.com/83335734704155">https://form.jotform.com/83335734704155</a> by March 12, 2021.

### Criteria for Student Nomination

The ANA-New York Future Nurse Leader should be a graduating senior from an undergraduate nursing program who:

- Demonstrates leadership:
  - o Prepares, motivates, and impacts other students as leaders
  - o Participates in community activities and gives back to others
  - o Mentors fellow students
  - o Promotes activity in nursing organizations
  - o Creates opportunities for engagement and involvement
- Makes a significant contribution to the overall excellence of the school
- Sets a healthy example and promotes a healthy lifestyle
- Creates a positive working environment
- Embodies the ethics and values of nursing
- Demonstrates a clear sense of the direction for his/her nursing career

ANA-NY and ANA hope that you will give this award your consideration and participate. Please direct any queries to <a href="mailto:futurenurseleader@anany.org">futurenurseleader@anany.org</a>.



Tired of doing the same thing every day without any reward? Are you looking to start the new year off on a high note? Come join the nursing excellence team at Glens Falls Hospital!

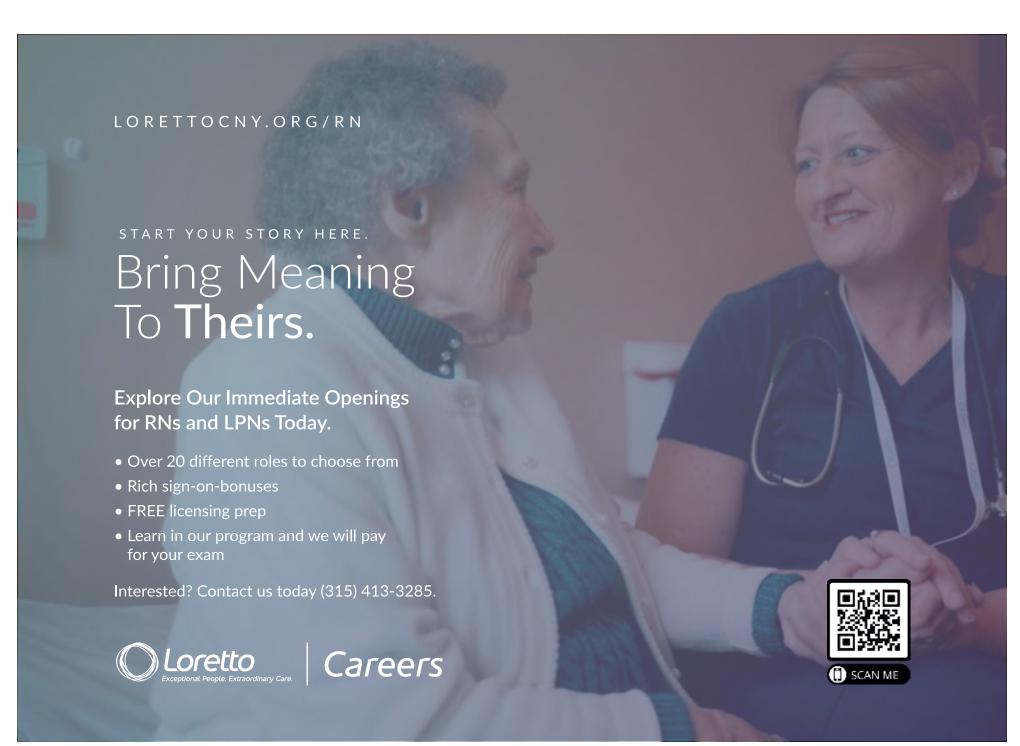
Here you will be part of a vibrant healthcare community that is powered by shared governance and where nurses have a voice in how care is provided. We believe in fostering a dynamic nursing environment that is safe, trusting and collaborative to provide exemplary care. We also offer a variety of opportunities for growth so that you can be the best version of yourself.

Come join us and see for yourself all the invaluable experiences that are waiting for you.

To learn more about nursing excellence at Glens Falls Hospital and to apply today, visit **GlensFallsHospital.org/Nursing** 







# There's never been a greater need for highly skilled nurses.

Has the COVID-19 health crisis inspired you to seek advanced training?

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- MS in Healthcare Informatics (online)
- MS in Nursing Administration
- MS in Nursing Education
- MS in Nutrition (online)
- MS in Psychiatric-Mental Health Nurse Practitioner
- Master of Public Health (MPH)
- PhD in Nursing
- Doctorate in Nursing Practice (DNP)

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