findings to guide patient care. The process begins with a rigorous series of logical steps of inquiry about some aspect of nursing that has arisen that seems interesting or an idea stimulated from clinical practice. Why do research? Research is a systematic process to incorporate study findings into clinical practice. An example of an application is a nurse administering medications. To stay current with practice changes, professional nurses must read the current literature and apply the findings as appropriate. Evidence-based practice (EBP) has become a standard of care delivery. While EBP does not rely solely on research findings, but may include experience, quality improvement, and other items, nursing research does provide the nurse with the opportunity to supply their own body of evidence for clinical practice.

Many health care organizations encourage nurses to implement EBP projects and display commitment in providing health care team members with the necessary time and resources. Advanced technology lends support for the nurse researcher today, with greater data storage and analysis. Computer programs can manipulate numbers to disseminate findings much more rapidly.

Careers in nursing research begin often as a research assistant, data coordinator, or clinical research monitor. The principle investigator reflects the most senior research role, and has the greatest responsibility and accountability associated with the study. Nurse researchers are discovering ways to improve healthcare delivery services to chronically ill patients, educate patients to make better lifestyle choices, improve patient safety issues and prevention of illness and injury as well as to address end of life issues. Nurse researchers may partner with other scientists, in areas such as medicine, pharmacy, or engineering to address current issues.

Over the past few decades, nurses have made great progress in implementing the use of scientific evidence in clinical practice. Sigma Theta Tau International sponsored the first international research utilization conference in 1998. As more nurses assume the role of researcher and scientist, the public will acknowledge this side of nursing.

These nurses will determine how to incorporate the best possible evidence to guide and change clinical practice in today's complex healthcare environment. Please mark your calendar and plan to attend the KNA Education Summit on Friday, October 2, at the Embassy Suites in Lexington, Ky. We hope to see you there!


**Information for Authors**

- **Kentucky Nurse** Editorial Board welcomes submission articles to be reviewed and considered for publication in Kentucky Nurse.
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  - Research/scholarship/clinical/professional issue (Classic Peer Review)
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- Articles should be typewritten with double spacing on one side of 8 1/2 x 11 inch white paper and submitted in triplicate. Maximum length is five (5) typewritten pages.
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- Articles should include a cover page with the author's name(s), title, affiliation(s), and complete address.
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Heart failure (HF) is a chronic condition that is associated with a high incidence of mortality, morbidity, and economic burden. Individuals with HF may experience multiple hospitalizations and readmissions shortly after discharge. Many of these readmissions could be decreased with proper education and ensuring individuals meet certain discharge criteria. A recent nursing research study explored the clinical and diagnostic characteristics of individuals with a primary diagnosis of HF at the time of discharge and compared the relationship of these indicators in individuals who did and did not experience a HF readmission within 60 days of their previous hospitalization.

This HF readmission study took place at a large hospital system in the mid-Atlantic region of the United States. The clinical factors for this study were derived from the recommendations of the Heart Failure Society of America (HFSA) for treatment goals and discharge criteria. The data for the study were retrieved from a retrospective review of all individuals discharged with the primary diagnosis of HF at the two study institutions for two consecutive years, using data from January-August 2009. To be included in the study, the individual had to be admitted for greater than 24 hours, discharged with a primary diagnosis of HF, be older than 50 years old, have no other cardiac events in the past 30 days, could not have died within 60 days of hospitalization, and could not have been discharged to a hospice setting after initial hospitalization. Demographic data, clinical information, and patient histories were taken from the medical records. Of the 134 individuals studied, 65 (48.5%) were in the readmission group and 69 (51.5%) were in the no readmission group. The study included more women (52.2%) than men (44.8%), with an average age of 75.2% years. Many of the individuals in the study experienced comorbidities that are often associated with HF. The most common comorbidities were hypertension (79.1%), cardiac arrhythmias (57.5%), coronary artery disease (55.2%), and diabetes mellitus (51.5%).

Logistic regression analysis was used to predict the probability of an individual being readmitted for HF within 60 days, using the key study factors. This model indicated that the three most predictive variables for readmission were presence of ADLs, presence of crackles, and presence of dyspnea. According to the model, individuals who required assistance with ADLs were 10 times more likely to be readmitted within 60 days of HF. The researcher concluded that the clinical characteristics and symptoms at the end of hospitalization in individuals with HF are highly suggestive of whether or not the individual will be readmitted within 60 days for HF. The evaluation of symptoms, including crackles and dyspnea, at the time of discharge, is extremely important for determining if an individual with HF is ready to be discharged. Symptoms cause individuals to seek medical attention, and that in turn, often results in hospitalization and readmissions. Discharge instructions should include patient education regarding symptom awareness and management, ability to perform ADLs, and evaluation of home care needs, including social services, and physical and occupational therapy.

Source:

Data Bits is a regular feature of Kentucky Nurse. Sherill Nones Cronin, PhD, RN-BC is the editor of the Accent on Research column and welcomes manuscripts for publication consideration. Manuscripts for this column may be submitted directly to her at: Bellarmine University, 2001 Newburg Rd., Louisville, KY 40205.
Childhood Overweight and Obesity

Dr. Martha D. Hawkins DNP, APRN, CPNP
Indiana Wesleyan University
Sharon Edwards DNP, APRN, PMHNP-BC
Eastern Kentucky University

According to the Centers for Disease Control and Prevention (CDC), recent statistics indicate that 17% of children between the ages of two years and 19 years are obese (CDC, n.d.). Childhood obesity has become one of the newest chronic illnesses. A child who enters adolescence obese has an 80% chance of remaining obese into adulthood (Robinson, Geier, Rizzolo, & Sedrak, 2011). Complicating the overall rising childhood obesity rates is increasing healthcare disparities. The most-at-risk children include Native-American, African-American, Hispanic and low-income children. Kentucky has one of the highest rates of childhood obesity (CDC, n.d.). In this article childhood obesity in Kentucky will be discussed and a validation of data from a primary care clinic’s pediatric charts will be presented.

Childhood Obesity in Kentucky

While efforts to combat the obesity epidemic in Kentucky have borne some fruit for the adult population with Kentucky moving from third in 2000 (Singh, Kogan & van Dyck, 2008) to seventh in 2010 (Robert Wood Johnson, 2010), the obesity rate remains staggering 30.5% (Robert Wood Johnson Foundation (RWJF), 2010). Unfortunately, such improvements are not seen in childhood obesity rates with Kentucky ranking third in the nation since 2000 (Singh, Kogan, & van Dyck, 2008). Data from the Robert Wood Johnson Foundation (Robert Wood Johnson Foundation, 2012) identified that in spite of marked legislative efforts to combat obesity the epidemic continues. Unfortunately, more than 20% of Kentucky’s children are currently identified as obese (Kaprowy, 2012).

In 2011, Kentucky’s population estimate was 4,369,356 people (United States Census Bureau). Of the population, 23.4% were children under 18 years of age (United States Census Bureau, 2012). This translates to an estimated 1,022,429 children living in Kentucky in 2011, of whom, conservatively, 204,492 children are obese. Regrettably, the overall obesity rate in Kentucky is predicted to exceed 60% by 2030 (Truman, 2012). In Kentucky, obesity is predicted to cause almost 600,000 new cases of diabetes, 1.2 million new cases of coronary heart disease, almost 1.2 million new cases of hypertension, almost 750,000 new cases of arthritis and almost 200,000 new cases of obesity-related cancer over the next twenty years (Truman, 2012). The predicted costs of care could climb as much as 17.6%, making it the 17th highest increase in cost in the country (Truman, 2012).

Complications of obesity are occurring in children and contribute to the devastating health and financial costs for Kentucky. Addressing the physical complication of obesity, Robinson, Geier, Rizzolo, and Sedrak (2011) reported that “…80% of 10 to 15 year olds who are overweight become obese adults by age of 25 years...Physical complications can involve the cardiovascular, endocrine, gastrointestinal, musculoskeletal, nervous, and respiratory systems” (p. 59). Specific complications of obesity include such things as hypertension, type 2 diabetes, dyslipidemia, orthopedic complications, asthma, and sleep apnea (Robinson et al., 2011). Obesity is associated with more that thirty known disease processes (August et al., 2007; Gunturu & Ten, 2007).

The psychological impact of obesity includes low self-esteem, increased rates of sadness, loneliness, and anxiety (Robinson et al., 2011). In addition to the psychological challenges, many overweight and obese children are teased and ostracized. Children with weight difficulties are more likely to drink and smoke, and experience an eating disorder, further challenging their health status (CDC, n.d.). Resources for treating childhood obesity in Kentucky are very limited. In 2008, providers within the target clinic system in Kentucky identified the need for resources for their overweight and obese population. Providers were unable to access services (A. Giles, Personal Communication, March 10, 2008). More than 90% of all clients receiving care within the target system had Medicaid, Medicare, or KCHIP as their payer source, further limiting choices (A. Giles, Personal Communication, March 10, 2008).

Review of Pediatric Charts Results

A retrospective chart review was conducted to determine the rate of overweight and obese children. For the purpose of the chart review, overweight was defined as at or between the 85-94 percentiles and obese was defined as at or above the 95th percentile for age and gender. Higher standards on the CDC growth charts (Barlow, 2007). An additional indicator used to define obesity was ideal body weight being defined as greater than or equal to 120% ideal body weight (Pediatric Practice Research Group, 2008).

The retrospective chart review was conducted to determine three characteristics among two of the system’s pediatric population groups (ages 4-6 years and 11-13 years). The three characteristics were: 1) A baseline of overweight and obesity rates among children, 2.) The baseline rate of comorbid conditions in children currently overweight or obese, and 3.) A comparison of the rates of healthcare resource utilization for children between overweight/normal weight children and overweight/obese children. Healthcare resource utilization was evaluated by counting the number of illness visits per each child over an 18-month time period. All preventive health visits were excluded from the count. A convenience sample of charts was selected for review that included both identified groups who received physical examinations from May 1, 2012 through July 31, 2012. The sample consisted of 332 charts for review. 176 charts for the 4-6 year old group and 156 charts for the 11-13 year old group.

Overweight and obesity rates were calculated by simple percentage among groups and for the total selected charts. Comparison of healthcare resources between the overweight/normal weight group and the overweight/obese group were conducted by one-tailed test.

The results revealed a high rate of overweight and obese children in the healthcare system, with 31.9% of all children identified as obese; 19.9% of 4-6 year olds and 45.5% of 11-13 year olds. Additionally, another 14.2% of children were identified as overweight consisting of 17% of 4-6 year olds and 10.9% of 11-13 year olds. Combined, 46.1% of all children were either overweight or obese which is well above the national average of 35% (Henry J. Kaiser Foundation, 2009).

Comorbid conditions considered in the chart review included medical conditions and risk factors of airway obstruction, history of adenotonsillectomy, snoring, sleep disordered breathing, constipation, gastroesophageal reflux disease, enuresis, indicators for postural orthostatic tachycardia syndrome, dysmenorrhea, behavioral problems, dyslipidemia, skin abnormalities such as eczema, lesions with changes, acne, Acanthosis Nigricans, and xerosis, and orthopedic problems such as flat feet and joint pain (August et al., 2007; Gunturu & Ten, 2007). The rate of comorbidity for all overweight and obese children when considered together as a group was 68.9%. This rate remained stable across age groups with 68% of 4-6 year olds and 66.9% of 11-13 year olds already demonstrating comorbid conditions. An interesting finding noted was that comorbid conditions were found in 60% of overweight 4-6 year olds and 50% of overweight 11-13 year olds. Interestingly, the obese 4-6 year olds had a higher rate of comorbid conditions than the obese 11-13 year olds. These data suggest that issues associated with excess weight are demonstrated before children reach the standard definition of obesity for half of the children in the sample.

The use of illness care resources among overweight/normal weight children was compared to that of overweight/obese children. Illness care visits were counted for an 18-month period in 2011 and 2012 for each child in the sample, with the exclusion of all wellness visits. A one-tailed t-test was conducted to determine if the overweight/
obese group of children had a greater expenditure of healthcare resources than the underweight/normal weight group of children. The mean number of days of illness care in the underweight/normal weight group was 2 days per child in the 18-month period. The mean number of days of illness care for the overweight/obese group was 2.3 days per child (t (5) =0.09, <0.05). Even though this was not statistically significant, 0.3 days per child amounts to 46 days of office visits in 18 months. At standard Medicaid reimbursement rates, this amounts to over $1450.00 in illness care in one practice directly associated with childhood comorbidities of overweight and obesity. This sum only represents the short-term costs to Kentucky and our nation as a result of this rapidly spreading new childhood epidemic.

Discussion

When reviewing the staggering numbers of overweight and obesity in very young children in this survey, two major implications stand out. First, overweight preschoolers and kindergartners may already have comorbid conditions. The comorbid conditions most often affected their breathing and include asthma, sleep disordered breathing and tonsilar hypertrophy. Second, by the time these overweight 4-6 year olds make it to adolescence, they are no longer overweight; they are obese at staggering rates. With the knowledge that a child who enters adolescence obese has an eighty percent chance of remaining obese for life (Robinson, et al., 2011), there is a strong implication that a very high rate of childhood obesity and our failure to make progress towards healthier weights in children. The burden of adult chronic disease in childhood and adolescence means that our healthcare costs, morbidity and mortality will go up as a state and our productivity will go down as this problem increases. Additionally, education of pediatric providers will have to change to care for these problems. These are areas in which advanced practice nurses can lead the way with novel approaches to care; but, new care models will not be without challenges of their own as we move into the world of healthcare reform.

The incidence of pediatric overweight and obesity in Kentucky presents a significant concern for the well-being of children now and in the future. The presence of overweight and obese children will cost individuals, families, and the Commonwealth of Kentucky a significant financial cost from loss of productivity and decreased overall health status. The need for a comprehensive program to support these children and their families is evident and must be implemented to prevent the potential reduction of health status, productivity and cost to the healthcare system of Kentucky.

References

Mine Workers, Heat Related Illnesses, and the Role of the Occupational Health Nurse

Kimberly M. Bourne, MSN, RN, SANE, CEN
Student: University of Kentucky Occupational/Environmental Health Nurse PhD Fellow
Faculty Mentor: Dr. Deborah Reed

Across the United States, workers in many occupations face weather and related extreme conditions on a daily basis. Hot weather and manual labor increase a person’s core body temperature. This heat gain comes from a combination of environmental and self-generated (or internal) heat. Environmental heat is both weather related and man-made, and internal heat is produced from metabolic processes (Xiang, Bi, Pisantello, & Hansen, 2014). But, it’s just not the heat that causes problems; it’s the humidity, too. Each year thousands of workers suffer heat related illnesses as a result of becoming overheated. Between June, 2013 and July, 2014, heat related illnesses were responsible for more than 20 occupational worker deaths in the U. S. (Occupational Safety and Health Administration [OSHA], 2014). Miners are at an increased risk for heat related illnesses. Workers in underground mines are exposed to ambient temperatures and relative humidity while performing their job duties decked out in safety equipment. Surface mine workers endure outdoor environmental temperatures under the same safety precautions. The aim of this paper is to outline the various heat related illnesses suffered by coal miners, summarize the findings from several published studies, offer suggestions to Occupational Health Nurses for reducing heat exposure in miners, and propose future directions for research.

Background
Worldwide, approximately 24,000 coal mines exist (World Coal Association, n.d.). In the United States, there are 1,061 coal mines with 877 coal mines in the Appalachian region of the United States (U.S. Energy Information Administration [EIA], 2015b). The Appalachian region stretches from Southern New York to Northern Alabama and into Eastern Mississippi. Central Appalachia (Kentucky, Tennessee, West Virginia, and Virginia) is home to 525 coal mines: 248 underground mines and 277 surface mines (EIA, 2015b). In 2013, 18,853 people were employed in underground Central Appalachia (Kentucky, Tennessee, West Virginia, and Virginia) and from Southern New York to Northern Alabama and into Eastern Mississippi. In the United States, there are 1,061 coal mines with 877 coal mines in the Appalachian region of the United States (U.S. Energy Information Administration [EIA], 2015b). The Appalachian region stretches from Southern New York to Northern Alabama and into Eastern Mississippi. Central Appalachia (Kentucky, Tennessee, West Virginia, and Virginia) is home to 525 coal mines: 248 underground mines and 277 surface mines (EIA, 2015b). In 2013, 18,853 people were employed in underground Central Appalachian mines, and 9,089 people were employed in Central Appalachian surface mines (EIA, 2015a). Coal mining is considered one of the most dangerous jobs in the world, and each day miners are exposed to a variety of hazards, both fatal and non-fatal.

In 2014, there were 16 fatalities in coal mines across the United States (Mine Safety and Health Administration [MSHA], n.d.a). Ten of the fatalities occurred in the Appalachian region, and nine from the Appalachian region were in Central Appalachia (MSHA, 2015). Most fatalities were related to physical hazards such as falls, explosions, and equipment accidents (Donoghue, 2004a). Heat, also considered a physical hazard, has contributed to approximately 104 miners suffering from some type of non-fatal heat related illness (MSHA, n.d.c) such as heat stroke, heat exhaustion, heat cramps, and heat rash (Centers for Disease Control and Prevention [CDC], 2014; Donoghue, 2004b; Glazer, 2005). But, it’s just not the heat that causes problems; it’s the humidity, too. Each year thousands of workers suffer heat related illnesses as a result of becoming overheated. Between June, 2013 and July, 2014, heat related illnesses were responsible for more than 20 occupational worker deaths in the U. S. (Occupational Safety and Health Administration [OSHA], 2014). Miners are at an increased risk for heat related illnesses. Workers in underground mines are exposed to ambient temperatures and relative humidity while performing their job duties decked out in safety equipment. Surface mine workers endure outdoor environmental temperatures under the same safety precautions. The aim of this paper is to outline the various heat related illnesses suffered by coal miners, summarize the findings from several published studies, offer suggestions to Occupational Health Nurses for reducing heat exposure in miners, and propose future directions for research.
Kalkowsky & Kampmann, 2006). Fitness programs serve a dual purpose: they can help decrease BMI and increase aerobic fitness as higher BMI’s have been positively correlated with an increase in heat illnesses (Donoghue & Bates, 2000; Lutz et al., 2014). The development of acclimatization programs and self-pacing programs can reduce the incidents of symptoms of heat related illnesses by promoting shorter work-rest cycles, encouraging workers to rest more often, working at slower rates in higher temperatures, and reporting symptoms earlier (Donoghue et al., 2000; Hunt et al., 2014; Xiang et al., 2014).

Conclusion

Most studies on heat related illnesses in miners have occurred outside of the U. S. Those studies have shown that a significant number of mine workers reported at least one symptom of a heat related illness during their assigned shift. Dehydration was noted to be the leading strain of miners at hot working places in German industry. Occupational health hazards in the mining industry. American Journal of Industrial Medicine, 54, 351-356. doi:10.1002/ajim.10345


Adapting Care to Culture: Aging in Agriculture

Common health problems for older farmers include chronic bronchitis, emphysema, arthritis and restless nights. From a study that evaluated farm work-related injury of farmers age 50 and over in Kentucky and South Carolina, it was calculated that those who experienced 5 to 7 restless nights per week, operated machinery on a highway, or climbed 8 feet or higher were at significantly higher odds of sustaining a farm-related injury (Marcum, 2011b). Other health problems, such as musculoskeletal disorders and arthritis, can limit the amount of physical labor a farmer can perform. Moreover, hearing and visual deficits also place the older farmers at risk. If they are not able to hear or see potential danger, they may not be able to respond appropriately and avoid injury.

Currently, there is limited research that focuses on the specific educational and health care needs of the aging farmer population. However, nurses can use the information that is currently available and increase the culturally appropriate care.

What can nurses do?

Nurses can use the knowledge of the risks this occupation faces, the physical limitations of aging, and farmer’s commitment to farm work to tailor the older farmer’s care. Nurses can apply this knowledge to the education they may provide to older clients who are still working on their farms. Nurses should provide education about preventive measures older farmers can take to protect themselves in the field. Lifestyle tips such as stretching before work, good sleep hygiene, taking frequent breaks, frequent water breaks can prevent dehydration, and proper communication (International Society for Agricultural Safety and Health, 2014) while at work may help older farmers avoid injury. Stretching before physical labor may help reduce the incidence of activity-based injuries. Good sleep hygiene can help ensure that aging farmers are alert when they start their day so they can operate machinery to the best of their ability. Frequent water breaks can prevent dehydration, especially when the farmer is working in hot conditions. These breaks may provide relief from labor intensity, thereby reducing physical and psychological stress. Good body mechanics may help prevent unnecessary strain on the worker’s back when lifting. Finally, having a means of communication when out alone in the field can help the farmer call for help if necessary. If nurses make farmers aware of the small changes they can make to avoid injury, their work can become safer and healthier.

Preventive measures in addition to education can help make farming even safer for elderly farmers who continue to work. An up to date tetanus immunization can help protect the farmer against tetanus, especially dangerous or other injury occurs on the job, since it is likely that the wound will be dirty. Hearing and vision screenings can identify deficits so measures can be taken to accommodate those deficiencies. Additionally, wide brim hats and sunscreen can help protect against the sun’s harmful rays while farmers are working outside (International Society for Agricultural Safety and Health, 2014).

Conclusion

As a nurse it is important to be aware of the needs of the populations you work with, and nurses in Kentucky should be aware of the special needs and the culture of farmers who require health care services. Farmers tend to work until failing health or serious injury forces them to stop. When nurses understand the farming culture, and have knowledge of the available research and resources, nurses can more successfully identify health risks for these clients and provide better, more focused, culturally attentive care.

Resources that are currently available for nurses to use to support their care of the farming population include the AgNurse Facebook page, AgriSafe, and AgrAbility. The AgNurse Facebook page (www.facebook.com/Agriculture.nurse) provides up to date information on happenings in Kentucky regarding farm safety and health. AgriSafe (www.agrisafe.org) is a website run by health professionals and educators concerned with the health and safety of farm families and provides free educational programs for health care professionals. Finally, AgrAbility (www.agrability.org) provides direct assistance and education to help minimize obstacles and improve quality of life for farmers with disabilities. These websites may provide the most recent and accurate information regarding health and safety in Kentucky and can help nurses to stay on top of change in care for this group.

References


nicotine patches, another group using electronic cigarettes to other smoking cessation tools used in combination with conventional cigarettes (Chen, 2012). Tobacco cigarettes are regulated to protect the youth, but there are no similar regulations for electronic cigarettes. Electronic cigarettes are being marketed in the same way that conventional cigarettes were originally marketed before the media ban in the 1970s (Dutra & Glantz, 2014). Adults who use electronic cigarettes are 20% more likely to smoke conventional cigarettes than their cohorts who did not use electronic cigarettes (CDC, 2014).

Summary of Findings

Health Impact of Electronic Cigarettes

Electronic cigarettes can contain a lethal amount of nicotine if ingested or absorbed through the skin (Chen, 2012). Other adverse events that have been reported include "pneumonia, disorientation, seizures, hypotension, second degree burns to the face, chest pain and rapid heart rate, loss of vision, headache, cough, diziness, and paroxysm" (Chen, 2012, p.615). Electronic cigarettes may also increase the risk for viral respiratory infections because they decrease the protective airflow against microbial pathogens (Wu et al., 2014).

Second hand vapor from electronic cigarettes can also be harmful to bystanders (O’Neill, 2014). Second hand vapor exposure was quantified using the California Office of Environmental Health Hazard Assessment Chronic Reference Exposure Guidelines (CREL) and California OSHA occupational eight-hour Permissible Exposure Guidelines. Four of the nine chemicals in electronic cigarette vapor are either lung irritants or carcinogens (O’Neill, 2014). Other chemicals of concern are the glycol carriers, which can form formaldehyde (O’Neill, 2014). The “vapor” that is being inhaled is actually an aerosol that deposits on the surface of respiratory tract cells (O’Neill, 2014). There are up to 400 different brands of electronic cigarettes and some with the higher voltage battery can produce nicotine absorption similar to that of a conventional cigarette (Chen, 2012).

Smoking Cessation

Electronic cigarettes may be effective as a smoking cessation device (Hajek et al., 2014). However, electronic cigarettes are sometimes being used in combination with conventional cigarettes and can encourage adolescent smoking (Dutra & Glantz, 2014). A study to compare efficacy of electronic cigarettes to other smoking cessation tools was conducted with one group of smokers using nicotine patches, another group using electronic cigarettes with nicotine, and the third group using electronic cigarettes without nicotine. There was no statistically significant difference in cessation rates among the groups (Bullen et al., 2013).

Tobacco Regulations

Targeted advertising and a lack of regulatory standards increase the risk of “renormalizing” the smoking habit (Pepper et al., 2014). Electronic cigarettes are not held to the same regulatory standards as conventional cigarettes, i.e. clean air policies, flavoring, advertising and packaging (Grana & Ling, 2014). Smoking advertisements have been banned from television since the Public Health Cigarette Smoking act was passed in 1970 (CDC, 2009). This act protects the youth, but there are no similar policies set in place for conventional cigarettes should be included in smoke free policies (Pepper et al, 2014). Electronic cigarettes are not held to the same regulatory standards as conventional cigarettes, i.e. clean air policies, flavoring, advertising and packaging (Grana & Ling, 2014).

Expert Recommendation

Health organizations agree that electronic cigarettes should be regulated. The World Health Organization (WHO) has stated that regulations are needed to prevent electronic cigarettes market that targets younger people and to lower risks of harm to users and nonusers (WHO, 2014). Electronic cigarettes should be included in smoke free policies because the aerosolized chemicals pose health risks, create a smoky haze that may cause confusion with the policies set in place for conventional cigarettes, put people at risk for second hand smoke and keep smokers addicted (Hahn, Riker & Brown, 2014).

Method of Review

PubMed, MEDSCAPE, CDC, and EISBC Host were reviewed using key words: electronic cigarettes, adolescents, smoking cessation, regulations, and advertising. Only articles published in English and within the past five years were included in this review.

References

The following is the biographical information furnished by the candidates on the 2015 ballot for election to service. Ballot will be mailed to all active KNA members in early August 2015. Please keep this information for easy reference when your ballot arrives. You can also find this information on the KNA Website.

**BOARD OF DIRECTORS AND OFFICERS**

**President-Elect (Vote for 1)**

**Kathy K Hager, DNP, APRN, FNP-BC, CDE**

**Present Position:** Bellarmine University

**Type of Position:** Nursing Faculty

**Area of Expertise:** Nurse Practitioner; Educator; Consultant; CE Planner

**Education:** University of Kentucky, Lexington, KY - Doctorate of Nursing Practice (DNP), August, 2006; University of Kentucky, Lexington, KY - Primary Care Nurse Practitioner Program, Clinical Scholar component in the Graduate Nursing Program (29 hours past Masters, July, 1996); University of Kentucky, Lexington, KY - Master of Science in Nursing (Focus on education and gerontology), May, 1976; University of Kentucky, Lexington, KY - Bachelor of Science in Nursing, May, 1972.

**Professional Organizational Activities:**


**Statement:** I see it happening now, as our professional organization focuses on the needs of our commonwealth, moving us toward excellence and quality in care. This year KNA will be financially supporting doctor level nursing students in studying Kentucky-specific needs, including the value of school nurses, and the best in care for our aging population. I want to be a part of this new vision, new endeavors, and new dreams.

**Joe Middleton, MSN, APNP, CEN, CC/NRP**

**Present Position:** Team Health

**Type of Position:** Emergency Department

**Area of Expertise:** Head Nurse, Manager, Paramedic

**Education:** Spalding University, Post Master’s Certificate (Family Nurse Practitioner) and Master of Science in Nursing (Nurse Education); Western Kentucky University, Bachelor of Science in Nursing; Associate of Applied Sciences (Paramedicalcare) and Associate of Science in Nursing; Central Kentucky EMS Training, Licensed EMT-Paramedic

**Professional Organizational Activities:**

- Currently Serving as KNA Treasurer; previously served on the Board of Directors as the Governmental Affairs Cabinet Chairperson; member of KY Nurses REACH Chapter

**Biographical Information for 2015 Election**

**INSTRUCTIONS:** Please note member code to the left of the candidates’ name (that is 1, 2, 3, etc.). Mark your BALLOT (attached) by darkening the numbered area which corresponds with the code for the candidate of your choice with a **2 LEAD PENCIL**. DO NOT USE INK.

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<td>Michael Wayne Rager</td>
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<td><strong>ETHICS &amp; HUMAN RIGHTS COMMITTEE</strong> (2 Year Term)</td>
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<td>Loretta Elder</td>
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<td>Members At Large (Vote for 2)</td>
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<td>Loretta Elder</td>
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<td>Marcia Hobbs</td>
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<td>Nurse Administrator (Vote for 1)</td>
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<td>Susan E. Nelson</td>
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<td>Nurse Faculty (Vote for 1)</td>
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<td>Jo Ann Weaver</td>
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<td>Staff Nurse (Vote for 1)</td>
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**Kentucky Nurses Association 2015 BALLOT**

The KNA Bylaws allow for write-in candidates for any position. Add write-in candidates on the back of the ballot.

Mail your ballot to Teller, KNA, PO Box 2616, Louisville, KY, 40202-2616 – must be postmarked by September 1, 2015.

**KNA Centennial Committee. 2004-2006; Member KNA, ANA since 1988; Delegate to the ANA**

**Statement:** I have greatly enjoyed serving the KNA as Treasurer of the Board of Directors and as a Director. I believe that over the last three years serving on the Board in these roles, I have had the honor of working closely with KNA staff, ANA staff and Board leadership to develop an effective membership initiative and a solid strategic plan for growth and relevance in the coming years. This hands-on educational and experienced staff has provided me with a foundation and understanding of the KNA and the challenges that we face as the nursing community, all of which prepares me to take on the challenge of being a KNA President who is connected to you, our member.

I believe that our organization has reached a very vital and pivotal point and that the KNA is on the brink of great things. It is imperative that elected officers and staff work diligently to maintain and secure the voice of every nurse and every specialty of nursing. I am committed to serving our community and to helping you and every nurse raise your voice and our voice through the growth and strength of our association. I ask for your vote and support in electing me to serve as President-Elect of the KNA.

**Vice President (vote for 1)**

**Dana Manley, PhD, FNP, Women’s Health NP**

**Present Position:** Murray State University

**Type of Position:** Associate Professor

**Education:** University, University of Tennessee, Memphis, TN, 2008 – PhD in Nursing; Murray State University, Murray, KY, 1998 – MSN; Murray State, Murray, KY, 1991 – BS

**Professional Organizational Activities:**

Ethics & Human Rights Committee 2012 to present; District and Western KY Chapter member

**Statement:** Since 1988, I have greatly enjoyed serving the KNA as a Director of the Board of Directors and as a Director. Currently Serving as KNA Treasurer; previously served on the Board of Directors as the Governmental Affairs Cabinet Chairperson; member of KY Nurses REACH Chapter

**Jo Ann M. Wever, MSN**

**Present Position:** Doctoral Student

**Education:** University of Tennessee, Memphis, TN, 2008 – PhD in Nursing; Murray State University, Murray, KY, 1998 – MSN; Murray State, Murray, KY, 1991 – BS

**Professional Organizational Activities:**

- District and Western KY Chapter member

**Statement:** I now am running for Vice President. I think that I have greatly enjoyed serving the KNA as a Director of the Board of Directors and as a Director. Currently Serving as KNA Treasurer; previously served on the Board of Directors as the Governmental Affairs Cabinet Chairperson; member of KY Nurses REACH Chapter

**Beverly Rowland, PhD(c), RN**

**Present Position:** Cambellsville University

**Type of Position:** Associate Professor and Chair of the School of Nursing

**Education:** Henderson Community College, ADN; McKendree College, BSN; Western Kentucky University, MSN; Indiana University School of Nursing, PhD candidate

**Professional Organizational Activities:**

- KNA President (2009-2013); KNA Board of Directors Secretary (2013-present); member, REACH Chapter

**Statement:** Since 1988, I have greatly enjoyed serving the KNA as a Director of the Board of Directors and as a Director. Currently Serving as KNA Treasurer; previously served on the Board of Directors as the Governmental Affairs Cabinet Chairperson; member of KY Nurses REACH Chapter
Statement: I enjoy serving on the KNA Board of Directors and would like the opportunity to be part of the exciting work that is going on in the association right now. We need to continue to bring in new individuals with vision for the organization and to support the efforts to improve the profession for nurses across the state of Kentucky. I seek your continued support for the KNA and your vote to allow me to continue to serve.

Directors (Vote for 2)

Jenny Chandler, RN, MSN, CCRN, CNS
Present Position: Norton Healthcare
Type of Position: Manager of the Scholar Program
Area of Expertise: Clinical Specialist
Education: University of Florida, BSN, 1979; University of Florida, MSN, CNS, 1988; CCRN since 1987
Professional Organizational Activities: Statement: I am a Clinical Nurse Specialist, therefore my aim by profession and education is to improve patient outcomes. I manage the Scholar Program at Norton Healthcare and teach clinicals at several universities. Over time and with the opportunity to work with new graduates on a routine basis, I have come to realize that in order to improve patient outcomes I must work toward improving educational and professional outcomes. I also bring to the table many years of management in the hospital setting – always keeping up with clinical needs and skills. I hope to have the opportunity to share my goals with nurses and policy makers throughout Kentucky and represent quality care to an even larger community.

Teena Darnell, DNP, MSN, RN
Present Position: Bellarmine University
Type of Position: Nursing Faculty
Area of Expertise: Educator
Education: Bellarmine University, DNP, MSN; University of Louisville, BS; Jefferson Community College, AA
Professional Organizational Activities: District/Chapter: District 1 Secretary State: Governmental Affairs Cabinet, Convention Program Planning committee, Membership Recruitment and Retention Committee, KYN PAC, Director on KNA Board of Directors National: KNA Delegate to ANA; KNA Representative at ANA Membership Assembly
Statement: Since graduating from nursing school in 1987, I have been a longtime volunteer and advocate for the Kentucky Nurses Association. In fact, my affiliation with KNA has played a large role in my life. I have participated on numerous committees and assumed many board positions at both the state and district level. As an active member, I have spent much time and energy in facilitating membership growth as well as organizational stability. I have weathered many storms with KNA and believe my knowledge and experience has allowed me to make valuable contributions to the association. With this appointment, I believe I will bring an objective yet relevant perspective to the board of directors. I look forward to contributing to KNA’s leadership team once again and for the opportunity to serve the members. As part of my consent to serve, I humbly request your support.

Michael Wayne Rager, DNP, PhD(c), MSN, FNP-BC, APRN, CNE
Present Position: Daymar College
Type of Position: Dean of Nursing & Campus Dean
Area of Expertise: Administrator, Educator, Nurse Practitioner
Education: University of Colorado at Colorado Springs, DNP; North Central University, PhD(c); Spalding University, FNP; University of Southern Indiana, MSN; University of Louisville, BSN; Madisonville Community College, AAS/ADN/AA; Madisonville Health Technology Center, Diploma of Practical Nursing
Professional Organizational Activities: KNA Vice President, ANA Alternate Delegate
Statement: It would be a great honor to serve KNA as Director, as my prior and current appointment as Vice-President has provided even more value to my practice, ability to reach students regarding the value of professional organization membership, and work on issues that influence patient care and nursing practice. I believe that my efforts during my last appointment, intertwined with a variety of experiences as a clinician, educator, and diversified educational preparation have prepared me to effectively help continue to lead KNA, and also have met the position requirements as detailed within the KNA by-laws. I am enthusiastic, willing to work diligently to represent KNA/ANA constituents with the highest regard and be sensitive to issues affecting the profession. Please provide me with the utmost consideration and allow me the awesome opportunity to continue serving and representing our organization.

ETHICS & HUMAN RIGHTS

CHAIRPERSON

Clara Dorris, RN, BSN, MS
Present Position: RCTCS & Daymar College
Type of Position: Adjunct Faculty
Area of Expertise: Educator
Education: Owensboro Daviess County Hospital
School of Nursing; Diploma-1969; Murray State University – Bachelor of Science in Vocational Technical Education-1979; University of Evansville – Bachelor of Science in Nursing-1982
Murray State University – Master of Science in Education
Professional Organizational Activities: Chair, KNA Ethics & Human Rights Committee, Member of the Green River Chapter

SECRETARY (Vote for 1)

Laurie B. Hockel, RN, BSN, SMQT Certified
Present Position: Commonwealth of KY Office of the Inspector General
Type of Position: Assistant Regional Program Manager
Area of Expertise: Nurse Consultant Inspector Educator: Somerset Community College-ADN-1986; Western Kentucky University-BSN-2008
Professional Organizational Activities: Statement: In 29 years of nursing, I have encountered many ethical dilemmas. Nurses are always advocates for those we serve; however, we do not always have clear solutions for reconciliation of these concerns. If elected, my goal is to promote well-recognized and easily accessible avenues for guidance when faced with difficult situations. Additionally, I am passionate about finding ways to address human trafficking in our state and throughout the country. I believe the Ethics & Human Rights Committee is an excellent channel for exploring these and other broad topics while seeking to develop specific solutions to specific problems.

MEMBER AT LARGE (Vote for 2)

Ann W. Christie, MSN, RN, NE-BC
Present Position: TJ Samson Community Hospital
Type of Position: Director of CCU/CTU/Cardiac Services
Area of Expertise: Supervisor
Biographical Information continued on page 12
Biographical Information continued from page 11

Education: Western KY University, Associate of Science in Nursing, 1995; McKendree University, Bachelor of Science in Nursing, 2008; McKendree University, Masters in Nursing Administration, 2010
Professional Organizational Activities: KNA Nominating Committee (2010-2011), KNA Professional Practice and Nursing Advocacy (2011-2013)

Whitney Van Vactor, BSN, RN
Present Position: Baptist Health Louisville
Type of Position: Clinical Outcomes Nurse
Area of Expertise: Quality/ Clinical Outcomes
Education: Centre College, BA/Government; Bellarmine University, BSN, 2004; Bellarmine University, MSN Administration, expected graduation 2016

NOMINATING COMMITTEE (Vote for 3)
Connie D. Lamb, PhD, RN, CNE
Present Position: Eastern Kentucky University
Type of Position: Tenure Track Faculty, Associate Professor
Area of Expertise: Educator
Education: Berea College 1996, BSN; Eastern Kentucky University, 2002, MSN; University of Kentucky, 2008, PhD

Karen Proffitt Newman, EdD, MSN, RN, NEA-BC
Present Position: Baptist Health Louisville
Type of Position: Vice President, Chief Nursing Officer
Area of Expertise: Administrator
Education: Spalding University, Doctorate in Educational Leadership; University of Evansville, MSN; Vanderbuilt University, Clinical Specialty in Oncology Nursing; University of Kentucky, BSN
Professional Organizational Activities: Former member of the KNA Board of Directors
Statement: As a long time KNA member with a significant network of colleagues across the state, from Paducah to Pikeville, I am pleased to serve on the nomination committee to identify members who can bring leadership expertise to our state association.

Rhonda Vale, MSN, RN
Present Position: Campbellsville University
Type of Position: Nursing Instructor
Area of Expertise: Educator
Education: University of Maryland University College, 1989, AA Management Studies; Austin Peay

NURSE ADMINISTRATOR (Vote for 1)
Marcia Hobbs, DSN, RN
Present Position: Murray State University
Type of Position: Dean of the School of Nursing
Area of Expertise: Education Administrator
Education: University of Alabama, DSN; University of Hawaii, MS; DePaul University, BSN
Professional Organizational Activities: MO STTI Executive Board; MO Nurses Association Foundation; VP of the MO Association of Schools of Nursing

Susan E. Nesmith, APRN, MSN, RN
Present Position: Hardin Memorial Health
Type of Position: Employee Health & Wellness Manager
Area of Expertise: Nurse Practitioner & Supervisor
Education: ECC, ADN; University of Kentucky, BSN; University of Louisville, MSN
Statement: I would like to represent nurses and begin to add more community involvement for nurses.

EDUCATION & RESEARCH

NURSE FACULTY (Vote for 1)
Jacquelyn Reid, MSN, EdD, APRN, CNF
Present Position: Indiana University Southeast
Type of Position: In ternhim Dean and Professor
Area of Expertise: Educator
Education: St Anthony Hospital, Diploma in Nursing, Indiana University School of Nursing; BSN; IU School of Education, EdD; Case Western University, MSN
Professional Organizational Activities: KNA Past-President; KNA Foundation; STTI Executive Board; MO Nurses Association Cabinet; CE; District 1 Board of Directors
Statement: I have served on the Education and Research Cabinet for the past 2 years. I enjoy reading the submissions for the conferences.

STAFF NURSE (Vote for 1)
Kim Bourne, MSN, RN, SANE, CEN, EMT-B
Present Position: Western Kentucky University & Greenview Hospital
Type of Position: Instructor at WKU; House Supervisor at Greenview

GOVERNMENTAL AFFAIRS CABINET

STAFF NURSE (Vote for 1)
Anne Sahingsho, LPN, RN, BSN, MSN, Ed & ABD
Present Position: St. Catharine College & Norton Healthcare
Type of Position: Nursing Instructor & Charge staff
Area of Expertise: Educator, Staff Nurse, and Charge Nurse
Education: Walden University, DNP (c); Chamberlain College of Nursing, BSN, MSN; Spencerian College, LPN, ADN
Professional Organizational Activities: Statement: I want to engage in active service with the KNA as a means to facilitate the continuum of empowering Kentucky nurses through active fellowship and recruitment. In fellowship, we can organize mentorships, advance nursing interests and endow support throughout all levels of the association. It is through fellowship that we as a body can advance the profession of nursing. The Mission & Vision of the KNA reflects elevation of practice/science and theory as well as involvement in the service of others throughout all service domains including political. I want to collaborate both within and without the KNA to achieve these expectations and enhance them. Thank you.

Michelle Quisenberry, RN, MSN, APRN, NP-C
Present Position: Cornerstone Family Health, LLC
Type of Position: Nurse Practitioner
Area of Expertise: Nurse Practitioner
Education: University of Southern Indiana, Post Masters Psych/Mental Health Nurse Practitioner, expected graduation 2015; University of Southern Indiana, MSN/Nurse Practitioner, 2010; University of Southern Indiana, MSN, 2004; Madisonville Community College, ADN, 2002
Professional Organizational Activities: District 1 Treasurer

MEMBER AT LARGE (Vote for 2)
Carla Hamilton, MSN, RN, NE-BC
Present Position: St. Elizabeth Healthcare

State University, 2002, BSN; Western Kentucky University, 2012, MSN
Maribeth Wilson, PhD (c), MSN, MSPH, RN
Present Position: Western Kentucky University
Type of Position: Faculty
Area of Expertise: Educator
Education: University of South Africa, PhD (2015); University of Alabama Capstone College of Nursing, MSN; University of Madison College of Public Health, MS/Ph, Barry University, BSN; University of Western Ontario, BS-Molecular Biology
Statement: I welcome the opportunity to contribute to the work of KNA/ANA in a leadership position. I am a dedicated member of the KNA. If elected, I would bring the knowledge that I have gained in various leadership roles outside of the KNA. I have served as the leader of my Sigma Theta Tau chapter and have provided leadership on a variety of School and University-wide committees. I have a strong commitment to nurturing collaborative relationships with other departments and organizations. If elected as a member of the Nominating Committee, I would use my leadership experience to initiate the exploration of ways the Nominating Committee may best meet the needs and recognize the contributions of nurses across their careers.

Education & Research

University of the Cumberlands

RN-BSN Program
★ $199/credit hour
★ 100% online
★ 38 credit hours
★ Complete in as little as 12 months

Graduate Admissions 1-800-343-1609
www.ucumberlands.edu

Walden University, DNP (c); Chamberlain College of Nursing, BSN, MSN; Spencerian College, LPN, ADN
Professional Organizational Activities: Statement: I want to engage in active service with the KNA as a means to facilitate the continuum of empowering Kentucky nurses through active fellowship and recruitment. In fellowship, we can organize mentorships, advance nursing interests and endow support throughout all levels of the association. It is through fellowship that we as a body can advance the profession of nursing. The Mission & Vision of the KNA reflects elevation of practice/science and theory as well as involvement in the service of others throughout all service domains including political. I want to collaborate both within and without the KNA to achieve these expectations and enhance them. Thank you.

Michelle Quisenberry, RN, MSN, APRN, NP-C
Present Position: Cornerstone Family Health, LLC
Type of Position: Nurse Practitioner
Area of Expertise: Nurse Practitioner
Education: University of Southern Indiana, Post Masters Psych/Mental Health Nurse Practitioner, expected graduation 2015; University of Southern Indiana, MSN/Nurse Practitioner, 2010; University of Southern Indiana, MSN, 2004; Madisonville Community College, ADN, 2002
Professional Organizational Activities: District 1 Treasurer

MEMBER AT LARGE (Vote for 2)
Carla Hamilton, MSN, RN, NE-BC
Present Position: St. Elizabeth Healthcare
KNA 2015 Election

Type of Position: Unit Manager – Falmouth Chemical Dependency
Area of Expertise: Psychiatric & Mental Health; Supervisor

Education: Maysvile Community College, ADN; Western Governor's University, BSN, MSN

Professional Organizational Activities: Nursing; KY Chapter; President; District 3 VP; Poster Presenter, KNA Conference; Attendee at ANCC conference

Statement: I have always been active in community/school organizations and served on many committees/councils within my personal and professional careers. I currently serve as a volunteer for 4-H Extension office (20yrs); Scholarship Committee; KNA Northern KY Chapters as chairperson and various committees with my position.

I am resilient and dedicated. I believe in "paying it forward" and that hard work gets rewards. My main goal later in life was to become a registered nurse. Four years later I obtained an MSN, NE-BC certification, and the manager of a chemical dependency facility.

I want to be a part of, let my voice be heard, and advocate for people who cannot do it themselves. As a behavioral health nurse, I can bring a different perspective to the table.

Jennifer Miller, PhD (c), MSNEd, RN

Present Position: Associate Professor of Nursing
Type of Position: PhD candidate & Research Assistant
Area of Expertise: Educator & Researcher
Education: Midway College, ADN; University of Kentucky, BSN; Indiana Wesleyan, MSNEd; University of Kentucky, PhD(c)

Statement: I have served as Secretary of the Government Affairs Cabinet during the last few years. I would like to remain in my position with the KNA. I have worked hard to bring nursing issues to the forefront of discussion and get written recommendations to the legislature. I want you to continue giving me your voice in decision making and legislative issues.

EDUCATION ROLE (vote for 1)

Sonia Rudolph, MSN, APRN, FNP-BC

Present Position: University of Phoenix, MSN; Indiana University-Purdue University Indianapolis, MSN; University of Evansville, ADN; Murray State University, BSN

Professional Organizational Activities: Area of Expertise: Clinical Specialist and Researcher
Education: University of Kentucky, PhD candidate; Murray State University BSN, MSN

Statement: The nursing profession is my passion and being elected to a position with KNA would provide me the opportunity for professional and personal growth. I am a nurse and patient advocate to the extreme and this position would empower me to promote high standards in nursing practice, nursing education, and nursing services. The Kentucky Nurse Association has always encouraged innovation, empowerment, and professional development and it would be an honor to be part of this association.

ADMINISTRATIVE ROLE (vote for 1)

Danette Culver, MSN, RN, ACNS-BC, CCRN

Present Position: Baptist Health Paducah
Type of Position: Nursing and Institutional Research Coordinator
Area of Expertise: Clinical Specialist and Researcher
Education: Indiana University-Purdue University Indianapolis, MSN; University of Evansville, ADN; Professional Organizational Activities: Area of Expertise: Committee on Nursing Practice Standards

Statement: I would like to be considered for the position of Administrative Role on the Professional Nursing Practice & Advocacy Cabinet. I have served the past two years on this cabinet in the education role and feel that this has prepared me for the administrative role. My experience and education have allowed me to see the importance of nursing education in various settings. Educators need to prepare students to become nurses who can positively impact health outcomes. I believe in promoting evidence-based practice for nursing. I hope that by my serving on the committee I can influence and advocate for the future of nursing.

KENTUCKY NURSES FOUNDATION (KNF) BOARD OF TRUSTEES

The KNF is in a re-building stage and has suspended formal elections while re-organizing. However, write in nominations for the KNF Board of Trustees are most welcome if you or someone you know has an interest in fundraising and promotion of scholarships for nursing education and research.
Cultural Diversity

Costa Rica Mission Trip

Heather Lenz, BSN Student
Mollie E. Moss, BSN Student
Paige Owens, BSN Student
Sophia Proctor, BSN Student
Sarah Slone, BSN Student
Mentor: Sharon Edwards, DNP, APRN
Eastern Kentucky University
Richmond, Kentucky

The need to not only recognize but also incorporate cultural diversity is paramount with the diversity of nursing care expanding. Jones, Ivanov, Wallace, and VonCannon (2010) reported that student experiences in a developing country enhanced their cultural sensitivity in providing care to individuals from different cultures in the United States. Atkins and Stone (2006) related a similar result with their students in Honduras: the students identified the transcultural experience to be “life changing” and enhanced their cultural sensitivity (p. 150). In order to facilitate the understanding of cultural diversity, an immersion project was provided for a group of five baccalaureate nursing students through a cultural diversity class offered in the winter term at Eastern Kentucky University. The educational opportunity was with a medical missionary group to Costa Rica.

Overview of Costa Rica

Costa Rica gained independence from Spain in 1821 and had to develop its own healthcare system (Geist-Martin & Bell, 2009). Previously, Costa Ricans relied on curanderos, shamans, and spiritists whose practices were based on herbal remedies, magic, and faith (Geist-Martin & Bell, 2009). Costa Rica currently has a universal healthcare system which is run by a government institution called the Caja (Boddiger, 2012). The recent budget cuts in healthcare require many health care providers to care for double the amount of patients which caused as many as 850 patients a month a delay in receiving healthcare and increased patient waiting room times to an average of seven hours; thus diminishing many services available to patients (Boddiger, 2012).

Costa Rican providers communicate in ways that are both authenticating and integrating, to provide holistic care for patients that emphasize the values of building and maintaining relationships (Geist-Martin & Bell, 2009). These two practices of communicating highlight such traits as listening, incorporating the words of the patient, and empathizing with them. They also emphasize the importance of legitimizing the patient’s authority and understanding that humans are “whole” organisms composed of many parts and shaped by many things (Geist-Martin & Bell, 2009). According to Geist-Martin and Bell (2009), the Costa Rican healthcare providers found importance in recognizing that...
healing is progressive and does not occur overnight, but can occur over one’s lifetime.

Recent Health Care Issues in Costa Rica

Hypertension and type two diabetes are the leading causes of death and disability, and represent a large cost to the country (Fort, Alvarado-Molina, Peña, Mendoza, Murrillo, & Martínez, 2013). Proper management of these illnesses is not only pharmaceutical, but includes lifestyle changes (Fort, et al., 2013).

Two major factors in chronic disease management are the patient’s perception of his or her disease and education about self-management of disease. Education was provided and clarification was given to the patient and health care providers (Fort et al., 2013). According to the study results of Fort, et al. (2013), the major barriers to self-management of disease included: not accepting the disease, lack of information about symptoms, vertical communication between providers and patients, difficult negotiating environment, medical costs, lack of access to health care, and health care providers not being familiar with what is available and being as resourceful as possible.

Between January and July 2009, poor standard infection control precautions in a Costa Rican hospital appeared to have caused a C. difficile outbreak, which is a severe Clostridium difficile BFI/NAP outbreak in a Costa Rican General Hospital (Wong-McClure et al. 2013). The results confirmed that the infection control measures used were effective in controlling the C. difficile BFI/NAP outbreak (Wong-McClure et al., 2013).

Cultural Experience

The mission clinics were held in a local school just outside of San Jose, the capital city of Costa Rica. The purpose of the medical mission was to provide healthcare to a community that did not otherwise have access to regular health screenings or a primary care provider. In the clinic, physicians were able to use assessment skills to diagnose and treat the patient appropriately. The nursing students took heart rate, blood pressure, temperature, respiratory rate, and oxygen saturation before the patient went to see them. These were written on a piece of paper and the patient carried it with them throughout their visit. These pages also had a number on them to indicate which patient or family was next in line to see the doctor.

In addition to providing fairness to the patients, the clinic helped the group form a sense of organization in somewhat of a chaotic environment. The location of the clinic presented challenges such as providing privacy to clients, lack of running water, and no clear indication of where the patient should go next after seeing the health care providers. Medical mission trips require working with what is available and being as resourceful as possible.

The take home lesson from this medical mission trip from a nursing standpoint would be to always be flexible. Providing culturally competent nursing care is not possible for a closed mind. Holistic nursing includes the physical, emotional, mental, and spiritual aspects of each different patient; there is no way to address all of these aspects without taking culture into consideration. In the unanimous opinion of the five nursing students who attended this medical mission trip, a cultural immersion experience is invaluable to becoming competent and caring nurses as well as promoting personal development.

Summary of Student Experiences and Lessons Learned

Although the experience was different for everyone who participated in this mission trip, each of the students agreed that it provided an opportunity to learn about not only new health promotion, but improvements in nursing skills. Nursing skills are more inclusive than administering medications and taking vital signs and include a qualitative analysis with patients and viewing them as not just a client, but a human being. The importance of understanding simple differences between people became evident as well: recognizing that each person has a different life experience, whether it be because of race or socioeconomic status, is essential to providing holistic nursing care. Each of the nursing students, as well as others on the trip, admitted that it had been a life changing experience for them. It was agreed that being immersed in a different culture and providing care for these people was above all a challenging experience, but worth every penny and second spent. Not only was the group immersed in a culture with a different language and health care system, but a different way of life with experiences of poverty. Nursing care and education had to be hugely modified to fit this particular group of people and the resources available.

References


Highlighted Chapter of the Month: Kentucky Nurses REACH

In a new feature article, the Kentucky Nurse publication will feature one of the KNA chapters in each edition. We look forward to hearing more about what Kentucky Nurses are doing in each chapter. Please contact Maureen Keenan to see about submitting information for your chapter in an upcoming edition. Kentucky Nurses REACH (Research, Educate, Advocate, Care and Help) Chapter, formerly District 7, is based in southcentral Kentucky. The group has a wide range of members from across the southcentral region of the state. Currently the membership stands at approximately 75 nurses and the group invites others to join.

Current officers are Kim Bourne, chairperson; Dawn Garrett-Wright, secretary; and Anne Afton, treasurer. These nurse leaders plan activities for Kentucky nurses throughout the year and disseminate information to members of the chapter. Activities for the 2014-2015 year have included the following:

On October 9, 2014, some of the REACH members who attended the KNA Convention at Louisville had dinner together at the Olive Garden. Several members attended the poster session at the Convention and REACH nurses were well-represented among the presenters at the session.

On November 18, 2014, the chapter met at Greenview Regional Hospital, in Bowling Green. Dr. Beverley Holland presented information related to healthcare in Ecuador and shared experiences from her trip to that country. Students from two schools of nursing attended this meeting. CEs were awarded to attendees.

On February 3, 2015, nurses from TJ Samson Hospital hosted the meeting at the TJS Health Pavilion. Leslie Bradshaw was the guest speaker and presented research associated with the expanded use of lift devices entitled “Safe Patient Handling.” CEs were awarded to attendees. Those present elected to participate in a project to collect items for emergency medical services to distribute to children in crisis and voted to also gather similar items for children in foster care. Again, there was student representation from two schools of nursing.

The annual joint meeting of the Kappa Theta chapter of Sigma Theta Tau and the REACH chapter of KNA convened at the Bowling Green Medical Center Health Science Complex, on April 14. Members reviewed poster presentations and oral presentations of research projects from community nurses and nursing students. Nurses from across the state were invited to attend this presentation. For more information, please contact Kim Bourne at kimberly.bourne@wku.edu.

NURSING: LIGHT OF HOPE

by Scott Gilbertson
Folio Studio, Louisville, Kentucky

Photo submitted by the Kentucky Nurses Association, July 2005 to the Citizens Stamp Advisory Committee requesting that a first class stamp be issued honoring the nursing profession. (Request Pending)

I would like to order “Nursing: Light of Hope” Note Cards

| Package of Note Cards @ 5 For $6.50 |  |
| Shipping and Handling (See Chart) |  |
| Kentucky Residents Add 6% Kentucky Sales Tax |  |
| TOTAL |  |

Make check payable to and send order to: Kentucky Nurses Association, P.O. Box 2616, Louisville, KY 40201-2616 or fax order with credit card payment information to (502) 637-8236 or email to CarleneG@Kentucky-Nurses.org. For more information, please call (502) 637-2546.

Name: ___________________________ Phone: ___________________________
Address: ___________________________________________________________________
City: ___________________________ State: ______ Zip Code: _____________
Visa/Master Card/Discover/American Express: ____________________________
Expiration Date: ___________ CIV: ____________________________

Shipping and Handling

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<td>$60.01 - $200.00……$30.00</td>
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<td>$30.01 - $60.00…..$10.95</td>
<td>$200.01 and up…...&lt; $45.00</td>
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*Express Delivery will be charged at cost and will be charged to a credit card after the shipment is sent.

Human Touch Collection: EMPATHY

“EMPATHY” is a fine jewelry signature piece of the Human Touch Jewelry Collection. The tale conveys caring, compassion, affinity, sympathy and Understanding between two persons; “What comes from the heart touches the heart.” (Don Sibet)

EMPATHY was designed by professional nurses working in concert with nationally renowned artist Joseph Sullam. All proceeds from the sale of the jewelry will go toward scholarships for individuals who are currently working on becoming a nurse or advancing their nursing degree.

Can be worn as a Pin or a Pendant. There are three options available to choose from:

| Option | Sterling silver | 14k gold remelt over sterling silver | Sterling silver with a 14k gold heart
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<td>$97.50</td>
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</table>

Payment Method: ___ Cash  ___ Check (must check payable to: KNA- District 1)  ___ Credit Card: ___ Visa ___ MasterCard ___ Discover ___ American Express

Number: ________________________ Exp. Date: ___________ CIV: ___________

Mail to:_____________________________________

Phone Number: _____________________________

Send Payment to: Kentucky Nurses Association - District 1
PO Box 2616
Louisville, KY 40201-2616
FAX: (502) 637-2526

For more information, contact KNA at (502) 637-2546.
Nurses on the Move

Eva Stone
Eva Stone, a KNA member, and school nurse champion, was awarded the School Nurse Leadership Award May 2015. She is currently the Coordinator of School Health for Lincoln County, but is also active in the Kentucky Coalition of Nurse Practitioners / Nurse Midwives (Regional Director), chairs the School Health Section Kentucky Public Health Association, is on the Community Advisory Committee Foundation for a Healthy Kentucky, a Member of Kentucky Youth Advocates Children’s Health Taskforce, and a member of Friedell Committee for Health System Transformation. Eva presented at the KNA Summit Social Determinants of Health in October 2013, at which time several KNA members started conversations with her about the School Nurse Initiative. With Eva’s inspiration, KNA immediately started planning strategies to ensure that all Kentucky public schools would have school nurses. Eva gave KNA the names of major stakeholders (Karen Erwin, Sandi Clark, Pat Glass), major interest groups (Friedell, KY Youth Advocates), very dedicated school health nurses (who have been actively involved in the KNA initiative since Jan 2014), and got the KNA School Nurse workgroup enrolled on the Kentucky School Nurse Website. Ultimately Eva helped develop and then analyzed the data of a school nurse survey that provided the School Nurse work group with invaluable information related to the state of school nurses in Kentucky. Every time RNA has had a question related to school nursing, how it is funded, how data is mined, she has referred KNA to the right sources. She was instrumental in guiding a KNA / doctoral nursing student and board member, through a very well defined project to determine the benefit of the school nurse, as that school nurse affects attendance, ACT scores, and graduation rates. Eva is truly a champion for kids! According to her supervisor in Lincoln County, Karen Hatter, “Eva has a zeal for her work that keeps her performing at her very best. Eva is truly a champion for kids! According to her supervisor in Lincoln County, Karen Hatter, “Eva has a zeal for her work that keeps her performing at her very best. Ultimately Eva helped develop and then analyzed the data of a school nurse survey that provided the School Nurse work group with invaluable information related to the state of school nurses in Kentucky. Every time RNA has had a question related to school nursing, how it is funded, how data is mined, she has referred KNA to the right sources. She was instrumental in guiding a KNA / doctoral nursing student and board member, through a very well defined project to determine the benefit of the school nurse, as that school nurse affects attendance, ACT scores, and graduation rates. Eva is truly a champion for kids! According to her supervisor in Lincoln County, Karen Hatter, “Eva has a zeal for her work that keeps her performing at her very best.”
A Simple Sweet Death Poem

It came his time; such a beautiful death, lying between his two daughters he drew his last breath. No fear from death's coming; No regrets from his lips. Not one word was spoken he was waiting for this. As the moment approached, he embraced both their hands, a final act of sharing in the life he had spanned. He smiled at them knowingly; They shed not a tear But looked upon him lovingly as his death drew near. He took in the last breath; As I also held mine, The daughters smiled at him sweetly as he left them behind. As life lifted off him, his spirit so sweet that Heaven, that instant, I knew his soul was to meet. That gentle, loving father, two daughters behind; a simple sweet death that often crosses my mind.

~Rhonda G. Vale

Poetry Corner

The Last Trip

By M. L. Jordan

My heart seems to ache more as I grow older. Serious, sharp, intense little stabs that jolt me out of my tiredness, Which is also a problem — being so tired all the time. So I rush headlong into my seventh decade. It makes me worry, but every time I have a test, an Echo, labs, stress test Everything comes back negative, essentially. My lipids are high, no surprise. I'm overweight, not by much, but have mild hypertension. I wear readers. The usual. But it's not the physical pain of my heart that worries me. It's the heartache of the reality settling in that my days are numbered, so to speak. Why, when I was younger, did I not appreciate aging, take it more seriously? Respect that it was out there waiting for the day it arrived to greet me saying, "Well, I know you've been expecting me, sorry it took me so long to get here. But I'm here and I'm here to stay." Where is the beautiful young face that is covered up by this sagging reflection? And the thin, fine boned, beautiful body and long hair? It's like I was never her. She was an illusion. I would always be older a lot longer than I would be young. Why didn't I know that? Why doesn't anyone tell you that? Or have they been saying it all along and, like the young, they don't listen. I didn't listen. So, I'm preparing myself to say goodbye. I will be happy enough I suspect. Who wants to be ugly and feel pains in their heart? And the physical jolts I experience are reminders of the day that's out there with My name hovering above the form that is my Death Certificate, not quite ready To be written on the line where it asks: Name: Then there's a place for date of birth, Then Date of Death: I've filled out hundreds of them as a Hospice Nurse. I know what's coming. The body bag, and the transport to the temporary morgue down in the hospital basement, Unless the funeral home can pick you up right away. You have about a 50/50 shot at that by the way if you die in the hospital, it's a large hospital. And, here's what else I know: the people, a nurse or a tech, who takes you down to the morgue Come in one of two varieties: the ones who love to take you to the morgue Because they are looking for a quick smoke break or need to use their cell and your death Has provided them with that opportunity, and who, by the way, don't care about the dead person. One way or the other, being jostled inside that black bag, gont fast, telling jokes and talkin' trash. Then there's the other person who hates taking you to the morgue because it's sad. They're feeling the weight of the families' sorrow; And your exposure to unseemly things that await you at the hands of the mortician. They may worry about your soul, if you were saved. Or don't care about that, but still are saddened by death, in a way that a sensitive person would be. They always take you down to the morgue gently, are usually silent. Sometimes murmuring a prayer over your body. Gently sliding you into the refrigerated bin with a sense of their mortality. They recognize it as very special moment. They feel honored to be with you at this important time. I hope for you that this is the person who takes your body and cleans it. And yes, maddeningly, puts the tag on your toe as they do. And wipes away whatever needs to be cleaned with loving hands. Eyes never roving over your body – because after all it is still your body – still your dignity. I hope this is the person who accompanies you. Because I have been her.
### Kentucky Nurses Association Calendar Of Events 2015

#### July 2015

#### August 2015
- 1: KNA Ballot 2015 Mailing
- 10: Deadline for the *Kentucky Nurse* (October/November/December 2015 Issue)
- 28: 10:30 AM – 5:00 PM Kentucky Board of Nursing Meeting

#### September 2015
- 7: Labor Day Holiday – KNA Office Closed

#### October 2015
- 2: Education Summit, Embassy Suites, 1801 Newtown Pike, Lexington, Kentucky 40511. Overnight Reservation - 859-455-5000
- 2-4: Kentucky Association of Nursing Students (KANS) Annual Conference, Embassy Suites, 1801 Newtown Pike, Lexington, Kentucky 40511 Overnight Reservation - 859-455-5000
- 7-10: ANCC National Magnet Conference, Atlanta, GA
- 14: 10:30 AM – 5:00 PM Kentucky Board of Nursing Meeting

#### November 2015
- 5-8: National Student Nurses Association (NSNA) Mid-Year Conference, Atlanta, Georgia
- 9: Deadline for the *Kentucky Nurse* (January/February/March 2016 Issue)
- 11: Veterans Day - KNA Office Closed
- 26-27: Thanksgiving Holiday – KNA Office Closed

#### December 2015
- 11: 10:30 AM – 5:00 PM Kentucky Board of Nursing Meeting
- 21-31: Christmas Holiday – KNA Office Closed

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*All members are invited to attend KNA Board of Directors meetings (please call KNA first to assure seating, meeting location, time and date)
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- Telemetry
- Benefitted Critical Care Pool
- Rapid Response
- Neonatal ICU
- OR (experienced)

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RN-BSN is now online!

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The fall 2015 class is nearly full but we are taking applications on a space-available basis until July 15. Apply by Nov. 1, 2015 for the spring 2016 class.

Visit www.uknursing.uky.edu and click on Academic Programs. If you have more questions, please contact James Hayhurst at james.hayhurst@uky.edu or (859) 323-5428.

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