Through the Kentucky Nurses Association (KNA) and the Title VIII Nursing Workforce Reauthorization Act, Improvement, and Veterans Access to Care Act, and the Safe Staffing Act, Home Health Care Planning and ANA has focused on many issues such as the RN (PAC) focusing on influencing federal legislation. The Association (ANA) has a Political Action Committee and political involvement. The American Nurses Ethics calls for nurses to be active in social policy boards of nursing.

Boards of Nursing.

action by nurses at the state level through the State legislation with an achievable agenda for political nursing standards are established and help develop nursing is to assist legislators to understand how for who is qualified to practice. The mandate for safety, thus pass legislation and set requirements ensuring effective public policies.

influences are present in the process are critical to how it may impact our clients and our profession. Nurses have the potential to be a powerful political force. Nationally, with 3 million nurses licensed to practice, the profession constitutes the largest body of healthcare providers in the country. Once nurses identify what needs to be done, they can use their significant political power to make change.

The willingness of nurses to become involved in the political process is the key to developing legislative respect for the profession, and improving healthcare. We have a responsibility to broaden our advocacy to include health policy, which in turn, will empower nurses to have control over our practice in many healthcare issues. Your membership in ANA/KNA and your specialty nursing association offers many opportunities to engage in policy making efforts while supporting you in your efforts.

As the largest and most trusted profession, nurses need to be aware of how politics work. Politics impact our profession at the local, state and national level. It is imperative that nurses analyze and understand proposed policy and how it may impact our clients and our profession. Understanding how politics work and what influences are present in the process are critical to ensuring effective public policies.

States are ultimately responsible for client safety, thus pass legislation and set requirements for who is qualified to practice. The mandate for nursing is to assist legislators to understand how nursing standards are established and help develop legislation with an achievable agenda for political action by nurses at the state level through the State Boards of Nursing.

Professional organizations provide a way to influence policy change and legislation at the state and federal level. Provision 9 of the ANA Code of Ethics calls for nurses to be active in social policy and political involvement. The American Nurses Association (ANA) has a Political Action Committee (PAC) focusing on influencing federal legislation. The ANA has focused on many issues such as the RN Safe Staffing Act, Home Health Care Planning and Improvement, Veterans Access to Care Act, and the Title VIII Nursing Workforce Reauthorization Act. Through the Kentucky Nurses Association (KNA) political and legislative programs, the Association has taken firm positions on everything from HIV/AIDS policy, a patient’s right to self-determination, creation of the Patient Safety Act, to access to health care and adequate reimbursement for health care services.

The “Surviving Your First Year” event for students and new graduates is upcoming, and will be held April 8 in Bowling Green. Please join us!


President’s Pen

The Politically Active Nurse

Teresa H. Huber, DNP, MSN, RN

Happy New Year!

As the largest and most trusted profession, nurses need to be aware of how politics work. As a member driven organization, KNA works diligently to educate legislators and to advance legislation supportive to our profession and our patients. The depth and breadth of nursing knowledge and critical thinking that nurses bring to the table is vital in shaping our nation and our state’s policymaking, especially in the healthcare arena.

Once nurses identify what needs to be done, they can use their significant political power to make change. Encourage students and others to participate in advocacy days at the state capital, and meet with local legislators to support their cause, during Legislative Days. Politics impact our profession at the local, state and national level. It is imperative that nurses analyze and understand proposed policy and how it may impact our clients and our profession. Understanding how politics work and what influences are present in the process are critical to ensuring effective public policies.
Student Spotlight

Summary of Code of Ethics

Kerri Eklund, RN
RN to BSN Student
Western Kentucky University

The Guide to the Code of Ethics for Nurses serves as a moral compass and map to direct nurses towards a path of practice that is paved with quality care. As it says in the title, this document illustrates a standard that every nurse among all educational levels and professional pathways should follow in order to accomplish the ethical responsibilities of the nursing profession. The purpose of this article is to briefly expand upon what the Guide to the Code of Ethics for Nurses truly is by discussing its development and purpose as well as its importance to nursing practice.

Development and Purpose

The idea of a code of ethics was initially discussed in 1896 by the group that, in the future, would form the American Nurses Association (ANA). By the time the ANA House of Delegates unitedly accepted the Code for Professional Nurses in 1950, there had already been years spent discussing and selecting the fine print that would influence millions of nurses around the world. Revisions to the initial code of ethics were published in 1956, 1960, 1976, 1985, 2001, and 2015 in order to ensure the code evolves along with the constantly adapting nursing profession (Fowler, 2015).

The Guide to the Code of Ethics for Nurses was developed to provide a standard for nurses. This standard not only serves as a guideline for the basis of nursing practice, but it also acts as a reflection of the credibility of the nursing profession as a whole. Like children, new nurses must be guided and taught with continuity in order to see the true importance of following the rules that have been presented to them. The Code of Ethics outlines the rules and expectations for nurses and allows them to develop their own interpretation of the universal nursing expectations and integrate such into their professional growth.

Importance to Nursing Practice

Just as the Ten Commandments served as the rock upon which Christians built their practices and beliefs, the Code of Ethics serves as the foundation for nursing practice. Growing up in the Catholic Church and attending a Catholic school from kindergarten to eighth grade, I was constantly taught to base my inner conscience around the Ten Commandments. To this day, I judge every action I take according to those ten guidelines. The Guide to the Code of Ethics for Nurses serves as my nursing inner conscience. Whether it be during a calm shift when I could choose to sit and chat with a patient, or during a hectic shift and I have a million responsibilities to juggle, I depend upon my inner conscience to keep me on track. This book is extremely important as the basis for my nursing practice.

Summary

The Guide to the Code of Ethics for Nurses serves as my nursing inner conscience. Whether it be during a calm shift when I could choose to sit and chat with a patient, or during a hectic shift and I have a million responsibilities to juggle, I depend upon my inner conscience to keep me on track. This book is extremely important as the basis for my nursing practice.

References

The definition of nursing is complex, but one of the components is “Advocacy in the care of individuals, families, communities, and populations.” (ANA, 2010, p.3) Nurses are personal activists for their patients. I try to mirror this example in my career. I listen to my patients and their families, and try to understand their concerns. I do not hesitate to call a doctor when I know that it is in my patient’s best interest, even if it is 3:00 a.m. I allow family members to remain at the bedside after visiting hours because I know there’s a good chance that moment could be the last time they see their family member alive.

Nursing is not black or white. There is a very large gray area in which we practice. The Nursing Social Policy Statement provides excellent guidelines in nursing practice. It formulates excellent definitions of practice, and outlines the scope in which we should practice. It establishes that relationships between the nurse and patient are of the highest value. Creating rapport with my patient is very important to me. It is only now after being a nurse that I understand why my stepmom was late arriving home. Nursing has no time constraints. The patient in front of you is more important than your schedule. Many times my stepmom was late because of the elderly man who takes his last breath. What took so long, I can say with a smile, “I just couldn’t leave.”

Now when I come home late and someone asks me what took so long, I can say with a smile, “I just couldn’t leave.”

I know that it is in my patient’s best interest, even if it is 3:00 a.m. I allow family members to remain at the bedside after visiting hours because I know there’s a good chance that moment could be the last time they see their family member alive.

References
Medication Administration Errors

Catherine Forston and Morgan Tardiff, BSN students, and Rachel Hazelwood, BHS student, at Bellarmine University, Louisville, KY

Patient safety and quality of care are the center of the healthcare industry. Unfortunately, medication errors, regardless of route, are a common problem. According to a study completed by the National Academy of Sciences in 2000, medical errors are the eighth leading cause of death in the United States. It has been reported that an estimated $3.5 billion is spent a year on preventable medication administration-related events in the United States.

A group of nurse researchers at a hospital in Fort Wayne, IN recently conducted a study to examine the effect of distractions and interruptions on medication administration errors. The purpose was to discover protocols that would aid in decreasing medication administration errors and associated adverse events. The researchers anticipated that decreased numbers of distractions and interruptions could decrease the frequency of medication administration errors, since research suggests that nurses are interrupted on average 6.7 times an hour and as many as 14 times an hour while preparing medications. Fifty-six nurses and twenty-four nursing students on a 45-bed acute care unit in a community hospital participated in the study.

The project began by obtaining baseline analysis of the rate of medication administration errors. The participants were then educated on the project interventions, which included clearly marked signs in areas for medication preparation, an updated medication administration checklist, instructions not to speak to others or attempt to multitask while preparing medications, as well as instructions related to reporting, using a Medication Administration Distraction Observation Sheet. Twenty-six nurses reviewed the Medication Administration Distraction Observation Sheet for content validity. The inter-rater reliability of the observation tool was .90. The nurses were also instructed to wear orange vests that clearly stated that the nurse was administering medications and was not to be interrupted. The study was conducted over the course of 3-months.

The pre and post intervention error rates were compared. The reported medication administration error rate increased from 1.68 to 2.88 per 1000 patient days. However, the researchers concluded that the increase in reported medication errors was due to the nurses’ increased awareness of what constituted a medication error. The ten post-intervention errors reported were identified as preventable, had the nurses adhered to the checklist and avoided interruptions. Environmental factors such as distractions or interruptions during medication preparation and administration were found to contribute to medication errors.

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The study successfully addressed the desire to decrease the overall risk of medication administration errors by the project participants and increase their awareness of distractions and/or interruptions during the medication administration process. The authors suggest that in order to continue to decrease the number of medication administration errors, healthcare facilities should provide and adhere to an environment that supports reducing distractions, interruptions, and conversation during medication administration and preparation.


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.
Nurses on the Move

Local Healthcare Leader Wins International Award for Excellence in Research

Dr. M. Cynthia Logsdon Honored with Elizabeth McWilliams Miller Award for Excellence in Research from Sigma Theta Tau International

M. Cynthia Logsdon, Ph.D., WHNP-BC, FAAN, Professor, University of Louisville School of Nursing and Associate Chief of Nursing for Research, University of Louisville Hospital has won the 2015 Elizabeth McWilliams Miller Award for Excellence in Research from Sigma Theta Tau International (STTI), the honor society of nursing. Logsdon, an alumna of the Spalding University School of Nursing, which nominated her for the award, was presented the award at the STTI biennial convention in Las Vegas, NV Nov. 7-11, 2015. STTI lauds nurses and health care professionals with the International Awards for Nursing Excellence, and this award honors Logsdon for her achievements in research and contributions to the profession of nursing.
Kristin Ashford, PhD, WHNP-BC, FAAN, associate professor with the University of Kentucky College of Nursing, has been awarded a four-year, $2,327,683 RO1 grant from the National Institute on Drug Abuse (NIDA). The Impact of Electronic Cigarettes (e-cigs) on Perinatal Immune Responsiveness and Birth Outcomes in Appalachia seeks to determine the effects of e-cigs on prenatal biomarkers and birth outcomes. Ashford and her team seek to generate the necessary data to guide regulatory authorities.

Three nurse faculty from the University of Kentucky College of Nursing and a nurse administrator with UK HealthCare were recently inducted as fellows of the American Academy of Nursing. They are Kristin Ashford, PhD, APRN, WHNP-BC, FAAN; Patricia Burkhart, PhD, RN, FAAN; Cecilia Page, DNP, RN-BC, CHCIO, CPHIMS, FACHE, FAAN; and Deborah Reed, PhD, RN, FAOHSA, FAAN.

Debra Moser, PhD, RN, FAHA, FAAN, professor and director of the Center for Biobehavioral Research in Self-Management of Cardiopulmonary Disease at the University of Kentucky College of Nursing, was chosen for the 2015 President’s Award from the Friends of the National Institute of Nursing Research (FNINR). The prestigious honor recognizes a nurse researcher who epitomizes a commitment to scientific inquiry and whose long-standing contributions to the field serve to advance knowledge and understanding of human health and health care.

The University of Kentucky College of Nursing has opened a primary care clinic with limited services in Wilmore, Ky. Sharon Lock, PhD, APRN, FNAP, FAAN, professor and primary care DNP track coordinator, is director of the clinic and practices with UK colleague Nancy Kloba, DNP, APRN, FNP-BC.

Jenna Hatcher, PhD, MPH, RN, University of Kentucky College of Nursing, took on a new role as director of diversity and inclusivity for the College. She hopes to recruit a more diverse body of undergraduate and graduate nursing students and instill a culture of inclusivity in all facets of the College and that this will translate into the larger nursing workforce.

Several faculty members at the University of Kentucky College of Nursing have taken on or have transitioned into different administrative roles. Kristin Ashford, associate professor, is now assistant dean of research; Patricia Burkhart, professor, is now associate dean of undergraduate faculty affairs; Susan Frazier, associate professor, is now the PhD program director; Jennifer Hatcher, associate professor, has been named the College’s director of diversity and inclusivity; Sherry Holmes is now assistant dean of academic operations and...
Bluegrass Chapter:

The Bluegrass Chapter has worked very hard this past year.

To address our community care focus identified in our bylaws, we have collected coats, canned goods and money for many organizations within our geographical area. These include Habitat for Humanity and Salvation Army.

In an effort to support our membership drive and mission, we work with the classes and we have presented KNA/ANA mission and goals to the graduating classes of every program in our geographical region. We have found that this has led to nearly doubling our membership over the past several years.

Our members requested CE offerings and our mission is to reach out to the bedside nurse. Combining these goals, we offer clinically driven CE at all membership meetings. Our meetings occur on the third Tuesday of the odd months at the Chop House on Richmond Road at 6pm.

As we work to improve quality and safety and clarify our mission, we are currently updating our bylaws and planning a patient safety conference for 2016.

Communication with members is super important. We have established a Shutterfly account and we email members meeting information and important research provided by the KNA.

Additionally, we have established a website and important. We have established a Shutterfly account and we email members meeting information and important research provided by the KNA. We have been keeping our members well informed.

To address our membership growth over the past several years, we are currently updating our bylaws, collecting dues, and developing the website.

Heartland Chapter:

The Heartland Chapter has reviewed the updated State Association bylaws and developed the new chapter bylaws to be congruent. The chapter bylaws were approved and were forwarded to the State Office. Necessary structural changes for the transitions from District 4 to Heartland chapter, including bank account name changes, bank account access/authorization, and chapter logo are still being finalized. Bernie Sutherland is working with the State office to determine how to access and update chapter membership numbers and data.

Chapter members who have agreed to run for State offices in 2015 include Anne Sadingoz, Jean Statz, Laurie Heckel, Jerri Passo, Rhonda Vale, Susan Nesmith, and Beverly Rowland. Currently there are several Heartland members already elected to State offices. Thank you to all our chapter members who are serving in State offices or have agreed to be on the 2015 ballot.

The KNA financial update information from the Convention was reviewed at our chapter meeting. Recommendations concerning investment and financial plans for association relevance and membership growth were forwarded to the State office, as requested.

An article on the ANA Workplace Violence and Intimacy Panel and Advisory Committee was published in the Kentucky Nurse. Janeille Elder, a member of several KNA members, was appointed to the Advisory Committee.

Thanks to our officers, loyal members, hosts, and interested nurses for their attendance and work on our chapter business.

Kentucky Nurses Reach Chapter:

REACH Chapter Happenings: The REACH Chapter was formerly District 7. REACH stands for Research, Educate, Advocate, Care, Help. The purpose of the chapter is to stay abreast of current research and evidence-based practice, to participate in and provide on-going education and advocacy, and to be a caring and helping organization in our community.

The REACH chapter met in September and enjoyed a presentation by Detective Matt Travis of the Kentucky State Police entitled Street drugs: Recognizing signs and symptoms. Items were collected for and donated to BRASS (Barron River Area Safe Space). On November 3rd, Dr. Mildred Mitchell-Bateman Hospital is a 110-bed acute care mental health facility operated by the West Virginia Department of Health and Human Resources. We are seeking qualified staff to fill permanent and temporary positions.

Some of the benefits you will enjoy:

- Paid holidays with incentive for working Thanksgiving, Christmas, and New Year’s Day
- Accrued sick leave
- Accrued annual leave
- Shift differential for evenings and night shifts
- Education assistance (tuition reimbursement)
- Annual increment pay after 3 years of service
- Public Employees Retirement System
- Comprehensive health insurance plans, including PEOA
- Prescription drug plan and optional dental and vision coverage

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- Public Employees Retirement System
- Comprehensive health insurance plans, including PEOA
- Prescription drug plan and optional dental and vision coverage

Temporary positions do not include benefits. Interested individuals should contact:

Patricia G. Hamilton, RN, BC Chief Nurse Executive
michelle.rayburn@st-claire.org.

Northern Kentucky Chapter:

The Northern Kentucky Chapter of the Kentucky Nurses Association (KNA) was started by several members of the Cincinnati Regional Chapter. The first meeting was held on April 29, 2014 and an Executive Council was elected. The Northern Kentucky KNA Chapter became official on June 4, 2014 when KNA Board of Directors formally approved the new chapter application.

The Executive Council members include: Chair – Michelle Taylor, RN, President – Christa Thompson, MSN, RN; Secretary – Shelly Brown, MSN, RN and Treasurer – Phelan Bailey, RN. The Northern KNA Chapter is working on a proposal to help with fundraising. Additional community efforts include a “Coat for Kids” drive which helped two area elementary school resource centers during the bitter cold winter months and support for the “Adopt a Family” program during the holiday season.

This year’s holiday community events will be to “Stuff the Turkey.” This will be a Thanksgiving food drive to benefit a local food pantry in Olive Hill, Kentucky. We are also delighted to be able to “Adopt a Family” again this year to help provide a wonderful Christmas to a family in need. Also some members have participated in “Operation Christmas Child.” This program partners with churches worldwide to give boys and girls in underdeveloped countries shoeboxes full of gifts for Christmas.

All active KNA members in eastern Kentucky are encouraged to join the KNA Northern Chapter. If you are interested in joining or would like more information on the KNA Northern Chapter, please contact Michelle Taylor at 606.783.7789 or michelle.rayburn@st-claire.org.
how to communicate more effectively with members since most do not want to come to monthly meetings. Dialogue will continue on how to make River city more relevant to members in the future.

Dr. Karen Cassady from Hildegarde House was the speaker for the October meeting. She is in the throes of establishing a place where homeless who are dying and qualify for Hospice care can live out their final days. Karen talked about this concept’s origin in Germany where she has visited several of these houses. Hildegarde House is located in the St. Joseph Church convent and will open in January. Attendees were invited to participate in the orientation for volunteers which includes material related to Hildegarde House and Hospice service.

The November meeting provided a forum for stimulating discussion on future goals for KNA and how chapters can be a part of those goals. Leading the discussion was KNA President-elect Dr. Kathy Hagar. Much of the discussion centered around using updated and varied technology to reach membership such as chat rooms, more sophisticated websites, email blasts, texts and Instagrams. There was also discussion about more connection with Board members, posting Board minutes on the website section for members and making the Kentucky Nurse more relevant to all nurses.

The River City Chapter board is going to try quarterly meetings at KNA Headquarters beginning in January, 2016 with monthly updates through email in the other months.

School Nurses in Every Kentucky School Chapter:

In 2013, Eva Stone, ARNP, Lincoln County Director of Student Support Services, presented a program on the Social Determinants of Health in Kentucky’s school age children at the KNA Leadership Summit. Following that presentation, several attending KNA members started meeting with various nurse leaders around the state. With their help, a group of over 80 stakeholders (some parents, some child advocate group members, some legislators, some KNA members, some school health coordinators, and many school nurses) started communicating and working toward a plan to place a school nurse in every Kentucky school.

In 2015, Dr. Teena Darnell surveyed all Kentucky high schools and came up with some great data supporting the presence of school nurses in high schools. Dr. Darnell found, that when schools with full time school nurses were compared to schools without access to a nurse, the schools without access had a 76.9% graduation rate, compared to an 83.1% graduation rate for those students with access to a full time nurse (p=0.001).

Phase II of this research is to link reading at grade level and calculating math at grade level, for grades 3-8, to the presence, or absence of a school nurse. The Internal Review Board application is in process at this time. Concurrently, the group is meeting with Senator Reggie Thomas, thanks to Carol Komara, a School Nurse Group member and a past board member of the Kentucky Board of Nursing.

One sub-committee of the School Nurse group has already met and proposed a delivery model that would place a school nurse in every school, and more than one nurse, if the number of students exceeded the 1 nurse: 750 students proposed National Association of School Nurses ratio. Another sub-committee is looking at best methods for funding the initiative. Plans will be underway to file a bill for the 2017 Kentucky Legislative session.

Current efforts also involve activation of discussion boards / forums for KNA chapters.
Unequal Access: African Immigrants and American Health Care***

Adebola O. Adegboyega, RN, BSN  
PhD student  
University of Kentucky College of Nursing

Jennifer Hatcher, RN, MPH, PhD  
Associate Professor and Director of  
Diversity & Inclusivity  
University of Kentucky College of Nursing

Access to health care is defined as the empowerment of an individual to use health care. It is a multidimensional concept based on the interaction (or degree of fit) between health care systems and individuals, households, and communities (McIntyre, Thiede & Bird, 2009). Inequities in health care cover not only inadequacies in access to care but also differences in the quality of both informal and formal care, as well as the burden of payment. The existence and magnitude of these inequities increase the disease burden, widen social inequities in health status, and generate adverse social and financial effects (Dahlgren & Whitehead, 2007). When opportunities for efficacious health services are unavailable to certain groups in society, there are access issues that may need to be addressed (Gulliford et al., 2002).

Experiencing access to health care among African immigrants is an important and timely issue as a result of the growing health inequities related to health care access in this underserved population (Edward, 2014). The African immigrant group is a rapidly rising new population in the United States (Capps, Mc Cabe & Fix, 2012). From 1980 to 2013, the sub-Saharan African immigrant population in the United States increased from 130,000 to 1.5 million (Zong & Batalova, 2014). African immigrants differ by country of origin, reasons for migration, primary languages spoken, health practices and beliefs, human capital, education status, and cultural background (Reed & Tishkoff, 2006). Managing the health care needs of this group is challenging due to the diversity and vulnerability of the group.

Penchansky and Thomas (1981) conceptualized that access has five dimensions: (a) availability, (b) accessibility, (c) affordability, (d) accommodation, and (e) acceptability. These dimensions of access are interwoven and may not be easily separated. The purpose of this paper is to briefly explore the dimensions of access as it relates to African immigrants health using the model provided by Penchansky and Thomas as a conceptual guide.

Although millions of uninsured American residents gained access to healthcare coverage through the implementation of the Patient Protection and Affordable Care Act of 2010, millions more will remain uninsured due to mandates that forbid undocumented immigrants and legal residents by less than five years from purchasing insurance through the newly available market exchange (Agbini & Cofiff, 2015). Although millions of uninsured American residents gained access to healthcare coverage through the implementation of the Patient Protection and Affordable Care Act of 2010, millions more will remain uninsured due to mandates that forbid undocumented immigrants and legal residents by less than five years from purchasing insurance through the newly available market exchange (Agbini & Cofiff, 2015).

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When disaster strikes, who will respond?

The Kentucky Department for Public Health is seeking nurses to register and train as Medical Reserve Corps (MRC) volunteers. When events such as ice storms, flooding or pandemics occur in Kentucky, our citizens need nurses to provide compassionate care. Register to volunteer and receive training from your local MRC unit today. By doing so, you can be prepared to serve your community, family and neighbors when they need it most.
because of fear that private health information might be spread to the community by interpreters who live in their neighborhood. Skills like reading, writing, communicating, and listening in English are needed to accomplish health related tasks. One needs familiarity with the technical, jargon-rich, biomedical vocabulary used within the health care system (Singleton & Krause, 2010), this may prove a challenge for immigrants for whom English language is not the primary language.

Acceptability: Discrimination experienced in health care settings may inadverently influence individuals’ use of needed health care (Quach et al., 2012). In a study among a multiethnic population in the United States, African immigrants reported that they perceived that they were treated unfairly and with disrespect in the health care system based on the way they looked (English Johnson, Saha, Arbezel, Beach, & Cooper, 2004). Furthermore, researchers have expressed that a “double jeopardy” phenomenon exists for immigrants of color (Parish et al., 2010). Since African Immigrants are grouped with African Americans based on race, they continue to face the same discrimination, limited resources allocation and scarce opportunities. These treatments coupled with other lived experiences unique to African immigrants put them at a more disadvantaged position. Immigrant persons of color reported more discrimination than United States born persons of the same race (Lauderdale, Wen, Jacobs, & Kandula, 2006) and felt that they were treated differently by hospital personnel than United States born persons of the same color (Lauderdale, Wen, Jacobs, & Kandula, 2006). A study of the Health Care Experiences of Somali Women also found that Somali immigrants and their families report feeling discriminated against and this discrimination may lead to mistrust in provider-patient communication. These findings are supported by the Health Care Experiences of Somali Women study which described that Somali-American women perceived being treated unfairly and with disrespect in the health care system (Sheikh, Adam, & Glick, 2008)

Furthermore, educating recent immigrants about US healthcare services through more established community members and healthcare navigators may assist in achieving improved access and utilization of services. Education should be focused on teaching the new immigrants how to schedule appointments and follow up, information about available programs and resources in the community, and strategies for effective communications with providers and how to become active participants in their healthcare decisions.

Finally, there is limited research addressing issues related to health care among African immigrant youth and elderly: A photovoice project. Journal of Health Care for the Poor and Underserved, 25(4), 1730-1747. doi: 10.1353/hpu.2014.0183

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**Cultural Diversity continued on page 12**
disparities in cancer screening. The importance of foreign birth as a barrier to care. Journal of General Internal Medicine, 18(12), 1258-1035.


*This article was reprinted due to an editorial error that omitted the author's names.*
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The population of the United States is increasingly diverse. In health care settings, diversity continues to be associated with health disparity (Institute of Medicine, 2003); minorities are less likely than Caucasians to receive needed health services. Disparity is particularly common in those with Limited English Proficiency (LEP). LEP means individuals are unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language. A person with LEP may have difficulty speaking or reading English. An LEP person may need documents written in English translated into his or her primary language so that the person can understand important issues related to health and human services.

LEP can drastically affect a patient’s overall health literacy. The United States Department of Health and Human Services (2010) defines health literacy as “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” (p. 1). Health literacy can be affected by education level, socioeconomic status, race/ethnicity, and culture. Health literacy is an integral component of successful navigation of the health care system and positive health outcomes.

A comprehensive review by Andrus and Roth (2002) examined several studies conducted in the United States and found that low health literacy is directly correlated with poorer health status, decreased knowledge of medical care and conditions, lack of understanding and use of preventive services, poorer compliance rates, increased hospitalizations, and increased health care costs. The prevalence of low health literacy has also been reported for numerous ethnic groups. Previous studies have demonstrated Hispanic ethnicity is associated with lower levels of health literacy compared to other races and ethnicities (Garbers & Chiasson, 2004; Guerra, Dominguez, & Shea, 2005; Nokes et al., 2007). The United States Census Bureau data indicate there are 25.3 million LEP individuals in the United States, of which Hispanic individuals comprised 63% (2011). Hispanics are the fastest growing minority population in Louisville, KY, and second largest minority group comprising 4% of the city’s population in 2010 (US Census Bureau, 2009). As more Hispanics migrate to the United States and utilize the health care system, it is imperative that interventions are both culturally and linguistically tailored to this population.

There may be stigma variations among Hispanic subgroups depending on specific regional or ethnic influences on culture and attitudes. For example, with all Hispanic subgroups, time since immigration to the US, stronger ethnic identity, and greater Spanish language/social preferences were strongly associated with a lower odds of mental health service utilization (Keyes, et al., 2012). There is also evidence indicating a gap in provider recognition and service provision for Hispanic LEP women with postpartum depression (Chauvdon et al., 2005).

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Limited English Proficiency continued from page 13

 Recommendations
 Federal guidelines require that assistance be provided to individuals with LEP. Since its enactment, the Federal Civil Rights Act of 1964 has prohibited discrimination on the basis of race, color or national origin in any program or activity that receives federal financial assistance. Title VI requires that recipients take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. Steps must be taken to ensure that all individuals receiving health services understand their health situation, are aware of their options, and know how to promote and manage their own health. Although interpreters are available at health care facilities, either by phone or in person, each nurse in the Commonwealth of Kentucky has a responsibility to ensure these services are offered in a timely, effective manner to those in need.

 To eliminate health disparities, researchers and practitioners must also identify specific stigmas and barriers which prevent the Hispanic population from accessing health services. The various facilitators and barriers in place for services allow nurses to more accurately understand health knowledge, attitudes towards treatment, assessments of patients' health literacy skills, more readily accessing health services. Thorough assessments of patients' health literacy skills, health knowledge, attitudes towards treatment, and preferred methods of receiving health care must also identify specific stigmas and barriers which prevent the Hispanic population from accessing health services.

 References

 Casey County Hospital is recruiting for APRNs.

 Casey County Hospital, built in 2008, is a 24-bed critical access facility located in Liberty, KY. It is a Joint Commission accredited and features two rural health clinics in the hospital district.

 For more information, contact: Rusty Tungate, Administrator/CEO
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assessments; Patricia Howard is executive associate dean of academic affairs and partnerships; Sheila Melander, professor, is assistant dean of graduate faculty affairs and the MSN and DNP program director; and Darlene Welsh, associate professor, is now assistant dean of undergraduate faculty affairs and the BSN program director.

Jane Heath, PhD, APRN-BC, FAAN, dean of the University of Kentucky College of Nursing, has been selected to become a fellow of the AACN-Wharton Executive Leadership Program. Heath has more than 38 years of acute and critical care nursing experience in various positions, from staff to administration to advanced practice and academia. She has been awarded more than $12 million for academic and/or research initiatives, generated more than 150 publications and abstracts, and served on numerous regional and national task forces for tobacco control and advanced practice nursing programs.

Four University of Kentucky College of Nursing faculty members have been accepted to UK Chairs’ Academy Fall Cohort. The Chairs’ Academy encourages faculty to consider leadership career paths and develop the skills necessary for effective institutional leadership. Those selected are Kristin Ashford, PhD, WHNP-BC, FAAN; Susan Frazer, PhD, RN, FAHA; Sheila Melander, PhD, APRN, ACNP-BC, FCCM, FAANP; and Darlene Welsh, PhD, MSN, RN.

Mary Rado Simpson, PhD, RN (PhD, UK 2001), alumnus of the University of Kentucky College of Nursing, was recently appointed as the founding dean of the Elizabeth Akers Elliott School of Nursing at the University of Pikeville after serving as both division chair and interim dean for the nursing programs.

Nora Warshawsky, PhD, RN, CNE, University of Kentucky College of Nursing, has been appointed as the inaugural Baptist Health Lexington Healthsystem Leadership Scholar. Dr. Warshawsky will be helping to provide leadership with a research project focused on the identification of competencies among the Baptist Health Lexington organization leaders (department directors and executives) and the development of a leadership development curriculum (the Evolving Leader Program).

Governor Steve Beshear reappointed University of Kentucky College of Nursing Assistant Professor Kathy Wheeler, PhD, RN, APRN, FAANP, to the Kentucky Advisory Board in September 2015. Dr. Wheeler will represent health care providers in counsel to the Kentucky initiative, which assists the state in pursuing the development of a state-based health care system. The board—a direct outcome of the Affordable Care Act—has members representing every aspect of health care and health care delivery in the Commonwealth.

Ellen Hahn, PhD, RN, FAAN, of the University of Kentucky College of Nursing, and her team recently received a one-year, $17,857 award from the Kentucky Association of Radon Professionals to coordinate and evaluate radon monitoring and mitigation training statewide, as well as coordinate quarterly radon coalition meetings.

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