Volume 6
Number 1

ANA - NEW YORK NURSE

WE MAKE A DIFFERENCE FOR NURSES IN NEW YORK STATE

July 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.

INDEX

ANA-NY's 9th Annual Conference
Nurse: A Voice to Lead

ANA-NY is excited to announce its 9th Annual Conference, ***Nurse: A Voice to Lead*** on Long Island, NY. Attendees will immerse themselves in session topics such as Improving Patient Satisfaction, and The Art of Nursing.

October 28-30, 2021
Hilton Long Island | 598 Broad Hollow Road | Melville, NY 11747

Tentative Agenda

Thursday 10/28/21 (4.5 CE)

1:00 pm - 4:00 pm	(3.0 CE) – Pre-conference **Microaggression Panel Discussion** – Jessica Sinclair, RN; Jose Perpignan, RN; Syree Ellis, Nursing Student
4:15 pm – 5:45 pm	(1.5 CE) - Bylaws Forum (Bylaws Committee)

Friday 10/29/21 (7.5 CE)

8:00 am – 9:00 am	Breakfast/Committee meetings/Open House
9:00 am – 9:15 am	Welcome
9:15 am - 10:45 am	(1.5 CE) –Keynote – Shantay Carter, BSN, RN
10:45 am – 11:15 am	Exhibit Break (Exhibit Hall)
11:15 am – 12:30 pm	(1.25 CE) – **Improving Patient Satisfaction During a Pandemic--Nursing Voices Listening to the Voice of the Patient** - Rebecca A Owens, DNP, MBA, MSN, RN-BC
12:30 pm – 2:00 pm	(1.0 CE) - Lunch/Exhibits/Posters (Exhibit Hall)
2:00 pm - 3:15 pm	(1.25 CE) – **Is It Time for Your Organization to Have an Internal Professional Coach?** – Phyllis Quinlan, PhD, RN, NPD-BC
3:15 pm -3:45 pm	Exhibit Break (Exhibit Hall)
3:45 pm – 5:00 pm	(1.25 CE) – **High-Stakes Performance Art: The Art of Nursing** - Julie Elting, EdD, MSN, RN, CNE
5:00 pm - 6:15 pm	(1.25 CE) – **Albany Update** – Amy Kellogg, JD, Esq.
6:15 pm – 10:00 pm	Awards Gala (Savoy)

Saturday 10/30/21 (5.5 CE)

7:15 am – 7:45 am	Nurses House Walk
8:00 am – 9:00 am	Breakfast
9:00 am – 10:00 am	(1.25 CE) – **Malpractice Insights: Top Nurse Liability Concerns** – Christie Susko, MBA
10:00 am – 10:30 am	Exhibit Break (Exhibit Hall)
10:30 am - 12:30 pm	(2.0 CE) - Governing Assembly
12:30 pm – 1:30 pm	(1.0 CE) Lunch/Exhibits/Posters (Exhibit Hall)
1:30 pm – 2:45 pm	(1.25 CE) – **TBD** – Shantay Carter, BSN, RN
2:45 pm – 3:00 pm	Closing

4.0 hours of Exhibit time, 17.5 hours of Continuing Education time including preconference

This activity will be submitted to the American Nurses Association Massachusetts Accredited Approver Unit for approval to award contact hours. The American Nurses Association Massachusetts Accredited Approver Unit is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

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FROM THE DESK OF THE EXECUTIVE DIRECTOR

Coming Back to Life!

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

I am so ready for face-to-face meetings! I am completely "zoomed" out! We hope that you are feeling the same and are ready, willing, and able to join us for our 9th Annual Conference, in person, at the Hilton Long Island Huntington. We are thrilled to not only be meeting together, but we have a bumper crop of posters, and our speakers are ANA-NY members. We have so much talent in ANA-NY and we want to showcase our members. See this issue for lots of information on the conference. Don't miss out – room registration closes on 9/28 and early bird conference registration closes on 7/9.

Another exciting showcase of our members is the robust ballot that the Nominations and Elections Committee have assembled. Read about the candidates in this issue. Be on the lookout for the email announcing the opening of the polls on 7/27. Polls will close on 9/4. The newly elected representatives of ANA-NY membership will be sworn in during the Governing Assembly.

The Bylaws Committee has also been hard at work. They have compiled the submitted Bylaws Amendments and will be asking for your vote during the Governing Assembly. Get a head start and read the proposed amendments in this issue.

The Legislation Committee held another successful virtual Lobby Day during Nurses Week. We had 39 members participate making 86 connections with state legislators.

The Program Committee has launched Nurses Supporting Nurses, a peer support network to help our members who are struggling to stabilize after the last year and a half.

Hopefully, you have been noticing and enjoying the CE articles that our Nursing Education Committee have been regularly submitting to this newsletter. Make sure to fill out the posttest and evaluation for FREE CE credits for members (minimal fee for non-members).

Not only have the committees been busy on your behalf, the office team has also been hard at work. Jamilynne is putting together all of the details for the annual conference – no small feat in this world of changing requirements! Jamilynne is also the project manager for Nurses Supporting Nurses.

Shakira has coordinated a radio spot with ANA-NY President, Dr. Marilyn Dollinger, RN https://soundcloud.com/anany2012/sets/ana-ny-psas;

- the #I AM ANA-NY campaign https://www.youtube.com/watch?v=2cvLbv28o1U;
- and the social media takeovers by our Conference Keynote Speaker and ANA-NY member, Ms. Shantay Carter, RN https://www.facebook.com/watch/live/?v=372960634095203&ref=watch_permalink.
- I was also in the spotlight, with my interview of Dr. Sandra Lindsay, RN https://www.youtube.com/watch?v=zZEUtOdMmiY. Dr. Lindsay is an ANA-NY member and a face that you may recognize as she was the first New York resident to receive the COVID vaccine.
- I was also privileged to join a discussion with Senator Kirsten Gillibrand https://vimeo.com/555260230

As you can see, this issue has lots of ANA-NY doings plus some great columns. Grab a frosty beverage, find a comfy chair, and peruse this issue of *ANA-New York Nurse*. Cheers!

Article Submission

- 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.
- ANA-NY reserves the right to pull or edit any article / news submission for space and availability and/or deadlines
- If requested, notification will be given to authors once the final draft of the *ANA - New York Nurse* has been submitted.
- ANA-NY does not accept monetary payment for articles.

Article submissions, deadline information and all other inquiries regarding the *ANA-New York Nurse* please email: programassociate@anany.org

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www.ana-newyork.org/

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PRESIDENT'S MESSAGE

Marilyn L. Dollinger, DNS, FNP, RN

Greetings—summer is finally here and things have started to open up across the state. I hope you and your families are all well.

As I write this, I just finished the first of four webinars that are offered to discuss the National Academy of Medicine's (NAM) latest report, The Future of Nursing: Charting a Path to Achieve Health Equity (2021). (The link to access the report and to register for or listen to for the webinars are at the end of this article.)

The release of this report, targeted for 2020, the International Year of the Nurse and the Midwife, paused in recognition of the devastating impact of the global pandemic that brought new focus to the toll of inequity and racism on health. With a sharpened focus and call to action, the report was released in 2021. It is rightfully dedicated to nurses around the world who lost their lives caring for patients during the pandemic.

Recall that the first Future of Nursing report in 2011, was a call to action to expand the capacity of the nursing workforce; the update in 2016, Assessing Progress on the IOM report highlighted successes but outlined three themes essential for continued progress:

> …the need to build a broader coalition to increase awareness of nurses' ability to play a full role in health professions practice, education, collaboration, and leadership; the need to continue to make promoting diversity in the nursing workforce a priority; and the need for better data with which to assess and drive progress. (X, Foreword; NAM Future of Nursing 2020-2030)

At close to 500 pages, many will have time to read only the 17 page Summary at the beginning of this report. For those of you involved in policy, reimbursement and delivery systems issues, be sure to scroll to Appendix E and F, which provides some hard hitting views of a physician on the Committee who argues that the report should be asking some hard questions and demanding more action—there is a lot to discuss in this section.

The Future of Nursing 2020-2030 summary opens with a compelling statement that underscores why nurses are being called to action in this report—along with all health care providers: "Nurses live and work at the intersection of health, education and communities." Think about this for a moment. There are four times as many nurses as doctors in this country and we are everywhere that care is delivered 24/7. Nurses' focus historically on "holistic care" has been redefined with a specific focus and imperative to achieve health equity.

The first recommendation in the report is a call to action for nursing organizations to "initiate work to develop a shared agenda for addressing social determinants of health and achieving health equity. This agenda should include explicit priorities across nursing practice, education, leadership, and health policy engagement" (p. 13, NAM *Future of Nursing 2020-2030*).

As the largest professional organization that represents all nurses in New York—we need to look closely at how we can educate and engage our members to support these important national goals. These should set a path for our work as individuals, as a profession and as a professional organization. I have summarized the targeted outcomes below. Look for ongoing discussion and initiatives from ANA-NY as we integrate these into our work.

Achieving Health Equity Through Nursing: Desired Outcomes (Box S1, P. 2, *The Future of Nursing: Charting a Path to Achieve Health Equity (2021)*

President's Message continued on page 21

ANA-NY's 9th Annual Conference
Nurse: A Voice to Lead

Conference Registration

To register, please visit: https://bit.ly/3fLZylQ
Registration Deadline: September 24, 2021

Hotel Accommodations:

Hilton Long Island
598 Broad Hollow Road
Melville, NY 11747
Number: 1-631-845-1000 Mention code: ANA for discount rate
Online: https://bit.ly/3oOXYnj

Speaker Information
Keynote Speaker

Shantay Carter, BSN, RN

When it comes to Shantay Carter, BSN, RN helping others is more than just a job—it's her passion and her purpose. From her daily work as a dedicated nurse to her ambitions as the founder of Women of Integrity Inc., the New York area native has an extensive history of letting her caring nature guide her path. Influenced strongly by the superwoman role models in her family, Shantay decided to dive headfirst into the nursing field.

After spending years selflessly volunteering as a candy striper while in high school, she headed to Binghamton University where she received a Bachelor of Science degree in Nursing. In 2000, she began working at Binghamton General Hospital as a registered nurse and in 2002, Shantay continued her career at North Shore-LIJ Health Systems, where she currently works as an Orthopedic/Trauma nurse on a medical/surgical floor.

After noticing the lack of guidance for young girls in the Long Island area, Shantay decided to create her non-profit, Women of Integrity Inc. The ten-year-old organization has already made huge strides in its mission to "empower and educate women of all ages and ethnicities" and its signature event is its prom dress drive, dress giveaway, and makeover project that is executed each year.

"I believe that what you put out in life, you get back," explains Shantay. "So, if you put out positivity, then you will get back positivity— it's our job to give back in any way we can."

Shantay modestly holds a number of accomplishments and honors for her work including being a ***Wholeness of Life Award*** winner at North Shore University Hospital in 2012 and an NSLIJ Health System. 2013 ***President's Award nominee***. In 2014, Shantay was honored as a ***Making A Difference Award honoree*** and a semi-finalist in P&G's My Black is Beautiful Ambassador Search. More recently, in 2015, she received the ***Darby Foundation's Community Service Award*** and a ***Community Service Award*** from the Hempstead Chamber Of Commerce. In 2017, she was a 2017 ***Woman Of Power Honoree*** from the Caribbean Business Connections Organization. In 2018 she received the ***Caribbean American Healthcare Award***, from Caribbean Life Magazine. She also was the Keynote Speaker for the Excellence in Success Nursing Awards. In 2019, she was a Long Island Diversity In ***Business Award Honoree***. She is also the Best Selling Author of Destined For Greatness.

She is also The Founder of Men Of Integrity Inc., and Co-Founder of Nurses Of Integrity.

Shantay currently lives in Hempstead, NY and when she's not helping patients or out making teen girls feel amazing, you can find her enjoying music, art, baking…or flashing her award-winning smile. She is a proud member of Alpha Kappa Alpha Sorority, Incorporated, The NAACP, The American Nurses Association, The American Nurses Association-New York, The Greater NYC Black Nurses Association Chapter, and the Nassau County Medical Reserve Corp.

https://www.scarterrn.com/

Preconference – Microaggression Panel Discussion
October 28, 2021

Jessica Sinclair, RN, BA in Media & Communications, Owner of Sinclair Master of Ceremonies

Jessica created Sinclair Master of Ceremonies Inc, the umbrella under which she provides MC services and in addition to on-air hosting, interviews, public speaking, vlogging and voice overs. Today she is a multi-recipient of the Wedding Wire's Couples' Choice Awards, the Caribbean American Healthcare Award.

As a registered Nurse, she holds the role of a Cardiac Special Procedure RN where she assists Cardiologist with procedures such as Cardioversion, Stress Echocardiogram, Nuclear Stress Echocardiogram, etc. Jessica is the Co-Founder of Nurses of Integrity a community that celebrates, uplifts, and empowers nurses. As well as the Co-Founder of The Career Mavericks a professional development platform, that helps to produce high performance individuals through coaching and virtual workshops to change the way they work within their organizations and individually.

Jessica is also the founder of "Network Like You Mean It™," a workshop that provides tips on how to identify, cultivate, and maintain meaningful relationships through networking. Jessica has a passion for activism and empowering women. One of Jessica's beliefs is that one of the most essential factors to a successful event or business is communication. Jessica is the bestselling author of her first book "Network Like You Mean it, A Nurses Journey to Entrepreneurship & Purpose."

Jessica Sinclair is a Board Member of Fearless Women a non-profit organization whose mission is to provide the resources needed to Heal, develop a Healthy Positive Mindset & take back Control of your Life through Health & Wellness Sessions, Group & Individual Workshops, Sisterhood Gatherings & Personal/Professional Development Programs and Retreats."

Born in Brooklyn and raised in Elmont, New York, Jessica is a 2007 graduate of the City University of NY (CUNY) with a concentration in Communications and Public Relations (PR). She later transitioned from Public Relations to work as a Medical Clerk which inspired her to become a Nurse. In 2014, Jessica received an Associate Degree in Nursing from Nassau Community College. Upon completion, Jessica was a recipient of the Nassau Community College Association Scholarship, Presidential Scholarship and Citation Award. For two years, Jessica worked as a Medical Surgical Nurse where she had the opportunity to innovate a patient healing initiative and complete her Bachelor of Science degree Cum Laude, in Nursing, from Farmingdale State College in 2018.

Syree Ellis, Nursing Student

Syree J. Ellis is from Philadelphia PA, where he was born and raised in the Hunting Park neighborhood of the city. He began his healthcare journey in 2011, when he was called to become a caretaker for a family member. During that transformative experience he realized that he wanted to dedicate his life to caring for others particularly as a nurse. His first foray into the healthcare industry was as a home health care aid. Next, in 2016, he worked at a senior center where he found joy working with patient's as well as staff.

Syree is a committed health professional who constantly seeks opportunities for growth and development. His passion and exemplary work ethic allow him to stand out and he has been awarded for his dedication and service. In 2013, Syree was named Caregiver of the Year by "Always Best Care Senior Services" and in 2018 he was featured in an article on the front page of "More at Mercy," and the title of that article was "Caregiver and Friend". Syree truly loves the healthcare industry and will continue to make an impact on all the patient's he serves.

Jose Perpignan, RN

Jose Perpignan was born and raised in Brooklyn, NY, by a family who stressed the importance of three basic stepping stones; group cooperation, group loyalty, and group initiative. We used these stepping stones as guiding principles for life. I graduated from Binghamton University in 2011 with a Bachelor of the Arts in Africana Studies and from the University of Rochester School of Nursing in 2016 with a Bachelor of Science in Nursing. I am a founding member of the Greater New York City Black Nurses Association. I am currently employed with Lincoln Hospital in the Intensive Care Unit Float Pool and at New York-Presbyterian/Columbia Hospital on the Cardio-Thoracic/Float Pool Intensive Care Unit.

Testimonial:

Since my youth, I have always had an interest in helping people. When I was in the 1st grade, my class had a career day, and my father came to speak about his job as an Emergency Medical Technician. Another aspect of the job he mentioned was his involvement in the Bedford-Stuyvesant section of Brooklyn. His base would host many events in this underserved community, such as biometric screenings, uplifting the community on more healthy ways of living, eating, exercising, and providing access to resources. I was asked what I wanted to be when I grew up, and my response was an EMT, just like my father. This day is one that I have never forgotten, I can remember the exact words and the feelings I felt then, and they still exist now. Transitioning into my profession as a Nurse, I always thought back on how much the community benefitted from my father's involvement. That led me to the Greater New York City

Black Nurses Association; this chapter exemplified all I wanted to do for my people in the various communities. I have always felt that this field was my career calling and have never considered any other profession. As a nurse, I would show my compassionate side while providing for those in need. I fell in love with the idea of providing care and making a difference in underserved communities in the best ways possible. I thank the many leaders and my mentors from the chapter for guiding me and exposing me too so much. I am also thankful for being nominated as a "Healthcare Hero" by Live with Kelly Ripa and Ryan Seacrest.

Full Conference
October 29-30, 2021

Dr. Rebecca A. Owens

Rebecca A. Owens, DNP, MBA, MSN, RN-BC, is the Chief Nursing Officer at New York State Psychiatric Institute (NYSPI). In this role, Dr. Owens has responsibility for developing, implementing, and evaluating standards of evidence-based nursing practice, clinical decision making, quality of care monitoring, strategic planning, recruiting, nursing research, and education. Prior to joining NYSPI, Dr. Owens was the Patient Care Director, and Interim Director of Nursing & Quality, at New York-Presbyterian Hospital's Payne Whitney Manhattan Inpatient Psychiatric Unit, Comprehensive Psychiatric Emergency Program (CPEP), and Mobile Crisis Community Outreach Program. Projects in this role included development of patient satisfaction best practices for inpatient psychiatric settings. This work resulted in several national awards. Dr. Owens also developed a weekly mindfulness meditation module for psychiatric patients in the acute care setting, developed and taught the hospital's first Mindfulness Based Cognitive Therapy (MBCT) course, and implemented an interprofessional collaborative care workgroup focused on psychiatric patients with medical co-morbidities.

Dr. Owens was a participant in the distinguished New York-Presbyterian Weill Cornell Medical Center Emergency Department Nurse Residency Program, where she specialized in medical trauma, psychiatric emergencies, end-of-life/palliative care, including the research and development of a palliative care intervention for ED patients and caregivers. This work was the foundation for Dr. Owens' Master's in Nursing Science thesis. Rebecca holds a Doctor of Nursing Practice (DNP) from Case Western Reserve University and continues to work on nursing research projects at this institution. Dr. Owens is also a member of the Founder's Circle for the Dr. Marian K. Shaughnessy Nurse Leadership Academy, holds a Master's in Nursing Science (MSN) - Nursing Administration, and Palliative Care, as well as a Master's in Business Administration (MBA) - Marketing, and Strategic Planning. Prior to her career in health care, Ms. Owens held multiple marketing, public relations, and consulting positions, concentrating on the travel and hospitality sector. This experience included several years of living and working in Cozumel, Mexico and London, England.

Dr. Owens is board certified in psychiatric-mental health nursing, is a member of Sigma Theta Tau, ANA, APNA, AACN, clinical instructor at the Columbia School of Nursing, and adjunct faculty at Case Western Reserve University. She has served on the Board of Trustees at Tara Mandala Buddhist Retreat Center in Pagosa Springs, Colorado, and holds certifications in hyperbaric chamber oxygen therapy nursing, rape and domestic violence crisis counseling/victim advocacy, meditation, and reiki energetic healing.

Phyllis S. Quinlan, PhD, RN, NPD-BC

Dr. Quinlan is a registered nurse with 43-years' experience in a variety of settings that include clinical, education and administrative roles. Phyllis has held her position as the Internal Coach for the Cohen Children's Medical Center since January of 2016. Her coaching focus is on working with individuals to identify character strengths and to use those strengths to increase self-awareness, resilience, and personal effectiveness. As a professional certified coach, she specializes in the unique needs of nurses and other healthcare professionals. She is certified in Emotional Intelligence and is an Applied Positive Psychology Practitioner.

In 2017, Phyllis was the co-recipient of a Press Ganey *Success Story Award* for a podium presentation at the 2017 Press Ganey National Conference entitled: *Using Emotional Intelligence & Coaching to Build Resilience in Nurse Managers*. She has lectured extensively around the country for 3M Healthcare and the American Association of Perioperative Nurse/AORN and is the career coach for AORN.

In 2020, she was the co-presenter at the National AONL Conference where she presented on Improving the *NICU Practice Environment Using Appreciative Inquiry* and she conducted the Three-Hour Pre-Conference Workshop for the 2020 NYS Organization of Nurse Executives and Leaders Conference entitled, *Leadership Vision 2020: Building Your Brand and Shaping Your Legacy*

She has authored three books:

- *Rediscovering the Joy of Being a Nurse: A Holistic Approach to Recovery from Compassion Fatigue*
- *The Delicate Balance: A Mindful Approach to Self-Care for Caregivers*
- *Bringing Shadow Behavior into the Light of Day: Understanding and Effectively Managing Bullying & Incivility in Healthcare.*

You can also follow Phyllis on social media. She regularly posts on her LinkedIn Page, her Blog, her YouTube Channel, Twitter, Facebook, Tumblr and Instagram Pages.

Julie Kientz Elting, EdD, RN, CNE

Dr. Julie Elting is an Associate Professor in the Harriet Rothkopf Heilbrunn School of Nursing at Long Island University - Brooklyn. She joined the school in 2018 after relocating from Oahu, Hawaii, where she lived for 20 years. She has been a nurse educator since 2007 and has maintained her Nurse Educator Certification since 2010. Her 35-year clinical career has been focused on maternal/child and pediatric nursing, predominantly in the community setting. As a nurse educator she has taught a variety of undergraduate and graduate courses, including pharmacology, community health, leadership, theory, research, and evidence-based practice.

Earning her EdD in 2015 was a life-long goal and motivated Dr. Elting to actively engage undergraduate students in research and EBP projects. With her guidance, students have presented at local and national conferences, won university research awards, and published their findings. She is a strong student advocate, using her educational expertise to help students assume accountability and create outcomes that promote success. She was recently recognized with LIU's Excellence in Teaching Award and Faculty Advisor of the Year.

Amy Kellogg, JD, Esq.

Amy Kellogg's law practice focuses on representing a variety of New York State professional associations, businesses, and not for profits before New York State Government including the State Legislature, Governor's Office, and State Agencies. Amy is a former Legislative Aide to New York Assemblywoman Helene E. Weinstein, Chair of the Assembly Ways and Means Committee. Her practice includes:

- Providing lobbying and government-related services.
- Monitoring, analyzing, and reporting on the status of pending legislation
- Communicating clients' positions to members of the State Legislature, state agencies, and the Governor's office.
- Drafting legislation on behalf of clients
- Researching and ensuring compliance with state and federal lobby and election laws.
- Assisting clients with a strategy regarding the availability of and access to a variety of government funding mechanisms and other programs
- Advising clients regarding a myriad of government relations compliance issues, from procurement regulations to campaign finance laws.

Christie Susko, MBA

Seasoned marketing strategist and university professor with in-depth experience creating traditional and digital marketing and sales campaigns that optimize customer experience and drive revenue. Strong internal and external communicator with the ability to engage key stakeholders and achieve results.

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ANA-NY 9th Annual Conference

October 29-30, 2021 | Hilton Long Island/Huntington | 598 Broad Hollow Road | Melville, NY 11747

Sponsorship Benefits

Platinum Sponsorship - $5,000 (Awards Dinner)
- Recognition of sponsorship in the ANA-New York Nurse Newsletter, with a quarterly circulation of over 71,500
- Recognition of sponsorship in official Event Packet
- Complimentary Exhibitor table
- Recognition of sponsorship with name and logo prominently placed during sponsored session
- Prominent name and logo placement on all marketing materials related to the event
- Sponsorship listed on final agenda and big screens during the Annual Meeting and Conference
- Prominent logo placement on ANA-NY website for the month of October and November
- Full page ad in the official Event Packet
- A table at the awards dinner
- Career Center - Post your organization's open position on ANA-NY's Career Center for two (2) months

Gold - $3000 (Preconference, keynote speaker, conference presenters (all), venue)
- Recognition of sponsorship in the ANA-New York Nurse Newsletter, with a quarterly circulation of over 71,500
- Recognition of sponsorship in official Event Packet
- Complimentary Exhibitor table
- Recognition of sponsorship with name and logo prominently placed during sponsored session
- Prominent name and logo placement on all marketing materials related to the event
- Sponsorship listed on final agenda and big screens during the Annual Meeting and Conference
- Prominent logo placement on ANA-NY website for the month of October
- Half page ad in the official Event Packet
- A table at the awards dinner
- Career Center - Post your organization's open position on ANA-NY's Career Center for one (1) month

Silver - $2000 (Friday Breakfast, Friday Lunch, Saturday Breakfast, Saturday Lunch)
- Recognition of sponsorship in the ANA-New York Nurse Newsletter, with a quarterly circulation of over 71,500
- Recognition of sponsorship in official Event Packet
- Complimentary Exhibitor table
- Recognition of sponsorship with name and logo prominently placed during sponsored session
- Prominent name and logo placement on all marketing materials related to the event

Bronze - $1000 (Snack Attack - A Snack for the Conference)
- Recognition of sponsorship in the ANA-New York Nurse Newsletter, with a quarterly circulation of over 71,500
- Recognition of sponsorship in official Event Packet
- Complimentary Exhibitor table

Exhibitor Only - $500
- Table in exhibit hall

Platinum Sponsorship - $5,000
• Awards Dinner

Gold - $3000
• Preconference (includes presenters, snacks and meeting room)
• Keynote speaker – Shantay Carter, BSN, RN, Founder of Women of Integrity Inc.
• Conference presenters (all)
• Venue - Hilton Long Island/Huntington

Silver - $2000
• Friday Breakfast
• Friday Lunch
• Saturday Breakfast
• Saturday Lunch

Bronze $1000
• Snack Attack – a snack for the conference

Exhibitor Only - $500
• Table in exhibit hall

Deadline for sponsorship is September 1, 2021

150 State Street 4th Floor, Albany, NY 12207
(888) 587-4818
Email: programassociate@anany.org

ANA-NY 9th Annual Conference

October 29-30, 2021
Hilton Long Island/Huntington, Melville, NY 11747

SPONSOR/EXHIBITOR REGISTRATION FORM

Online Registration: https://bit.ly/3sOWxGh

Organization/Institution Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Email: _____

Primary Contact Person: _____

Title/Position: _____

Phone: (_____) _____

Email: _____

Other representatives planning to be at the exhibit booth:

_____

_____

Sponsorship Level _____

Deadline for sponsorship is September 1, 2021.

Photos from our 2021 conference

Photos from our 2019 conference

2021 ANA-NY Elections – Meet Your Candidates

The Nominations & Elections Committee is pleased to announce the ballot for 2021 Elections. Polls will open from **7/27/2021 through 9/4/2021.** The candidate profiles will be available in the members only section of our website ana-newyork.org. Campaign materials from those candidates wishing to submit will also be available in the members only section of our website.

Vice President and Membership Assembly Alternate to the President (vote for 1)

Verlia Brown

As a current member of the board of directors who serves on the Bylaws Committee and liaison to the Awards Committee, I seek election to the Office of Vice-President. I strongly believe in the mission of ANA-NY. If elected I would continue to work with other board members to develop strategies and formulation goals for the viability of ANA-NY. I am very knowledgeable and experienced because my leadership role extends to the local, state, and national levels of all nursing practice settings. I am dedicated and confident that I will serve the office of Vice-President with integrity.

Tanya Drake

I am a Founding member of ANA-NY and would be proud to serve as Vice President. As Secretary I delivered on my promise to increase BOD transparency and member access to deliberations and activities. I initiated Board Buzz and advocated for all approved minutes to be posted on the ANA-NY website. If elected, my goal is to use my leadership experience and skills to create a more dynamic role for the vice president with a portfolio of responsibilities that responds to association and member needs and enables ANA-NY to enhance its recognition as the voice of all nurses in NYS.

Secretary (vote for 1)

Gertrude Hutchinson

The time is right to place my name in nomination for the position of Secretary of ANA-NY. I am a charter member of this organization, served it as a previous member and chair of the Nominations & Elections Committee, honored to sing our National Anthem at the opening of the last two conferences, and author of the "From the Historian's Desk" column bi-monthly since 2013. I have served as secretary for many professional and church boards and know the importance minutes have to preserve an organization's work and history. I look forward to serving ANA-NY in this capacity if elected.

Director-at-Large (vote for 3)

Susan Chin

I am seeking re-election for Director-at-Large position. I have been honored to serve in this capacity for the past two years. My plans as board member are to continue to strengthen and grow membership within our state, support policy and guidelines, promote advocacy for priority legislative activities as identified by the organization, and to partner with members in shaping the future strength of ANA-NY. I pledge to uphold our mission and vision and work for the greater good of the profession and the public for whom we serve.

Giselle Gerardi

As a third generation, Latino nurse, I am driven to showcase and advocate the nursing profession. In my current professional role, I educate nurses at various healthcare organizations throughout NY state. I often find myself speaking to nurses about their perspectives on nursing and observe the different nursing work environments. Given the opportunity to serve as a Director-at-Large, I can speak to the issues and perspectives that nurses in NYS have. In my 14 years of nursing, I have accomplished a lot and I continue to seek ways to continue to support the nursing profession on higher levels.

Marilyn Klainberg

I am a Full Professor in the College of Nursing and Public Health, Adelphi University. I am an active member of ANA-NY, serving presently on the Program Committee and in the past, as Chair of the Poster Committee (and still serve as a member of the Poster Committee). I would like to continue to serve ANA-NY as a Director at Large. I have had several leadership positions in other nursing organizations, including Sigma Theta Tau, Alpha Omega Chapter where I served as President. I would like to utilize the skills I have acquired from these relationships with ANA-NY.

Kimberly Velez

The message I bring is to be "proactive." Participation could be taking a survey, following ANA-NY on social media, or attending a convention. Support the organization by being an active member. I love motivating fellow nurses to get involved and then stepping aside to watch them go! We, as nurses, need to mentor the new faces in nursing, collaborate with peers, participate in research, and be ready to adapt to the new roles in nursing. The task is to find opportunities to engage our members, and I accept the challenge!

Nominations and Elections (vote for 2)

Margaret Franks

This past year has highlighted for me, the unselfish nature of nursing. I have seen my colleagues face adversity with nothing to count on but the strength of their characters and the knowledge that their co-workers were standing with them shoulder-to-shoulder. COVID-19 has brought out the best in our profession, at great personal cost, and I would like to be in position to help my fellow nurses to weather this storm and any others to come.

Kimberly Honeywell

I have been a member for many years, first as a NYSNA member for 18 years, and then as an individual member. I support the policies and statements of the ANA. I love being an RN. I am currently working on my EdD and waiting to take the CNEcl certification exam this summer. I enjoy reviewing the website and everything the ANA offers to its members. I would love to be a bigger part of the ANA as I feel it is more important than ever to stand up for nurses. Thank you for this opportunity.

Kerlene Richards

A seasoned, innovative and doctorate-prepared Registered Nurse with over 20 years of rewarding experience. Adept at managing progressive nursing programs with an exemplary record of leadership in Medicine-Surgery, Telemetry and Cardiothoracic ICU. Extensive knowledge of training and mentoring programs with the demonstrated ability to build nurses' capacity, confidence and understanding of ethical matters while developing essential leadership skills. Proven ability to collaborate with cross disciplinary teams to foster a healthy work environment and cultivate collaborative multidisciplinary community relationships. Active member of local and national Nurses Organizations. Poster and podium presentations at local national and international nursing conferences.

Membership Assembly Representatives and Alternates (vote for 5)

Verlia Brown

As a current member of the board of directors who serves on the Bylaws Committee and liaison to the Awards Committee, I seek election to the ANA Membership Assembly. I strongly believe in the mission of ANA-NY. If elected I would continue to work with other members to develop strategies and formulate goals for the viability of ANA-NY and ANA. I am very knowledgeable and experienced because my leadership role extends to the local, state and national levels of all practice settings. I am dedicated and confident that I will serve with integrity to the position that I seek.

Tanya Drake

I have many years of leadership in professional, academic and community organizations. My past four years as ANA-NY Secretary and experience as past chair of the Bylaws Committee and member of the ANA Bylaws Committee have given me a deep understanding of organizational structure and operations. I believe this background will make me a valuable asset to our Representative Team at the ANA Membership Assembly.

Margaret Franks

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Melina Isola Hinton

I have time for a role in ANA as I am a strong advocate for nursing and advancement of nurses.

Elisa Mancuso

As the immediate Past President of ANA-NY, committee member of the Legislation committee, Chair of Program (formerly Annual Meeting) committee, New York Nursing Alliance, current President-elect of PNASC and faculty (29 years) at Suffolk County Community College AD Nursing program I

2021 ANA-NY Elections - Meet Your..continued on page 29

“We don’t count the days. We make the days count. We’re Calvary Nurses.”


Latisha Bangari, RN
Bronx Campus Nurse


Shelly Nakagawa, RN
Hospice Nurse


Shawn Boyd, RN
Bronx Campus Nurse


Kevin Nyack, RN
Hospice Nurse


Kelly Saulnier, RN
Hospice Nurse


Elena Filatov, RN
Brooklyn Campus Nurse


Denise Rolle, RN
Hospice Nurse


Virginia Panchana, RN
Bronx Campus Nurse


Lisa Irwin, RN
Hospice Nurse

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- BSN preferred
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BS in 10 Law Now in Full Effect – June 2020

On Dec. 18, 2017, Governor Andrew Cuomo signed Chapter 502 of the Laws of 2017 amending Education Law section 6905 to require RNs to either have or obtain a baccalaureate degree or higher degree in nursing within 10 years of licensure.

BS in 10 Law
Chapter 502 of the Laws of 2017
A. 1842B Morelle/S.6768 Flanagan
FAQ's

1. What does the BS in 10 law do and why do we need it?

The BS in 10 law will require future nurses who graduate from a New York State Diploma or Associate Degree program to obtain a Baccalaureate Degree in Nursing within ten years of becoming a nurse. The law is grounded in evidence demonstrating better outcomes when patients receive care from Baccalaureate-prepared nurses. The originally published study dates back to 2003 and has been replicated many times. Changes in healthcare require new skills for nurses.

- Registered Nurses must now manage care across the continuum, not only in one setting; lead interdisciplinary teams in all settings to achieve excellent outcomes for patients; care for more seriously ill hospitalized patients; learn to manage highly technical environments; and deal with complex family/care needs of patients in hospitals and in the community.
- Better patient outcomes that improve and preserve the health of the patients help lower healthcare costs.
- Nurses with Bachelor's Degrees are able to pursue advanced education. Nurses with advanced degrees fill roles as nursing faculty, advanced practice nurses and nurse administrators, all areas of shortage that are needed to meet the nursing workforce development needs of the future and advance the profession.

2. When does the BS in 10 law take effect?

The BS in 10 law took effect December 18, 2017 when it was signed into law by Governor Cuomo.

3. Who does the BS in 10 law affect?

The new law affects anyone who starts a New York State Diploma or Associate Degree program to become a Registered Professional Nurse (pre-licensure program) after the bill became law unless they are grandfathered.

4. Who is grandfathered under the new BS in 10 law?

All RNs who were licensed on or before December 18, 2017 are grandfathered and do not need to meet the requirement to complete a RN/BS program.

- Any person who was enrolled in, was accepted in or was waitlisted for later acceptance in a Diploma or Associate Degree program in New York State before Dec. 18, 2017 is grandfathered and will not be required to complete a RN/BS completion program to maintain permanent RN licensure in NYS after they graduate.

5. I am currently a nurse or nursing student, is there any grandfathering in the law for me?

Yes. Any person who was enrolled in a New York State Diploma or Associate Degree program before Dec. 18, 2017 is grandfathered and will not be required to complete a RN/BS completion program to maintain permanent RN licensure in NYS after graduation.

6. I am currently on a waitlist for nursing school is there grandfathering that would affect me?

Yes. Any person who was waitlisted for later acceptance in a NYS Diploma or Associate Degree program before Dec. 18, 2017 is grandfathered and will not be required to complete a RN/BS completion program to maintain permanent RN licensure in NYS after graduation.

7. I am a Registered Nurse working at a nursing home or facility other than a hospital. Does this law affect me?

All RNs, in all practice settings, who were licensed on or before Dec. 18, 2017 are grandfathered and do not need to meet the requirement to complete a RN/BS program. The law is intended to provide a consistent standard of nurse education in any setting where Registered Nurses care for patients – long term care, primary care, schools, etc.

8. Are there different requirements in the law based on a nurse's geographic location within NYS?

No, the law will affect all New York State nurses. The same standard of nurse education will be required for future nurses caring for patients no matter where they live or receive care.

9. Must I obtain my Bachelor's Degree to practice?

If you are not in the category of exemption as stated above in question 3, you will be able to practice after licensure upon graduating from a NYS Associate Degree (AD) program or Diploma school. Your license is valid for 3 years and -- as is current practice --you will be required to reregister every three years thereafter.

10. How long will I have to complete my BS?

As stated in above in question 4, if you are a Registered Nurse, a student in a NYS AD or diploma school, accepted into an AD or diploma program, but have not yet started or were on a waiting list to start in December of 2017 when the bill was signed into law, you are permanently exempt from ever having to acquire the BS in Nursing. Otherwise the law applies to you. You then have 10 years from the date of your first licensure as an RN after graduating from an AD or Diploma school to complete the BS in Nursing to get re-registered to practice.

11. What happens if I can't complete my BS in Nursing within the law's 10 year requirement?

Again, if you are not in the category of exemption as stated above in question 4, and you are unable to complete the BS in Nursing requirements in the new law within 10 years of your initial licensure, you may make an application for an extension to the New York State Education Department, Board of Nursing. If you fail to complete the program in the specified time allotted in the law, you may receive a one year extension that may be extended for one additional year to allow you to complete the requirement as will be defined by regulation.

12. I hear there is a commission established as part of the law. What is the commission's charge?

Yes, the law establishes a temporary commission, to be known as the Nursing Program Evaluation Commission. The temporary commission is charged with drafting a report and making recommendations on 5 areas, including:

- Determining if there are barriers to entry into nursing, including, but not limited to cultural barriers, economic barriers, and compliance barriers;
- Assessing the availability of and access to baccalaureate programs, including such availability and access for non-traditional students, rural students, and students of diverse cultural backgrounds;
- Considering if there are financial barriers to entry into baccalaureate programs;
- Reviewing other alternative equivalents through which nurses may obtain training experience; and
- The impact of requirements for achieving a baccalaureate degree in any lesser period of time than required by law as condition to maintaining employment.

13. Who sits on the commission and appoints the membership?

The temporary commission will consist of 9 members. The members must be appointed within 60 days of the law taking effect. The law took effect on December 18, 2017, so appointments are to be made by February 16, 2018 as follows:

- Two members will be appointed by the Speaker of the New York State Assembly;
- Two members will be appointed by the Temporary President of the New York State Senate;
- One member will be appointed by the Minority Leader of the New York State Senate;
- One member will be appointed by the Minority Leader of the New York State Assembly; and
- Three members will be appointed by the Governor of the State of New York.

The members that are appointed are not eligible for compensation other than expenses incurred related to the performance of duties for sitting on the temporary commission. Further, they are to be representative of patient advocates, nurses, and related health care professionals and are delineated as follows:

- At least one member must be a nurse and a member of a duly recognized collective bargaining organization and does not have a supervisory or managerial role;
- At least one member shall be a Registered Nurse in nursing higher education with academic credentials from a school that has a baccalaureate and higher degree nursing programs.

14. Is there a time limit for the completion of the Nursing Program Evaluation Temporary Commission's work?

Yes. The law states that the Temporary Commission is required to make a report of its findings, including any recommendations for legislative action as it may deem necessary and appropriate, to the Governor and the Legislature within twelve months of enactment of the law which would be no later than December 18, 2018.

15. Should the commission have findings that need to be addressed, is the law still in effect?

Yes. As of December 18, 2017, the law is now permanently in effect. The temporary commission's work will not prevent the requirements within the law from going into full effect, but rather solely allows for evaluation. Recommendations from the temporary commission are just that and in no way hinder the implementation and enforcement of the law.

LEGISLATIVE UPDATE

Amy Kellogg

Thursday, June 10 was the last scheduled day of the 2021 legislative session in New York. The Senate concluded their business just after 9:00 p.m. The Assembly worked through the night and adjourned just after 4:00 a.m.

This session was unlike any other year because it was conducted fully remotely. We anticipate that the New York State Capital will reopen soon, but this did not happen before the conclusion of the legislative session. While we were fully remote, the pace and breadth of legislative action was more like a typical in-person end of session. The state budget process wrapped at the beginning of April. After a short break, both the Senate and Assembly turned from budget issues to other legislative issues and by adjournment last week had passed hundreds of bills.

Several of the legislative issues considered by both houses were priorities for ANA-NY. We are very pleased to report that in early May a safe staffing bill passed both the Assembly and Senate. This issue of safe staffing has been a priority issue for years, and there were varied approaches to address this issue explored. The most recent version of the bill had relied on the establishment of safe staffing ratios in statute, which ANA-NY had expressed some concerns about. In the end, the bill that passed did not establish ratios in statute and instead established clinical staffing committees in each general hospital to develop and oversee a clinical staffing plan. The ANA-NY has always believed that this was the best way to ensure appropriate staffing levels.

The final bill that passed relied on outcomes-based staffing, which is based on research and evidence-based practices and would require each hospital to establish an on-going committee to create, and have the authority to implement, nurse staffing plans that are specific to each unit of the hospital or long-term care setting. This legislation would also require the public reporting of these staffing plans and tracking of the outcomes of care. The staffing model included in this legislation allows for staffing models that are appropriate for all care settings or solutions. Additionally, the legislation addressed the need of ancillary staffing as well. Too often, we have seen the elimination of other care team positions, which then shifts noncore patient care work to registered nurses.

The bill was sent to the Governor, who SIGNED the bill.

Another bill that was supported by ANA-NY that passed both houses was a bill to establish a racial equity working group to address issues related to racism as a public health crisis. This legislation will establish a working group with the Department of Health that must issue a report by December 31, 2021 and every two years after. We know that there are a number of studies that show the impact of race on health dispartities. The COVID-19 pandemic highlighted these disparities as the pandemic disproportionately impacted people of color. ANA-NY supported this legislation because a study to look at the issue of racism, and its effect on healthcare, is needed.

There were a variety of other legislative issues that ANA-NY worked on through the end of the legislative session including bills that we did not support. We are happy to report that none of the bills that were of concern to the Association passed this session. We will continue to monitor key issues of importance and react and respond accordingly.

There is a possibility that the two houses could return to session before the start of the 2022 legislative session, but this return would be limited in scope. A return would be most likely to address any redistricting issues that may arise. The lines for election districts in New York must be redrawn every ten years. Believe it or not, it has been 10 years since the last redistricting, so new lines must be drawn and implemented ahead of next year's 2022 elections. As a reminder, 2022 will see elections for all state-wide offices including the Governor, Lieutenant Governor, Comptroller, Attorney General, all 213 members of the New York State legislature and all members of Congress. New York will be losing a seat in Congress, so the current 27 New York congressional seats will have to become 26 congressional seats.

After the last round of redistricting, legislation was enacted to create an independent redistricting commission, which will be charged with drafting the new lines based on the 2020 census data. However, if the commission is unable to reach an agreement on the lines, then the responsibility for drawing the new lines returns to the legislature. As a reminder, for 2022, the primary elections will be held in mid-June, so the lines for these districts must be in place in time for the primary petitioning process, which starts in March. The last time there was redistricting, the primary elections were not until September, and the petitioning did not start until June. This time around the timeframe is much tighter, hence the potential need for a legislative return before year end.

While the legislative work has wrapped for now, we continue to monitor the executive orders and various rules and regulations related to the COVID-19 pandemic. While New York hit a 70% adult vaccination rate, which led to the Governor lifting the commercial and social COVID-19 restrictions, there are still other waivers and provisions in place through executive order, including provisions that remove practice restrictions for nurses in New York. All currently effective executive orders remain in effect until July 5, 2021 and may continue to be extended. We aren't entirely sure how long these waivers will remain in place, but we will continue to monitor them and advocate for the permanent removal of unnecessary practice waivers.

For the 2022 legislative session, we will continue to work on other key issues including exploring a continuing education bill and supporting legislation to recognize those who were essential workers during the pandemic. We will also continue our coalition work on key issues related to a smoke free New York and vaccinations.

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.

NICHE AGE-FRIENDLY NURSING PRACTICE PEARLS

Ask "Have You Ever Served" to Provide Better Care to America's Veterans

Jennifer L. Pettis, MS, RN, CNE, Acting Director of Programs Nurses Improving Care for Healthsystem Elders (NICHE) NYU Rory Meyers College of Nursing

While the population of Veterans in the United States has decreased from over 26 million in 2000 to approximately 18 million, this group accounts for a substantial portion of the country's population accounting for approximately 7% of all adults. Veterans range in age from 18 to over 100, with a median age of 65, and have served in peacetime and conflicts spanning from World War II to the Global War on Terror. Women currently make up 9% of veterans, and this percent will nearly double by 2040 (U.S. Census Bureau, 2020). The United States' veteran population is more racially and ethnically diverse than the general population (U.S. Census Bureau, 2020). Importantly, veterans have unique physical, mental, and emotional health needs, and nurses should incorporate culturally appropriate assessment and care strategies to ensure they meet these needs. Asking one simple question *"Have You Ever Served?"* can help nurses to do just that. In this *NICHE Age-Friendly Nursing Practice Pearls* column, I provide a bit of background of the United States veteran population and share resources from the American Academy of Nursing's (AAN's, n.d.) *Have You Ever Served?* campaign. I hope that you will use these resources in your practice and share them widely with your colleagues to help ensure the best possible care for our veterans.

The largest group of veterans are those who served during the Vietnam Era. This group of approximately 6.4 million veterans are at risk for diseases related to exposure to Agent Orange including certain cancers, Parkinson's disease, peripheral neuropathy, and several others (AAN, n.d.; U.S. Census Bureau, 2020; U.S. Department of Veterans Affairs, 2020). These veterans, as well as those from certain other conflicts, also face a high risk of cancers such as leukemia and respiratory illnesses due to exposure to burn pits (AAN, n.d.). Vietnam veterans have a median age of 71, and over 18% of them have a service-related disability. Over one in five of them have non-service-related difficulty with vision, hearing, mobility, cognitive functioning, independent living, and/or self-care. In addition to this being the largest group of veterans living in the United States, they are the last group of draft-era veterans (U.S. Census Bureau, 2020).

Those veterans who served only in peacetime comprise the second largest group of veterans in the United States. These over 4 million veterans may not face the long-term health impacts of combat, but they face health risks, nonetheless. For example, those who lived or worked at Camp Lejeune, a U.S. Marine Corps base in North Carolina, from the 1950s through the 1980s are at high risk for several cancers, female infertility, and other conditions related to contaminated drinking water (U.S. Department of Veterans Affairs, 2021). More about this issue and a variety of conflict-related health risks is available in Exhibit 1, Common Military Health Risks. Additionally, all veterans are at-risk for issues such as increased mental health problems, substance abuse, and military sexual trauma (AAN, n.d.; U.S. Department of Veterans Affairs, 2020).

Exhibit 1: Common Military Health Risks.

- Radiation Exposure/Nuclear Weapons (WWII: Amchitka, Alaska, Hiroshima, Nagasaki, POW in Japan; Korea; sub-mariners exposed to nasopharyngeal radium treatment; Gulf Wars; Bosnia; Afghanistan): High risk for cancer.
- Agent Orange Exposure (Korea & Vietnam): High risk for cancers (including respiratory and prostate cancer), chloracne, type 2 diabetes, ischemic heart disease, soft tissue sarcoma, peripheral neuropathy, spina bifida in veterans' biological children.
- Camp Lejeune Water Contamination (January 1, 1957–December 31, 1987): Veterans and families stationed at Camp Lejeune exposed to chemical contaminants in the groundwater and wells are at risk for the following cancers (bladder, blood dyscrasia, breast, esophageal, kidney, leukemia, lung, multiple myeloma, myelodysplastic syndromes, non-Hodgkin's lymphoma) and conditions (female infertility, hepatic steatosis, miscarriage, renal toxicity, scleroderma).
- Hepatitis C (Vietnam): Transfusions prior to 1992, battlefield exposures to blood and human fluids, group use of needles, razors, toothbrushes, and other personal items.
- Exposure to Open Air Burn Pits (Vietnam, Iraq, Afghanistan): High risk for respiratory illnesses and wide variety of cancers, including leukemia.
- Gulf War Syndrome (Gulf Wars): Characterized by fibromyalgia, chronic fatigue syndrome, headaches, gastrointestinal problems, cognitive impairment and pain, high rates of brain and testicular cancers, and neurodegenerative diseases (ALS, MS).
- Depleted Uranium (Gulf Wars, Bosnia, Afghanistan): Inhaled or ingested microfine particles (heavy metal toxicity). Risk for respiratory and kidney diseases.
- Infectious Diseases (Iraq & Afghanistan): Malaria, typhoid fever, viral hepatitis, leishmaniasis, TB, rabies resulting from animal bites.

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There are approximately 3.8 million Gulf War veterans, 15% of whom are women (U.S. Census Bureau, 2020). These men and women served between August 1990 and August 2001 in Operation Desert Shield or Operation Desert Storm. They were exposed to a variety of environmental hazards such as sand and dust, depleted uranium used in tank armor and some bullets, oil well fires, pesticides, and chemical and biological weapons in certain areas. Additionally, Gulf War veterans are often affected by "a cluster of medically unexplained chronic symptoms that can include fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, and memory problems" (U.S. Department of Veterans Affairs, 2018b). While commonly referred to as "Gulf War Syndrome" (AAN, n.d.), the U.S. Department of Veterans Affairs (2018b) notes that the wide range of symptoms that veterans experience results in the agency referring to the condition as "chronic multisymptom illness" and "undiagnosed illnesses" rather than a single syndrome. The median age of Gulf War veterans is just under 50 years (U.S. Census Bureau, 2020).

While the nearly 3.8 million Post-9/11 veterans are the youngest group of veterans, with a median age of 37 years, they are far more likely than veterans from any other period to have a service-connected disability. It is important to note that this likelihood of service-related disability may, in fact, be due to medical advances allowing injured veterans to survive injuries that would have previously been fatal. This group of veterans is the most ethnically and racially diverse of all veteran groups, and women make up 17% of Post-9/11 veterans (U.S. Census Bureau, 2020). With younger veterans being at greater risk of suicide, nurses and other health professionals should be particularly vigilant observing for the potential for suicidal ideation in this group of veterans (U.S. Department of Veterans Affairs, 2018a). Exhibit 2: Suicide Risk lists affective and behavioral cues that may indicate a veteran is considering suicide (AAN, n.d.). Veterans, families, and caregivers can find many resources regarding suicide prevention, including how to connect immediately with the Veterans Crisis Line, on the following website https://www.va.gov/health-care/health-needs-conditions/mental-health/suicide-prevention/.

Exhibit 2: Suicide Risk	
Certain observable cues (affective and behavioral) should prompt the clinician to remain alert to the possible presence of suicidal ideation:	
Shame	Profound social withdrawal
Humiliation	Neglecting personal welfare
Irrational thinking	Deteriorating physical appearance
Paranoia	Feeling trapped
Agitation	Feeling like there's no way out
Anxiety	Feeling that life is not worth living
Insomnia	Feeling like there is no purpose in life
Irritability	Feelings of failure or decreased performance
Despair	Sense of hopelessness or desperation

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The final three groups of veterans are those who served in the Korean War (July 1950 to January 1955), World War II (December 1941 to December 1946), and Pre-World War II (November 1941 or earlier). In total, there are just over 1.8 million veterans in this group, with 1.3 million having served in the Korean War, 485,000 having served in World War II, and 12,000 having served pre-World War II. Less than 5% of these veterans are women. The median age of Korean veterans is just over 86, and the median age of World War II veterans is just under 93. These are the "old-old," and 60% of Korean and 77% of World War II veterans have a non-service-related disability such as difficulty with vision, hearing, mobility, cognitive functioning, independent living, and/or self-care. Approximately 14% of veterans from both conflicts also have service-related disabilities (U.S. Census Bureau, 2020).

In addition to using the questions in Exhibit 3: Determine Military History and Exhibit 4: General Areas of Concern for All Veterans to assess all veterans, nurses should consider evidence-based geriatric assessment tools to assess older veterans. For example, nurses may wish to use Fulmer's SPICES tool. SPICES is an acronym that stands for Sleep Disorders, Problems with Eating or Feeding, Incontinence, Confusion, Evidence of Falls, and Skin Breakdown. These conditions require prompt nursing intervention to ensure the health and wellness of older adults (Fulmer, n.d.). Using SPICES to guide routine patient rounds and team huddles can help to ensure detection of subtle changes that may indicate the presence of or risk for these and other harmful iatrogenic events. Nurses can learn more about this assessment tool and a variety of other evidence-based nursing assessment tools in the New York University Rory Meyers College of Nursing, Hartford Institute for Geriatric Nursing's Try This® Series available at https://hign.org/consultgeri-resources/try-this-series.

Because many veterans do not utilize Veterans Affairs (VA) healthcare services at all and most primarily use non-VA healthcare providers to meet their needs, it is highly likely that all nurses will care for veterans and their families regardless of the setting in which they work (Meffert et al., 2019; U.S. Census Bureau, 2020). To meet their unique and often complex health care needs, it is vital that nurses conduct robust, person-centered assessments. By incorporating the tools from the AAN's (n.d.) "Have You Ever Served" into standardized assessment and documentation practices nurses can improve the health of our country's veterans. To learn more about the "Have You Ever Served" campaign and to access a number of resources to influence health policy, family caregiving, and clinical care for veterans, visit the website at: https://www.haveyoueverserved.com/about.html.

NICHE AGE-FRIENDLY NURSING PRACTICE PEARLS

Exhibit 3: Determine Military History

Have you or has someone close to you ever served in the military?

- When did you serve?
- Which branch?
- What did you do while you were in the military?
- Were you assigned to a hostile or combative area?
- Did you experience enemy fire, see combat, or witness casualties?
- Were you wounded, injured, or hospitalized?
- Did you participate in any experimental projects or tests?
- Were you exposed to noise, chemicals, gases, demolition of munitions, pesticides, or other hazardous substances?

Have you ever used the VA for health care?

- When was your last visit to the VA?
- Do you have a service-connected disability or condition? Do you have a claim pending? If so, what is the nature of the claim?
- Do you have a VA primary care provider?
- Do you have a safe place to go when you leave today?
- Do you need assistance in caring for yourself or members of your household?

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Exhibit 4: General Areas of Concern for All Veterans

Post-Traumatic Stress

Have you ever experienced:

- A traumatic or stressful event which caused you to believe your life or the lives of those around you were in danger?
- Trauma-related thoughts or feelings?
- Nightmares, vivid memories, or flashbacks of the event?
- Feeling anxious, jittery, watchful, or easily startled?
- A sense of panic that something bad is about to happen?
- Feeling numb or detached from others?
- Difficulty sleeping or concentrating?

Military Sexual Trauma

- During military service did you receive uninvited or unwanted sexual attention, such as touching, pressure for sexual favors or sexual remarks?
- Did anyone ever use force or threat of force to have sexual contact with you against your will?
- Did you report the incidents to your command and/or military or civilian authorities? Is this an on-going problem?
- Would you like some help with this?

Blast Concussions/Traumatic Brain Injury

- During your service, did you experience:
  - o heavy artillery fire, vehicular or aircraft accidents;
  - o explosions (improvised explosive devices, rocket-propelled grenades, land mines, grenades); or
  - o fragment or bullet wounds above the shoulders?
- Did you have any of these symptoms immediately afterwards:
  - o loss of consciousness or being knocked out;
  - o being dazed or seeing stars, not remembering the event, or diagnosis of concussion or head injury?
  - o loss of consciousness or being knocked out;
  - o being dazed or seeing stars, not remembering the event, or diagnosis of concussion or head injury?

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Bylaws changes

Proposed deletions are to be indicated with strikethrough font and additions are to be indicated with italicized and underlined font.

CURRENT LANGUAGE	*PROPOSED LANGUAGE*	*RATIONALE*
ARTICLE I. Name, Purposes and Functions **Section 3. Functions** The functions of ANA-NY shall be to: h. promote relationships with the Nursing Students Association of New York State (NSANYS).	**Section 3. Functions** Delete h.	Should not reference another organization in our Bylaws. This would not change the current and on-going relationship with NSANYS.
ARTICLE II. Membership **Section 3. Dues** 1. The Board of Directors shall establish the initial dues rates, which thereafter may be changed by the Governing Assembly of ANA-NY. Dues shall include the then-current rate of dues paid by ANA-NY to the ANA, in accordance with the policies adopted by the ANA Membership Assembly. 2. Dues rates may be changed at any meeting of the ANA-NY Governing Assembly. 3. Dues categories shall be determined by the ANA-NY Board of Directors.	**Section 3. Dues** 1. ~~The Board of Directors shall establish the initial dues rates, which thereafter~~ *Dues* may be changed *at any meeting of* the Governing Assembly of ANA-NY. 2. Dues shall include the ~~then~~-current rate of dues paid by ANA-NY to the ANA, in accordance with the policies adopted by the ANA Membership Assembly. 3. ~~Dues rates may be changed at any meeting of the Governing Assembly of ANA-NY.~~ 4. ~~Dues categories shall be determined by the ANA-NY Board of Directors.~~	Removal of initial dues statement Inclusion of current "c" Under VPP there are no longer a variety of dues categories
Section 5. Membership Rights The member shall have the right to: 1. receive an ANA-NY membership card, *The American Nurse,* and *American Nurse Today.*	**Section 5. Membership Rights** The member shall have the right to: 1. ~~*receive an ANA-NY membership card, The American Nurse, and American Nurse Today.*~~	We do not issue membership cards for ANA-NY and the journals listed are ANA's
Section 6. Membership Obligations The member shall have the obligation to: 2. pay dues as required by ANA-NY.	**Section 6. Membership Obligations** The member shall have the obligation to: 2. pay dues as required by ANA-NY *and ANA*.	Dual membership is the only option in NY
ARTICLE V. Board of Directors **Section 5. Responsibilities** The Board of Directors shall: o. establish relationships and collaboration with the Nursing Students Association of New York State (NSANYS).	Delete o.	Should not reference another organization in our Bylaws
ARTICLE VI. Committees of ANA-NY **Section 6. Functions** b.The Bylaws Committee shall: 1. Be composed of five (5) members appointed by the ANA-NY Board of Directors c.The Finance Committee shall: 2. Be composed of four (4) members appointed by the ANA-NY Board of Directors and the Treasurer of ANA-NY.	b.The Bylaws Committee shall: 1. Be composed of *a minimum of* five (5) members *and a maximum of seven (7) members* appointed by the ANA-NY Board of Directors c.The Finance Committee shall: 3. Be composed of *a minimum of* four (4) members *and a maximum of six (6)* members appointed by the ANA-NY Board of Directors and *chaired by* the Treasurer of ANA-NY.	This is the primary avenue for member engagement. Committees need to be of reasonable size but limiting the number of members does not allow for new voices to be heard and increased member engagement. This is the primary avenue for member engagement. Committees need to be of reasonable size but limiting the number of members does not allow for new voices to be heard and increased member engagement.

To access electronic copies of the ANA-New York Nurse, please visit
http://www.NursingALD.com/publications

ARTICLE VII. Nominations and Elections **Section 1. Nominations** 1. Only members of ANA-NY may be nominated for office. No member of the Nominations and Elections Committee may run for elected office while they are serving on this committee. 2. Nominations shall be solicited by the Nominations and Elections Committee for the positions of Officers and Directors-at-Large, members of the Nominations and Elections Committee, and representatives and alternates to the ANA Membership Assembly other than the President and the Vice-president as alternate to the President. 3. ANA-New York members shall be eligible to serve in only one elected office at any one time. This provision does not apply to the position of ANA Membership Assembly representatives and alternates. 4. A good faith effort will be made to place at least two (2) nominees for each elective position to be filled on the ballot. 5. A copy of the ballot shall be submitted by the chair of the Nominations and Elections Committee directly to the independent third-party vendor conducting the election.	**Section 1. Nominations** a. Only members of ANA-NY may be nominated for office. No member of the Nominations and Elections Committee may run for elected office while they are serving on this committee. *b.Candidates for elective office on the ANA-NY Board of Directors and the Nominations and Elections Committee shall meet established qualifications and shall consent to serve if elected.* *c. Individual members shall be considered eligible for only one elective office in ANA-NY at any one time. This provision does not apply to the position of ANA Membership Assembly representatives and alternates.* *d. An individual member who meets the established qualifications for an elective office may declare as a candidate by submitting their nomination through the annual call for nominations.* *e. The slate of candidates shall be published on the ANA-NY website at least 90 days prior to the meeting of the Governing Assembly. The members shall be notified of the slate of candidates in writing in accordance with approved policy.* *f. All ANA-NY members in good standing are eligible to be nominated for service on the ANA-NY Board of Directors.* *g. Individuals shall not concurrently serve as an officer or director of another organization if such participation might result in a conflict of interest.* 3. ~~Nominations shall be solicited by the Nominations and Elections Committee for the positions of Officers and Directors-at-Large, members of the Nominations and Elections Committee, and representatives and alternates to the ANA Membership Assembly other than the President and the Vice-president as alternate to the President.~~ 4. ~~ANA-New York members shall be eligible to serve in only one elected office at any one time. This provision does not apply to the position of ANA Membership Assembly representatives and alternates.~~ 6. ~~A good faith effort will be made to place at least two (2) nominees for each elective position to be filled on the ballot.~~ 7. ~~A copy of the ballot shall be submitted by the chair of the Nominations and Elections Committee directly to the independent third-party vendor conducting the election.~~	A lot of this information belongs (and is) in the policy manual and does not need to be in the Bylaws. The proposed language is modeled after the ANA Bylaws.
Section 2. Elections 1. Elections shall be by secret ballot conducted through an independent third-party vendor. 2. All elections shall be conducted in the third quarter of the calendar year. 3. All ANA-NY members current in their dues payment as of the record date are eligible to vote. The record date is the first day of the month in which the election is conducted. 4. All elections are for a two-year term and determined by plurality vote. 5. Members may vote for a member whose name does not appear on the ballot by writing in the name of that member. Notwithstanding the write-in vote, such member shall not be elected unless eligible for and willing to serve in such position. 6. Members may not vote by proxy. 7. The chair of the Nominations and Elections Committee shall receive the vote count and report the results to the Board of Directors. 8. If a tie occurs in election results the winner will be determined by random drawing by the Nominations and Elections Committee. 9. The Nominations and Elections Committee shall be responsible for resolving any dispute regarding the eligibility of a member to vote, eligibility for position, or voting results. Appeals of the election results must be submitted, in writing, to the Nominations and Elections Committee chair within 30 days of the announcement of the election results at the Governing Assembly.	**Section 2. Elections** *a. Elections shall be conducted in the third quarter of the calendar year by secret ballot through an independent third-party vendor.* *b. In each case where a candidate withdraws from an election after the ballots have been prepared, the candidates remaining shall constitute the slate.* *e. A plurality vote shall constitute an election for directors of the ANA-NY Board of Directors, Membership Assembly Representatives, and the Nominations and Elections Committee. In case of a tie, the choice shall be by lot.* *f. The term of office for all elective offices shall begin following swearing in at the Governing Assembly.* 2. ~~Elections shall be by secret ballot conducted through an independent third-party vendor.~~ 3. ~~All elections shall be conducted in the third quarter of the calendar year.~~ 5. ~~All ANA-NY members current in their dues payment as of the record date are eligible to vote. The record date is the first day of the month in which the election is conducted.~~ 6. ~~All elections are for a two-year term and determined by plurality vote.~~ 6. ~~Members may vote for a member whose name does not appear on the ballot by writing in the name of that member. Notwithstanding the write-in vote, such member shall not be elected unless eligible for and willing to serve in such position.~~ 7. ~~Members may not vote by proxy.~~ 8. ~~The chair of the Nominations and Elections Committee shall receive the vote count and report the results to the Board of Directors.~~ 10. ~~If a tie occurs in election results the winner will be determined by random drawing by the Nominations and Elections Committee.~~ 11. ~~The Nominations and Elections Committee shall be responsible for resolving any dispute regarding the eligibility of a member to vote, eligibility for position, or voting results. Appeals of the election results must be submitted, in writing, to the Nominations and Elections Committee chair within 30 days of the announcement of the election results at the Governing Assembly.~~	A lot of this information belongs (and is) in the policy manual and does not need to be in the Bylaws. The proposed language is modeled after the ANA Bylaws.

The Cures Act: What Nursing Professionals Need to Know

By: Georgia Reiner, MS, Senior Risk Specialist, Nurses Service Organization (NSO)

In December 2016, President Obama signed the 21st Century Cures Act ("Cures Act") into law, and the US Department of Health and Human Services published the final rule on May 1, 2020. The act has several elements of interest to healthcare providers, including regulations designed to facilitate sharing of data for research purposes, thereby accelerating drug and device development, and those designed to improve interoperability so that patients have easier access to their health information.

However, the act has the potential to create difficulties for both patients and healthcare providers. Nurse practitioners, registered nurses, and other nursing professionals need to understand the act, its benefits and potential risks, and how to protect themselves against legal action.

What is the Cures Act?

One of the Cures Act's goals is to speed development of new treatments through a variety of methods, including data sharing. The act also promotes patients' ready access to information in their electronic health record. Although patients already have the right to access their information under the Health Insurance Portability and Accountability Act (HIPAA), the Cures Act focuses on quick, free access to electronic health information (EHI), including consultation notes, discharge and summary notes, history and physical, imaging narratives, lab report narratives, pathology report narratives, procedure notes, and progress notes. The act requires organizations to have a secure "application programming interface" so patients can access this information via apps on their personal devices.

Failure to provide patients with access can result in penalties related to "information blocking." The act defines information blocking as practices "likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information," which includes delays in giving access.

The Office of the National Coordinator for Health Information Technology has issued eight exceptions that will not result in penalties for information blocking:

- preventing harm
- privacy
- security
- infeasibility
- health information technology (IT) performance
- content and manner
- fees
- licensing.

The "preventing harm" exception is of particular interest to healthcare providers and states: "It will not be information blocking for an actor [healthcare provider] to engage in practices that are reasonable and necessary to prevent harm to a patient or another person, provided certain conditions are met." It's beyond the scope of this article to review each exception and its associated conditions; more information can be found at www.healthit.gov/topic/information-blocking.

The deadline for compliance with most of the act's parameters that directly impact healthcare providers was April 5, 2021; full compliance with all information-blocking provisions will be required on October 6, 2022.

What are the potential risks?

Although providing patients with access to information is a worthy goal, that access can create problems. For example, a patient with slight chest discomfort who is waiting in the ED to see a provider may access their lab results via their smartphone app and incorrectly assume they don't have a problem because no test is marked "abnormal." The patient may then leave without seeing the provider, but later return with serious heart damage. Or a patient accessing their health record could object to terms or labels used, such as seeing that a nurse listed "male-to-female transgender" as a "health issue" in their record. Issues such as these can affect the clinician-patient relationship between nurses and their patients, and even result in lawsuits.

Another challenge is balancing access with privacy protection. There has been confusion as to what is meant by EHI and how it relates to electronic "protected health information (PHI)" listed under HIPAA. The definition of EHI in the final rule is aligned with the information in HIPAA, so it's important that nurses review what falls under PHI (see Protected health information).

How can nurses protect themselves?

Nurses, other healthcare providers, administrators, and IT personnel should understand the act's requirements, particularly as they relate to information blocking, including the eight exceptions that will not result in penalties for information blocking, listed above. Before proceeding with acting under an exception, nurses should consult with a risk manager.

It's also important to know nurses still need to adhere to state requirements for sharing EHI. If, for example, a state law prohibits sharing certain EHI, nurses should follow the law. And, of course, nurses need to adhere to HIPAA requirements, which include PHI in paper, electronic, and verbal formats.

More data may prompt patients to ask more questions. Therefore, it's a good time for nurses to remember to document patient counseling fully in the health record so they are protected in case of legal action.

Meeting information needs

As awareness of the act increases, more patients are demanding access to their EHI. Nurses need to ensure that this access is available, while remembering that it's up to them to help patients interpret that information correctly and to document education and counseling efforts completely in the health record to protect themselves from liability.

Protected health information

HIPAA specifies that PHI is "individually identifiable health information" that relates to the person's past, present, or future physical or mental health or condition; the provision of healthcare to the person; or the past, present, or future payment for the provision of healthcare to the individual. It refers to information transmitted in any form (verbal, paper, electronic).

Here are items that could be used to identify a person, so they are included under PHI:

- Names (full or last name and initial)
- Geographical identifiers smaller than a state, except for the initial three digits of a zip code (but only under specific conditions)
- Dates (other than year) directly related to an individual
- Email addresses
- Phone, fax, medical records, account, certificate/license, and Social Security numbers
- Health insurance beneficiary numbers
- Device identifiers and serial numbers
- Vehicle identifiers
- Web Uniform Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger, retinal, and voice prints
- Full-face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data.

Nurses should keep PHI information confidential and only share with the patient's authorization. Failing to adhere to privacy standards may result in significant penalties, as well as legal action.

Sources: U.S. Department of Health and Human Services. Summary of the HIPAA Privacy Rule. OCR Privacy Brief. 2013. www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html; What is protected health information? HIPAA J. 2018. www.hipaajournal.com/what-is-protected-health-information.

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A Memoir of 1st Lt. Olive Lucas MSN, BSN... a Black Nurse Who Served During WW II

Written by her niece, Mary Robinson

This past year of pandemic lockdown has allowed time to do things I enjoy. It has been wonderful looking through family photos. The photos of the women of my family are the ones I enjoy most. Looking at the dates on the back of those photos and thinking about the challenges they faced in their lifetimes reminds me of what strong women they were. One of my favorites was Olive, one of my father's seven siblings. She was born in 1908 and died in 2008. Olive was a second mother and role model to all her nieces and nephews. Olive Lucas was the most interesting woman I have ever known.

Olive was born in Meadville, PA, a small town just south of Lake Erie in Pennsylvania. After graduating from high school in 1927 she moved to Pittsburgh to work and save money for nursing school. By 1932 she had saved enough to enroll in the Harlem Hospital School of Nursing in New York City. After graduating in 1935 she took a nursing job at Seaview Hospital on Staten Island, NY. Seaview Hospital was one of the largest tuberculosis sanatoriums in the country.

By 1942 Japan had attacked Pearl Harbor and the U.S. was fully engaged in WW II. At that time there was a severe shortage of nurses. The Army was segregated but the shortage was so severe that the decision was made to create a quota that would allow for 56 African American nurses to be admitted to the Army Nurse Corps. Olive and her friend Wanita did not hesitate to take this opportunity. They realized that joining the Army Nurse Corps would make it possible to further their nursing careers as well as providing opportunity to travel and see the world. Enlistment was through the Red Cross. However, to be a member of the Red Cross, you first had to be affiliated with the American Nurses Association (ANA). Negro nurses in southern states were denied ANA affiliation. Negro nurses in northern states who were professional registered nurses and members of the Red Cross were eligible to join the Army Nurse Corps. After rejection on the second attempt to enlist, Wanita gave up, but Olive was determined, and on August 25, 1942 she became a member of the U.S. Army Nurse Corps.

Saturday Oct. 31, 1942 found Olive on a train, one of eight registered nurses headed for Fort Huachuca, Arizona where they would be part of the medical staff at Hospital #1, the first all-black hospital on an American Army base. This hospital was in addition to the existing hospital that was for white patients and staff. The train trip was a preview of what they would face at Fort Huachuca. The nurses spent the first day of the trip with nothing to eat. The explanation given was that all the whites on the train were being fed and the Negro nurses would have to wait to get anything that was left. Olive wired Adam Clayton Powell, an activist in New York and the editor of the People's Voice, a black newspaper, and asked that he contact the War Department to request help for the nurses.

Official Army policy called for segregation of all base facilities, so I am sure it must have been disconcerting for these nurses from New York City to learn that every single area of the base was segregated. Fort Huachuca was home to between 17,000 and 20,000 Negro soldiers, nurses, and other personnel. It was a good thing that the hospital complex was so large because Negro personnel would be spending most of their off-duty time on the base. Off-base businesses and restaurants in the state of Arizona did not serve Negroes even if they were wearing the U.S. Army uniform.

After two years at Fort Huachuca, Olive, and the rest of the medical staff from Hospital #1 boarded a transport plane headed for Karachi, India where they began a six-week attachment to the 48th Evacuation Hospital. By October, their unit was on their way to Tagaq, Burma, who is near the top of a 4500-foot peak of the Patkai Range, where the Army was constructing the Ledo Road. The location in the middle of the jungle required several months of hard work spent clearing the land. The compound consisted of a medical laboratory, pharmacy, operating rooms, patient rooms, mess hall and living quarters.

Two days before Christmas 1944 the 335th Station hospital was up and running with 100 beds. Once again Olive was assigned to an all-black hospital. Its purpose was to treat the men building the Ledo Road, many of whom were Negro soldiers. The injuries that occur with soldiers using heavy equipment in treacherous weather conditions created the major portion of the patient population. Olive often told the story of the proudest moment for the staff of the 335th. Dr. Strickland, the Chief Surgeon, was asked by the Army to segregate the hospital and reserve beds for white soldiers. Dr. Strickland refused the request and cited his belief that all soldiers equally shared pain, suffering, and hope throughout their time engineering a difficult military route, and thus, all deserve equal care and medical attention regardless of skin color or ethnicity.

Construction of the Ledo Road and the casualties resulting from that 1000-mile project had resulted in a greatly increased patient load. Penicillin was a new drug that was being used for the first time. Every drop used had to be accounted for. It was used as a highly effective treatment for syphilis, as well as for serious wounds. Olive explained how strange it was to be using the newest medicine while at the same time, trying to find ways to combat the ever-present mold and mildew that were part of the tropical location. It turns out the metal cans that butter came in were perfect for storing surgical supplies. As a group, most of the staff stayed healthy despite the harsh living conditions. In the winter, the staff faced freezing temperatures, strong winds, fog, and flooding; the rest of the time they endured temperatures that reached 100 degrees on many days. All were required to take Atabrine to protect them from malaria. The only side effect of the medicine is that it makes your skin look yellow. Olive told the story of one nurse who used it to dye the curtains in her Basha, they were a lovely shade of canary yellow. Bashas, huts made from bamboo and grass were the living quarters for the nurses.

The inactivation of the 335th began in September 1945. The job was no longer caring for patients; it was now to take apart the hospital they had put together just a year ago. Packing was not the only thing on everyone's mind; thoughts of home were filling their days. Olive told how happy she was to know she would soon be home. She couldn't wait to see her family and resume her life and career in New York. Her time in the Army Nurse Corps in Arizona and Burma had presented some of the greatest challenges she had ever faced. Some challenges were even a little frightening, but she always said that she had never learned so much in such a short period of time. She never could have imagined that she would be a part of a group working with people from all over the world. Working as a team, being a valued member of the team, and being recognized for her skills gave her renewed confidence in her abilities.

One of her enduring memories was a comment from a nurse, who when asked her view of the role of Negroes in the war replied, "I find it exciting, and I am learning so much, but at the same time I find it to be the most frustrating experience I have ever had. Despite all that, I have met so many wonderful people." Olive said she knew exactly how that nurse felt. After her discharge in 1945 and a visit home to see her family, she returned to New York and resumed her stateside nursing career. She took advantage of the G.I. Bill; in 1949 she received her Bachelor of Science in Nursing at the age of forty-one, and in 1951 received her Master's in Nursing Education at the age of forty-three. Both degrees were from New York University.

Olive worked in several New York hospitals as she pursued her nursing career. In 1981, Olive retired from nursing and spent the next 20 years in New York. She was active in the National Association of Colored Graduate Nurses and she was just as active fighting City Hall to protest the urban renewal projects that were threatening neighborhoods all over the city. Our family was thrilled when Olive returned to Meadville. Her return brightened all our lives.

Author: Mary Robinson lives in St. Michaels, Md. The pandemic has allowed her to expand her efforts to honor her aunt and to share the story of just one of the brave African-American nurses who served their country in World War II.

BOARD BUZZ

On behalf of our members, the Board of Directors:

- Voted to hold the 2021 Annual Conference in Melville, NY as a wholly in-person event.
- Noted the wider perception of ANA-NY as 'The Voice for All Nurses in NYS' through the continued involvement of ED J. Santelli and staff, J. Myers and S. Hernandez, in multiple social media and professional as events and legislative engagement.
- Issued MOS or MOO for proposed legislation as guided by ANA-NY's Mission Statement and in consultation with Lobbyist A. Kellogg.
- Supported state-wide COVID vaccine reporting to NYSIIS.
- Appointed Winifred Kennedy to fill a vacancy on the Nominations and Elections Committee.
- Accepted the recommendation of the Bylaws Committee to present proposed revisions to the Governing Assembly for consideration.
- Activated the Nurse Peer to Peer Support Network established in conjunction with the Program Committee and Bassett Medical Group.
- Met with Dr. Ernest Grant, ANA President, who presented a proposal by ANA and multiple national nursing organizations for a National Commission to Address Racism in Nursing.
- Co-signed a letter with the ESREC to oppose a proposal allow the ANA Bylaws Committee to make non-urgent, non-time sensitive permanent changes to the bylaws without following the time line or procedures specified in ANA Bylaws, Article XII Amendments.
- Accepted the Philippine Nurses Association of New York, INC as an Organizational Affiliate.
- Filed required IRS documentation.
- Donated $1000 for COVID relief in India.
- Co-sponsored multiple professional events throughout the state.
- Revised policies and procedures to facilitate meeting the needs of the membership.
- Placed the Future Nurse Leader Program on hold for 2021.
- Continued to participate in virtual leadership activities with ANA and other professional organizations.

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

No Kidding!

Connie J. Perkins, Ph.D., RN, CNE

How many male nurses does it take to do a PPD? Man-TWO.

While we don't see tuberculosis (TB) very often, the testing to decipher the disease's presence is a common component of many nursing roles. You may know it as a PPD test, which stands for purified protein derivative, or a Mantoux tuberculin skin test (TST) most commonly shortened to Mantoux. The names alone may take you back to your days in nursing school where you first perfected the wheel and phonetically replaced Mantoux in your brain as "Man-Two". Since graduation you've likely completed several of these for job placements, read a few, or filed the testing paperwork for a student or employee. While PPD and Mantoux are commonly used interchangeably to mean the test itself, Mantoux is actually the technique and PPD is the solution used (Minnesota Department of Health, n.d.). Charles Mantoux, a pathologist, focused his research on tuberculosis and is responsible for the move from subcutaneous to intradermal testing in 1908 (whonamedit.com, n.d.). The test with two names also has two levels: one-step and two-step. The one-step requires the reading to occur 48-72 hours after solution administration and the two-step requires a repeated TST 7-21 days after the first one. According to the CDC (2021), a two-step TST is recommended "…because some people with latent TB infection have a negative reaction when tested years after being infected. The first TST may stimulate or boost a reaction". The goal is to have no evidence of reaction (i.e. redness, swelling) at the intradermal site at the time of the reading. Many healthcare agencies are requiring the two-step TST if interacting with patients directly, although some are isolating the requirement by patient population (i.e. geriatric patients).

The other side of this joke's coin involves male nurses. The stigma of nursing being a profession for women has been long standing, but couldn't be more opposite of the profession's roots. While Florence Nightingale is and will remain revered for establishing a formal training school for nurses in 1860, it wasn't the first nursing training ever offered. In 250 B.C., India was home to the actual first formal training program for nurses because of the Black Plague; however, it was only for men because women weren't allowed to receive formal training of any kind at that time (Robert Wood Johnson Foundation, 2011). Along with Florence's desire to have training programs for nurses, she also wanted women to be empowered by having the same training opportunities as their male counterparts. She did just that with her nursing school, where only women were admitted and men served as orderlies only called upon for their physical strength (American Nursing History, n.d.). While academia has come far from admitting people based on gender at all, males still only make up 12% of the nursing workforce today (U.S. Bureau of Labor Statistics, 2021). Gender doesn't define one's ability to care, show compassion, or administer medications so what is stopping males from becoming nurses? Is the current gender gap an overcompensation by our beloved Florence? While we shouldn't take any empowerment away from the nursing profession as a whole, I do believe we need to shift some focus towards empowering males to become nurses too. Take a minute to consider how your specific nursing role can use its position power to promote growing more *murses*. Perhaps you could suggest changing the character from female to male in company advertisements, updating a policy that references nurses as she to he or she, or even making the commitment yourself to point out when others reference nurses as she/her in everyday conversation.

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ANA-NY ORGANIZATIONAL AFFILIATE SPOTLIGHT

ANA-NY welcomes newest organizational affiliate.

Philippine Nurses Association of New York, Inc.

Sign Up to be part of the ANA-NY Speakers Bureau

Did you know that ANA-NY has a Speakers Bureau? If you would like to be included, send your information, including content area(s) of expertise, to executivedirector@anany.org

Need a speaker for your upcoming event, reach out to executivedirector@anany.org with your request and we will do our best to make a match!

The Speakers Bureau is an internal listing. It is not a public database. Should an inquiry for speakers come in related to your region and topic, ANA-NY staff would reach out to you to determine your interest and availability. Should you be interested in that specific speaking opportunity, we would then connect you with the host group.

American Lung Association. | Health Professionals for Clean Air and Climate Action

Join the American Lung Association's Online Community: Health Professionals for Clean Air and Climate Action

Are you involved, or would you like to get involved in efforts to protect the health of the patients and communities you serve from air pollution and climate change?

Climate change is already harming our health in many different ways – from worsened ozone pollution due to warmer temperatures, to more frequent and intense wildfires producing dangerous particle pollution.

When it comes to rising to the challenge of addressing climate change, leadership from the health and medical community is essential. Nurses treating patients on the front lines are critical to raising awareness of the severe health burdens caused by air pollution and climate change – and to help build public will for solutions.

The American Lung Association's "Health Professionals for Clean Air and Climate Action" is a campaign designed for nurses, doctors, public health workers, and other health professionals to learn more about health impacts of air pollution and climate change, share their story why fighting air pollution and climate change is important, and take action on critical policy issues. The website also highlights physicians and health professionals who are speaking out for strong climate action.

One key action nurses can take is to add their name to the American Lung Association's Health Professionals Declaration on Climate Change. More than 1,500 doctors, nurses, academic and health professionals from across the country have signed this declaration urging elected officials to take stronger action against climate change to protect public health. Health professionals can add their name here.

Learn more and sign up to receive the free monthly Health Professionals for Clean Air and Climate Action newsletter on the American Lung Association's website lung.org/ClimateChangesHealth.

For more information, please contact Diana Van Vleet, National Director of Outreach and Engagement, Healthy Air Campaign, American Lung Association, Diana.VanVleet@lung.org.

American Red Cross

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Northeast College of Health Sciences

Managing moral distress

By Cynthia Saver, MS, RN

The COVID-19 pandemic has added to the burden of nurses' daily work in many areas, including forcing them into situations where they feel moral distress. Failure to manage this distress appropriately can affect nurses' wellbeing and cause them to leave the profession. But applying strategies to help prevent moral destress or resolving moral distress in a positive way can benefit both nurses and organizations by promoting optimal patient care and reducing staff turnover and the risk of litigation from clinical errors.

What is moral distress?

According to the American Association of Critical-Care Nurses (AACN) tool "Recognize & Address Moral Distress", moral distress occurs when someone "knows the right thing to do, but constraints, conflicts, dilemmas, or uncertainty make it nearly impossible to pursue the right course of action." Moral distress differs from burnout, which refers to physical, mental, and emotional exhaustion caused by workplace stress, and it differs from compassion fatigue, which is physical, mental, and emotional weariness related to caring for those in significant pain or emotional distress.

Causes of moral distress

Various situations, usually related to values conflicts, trigger moral distress. Examples of these situations include continuing what the nurse feels is unnecessary treatment for a patient or witnessing inadequate pain relief because a provider fails to order adequate medication.

Many external factors can constrain or stop nurses from acting in the way they wish, thus contributing to moral distress. According to the AACN tool, unit-level factors include inadequate staffing, ineffective communication, working with incompetent colleague(s), bullying, and lack of a healthy work environment. Organization factors include inadequate staffing, lack of resources, pressures to decrease costs, hospital policies, hierarchy of power, ineffective communication, and financial limitations. If not addressed, these factors can lead to the disturbing effects of moral distress.

Effects of moral distress

Moral distress affects both individuals and organizations. In individuals, it can produce symptoms that are emotional (frustration, anger, anxiety, guilt, sadness powerlessness, withdrawal), physical (muscle aches, headaches, heart palpitations, neck pain, diarrhea, vomiting), and psychological (depression, emotional exhaustion, loss of self-worth, nightmares, reduced job satisfaction, depersonalization of patients) in nature. Repeated episodes of moral distress that aren't resolved can accumulate as "moral residue," with nurses ultimately experiencing burnout and leaving their jobs—or even their careers.

Job attrition causes organizations to incur turnover costs. More importantly, unresolved moral distress can negatively impact the quality of patient care, potentially leading to adverse patient events. This not only affects an organization's reputation in the community, but it could result in greater liability exposure from errors.

Taking action

What should you do if you are experiencing moral distress?

Identify the source. The source may be a patient care issue, a policy problem (such as how family member meetings related to end-of-life issues are held), a lack of collaboration among team members, or something else.

Conduct a self-assessment. Self-assessment begins with determining the severity of the distress. The Moral Distress Thermometer, developed by Wocial and Weaver, is used for research, but also can be helpful for clinicians. The thermometer asks you to rate your distress on a scale from 1 to 10 and includes descriptions (mild, uncomfortable, distressing, intense, and worst possible) to help with the process. The results will give you a sense of how urgently you need to act, and you can use the tool to track changes in your distress over time.

The second component of self-assessment is determining your readiness to act. The "4A's to Rise Above Moral Distress," published by AACN, suggests asking yourself these questions:

- How important is it to you to try to change the situation?
- How important would it be to your colleagues/unit to have the situation changed?
- How important would a change be to the patients/families on your unit?
- How strongly do you feel about trying to change the situation?
- How confident are you in your ability to make changes occur?
- How determined are you to work toward making this change?

The AACN publication contains a rating scale, but you also can simply reflect on whether you feel you are ready to act. Listing the risks and benefits of taking action may be helpful in making your decision.

Keep in mind that in some cases the law will compel you to take action. For example, your state likely has laws requiring you to report child or elder abuse. Failure to do so leaves you open to legal liability. You'll also need to consider if the standard of care is being violated. In these cases, failure to speak up can make you the target of a state licensing board complaint, or a target in any a lawsuit related to patient harm that occurs as a result.

Develop a plan. Once you decide to take action, consider when you will act, who will be involved, and what resources are available to you. For example, you may want to gather facts and share your concerns with a trusted colleague to ensure you have a sound plan. Your plan should include self-care, as this will be a stressful time. Resources to help you in assessing the situation and developing a plan include the ANA Code of Ethics with Interpretive Statements, your state board of nursing (when a practice issue is involved), the ethics consulting service in your hospital, and your organization's employee assistance program.

Make the case. Share your concerns with the appropriate person(s). Present the facts in a calm, respectful way. Consider timing and location—unless the situation is urgent, you'll want to bring up the issue privately. Following the chain of command is important, particularly if your concerns aren't being acknowledged. For example, if a physician isn't listening to your concerns about lack of sufficient pain medication, you'll want to involve your immediate supervisor. If your supervisor does not take action, move up to the next level. In the case of non-clinical issues related to an individual team member, you may need to speak to a human resources representative.

Document. Document your conversations, including whom you spoke with, the information conveyed, and the response. If related to a patient situation, record the information in the patient's health record. If you are dealing with a problem with a team member or organizational policy, you should keep a personal record, so you can trace the steps you took.

Prevention

Nurses, units, and organizations play a role in preventing moral distress and addressing it effectively should it occur. Nurses can enhance their moral resilience (see Moral distress strategy: The 4 Rs) and participate in professional development activities such as continuing education programs on ethics.

The AACN tool identifies strategies for units and organizations. Units can identify ethics champions for peer support, create a committee to address common areas that cause distress, and establish a mentoring program for new staff.

Organizations can provide resources to support staff (for example, an ethics consulting service), provide education on topics such as debriefing, adopt zero-tolerance policies for all forms of violence, and offer programs that improve staff well-being. Ultimately, the goal should be to create a healthy work environment.

AACN has identified six standards for a healthy work environment: skilled communication, true collaboration, effective decision-making, meaningful recognition, appropriate staffing, and authentic leadership. A healthy work environment improves nurses' psychological health, job satisfaction, and job retention; it also results in reduced patient errors and patient mortality.

A partnership

Ideally, nurses and leaders should work together to establish a health work environment that supports nurses in many ways, including providing adequate staffing and a mechanism for dealing with ethical dilemmas, so moral distress is reduced. Nurses and leaders should also partner to ensure that those experiencing moral distress have the resources needed to address the situation.

Moral distress strategy: The 4 Rs

Cynda Hylton Rushton and Kathleen Turner created a tool nurses can use to sort through situations that can cause moral distress—the 4Rs.

- **Recognize.** The first step is to recognize the situation for what it is. To do so, be aware of the complexities related to the patient, the patient's family, and the care team, including what each party wants to happen and emotions that may affect their perspectives.
- **Release.** Consider what you can change and what you can't. Let go of past experiences that aren't helpful in the current situation.
- **Reconsider.** You may need to reframe an issue or view it in a new way. Be open to fresh approaches and ensure everyone understands each other's perspectives.
- **Restart.** At this point, you may find you are asking new questions or have new ideas about how the situation can be moved forward in a positive way.

Sources: Hilton L. 4Rs strategy offers a fresh perspective to confront ethical challenges. Nurse.com. 2020. www.nurse.com/blog/2020/09/15/4-rs-strategy-offers-a-fresh-perspective-to-confront-ethical-challenges; Rushton CH, Turner K. Suspending our agenda: considering what will serve when confronting ethical challenges. AACN Adv Crit Care. 2020;31(1):98-105.

Moral resilience

Developing resilience can help nurses cope with moral distress more effectively. Strategies include:

- Developing self-awareness (for example, examine positive and negative assumptions that may be guiding your behavior to see if they are accurate).
- Learning to self-regulate to disrupt negative patterns of thinking and behaving. Methods to help with this include mindfulness-based stress reduction, meditation, and movement practices such as yoga and tai chi.
- Wisely discerning ethical challenges and principled actions. This requires you to understand your values and analyze ethical dilemmas.
- Nurturing the willingness to take courageous action. Keep in mind that when speaking up, state your concerns clearly and calmly.
- Discovering meaning amid adversity. It may help to keep a journal and to reaffirm your values.
- Preserving one's integrity, as well as the integrity of the team, and others. Remember that you can seek support from others, for instance, by talking with trusted colleagues or leaders.

Source: Rushton CH. Moral resilience: a capacity for navigating moral distress in critical care. AACN Adv Crit Care 2016;27(1):111-119; Rushton CH. Building moral resilience to neutralize moral distress. Am Nurse Today. 2016;11(10).

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Cynthia Saver is president of CLS Development, Inc., in Columbia, Md.

President's Message continued from page 3

- Nurses are prepared to act individually, through teams, and across sectors to meet challenges associated with an aging population, access to primary care, mental and behavioral health problems, structural racism, high maternal mortality and morbidity, and elimination of the disproportionate disease burden carried by specific segments of the U.S. population.
- Nurses are fully engaged in addressing the underlying causes of poor health. Individually and in partnership with other disciplines and sectors, nurses act on a wide range of factors that influence how well and long people live, helping to create individual- and community-targeted solutions, including a health in all policies orientation.
- Nurses reflect the people and communities served throughout the nation, helping to ensure that individuals receive culturally competent, equitable health care services.
- Health care systems enable and support nurses to tailor care to meet the specific medical and social needs of diverse patients to optimize their health.
- Nurses' overarching contributions, especially those found beneficial during the COVID-19 pandemic, are quantified, extended, and strengthened, including the removal of institutional and regulatory barriers that have prevented nurses from working to the full extent of their education and training. Practice settings that were historically undercompensated, such as public health and school nursing, are reimbursed for nursing services in a manner comparable to that of other settings.
- Nurses and other leaders in health care and public health create organizational structures and processes that facilitate the profession's expedited acquisition of relevant content expertise to serve flexibly in areas of greatest need in times of public health emergencies and disasters.
- Nurses consistently incorporate a health equity lens learned through revamped academic and continuing education.
- Nurses collaborate across their affiliated organizations to develop and deploy a shared agenda to contribute to substantial, measurable improvement in health equity. National nursing organizations reflect an orientation of diversity, equity, and inclusion within and across their organizations.
- Nurses focus on preventive person-centered care and have an orientation toward innovation, always seeking new opportunities for growth and development. They expand their roles, work in new settings and in new ways, and markedly expand their partnerships connecting health and health care with all individuals and communities.
- Nurses attend to their own self-care and help to ensure that nurse well-being is addressed in educational and employment settings through the implementation of evidence-based strategies.

The report can be accessed at: http://nap.edu/25982; the webinars link is: https://nam.edu/publications/the-future-of-nursing-2020-2030/. The webinars are recorded and available on line.

ORGANIZATIONAL AFFILIATES

ANA-NY is proud and honored to be associated with our Organizational Affiliates

American Psychiatric Nurses Association - New York Chapter

Central New York Nurses Association, Inc. (CNYNA) -

Chi Gamma Chapter Sigma

Genesee Valley Nurses Association (GVNA) -

International Society of Nurses in Genetics (ISONG)

Mohawk Valley Nurses Association (MVNA)

New York State Association of Nurse Anesthetists

New York State Association of Occupational Health Nurses

Nigerian Nurses Association of USA Inc

Northeast New York Professional Nurses Organization, Inc. (NNYPNO)

Northern Adirondack Nurses Association (NANA)

Nurses Association of the Counties of Long Island, Inc. (NACLI)

Philippine Nurses Association of New York, Inc.

Professional Nurses Association of Dutchess/Putnam Counties https://pnadp.nursingnetwork.com/

Professional Nurses Association of Rockland County (PNARC)

Professional Nurses Association of Suffolk County (PNASC)

Professional Nurses Association of South Central New York

Professional Nurses Association of Western New York, Inc. (PNAWNY)

Are You A Member of a Nursing Group that Should Become an organizational Affiliate?

Here are some benefits: 1. A discount on exhibiting at ANA-New York annual meeting; 2. Attendance at ANA-New York's annual meeting at a member registration rate for the organizational affiliate's representative; 3. Right of organization affiliate's RN liaison to attend and speak at ANA-NYs governing assembly, without vote; 4. A link with your logo on ANA-NY's Website with recognition of Organizational Affiliate Status; 5. Access to professional development opportunities for affiliates members and staff; 6. Access to experts in a variety of nursing specialties; 7. Opportunities to network with ANA-NY members across New York state; 8. Access to speakers from the membership on a variety of nursing topics; 9. Preferred sponsorship opportunities at special events and other programs; 10. A complimentary subscription to ANA-NY's quarterly Newsletter for your members.

Register online:
https://form.jotform.com/73165345530150

Queries: contact programassociate@anany.org for more information.

HOPE THROUGH LIFESTYLE MEDICINE (LM)

Karla Rodriguez, DNP, CNE, RN, DipACLM
Clinical Assistant Professor

Despite growing challenges, there is hope! Chronic disease(s) are primarily related to lifestyle and as such, can be prevented, treated, and reversed through better lifestyle choices. The tenets of Lifestyle Medicine include six pillars: whole-food plant predominant nutrition, regular physical activity, restorative sleep, stress management, avoidance of risky substances, and positive social connections – all very effective when dosed appropriately.

A mountain of evidence-based science exists in LM and it grows daily. In clinical practice, therapeutic lifestyle interventions have profound, transformative effects on numerous chronic conditions and patients actually get well! LM is foundational to conventional medicine and should be the initial, optimal treatment modality for a multitude of chronic conditions.

The LM movement started in 2004 with the establishment of the American College of Lifestyle Medicine (ACLM) – quite radical at the time. It's grown exponentially over the years (700% in the last five years alone). In 2009, an expert panel including members from the AMA, AAFP, ACPM, and more convened to create LM competencies, which was eventually followed by a rigorous process to become certified. The ACLM embraces the entire team of medical professionals, including nurses, with a mission to eradicate the causes of chronic disease.

THE GAP . . . AND HOW WE CAN HELP

Nurses and other medical professionals (including physicians) are not taught the power of a plant powered diet, or even nutrition, within their educational curricula. That's where LM professionals like us can help! As members and diplomates of the ACLM, we stay up to date with the evidence base and have access to abundant resources to support the journey to a healthy and vibrant life.

THE ASK

Together with fellow members of the ACLM and New York residents Karla Rodriguez, Nathaniel Smith, and Deborah Chielli, we are asking to re-print the article, "*Will your next prescription be for the Pharmacy or the Farmacy?*", by Joanne Evans, MEd, RN, PMHCNS-BC. This article recently appeared in Indiana's Board of Nursing publication, *The Bulletin*. Mrs. Evans followed the publication with a call to action, supporting Indiana's nurses by leading them in a FREE 21-day Vegan Kickstart program available through the Physician's Committee for Responsible Medicine (PCRM). The response has been overwhelmingly positive.

You can access Indiana's Bulletin here: https://www.nursingald.com/publications/2187, pgs. 14-15

Indiana's Bulletin & a revised edition of the letter are both attached to this email as well.

You can access the PCRM's 21-day Vegan Kickstart program here: https://kickstart.pcrm.org/en

Like the trailblazers in Indiana, we are willing to lead New York nurses through PCRM's 21-day Vegan Kickstart program. Additional ideas to spread the word about LM:

- LM series in The – ideas include an introduction to each pillar, tips and resources
- Consider an ongoing spotlight on LM in the *ANA-NY Newsletter*
- Collaborations for speaking engagements

Nurses are curious, innovative, passionate, and committed to the provision of high quality, safe care. We are hard pressed to find another group with the collective voice and professional characteristics essential to evoke systemic change not only in our healthcare system, but in our families and communities. This is an exciting time for us to shine and embrace LM as the future of healthcare.

We look forward to engaging with you and others throughout 2021 and beyond to bring Lifestyle Medicine to our nursing colleagues across the state of New York.

ANA Virtual Membership Assembly Report

The motions on the Professional Policy Committee's recommendations passed with the following results:

- Professional Policy Committee Recommendation #1 - Endorse universal health care coverage that assures equitable access to comprehensive nursing services, incorporating appropriate reimbursement of all needed services and full practice authority for all nurses in the health care delivery system; therefore, rescinding its 1999 House of Delegates approved policy endorsing single-payer as the most desirable option for financing a reformed health care system.
  - For: 336.70 (172 voters)
  - Against: 36.30 (18 voters)
- Professional Policy Committee Recommendation #2 - ANA launch a strategic initiative to integrate Precision Health and Genomics (PH&G) into basic and advanced nursing practice.
  - For: 343.40 (175 voters)
  - Against: 29.60 (15 voters)
- Professional Policy Committee Recommendation #3 - The American Nurses Association advocate for changes that would authorize APRNs to directly bill for services provided for skilled nursing care, long-term care, and home and community-based care, including those services provided as an employee.
  - For: 368.30 (187 voters)
  - Against: 4.70 (3 voters)
- Professional Policy Committee Recommendation #4 - ANA report back to the 2022 Membership Assembly on actions taken to further address crisis standards of care and advance the preparation of nurses and the profession to respond to future disasters and pandemics. C/SNAs consider the information contained in the Committee's report and encourage the Leadership Council Executive Committee (LCEC) to coordinate the sharing of innovations, best practices and lessons learned and request that the LCEC report back to the 2022 Membership Assembly on efforts at the state level to advance preparation for responding to disasters and pandemics.
  - For: 370.30 (189 voters)
  - Against: 2.70 (1 voter)

ANA annual leadership election results (All terms of office begin on January 1, 2022):

ANA's Membership Assembly elected the following members to serve two-year terms on the 9-member board of directors: Treasurer Joan Widmer, MS, MSBA, RN, CEN, of the New Hampshire Nurses Association; Director-at-Large Amy McCarthy, MSN, RNC-MNN, NE-BC, of the Texas Nurses Association.

Vice President Susan Swart, EdD, MS, RN, CAE of ANA-Illinois, and Director-at-Large, Recent Graduate Marcus Henderson, MSN, RN, of the Pennsylvania State Nurses Association were re-elected to their positions on the board of directors.

Those continuing their terms on the ANA board in 2022 are: President Ernest Grant, PhD, RN, FAAN, of the North Carolina Nurses Association; Secretary Stephanie Pierce, PhD, MN, RN, CNE, of the Louisiana State Nurses Association; Director-at-Large, Staff Nurse Amanda Buechel, of ANA-Illinois; BSN, RN Director-at-Large Jennifer Gil, BSN, RN, of ANA-Massachusetts; Director-at-Large Brienne Sandow, MSN, RN, NEA-BC of ANA-Idaho.

Elected to serve on the Nominations and Elections Committee are: Gayle Peterson, RN-BC of ANA-Massachusetts; Larlene Dunsmuir, DNP, FNP, ANP-C of the Oregon Nurses Association; Nelson Tuazon, DNP, DBA, RN, NEA-BC, CENP, CPHQ, CPPS, CPHQ, FANP, FACHE, FAAN of the Texas Nurses Association and Linda Taft, RN of ANA-Michigan.

CONTINUING EDUCATION

Unique Student Nurse Learning Experiences to Address Food Insecurity

Continuing Education Instructions

Steps to complete independent study and receive 0.75 contact hours

- Read the article.
- Complete the post-test, evaluation, and registration forms online at https://form.jotform.com/211785125997165
- Fee of $7.00 for non-members, ANA-NY members are free.
- Certificates will be emailed after a passing score of 75% or higher is achieved.
- There is no conflict of interest or commercial support for this offering.
- This enduring continuing education offering expires on 12/31/2021.
- Learning outcome: It is the intended learning outcome that participating nurses will be able to expand their understanding of the current issues influencing the profession of nursing and be prepared to perform at their highest professional level in a rapidly changing practice environment.

Continuing Education Statement: This nursing continuing professional development activity was approved by American Nurses Association Massachusetts, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

By Jill Ensminger, PhD, MSN, RN

Educating the next generation of nurses holds great challenges and responsibilities. The National Academy of Medicine (NAM, 2021) Future of Nursing report envisions the role of the nurse in a new way. The role of nursing is moving from acute care into the community setting, focusing on prevention and upstream interventions to meet the needs of the community. There are many ways to integrate the recommendations of the NAM into practice. One unique way to do this is through community collaboration: bring together like-minded organizations that have similar missions and visions to share their resources to provide mutually beneficial relationships that achieve desired outcomes.

Building Curricula

Building nursing curricula that integrate community and public health is essential as we consider the role of the future nurse. According to Riley, Haggard-Duff and Long (2020), healthcare and nursing curricula lack content that focuses on patient education in nutrition and resources for addressing food insecurities. Appropriate instruction should be included in the curriculum to address assessment for food insecurity, nutritional care, and patient education. Flores and Amiri (2019) give specific recommendations for educating nurses on addressing issues of food insecurity such as identifying vulnerable populations. These authors provide examples of vulnerable populations: those who are of low socioeconomic status, those who experience living in a single parent home, ethnic minorities, veterans, and those in the LGBTQ+ community. Flores and Amiri also encourage the creation of innovative programs and screening tools to identify those most at risk for food insecurity. Along with integrating these concepts into the nursing curriculum, it is also essential for nurses to have a foundation of understanding of food insecurity and how building community partnerships may allow for hands-on clinical experiences for nursing students.

Food Insecurity

During a global pandemic nurses have the opportunity to help meet the needs of the community. One specific need in the community during the pandemic is food resources. According to Riley, Haggard-Duff and Long (2020) food insecurity can be explained as a lack of access to enough food to maintain health. Food insecurity affects approximately 40 million Americans and 821 million people worldwide. Food insecurities have increased because families have limited resources to purchase food due to job loss. According to Flores and Amiri (2019) understanding the factors that contribute to food insecurity along with the ability to assess those at highest risk is an important role of the nurse. Utilizing this research to inform the curriculum to reflect the importance of these concepts will allow for nurses to be better prepared to care for those in the community. Nurse educators have unique opportunities to collaborate with community partners to serve the community and address the public health issue of food insecurity.

Service Learning

Service learning has been described as the nexus between pedagogy, consequential community service and reflection (Brown & Bright, 2017). Service learning activities place student nurses in various community settings to achieve clearly defined learning and interventional objectives. "Service-learning strategies offer nursing students an opportunity to practice their skills in real-time settings, while also addressing a community need" (Stagg & McCarthy, 2020). Service learning has been shown to enhance nursing students' confidence, leadership skills and conflict resolution skills (Saylor et al., 2018). Others have found that students reported enriched learning with regard to "patient-centered care, collaboration, communication, advocacy, empathy, assessment skills, and evidence-based practice" (Brown & Bright, 2017, p. 29).

Building Community Partnerships

During this pandemic nursing faculty have challenged with finding alternative, authentic practice learning experiences for nursing students. When teaching nursing, many think of the traditional learning experiences in the acute care hospital setting. The pandemic has brought the importance of public and community health to the forefront of education. In order to educate future nurses about the care of families in the community, partnerships must be developed to create opportunities for learning. According to Edge and Meyer (2019), community organizations have come together to address food insecurity. These authors discuss the ways communities work together to meet the needs of the community that address alternative food initiatives. They describe a collaborative approach that allows for many organizations to work together to increase the accessibility to fresh affordable produce. Collaboration occurred through increased communication and information sharing between private and public organizations. Recognizing the need for collaboration and change in governance allowed for the distribution of food to those most in need.

With the knowledge that food insecurity has become a community and public health issue in most communities, nurse educators have found ways to meet the needs of the community to address this issue. According to Grenier and Wynn (2018), those individuals and families in the community who have been identified as food insecure do not have enough food in quantity and/or quality. As nurses, we recognize this social determinant of health as having an impact on the health outcomes of individuals and families and recognize an opportunity to meet the need. Grenier and Wynn (2018) describe nurses in the community doing just this. One way they addressed food insecurity in their community was through the Rush Surplus Project. This program was developed in 2015 by nurses who were concerned about lack of access to food for communities in Chicago, Illinois. Nurses taking action to improve the quality of life for those living in the community is the leadership that communities need to improve community health. The project focused on decreasing hospital food waste by donating food to local shelters for redistribution to individuals in need. This program that addresses food insecurities is just one example of ways we can improve the health of the community by providing access to food. It is essential that nursing students understand the role of the nurse in making positive social change in the community.

Learning in Action

As a nurse educator I have been able to do this with local partnerships with food pantries, gardening organizations and afterschool programs. The overall goal is to get nursing students into the community serving in a way that is meaningful and beneficial both to student learning and to the community. When nurses are oriented to service learning they may be more likely to continue serving in the community throughout their professional careers. The increased presence of nurses in the community also may

provide opportunities for recruiting future nurses along with opportunities for health teaching and promotion.

As a faculty member in the nursing program at Russell Sage College, teaching a Family and Community Health course, I have had the opportunity to create unique service-learning opportunities for students to address food insecurities in my own community. This was done through collaboration with two other organizations. The first is Capital Roots which is an organization that rents out garden plots to community members. The mission of Capital Roots is to provide the community with opportunities to grow and harvest healthy foods. Having a shared love for healthy communities, I rented a plot from Capital Roots in the Halfmoon Heights mobile housing complex. The rental of this plot was the beginning of a community collaboration. The plot is used for growing fruits and vegetables to be given to the children in need in Halfmoon Heights. The other community organization that I collaborated with is Cheryl's Lodge, a program that is supported by CAPTAIN Community Human Services. CAPTAIN is a community organization with a mission to support and empower people of all ages. Cheryl's Lodge is an after-school program overseen by CAPTAIN. This program is set up to serve the children in the community with after-school programing, among many other recreational and supportive services. Bringing these organizations together, Capital Roots in Halfmoon Heights and Cheryl's Lodge afterschool program allowed for the creation of Garden Club. The nursing students had unique learning opportunity creating activities for Garden Club, one of the activities held at Cheryl's Lodge and the garden at Halfmoon Heights. The nursing students applied many important concepts to create activities to promote health. One specific group of students created a scavenger hunt for the school aged children in Garden Club. Each item the children found in the garden led to an opportunity for health teaching and promotion. Some examples of the items found in the garden were toothbrushes and toothpaste. The students promoted health through the use of the garden space while creating enjoyable activities for the children. The students were able to experience the importance of building relationships with children at risk and create a teaching plan for health promotion. The feedback received from the nursing students was positive – they explained that they enjoyed being out in the fresh air and doing something fun. The activity met the students' learning objectives while fostering creativity and community partnership. The clinical learning objectives were set forth in the course prior to the experience and students were reminded of the objectives prior to the experience. An example of one of the learning objectives included, examine evidence-based community health nursing practice at individual, family and population levels. The objectives were met based on the observation of the students' ability to used evidence-based community health nursing practice by providing health teaching and promotion based on the developmental level of the participating children. The students created a teaching plan based on current research and the needs for health teaching school-age children. Through observation it appeared that the children and the students enjoyed this mutually beneficial experience.

Conclusion

In conclusion, providing nursing students with meaningful opportunities to serve the community will have a great impact on not only the students but the community. As nurse educators, we are role models for professionalism and can provide opportunities to introduce service and action learning in a time when the community is in great need. Sharing this research and unique clinical opportunities may inspire other educators to promote learning through service and action in the community. If we all work together, we can have a positive impact to improve the health of our communities.

About the author: Dr. Jill Ensminger recently graduated from Walden University with her PhD from the School of Public Health. She is currently an Assistant Professor of Practice in Nursing at Russell Sage Colleges. Jill also serves as adjunct faculty at Ellis Medicine, Belanger School of Nursing.

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FROM THE DESK OF THE HISTORIAN

What's with all the graduation rituals and WHY are they so important?

Gertrude B. Hutchinson, DNS, RN, MA, MSIS, RN, Assistant Professor Nursing, Russell Sage College

As you read this column, July is in full swing. It is hoped that will have had safe Juneteenth and July 4th celebrations. As I am writing this column, elementary, middle, high schools, and institutions of higher learning are in the throes of Graduation Season. Congratulations to all graduates from elementary to post-graduate graduates! You've all worked hard and deserve to revel in these moments. Graduations and all those special moments in the ceremonies signify important rites of passage and started "once upon a time." R. L. Grimes (2000, cited in Wolf, 2014, Exploring Rituals in Nursing) defines these "[r]ites of passage ceremonies as "a moment of personal and social change as worth of collective attention." Have you ever thought about WHY we continue some of these rituals? HOW did these rituals get started? These two questions and their answers are the substance of this column.

First comes the academic regalia. When many hospital-based schools of nursing handed out diplomas to their graduates, all women were expected to wear a white uniform chosen by the graduating class, their white graduate caps, white hosiery and white shoes.

Male graduates were expected to wear white pants, shirt, jacket, and bucks.

Some schools gave flowers to each graduate to carry as they processed into the graduation service was another tradition observed by other hospital and community college schools of nursing.

As nursing programs moved to institutions of higher learning, the academic regalia held a higher importance.

Figure 1: Bellevue TSN Graduation, Thelma Ryan (BACNH Archive)

Caps and gowns or tams and gowns harken back to the Middle Ages (12th & 13th centuries) when the earliest universities were dark, damp, and cold. Wearing gowns that were long and heavy provided warmth as well as distinction but were not excessive. During the reign on King Henry VIII, Oxford and Cambridge Universities "began prescribing academic dress and mak[ing] it a matter of university control" (American Council on Education). In the latter part of the 19th century, Columbia University became the first institution of higher learning to issue a standard for the colors of academic hoods at the masters and doctoral level: Arts and Letters – white; Education – light blue; Nursing – apricot; Public Health – salmon pink; and PhD – dark blue (American Council on Education [ACE]).

Next comes the music as graduates and dignitaries process and recess personally or virtually. Most people can identify the opening strains of Pomp and Circumstance written by English composer Edward Elgar. He did not write this 1901 composition to be used at graduations, but as a march for the coronation of King Edward VII (Hoffman, 2003, NPR). He derived the title for March No. 1 from Shakespeare's play Othello, Act 3, Sc. 3: "Pride, pomp, and circumstance of glorious war!" (https://www.enotes.com/shakespeare-quotes/pomp-circumstance).

Figure 2: Ellis Hosp. DON Graduation (BACNH Archive)

In 1905, Yale University bestowed an honor Doctorate of Music upon Sir Edward Elgar and his march was played as the ceremonial recession composition. Other Ivy League colleges were not to be outdone by their rival, so Princeton and Columbia Universities started playing it for graduations and so did the University of Chicago (Hoff, 2003) and as the saying goes, "The rest is history."

When schools of nursing whether hospital-based or academy-affiliated issued caps to its students or graduates, it was another tradition of passage from being a probationer or a senior student to an alumnae,

Figure 3: HVCC, 1979 (BACNH Archive)

Figure 4: Samaritan Hospital SON, Troy, NY (BACNH Archive)

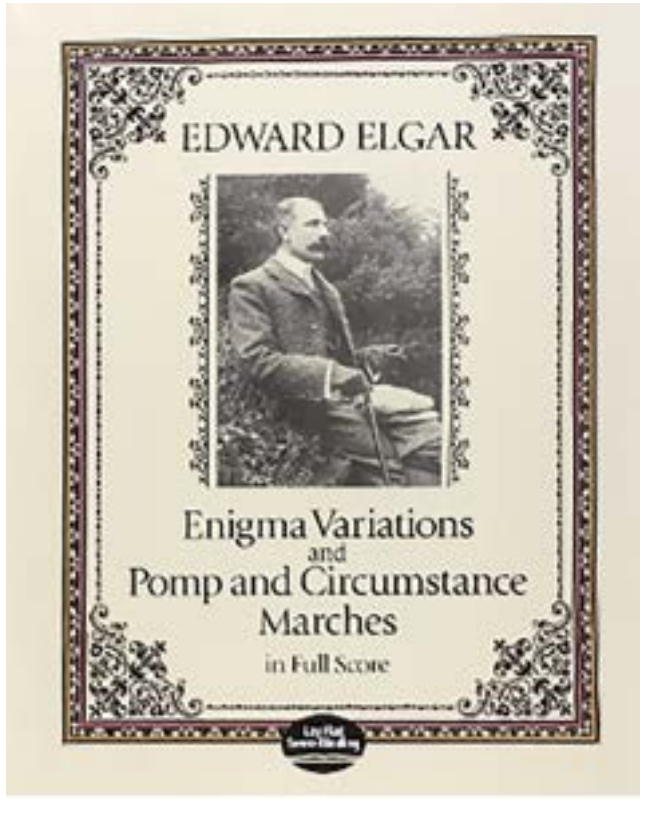

Figure 5: Cover page of Pomp & Circumstance https://www.amazon.com/Enigma-Variations-Circumstance-Marches-Scores/dp/0486273423

FROM THE DESK OF THE HISTORIAN

capping ceremonies were rife with tradition. The caps symbolized each individual school or college of nursing. As patient care became more complex and additional medical equipment such as multiple intravenous lines, monitor cables, and ventilators, the cap became an object that caught the IV tubing and other bedside equipment. It also was considered a vector by which microbes could be passed from one environment or patient to another. By the late 1970s, caps became of relic of bygone days.

The Final Ritual – Pinning!

The day arrives to recognize all the hard work completed by graduating seniors. This rite of passage is the penultimate ceremony before formal graduation. The issuance and proud wearing of pins dates back to 1300s when guilds designed unique pins to be worn by each of its members (Wolf, 2014).

The pin signified achievement of many rigorous skills. Just as then, the pins issued by the schools of nursing in colleges and universities all over the world signify accomplishment of a rigorous program of study and service learning, a transition from the role of a student to the role of a professional graduate nurse who is ready to sit for the NCLEX-RN™ exam. The pin also serves as a form of identification for patients and colleagues to know from where a nurse graduated.

As this column closes and leaves the desk of the historian, my hope is that you remembered your own traditions and rites of passage, wear your graduate pin with pride, and pass these pieces of history on to our newly minted brothers and sisters in our wonderful profession.

Until the next column,

Trudy

Figure 6: Upstate New York Schools of Nursing Pins, October 1977 from RN Magazine's Annual Pin Calendar, 1977 (private collection of the author)

DONATE LIFE NEW YORK STATE

The Gift of Sight

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

After her first birthday, Raeya Bryant became prone to eye infections and styes and was constantly on antibiotics. Her eyes were red and crusty, and her vision was becoming increasingly poor. She had to wear sunglasses almost every day to ease her sensitivity to bright lights. "We could see that she was struggling to see and would hold items up close, and she wasn't able to do many fine motor skill tasks," recalls her mother, Jackie. "It was really hard because she was in pain and she struggled, but she didn't really show anyone how bad it was. She always seemed happy."

Her parents brought her to multiple specialists, each one giving them a different answer and a different regimen, but none of the treatment plans worked. Her vision at that time was 20/800.

When Raeya was four, she had had her worst eye infection yet. Doctors had to put her under anesthesia just to examine them as it was too painful for her to do an exam in their office. That was when her parents learned the full extent of the damage to Raeya's eyes. She would need a double cornea transplant.

At last, Raeya's parents found a doctor who was immediately able to diagnose her with blepharoconjunctivitis and set her up on the right regimen. It was not even a year later when she received her first cornea transplant. By the time she was five years old, Raeya had been under anesthesia six times and had completed corneal transplants in both eyes.

"She was amazingly strong through the whole process and now has almost perfect vision," says Jackie. "She dances, plays hockey and soccer and loves to draw and write. Without her transplants, she would not be able to do the things that she loves. Her life would be completely different, she would be blind." Raeya is now a thriving 11-year-old and her family says they are incredibly grateful for her cornea donors and the precious gift of sight.

In 2020, U.S. eye banks reported 108,382 total tissue recoveries from 54,740 donors. According to the Eye Bank Association of America, eye banks have provided tissue for over 2,113,365 people whose sight was restored through corneal transplants since 1961.

Just as with organ donation, hospital nurses play a critical role in identifying and reporting potential eye donors. The referral is made to the region's organ procurement organization (OPO), who would then coordinate with the appropriate eye bank.

The hospital liaison staff of New York eye banks are available for in-service programs for the hospitals in their service area. Programming would include requirements, regulations, and procedures; criteria for donation; the role of hospital staff; the recovery process; and more. To locate the eye bank in your area and schedule a program, please visit https://donatelife.ny.gov/resources/.

It's also important to know the facts!

- Everyone is a universal cornea donor. Your blood type does not have to match.
- It doesn't matter how old you are, what color your eyes are, or how good your eyesight is.
- There are very few medical conditions that would rule out eye donation.
- Enroll as an eye, organ, and tissue donor at donatelife.ny.gov/register

Donate Life New York State and the recovery organizations we partner with are grateful for the extraordinary efforts of nursing staff that make the gifts of life – and sight – possible for those in

What You Want to Know about Vaccines for Children

Reprinted with permission from Vermont Nurse Connection May 2021 issue

Moderna has given the first doses of its COVID-19 vaccine to children under 12 years old. The company launched a trial in 12- to 17-year-olds in December 2020. Moderna CEO Stéphane Bancel shares "This pediatric study will help us assess the potential safety and immunogenicity of our COVID-19 vaccine candidate in this important younger age population." Immunogenicity is the ability to trigger a body's immune response (Rodriguez, 2021).

Pfizer has finished enrolling applicants for its trial of teens. Both Pfizer and Moderna hope to have a licensed vaccine by the time the 2021-2022 school year begins. For younger children, Dr. Fenck director of the Gamble Vaccine Research Center and principal investigator for the Pfizer COVID-19 vaccine trial is guessing Spring 2022 (Rodriguez, 2021).

On CBS News' "Face the Nation" in early March, moderator Margaret Brennan asked Dr. Fauci about vaccinations for high school students, and Dr. Fauci replied:

"We project that high school students will very likely be able to be vaccinated by the fall term, maybe not the very first day, but certainly in the early part of the fall for that fall educational term. Elementary school kids, we're doing this what's called age de-escalation studies to make sure it's safe and immunogenic in them. They likely will be able to get vaccinated by the very first quarter of 2022."

Younger kids may get a lower dose if their immune system works well, but more research is needed. Hence a new study, KidCOVE, is testing Moderna's vaccine in 6,750 children ages six months to less than 12 years old in the U.S. and Canada (O'Kane, 2021).

In part 1, (of the 2 part study) "each participant ages two years to less than 12 years may receive one of two dose levels, while each participant ages six months to less than two years may receive one of three dose levels" (para. 3). Part 2 requires analysis of the result of part one, with researchers determining the optimal dose to use. There is also a placebo group for comparison (O'Kane, 2021).

Pfizer and BioNTech announced via Tweet the start of a global study to evaluate the safety, tolerability, and immunogenicity of their COVID-19 vaccine in healthy children that will enroll approximately 4,644 children ages six months to 11 years in the United States and Europe (Brokaw, 2021). Results from the study will be available in the second half of 2021, when Pfizer hopes to receive authorization for vaccination of younger kids by early 2022.

March 31, Pfizer and BioNTech announced that their COVID-19 vaccine is 100% effective in children ages 12 to 15: The vaccines were effective and generated robust antibody responses in a clinical trial of 2,260 adolescents, the companies said in a statement. Eighteen coronavirus cases were identified in the placebo group, compared to no cases among those vaccinated (Williams, 2021, para. 1).

The landmark Pfizer-BioNTech Phase 3 clinical trial that began July 2020, enrolled participants aged 12 and over, and nearly three thousand participants were adolescents: 2,259 participants were 12-15 and 754 were 16 and 17 years old. The Pfizer and BioNTech trial that began March 2021, will assess for a healthy immune response against COVID-19, and if safe, progresses to younger children.

Pfizer and BioNTech will submit their data to the Food and Drug Administration quickly, hoping to expand their emergency use authorization. Until recently, fewer children than adults had been infected with the coronavirus, and most children have mild or no symptoms, though they can spread it to others; however, some children can get severely ill, require hospitalization or ventilators, and even die (Downey, 2021). When adults are mostly vaccinated, those numbers may change. Already in Vermont Dr. Levine is reporting a larger percentage of younger adults with the virus, now that more older adults are safely vaccinated.

The American Academy of Pediatrics notes over three million children have been infected with the coronavirus since the pandemic began, and at least 268 children have died. The number of pediatric deaths in the last year "exceeds that for influenza in any influenza season that we generally see," states Dr. Emmanuel Walter, chief medical officer of the Duke Human Vaccine Institute (Downey, 2021).

Downey (2021) reports concerns of 2,060 cases of multisystem inflammatory syndrome in children (MIS-C) reported in the United States by early February, mostly among children and adolescents between one and 14 (median age 9). MIS-C is any patient younger than 21 years presenting with fever, inflammation, severe illness requiring hospitalization, with two or more organs involved, with no alternative plausible diagnosis who has COVID-19. Though it is uncertain how the syndrome is triggered, Chief of Pediatric Infectious Diseases at Children's Hospital in Philadelphia, Audrey R. Odom John, said there is good reason to believe the vaccines will prevent MIS-C because vaccination likely reduces the ability of virus to replicate, and prevents widespread transmission (Downey 2021). The syndrome occurs, but is more rare in adults.

Dr. Mark Levine shared that the entire adult population will be eligible for vaccination mid-April. This means anyone who wants to get the vaccine could get it by mid-June, so for high school seniors, this means that in June, if there is the vaccination uptake needed, high school seniors will be able to have a more traditional graduation and celebrate their accomplishment with friends and family (Petenko & Dougherty, 2021). Vermont's travel restrictions allow vaccinated people to travel out of state without quarantine; however, with no vaccine yet for children, this 16% of the Vermont population (people below 16) could be barred from out-of-state travel (Petenko & Dougherty, 2021). Additionally, unvaccinated Vermonters can only gather with one other unvaccinated household, though vaccinated people can gather with no limitations. Hence, unvaccinated kids may now be able to hug their vaccinated grandparents but children's birthday parties are off limits. University of Vermont Medical Center's Dr. Tim Lahey, infectious disease physician, reminds us that kids can be infected with COVID-19 and can transmit it and while vaccines protect people they are not 100% effective (Petenko & Dougherty, 2021). Masks for children will continue through the spring and at least through July 4. Yet clearly the U.S is striving to vaccinate children as soon as possible, for it will be difficult to achieve herd immunity without vaccinating the > 73 million people 18 and under.

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2021 ANA-NY Elections - Meet Your..continued from page 8

am well versed in the issues and challenges impacting our profession. COVID-19 dealt a multifaceted blow; physically and psychologically to our frontline colleagues. To ease the burden I have volunteered over 350 hours with Suffolk County MRC performing rapid testing for first responders, and vaccinating across Long Island. I want to continue to pay it forward for ANA-NY.

Kerlene Richards

A seasoned, innovative, and doctorate-prepared Registered Nurse with over 20 years of rewarding experience. Adept at managing progressive nursing programs with an exemplary record of leadership in Medicine-Surgery, Telemetry and Cardiothoracic ICU. Extensive knowledge of training and mentoring programs with the demonstrated ability to build nurses' capacity, confidence and understanding of ethical matters while developing essential leadership skills. Proven ability to collaborate with cross disciplinary teams to foster a healthy work environment and cultivate collaborative multidisciplinary community relationships. Active member of local and national Nurses Organizations. Poster and podium presentations at local national and international nursing conferences.

Kimberly Velez

The message I bring is to be "proactive." Participation could be taking a survey, following ANA-NY on social media, or attending a convention. Support the organization by being an active member. I love motivating fellow nurses to get involved and then stepping aside to watch them go! We, as nurses, need to mentor the new faces in nursing, collaborate with peers, participate in research, and be ready to adapt to the new roles in nursing. The task is to find opportunities to engage our members, and I accept the challenge!

Savannah Woods

To support, educate and promote the members of ANA to be more confident, informed, and integrated nurses within their fields of expertise by encouraging them to utilize the information provided by ANA and become more involved with the ever-changing nursing industry.

Hispanic nurses embrace precision medicine to ensure Hispanics/Latinos are represented in medical research through *All of Us*

In 2018, nurses from the National Association of Hispanic Nurses – New York Chapter (NAHN) began educating Latinx communities, health care workers, and other community members about the importance of precision medicine. Precision medicine is a method used to specifically focus disease prevention and treatment measures to all populations. To tailor treatments to individual needs, precision medicine considers the unique factors that make individuals who they are - such as lifestyle, socioeconomics, environment, and biology. Until now, little research of this kind has been completed on minority and under-served populations.

Funding from the *All of Us* Research Program, part of the nationwide Precision Medicine Initiative from the National Institutes of Health (NIH), provided NAHN with an opportunity to launch an educational campaign to spread the word about this important research. Most would agree that the traditional "one size fits all" model of health care does not adequately address the health care needs of our diverse population. Through the work of the *All of Us* Research Program, Hispanic nurses in New York City, along with other New York professional organizations, are working hard to impact change.

Together, NAHN's nurses, the Greater NYC Black Nurses Association, the National Hispanic Medical Association, Unidos US (Mexican Coalition), the League of United Latin American Citizens (LULAC), the Association of Nurses in AIDS Care, the National Hispanic Coalition on Aging, The Brooklyn Community Pride Center, The Cobb Institute, the Black Greek Letter Consortia, and Arab Community Center for Economic and Social Services (Arab American Association of New York & Arab-American Family Support Center) have educated and encouraged thousands of diverse community members and health care professionals to participate in this research initiative.

All of Us is a historic effort to gather data from one million or more people living in the United States to ensure medical researchers have a data source that represents us all. By considering individual life differences, researchers may uncover paths toward delivering personalized preventative care and treatment for all populations.

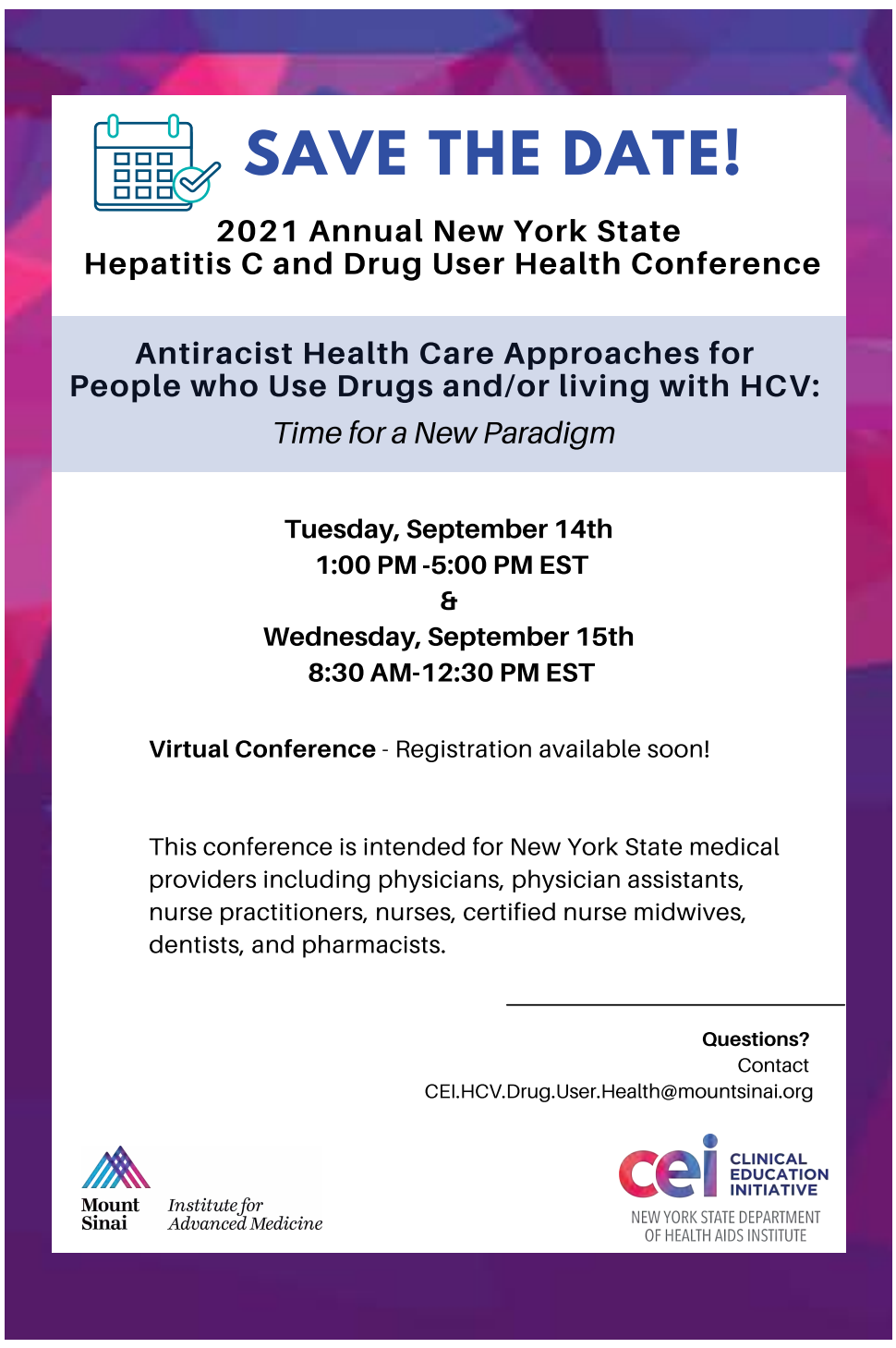
So far, over 370,000 people from all walks of life, nationally, and over 26,000 in NYC alone, have joined the program. Over 80% of current participants self-identify as belonging to one or more population that has been historically underrepresented in biomedical research. NIH's goal of reaching one million people from diverse backgrounds is impressive and achievable with help from nurses who work with patients every day who can benefit from this type of research. For them, for our families, for our communities, and for our future, please help us spread the word about *All of Us.*

To learn more about the *All of Us* Research Program please go to: https://allofus.nih.gov/ or contact the NAHN-New York Chapter nurses at https://www.nahnny.org/ or info.nahnny@gmail.com.

Michele Crespo-Fierro, PhD, MPH, RN, AACRN, President
National Association of Hispanic Nurses – New York

Luz Santana, BS, RN, CDMS, CCM, Community Outreach Board Liaison
National Association of Hispanic Nurses – New York

Amanda D. Quintana DNP, RN, FNP; Immediate Past President
National Association of Hispanic Nurses – Denver



ANA-NY Membership Activation Form

AMERICAN NURSES ASSOCIATION NEW YORK

ANA AMERICAN NURSES ASSOCIATION

Essential Information

First Name/MI/Last Name

Mailing Address Line 1

Mailing Address Line 2

City/State/Zip

County

Professional Information

Employer

Type of Work Setting: (eg: hospital)

Practice Area: (eg: pediatrics)

Ways to Pay

Monthly Payment $15.00 — ***Signature below is required**

☐ Checking Account *Attach check for first month's payment.*

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. The account designated by the enclosed check will be used for the recurring payments.

☐ Credit Card

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.

*Monthly Electronic Deduction | Payment Authorization Signature

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 annually unless I cancel.

Annual Payment $174.00

☐ Check ☐ Credit Card

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. Please check with your State Nurses Association for the correct amount.

Date of Birth

Gender: Male/Female

Credentials

Phone Number *Check preference:* ☐ Home ☐ Work

Email address

Current Employment Status: (eg: full-time nurse)

Current Position Title: (eg: staff nurse)

Required: What is your primary role in nursing (position description)?

☐ Clinical Nurse/Staff Nurse
☐ Nurse Manager/Nurse Executive (including Director/CNO)
☐ Nurse Educator or Professor
☐ Not currently working in nursing
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Membership Dues (Price reduced to $15 monthly/ $174 annually)

Dues: .....$

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Bon Voyage Jamilynne!

It is with heavy hearts and also many wishes for success and happiness that we say a fond farewell to our colleague, Jamilynne Myers. Jamilynne officially joined ANA-NY in January 2017 (she was originally hired as a temp – "rent to own" as Jeanine puts it!). She has been Jeanine's right hand as together we learned "the association way" and doubled ANA-NY's membership along the way. She has been integral in the publication of this newsletter and has been the "Mother-of-the Bride" for our Annual Conference, managing all of the minutia that it takes for the conference to be a resounding success – raising the bar higher each and every year (let's hear it for the virtual adventure of 2020!). Prior to Shakira joining the team, Jamilynne also managed the Future Nurse Leader program, the website (including a transition to a different platform), and our social media. We wish her much success and have fond memories of her many critical contributions to ANA-NY and the laughter that we shared on an (almost) daily basis in the office!

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