Why a “No” Vote on the Marijuana Ballot Question is So Important

Governor Charlie Baker

I appreciate this opportunity to address over 120,000 nurses and appreciate your tireless efforts on the frontline of our health care system. This fall, Massachusetts voters will get to decide whether to legalize the drug marijuana for recreational purposes. Recently, I was pleased to learn that the Board of Directors of ANA Mass voted unanimously to oppose the recreational marijuana ballot question.

As the Governor and as a father, I am strongly against legalizing recreational marijuana and I am joined in opposition to this initiative by Boston Mayor Marty Walsh, Attorney General Maura Healey, and Speaker of the House Bob DeLeo. We are dedicated to raising awareness about the risks of recreational marijuana and adverse consequences facing states that have given down this path, especially here in Massachusetts as we combat an opioid epidemic that kills four people every day.

Massachusetts’ current medical marijuana system is well regulated, with protections for patients, communities, and our youth. The system allows patients in need to get the help they seek; prevents diversion of marijuana to young people; allows appropriate access; gives municipalities proper control; and allows research in a systematic, effective manner.

The ballot question before the Commonwealth will negate many of the protections established in the current system. While marijuana prohibitions have loosened over the years, there is still a great deal we are learning about the drug’s harmful side effects. Studies have shown that marijuana use may impact the physical structure of the brain and when combined with alcohol or other substances, increases the risk of motor vehicle crashes.

There is also strong evidence across multiple studies linking early adolescent and continuous marijuana use to the development of anxiety disorders later in life; an increased risk of not completing high school or enrolling in college; lower income and unemployment; and a reduction in IQ in middle adulthood. As a parent, I am especially concerned about marijuana-infused foods like candy, cookies, and soda, which would be legal under the ballot measure and undoubtedly marketed to our children.

While cities and towns currently have a strong say in which medical marijuana dispensaries come to their community, the ballot initiative contains a poison pill that would lead to dozens of dispensaries getting automatic recreational licenses. The ballot question isn’t just about allowing adults to use marijuana in the privacy of their home: it’s the creation of a billion-dollar, for-profit commercial marijuana industry with the 1970s.

Massachusetts communities deserve more of a voice in this process. Should the ballot measure pass, it will lead to dozens of unwanted recreational marijuana stores in neighborhoods across the state. Marijuana shops and grow facilities would end up near some of the most disadvantaged communities, marketed to citizens who are already facing other challenges.

One thing we can all agree on is that more research is needed to determine the harms, effects, benefits, and societal impacts of marijuana. There are already too many young people in our state impacted by the opioid crisis and making it easier to introduce more people to drug use is counter intuitive. It is important we take the time to learn about these effects before implementing a flawed and overreaching recreational marijuana program. I hope you join me in voting “no” on recreational marijuana ballot question 4 this fall.
In June, Diane Jeffery, Diane Hanley, Myra Cacace and I attended the ANA Membership Assembly and ANA Lobby Day in Washington D.C., as the representatives of ANA MA. This annual event is filled with energy, information, and networking opportunities. During Lobby Day, we walked to Capitol Hill to meet with our legislators to discuss the key issues faced by nursing. One of these topics was the federal level safe staffing bill that would assure safe staffing across all states and put an end to years of controversy over this issue. We also discussed the APRN scope of practice with regard to providing care for our nation’s veterans as well as the topics of gun violence and mental health concerns. We asked our legislators to support initiatives that would address the opioid epidemic we are confronting as a nation. All of the issues we addressed have one goal in mind, namely, better care for all patients across the country.

We happened to be at the Capitol during a historic time in the legislature. Many legislators in the House were hosting a 33 hour sit-in on gun violence. While many of us have personal views on gun violence, we all can agree that there needs to be a serious evaluation of the data on gun usage and this is a great opportunity to be able to change the health of our nation. ANA MA is right on board with this challenge and will be rolling out activities throughout the year to coincide with this national nursing challenge. I am confident we can continue to influence our communities and promote a culture of health in Massachusetts.

I returned to MA filled with energy for the next year and pride for the work we have done in our state. I am optimistic about the possibilities for the future holds for our profession and I am proud to be representing the 120,000+ RNs of Massachusetts.

This year, ANA will embark on the Healthy Nurse, Healthy Nation Challenge. This initiative will engage nurses to assess their health, make a commitment to themselves to be healthier and thus have the ability to influence the health choices of every patient we interact with as well as the nation as a whole. 3.6 million nurses with the goal of being and staying healthy sends a powerful message to the rest of the country. It is time to invest in our health and this is a great opportunity to be able to change the health of our nation. ANA MA is right on board with this challenge and will be rolling out activities throughout the year to coincide with this national nursing challenge. I am confident we can continue to influence our communities and promote a culture of health in Massachusetts.

This coming year, ANA will address many of the pressing topics that would address the opioid epidemic we are confronting as a nation.

JOIN US FOR A DAY OF WELLNESS!

Keynote Speaker:
Donna M. White, RN, PhD, CNS, CADAC

FRIDAY, NOVEMBER 4TH, 2016
10:00 A.M. – 3:00 P.M.
DANVERSPORT YACHT CLUB

Treat yourself to a day of Wellness and earn contact hours in the process!

Register Today for Early Bird rate at www.anamass.org!
What do we mean by diversity? We are well aware that as a nation we are more diverse now than at any time in our history. Especially in large metropolitan areas! We routinely care for patients for whom English is not their native language. We work with colleagues who are from different ethnic, religious and racial backgrounds. We pride ourselves on teaching our students to be culturally aware, culturally sensitive, culturally respectful, culturally competent.

Dictionary.com defines diversity as “the inclusion of individuals representing more than one national origin, color, religion, socioeconomic stratum, sexual orientation, etc.” But diversity is often reduced to a counting game. How many, or what percent, of... (you fill in the blank) do we have enrolled or employed. One of these, two of those; look how we are becoming more diverse.

We lament that nursing is not more diverse. As a profession we remain a predominantly white and female. While there are various efforts to increase the number of men and people of color in nursing, it takes a long time to have an impact when there are 3.6 million nurses in the US.

A commitment to diversity is no longer enough. We also need to make a commitment to inclusion. Dictionary.com defines inclusion is “the act of including.” To include means “involve as a factor.” The key word here is involve. Not tolerate, but involve and interact with someone. Inclusion often needs to be a conscious act; it may not happen without a commitment to actively work to include everyone.

Diversity without inclusion is a sham. While you as an individual may not be able to have any control over the diversity of the workforce, you can control inclusion. Inclusion requires that we address our unconscious biases. We need to forgo the stereotypes related to age, sexual orientation, gender, race, religion. Rather than ignore or tolerate someone who is different than you, welcome him or her.

You can't have inclusion without diversity; but you can have diversity without inclusion. There are many benefits to being more inclusive. You have the opportunity to broaden your own horizons without even traveling. You will learn about other cultures or perspectives. At the same time you will reap the benefits of improved teamwork when everyone feels part of the team. I hope that you will make a commitment today to celebrate diversity and to be more inclusive.

Two books that I have read recently have helped to change my ideas about stereotypes and what it means to be inclusive. I highly recommend them to you.

Whistling Vivaldi: How Stereotypes Affect Us and What We Can Do by Claude M. Steele
Black Man in a White Coat by Damon Tweedy
Elections Committee.

the Nominations and was elected to serve on Sabianca Delva Director-at-Large and BC was re-elected as a at the national level.

is well represented for all."

to improving health association committed to millions of people

"Registered nurses are on the frontlines of providing lifesaving health care to millions of people each day and it is an honor to advocate for nurses and to lead an association committed to improving health care for all."

ANA Massachusetts is well represented at the national level.

Gayle M. Peterson, RN-BC was re-elected as a Director-at-Large and Sabianca Delva, RN was elected to serve on the Nominations and Elections Committee.

I am truly delighted and humbled to serve the American Nurses Association of Massachusetts with a position on the Board of Directors. I have had the immense pleasure of being a member of the Conference Planning Committee for over a year and have assisted in planning educational offerings that are important, interesting and timely for nurses and members of other disciplines. Working as the nursing practice specialist on an inpatient gynecology/oncology unit and the ambulatory radiation oncology department at Massachusetts General Hospital, I feel I am intimately familiar with issues facing nurses that are on the front lines of serving our patients. I recently received my Doctor of Nursing Practice degree from Northeastern University and am thrilled to continue to build my leadership skills and practice knowledge through my position on the board of ANA MA.

Lynne Hancock, MSN, RN, NE-BC

I am very excited and honored to have been voted onto the ANA MA board of directors this year. Currently I am the Project Manager for patient care operations and Magnet Program Director for Boston Children’s Hospital. Prior to being in this non-traditional nursing role, I was a clinical staff nurse in pediatrics for 18 years. My undergraduate degree is from UCLA. I am grateful for this opportunity and look forward to representing the voice of nurses within the Commonwealth over the next two years.

Julie Cronin, DNP, RN, OCN

I am married with two sons, and we have recently seen our youngest graduate from college and our eldest marry his girlfriend of 8 years! I volunteer at my church as well as for ANA. After serving as Chair for the Membership Committee for the past five years, I am very happy to be joining the Board as a Director. ANA Massachusetts is an organization which challenges me continually to reflect upon my professional aspirations, priorities, and responsibilities. I have been fortunate to have chosen the nursing profession, and am happy to have been given the opportunity to serve our organization in such a tangible way.

I have been a nurse for more than 35 years, and worked as a nursing assistant during high school and throughout college. I graduated from Rhode Island College with a B.S. in Nursing and worked briefly as a staff nurse in pediatrics. That led to graduate school to begin studying for a M.S. at Boston University School of Nursing, but the part-time job that I found to support me through that process was at a child psychiatric hospital. I soon realized that this was the aspect of child health that I was most drawn to, so I left school, moved to a full time position to get more direct care experience and then returned to BU as a graduate student in Psychiatric/Mental Health Nursing. I have worked as a Clinical Specialist in outpatient settings, inpatient settings, and gradually found that I had skills as a manager in both outpatient and inpatient care settings, and eventually as an inpatient administrator. Along the way I sat for the adult PMHCNS certification exam in order to achieve dual certification, and I have recently made a significant move in my career to work in the areas of licensing and policy development. I have spent the majority of my career in public service settings.

I am very excited and humbled to serve the American Nurses Association of Massachusetts with a position on the Board of Directors. I have had the immense pleasure of being a member of the Conference Planning Committee for over a year and have assisted in planning educational offerings that are important, interesting and timely for nurses and members of other disciplines. Working as the nursing practice specialist on an inpatient gynecology/oncology unit and the ambulatory radiation oncology department at Massachusetts General Hospital, I feel I am intimately familiar with issues facing nurses that are on the front lines of serving our patients. I recently received my Doctor of Nursing Practice degree from Northeastern University and am thrilled to continue to build my leadership skills and practice knowledge through my position on the board of ANA MA.

ANNA Massachusetts WELCOMES NEW BOARD MEMBERS

Julie Cronin, DNP, RN, OCN

I am truly delighted and humbled to serve the American Nurses Association of Massachusetts with a position on the Board of Directors. I have had the immense pleasure of being a member of the Conference Planning Committee for over a year and have assisted in planning educational offerings that are important, interesting and timely for nurses and members of other disciplines. Working as the nursing practice specialist on an inpatient gynecology/oncology unit and the ambulatory radiation oncology department at Massachusetts General Hospital, I feel I am intimately familiar with issues facing nurses that are on the front lines of serving our patients. I recently received my Doctor of Nursing Practice degree from Northeastern University and am thrilled to continue to build my leadership skills and practice knowledge through my position on the board of ANA MA.

Lynne Hancock, MSN, RN, NE-BC

I am very excited and honored to have been voted onto the ANA MA board of directors this year. Currently I am the Project Manager for patient care operations and Magnet Program Director for Boston Children’s Hospital. Prior to being in this non-traditional nursing role, I was a clinical staff nurse in pediatrics for 18 years. My undergraduate degree is from UCLA. I am grateful for this opportunity and look forward to representing the voice of nurses within the Commonwealth over the next two years.

Julie Cronin, DNP, RN, OCN

I am truly delighted and humbled to serve the American Nurses Association of Massachusetts with a position on the Board of Directors. I have had the immense pleasure of being a member of the Conference Planning Committee for over a year and have assisted in planning educational offerings that are important, interesting and timely for nurses and members of other disciplines. Working as the nursing practice specialist on an inpatient gynecology/oncology unit and the ambulatory radiation oncology department at Massachusetts General Hospital, I feel I am intimately familiar with issues facing nurses that are on the front lines of serving our patients. I recently received my Doctor of Nursing Practice degree from Northeastern University and am thrilled to continue to build my leadership skills and practice knowledge through my position on the board of ANA MA.

Lynne Hancock, MSN, RN, NE-BC

I am very excited and honored to have been voted onto the ANA MA board of directors this year. Currently I am the Project Manager for patient care operations and Magnet Program Director for Boston Children’s Hospital. Prior to being in this non-traditional nursing role, I was a clinical staff nurse in pediatrics for 18 years. I have practiced in 7 states and Washington DC. My undergraduate degree is from Boston College and I have a MSN in Nursing Administration from UCLA. I am grateful for this opportunity and look forward to representing the voice of nurses within the Commonwealth over the next two years.

UMass Dartmouth advantages:

- Highly regarded College of Nursing with public university tuition rates
- Year-round, flexible online courses
- Opportunities for dynamic interaction with classmates and faculty
- Individualized academic support and advising

Call 508.999.9202 or www.umassd.edu/rn-bs
The Organization of Nurse Leaders, Inc. (ONL) is pleased to announce Registry of Motor Vehicle (RMV) approval for a new Massachusetts RN license plate. This plate is not yet available at RMV offices. Prior to the production of the plates, 750 pre-orders and payments must be secured. Once ONL obtains 750 applications and payments they will be submitted to the RMV. At that time manufacturing of the plates will begin and take approximately 6 to 8 months.

Order your plate today. Complete the application and scan to info@onln.org, or mail to ONL, 800 West Cummings Park, Suite 5600 Woburn, MA 01801. Enclose your check, made payable to ONL, Inc. with the application, or call the ONL office to process a credit card payment (781-272-3500). Note: your payment will be processed once received.

Order your plate today. Complete the application and scan to info@onln.org, or mail to ONL, 800 West Cummings Park, Suite 5600 Woburn, MA 01801. Enclose your check, made payable to ONL, Inc. with the application, or call the ONL office to process a credit card payment (781-272-3500). Note: your payment will be processed once received.

Once the 750 pre-orders are submitted and manufacturing begins, it will take 6 to 8 months to receive your plate. You will be notified via mail that your plate is ready for pick-up at the branch you designated on your application. Branches that do not support plate pick-up include: all AAA branches, Natick, and Attleboro.

The fee for the RN plate is $40 and is 100% tax deductible. If you have an existing MA license plate that you will be turning in for your new RN plate, you will be subject to a $20 plate swap fee, and any other registration fees (for example, your registration may be due at time of plate pick-up). Registrations must still be renewed every two years. Everyone is welcome to use the RN plate (nurses and non-nurses).

Proceeds from the license plates will go to the ONL Foundation, a 501(c)3, for scholarships, continuing nurse education, and research. Upon renewal every two years, the $40 plate fee continues to be 100% tax deductible. The MA RN license plate will make a great graduation, birthday, or holiday gift.

Please contact the ONL office at 781-272-3500 or info@onln.org for questions, additional information, or ideas for outreach and pre-sale of plates.
Executive Director Diane Jeffery, Past President Myra Cacace, President Cathleen Colleran-Santos and Gayle Peterson representing ANA MA at the ANA Lobby Day on Capitol Hill

Over 300 nurses participated in ANA Lobby Day on Capitol Hill

ANA MASS Approver Unit Receives the 2016 American Nurses Credentialing Center (ANCC) Premier Award for Accredited Approvers at the ANCC Conference in Pittsburgh

L to R Jeanne Gibbs (Co-Chair, ANA MA Approver Unit), Judy Sheehan, (Nurse Peer Review Leader, ANA MA Approver Unit), and Kathy Chappell (Director, ANCC Accreditation Program) who presented the award.

Meeting with US Representative Joe Kennedy

Our online RN-BSN and MSN programs provide:

- A career-focused education
- Flexible online courses designed for RNs with busy schedules
- Supportive advisors who understand your needs
- Experienced faculty with extensive knowledge in the field of nursing
- A cohort learning environment, with frequent course start dates.

Visit sjjmc.edu/MAnurses or call 800-752-4723 for more information.

Arbour Hospital
Arbour-Puller Hospital
Arbour-HRI Hospital
Pembroke Hospital
Westwood Lodge

Arbour Counseling Services
Arbour Senior Care
Lowell Treatment Center
The Boston Center
The Quincy Center

Now Hiring Registered Nurses

Arbour Health System, the largest private provider of Behavioral Health Services in Massachusetts, is searching for passionate, caring Registered Nurses.

Many Opportunities One Company

Go To: www.arbourhealth.com/career-opportunities to Apply Today

Saint Joseph’s College | Educating for life.
Traditionally the terms community health nurse (CHN) and public health nurse (PHN) have been used interchangeably. More recently these titles have also been connected with the term “population health.” Confusion exists among lay people, nurses and other health professionals (Reifsnider, & García, 2015). For example, the American Association of Family Physicians (AAFP) posted a definition of population health to their members in an effort to move beyond individually centered care to include the impact of environmental and social determinants of health.

The historical roots of Community/Public Health Nursing (C/PHN) can be traced back to Nightingale who differentiated between “sick” nursing and “well” nursing. In the late 19th century through the early 20th century the role of nurses expanded from hospitals to home visiting or district nurses. Lillian Wald is considered the founder of public health nursing in New York City. Wald was instrumental in establishing a community health center that later became The Henry Street Settlement of New York. She was a strong advocate for policies to improve social conditions. Nurses working in the community primarily addressing poor living conditions and infectious diseases (Stanhope & Lancaster, 2016).

By the mid-1900s infectious diseases were under control because of the control of infectious disease mortality were from chronic and largely preventable diseases such as heart disease and diabetes. At this time nursing training was focused on individual care, and nurses working in public health roles did not address prevention. In the late 1940s, it was recognized that further development of C/PHN training was needed. In 1948 the National League for Nursing (NLN) recommended C/PHN curriculum be included in baccalaureate programs to address the required specialized competencies (Stanhope & Lancaster, 2016).

Today, C/PHN is recognized as a distinct specialty by the NLN, American Association of Colleges of Nursing, the American Public Health Association (APHA) and the Association of Community Health Nurse Educators (ACHNE). The ACHNE further recommends specific qualifications for C/PHN nurse educators in baccalaureate and advanced education. The guidelines emphasize that nursing curriculums include population health concepts to better address the escalating health care costs of preventable chronic diseases. Nurses working in public health roles will be needed to address these needs. Consequently many nursing schools have transitioned undergraduate C/PHN nursing course titles to include the term “population health” and are making changes in curriculum. Calen, et al. (2013) suggests how nursing schools can satisfy each standard with specific learning curriculum-based strategies. Randolph and Bacon (2016) describes one nursing program that developed student learning experiences with a focus on population health by advocating student-led clinics at homeless shelters.

More nursing schools are expected to adopt the population health terminology and adjunct curriculums to provide learning experiences that support the shift from individual to population-based care. Therefore, it is anticipated there may be an increased emphasis on population health in nursing licensure exams.

The role of the PHN includes a primary focus on population health targeting primary and secondary injury prevention and promotion of health or early identification. Community based nurses provide individual care focusing on treating acute or chronic conditions (tertiary care). Setting for Community based nurses include home, school, and work.

Community based nurses may work with similar populations such as the elderly or children; however, the main focus remains on tertiary care (Stanhope & Lancaster, 2016). Public health nurses primarily work for local boards of health with broader roles including surveillance of reportable diseases, health education, and vaccination clinics. Interventions target specific populations or sub-populations defined by geographic boundaries. The PHN utilizes the nursing process to assess health risks of the entire population within the community and identify interventions targeting those risks (Reifsnider, & García, 2015). For example, a PHN may identify an increase in heart disease rates within the local community and will set up additional blood pressure screening clinics.

In 2013 the AACN published Recommended Baccalaureate Competencies and Guidelines for Public Health Nursing as a supplement to The Essentials of Baccalaureate Education for Nursing Practice. The guidelines emphasize that nursing curriculums include population health concepts to better address the escalating health care costs of preventable chronic diseases. Nurses working in public health roles will be needed to address these needs. Consequently many nursing schools have transitioned undergraduate C/PHN nursing course titles to include the term “population health” and are making changes in curriculum. Calen, et al. (2013) suggests how nursing schools can satisfy each standard with specific learning curriculum-based strategies. Randolph and Bacon (2016) describes one nursing program that developed student learning experiences with a focus on population health by advocating student-led clinics at homeless shelters.


We in are in search of interested RNs and LPNs for our programs, including, but not limited to:

- The Primary and Behavioral Health Care Integration Program (PHCI) – Vettern
- Program for Assertive Community Treatment (PACT)
- CHＬ is an equal opportunity employer. We offer competitive wages, outstanding benefits, great colleagues, challenging assignments, and a supportive work environment.

For information about those and other positions or to apply, please go to http://www.communityhealthlink.org and click Careers.
When I started nursing school in January of 2015, I could hardly imagine myself here today. It seems like I was just graduating from high school. I started my career as a graduate nurse. I had just received a degree in Biology from Bridgewater State University. My future employer fosters an environment of inclusivity and collaboration between veteran nurses and new graduates.

No matter what happens, I'm not taking this time in my life for granted; not even for a single moment. I'm fresh off completion of a challenging course and am proud of my accomplishments. I've grown so accustomed to being on the floor, taking care of my patients, and I can't wait to share my perspective on new graduate nursing in future issues!

Corey Dean

A New Graduate’s Perspective: Part One

You work with or know nurse colleagues whose commitment to nursing and to patient care is exemplary. Yet in the rush of today’s world, there is often little time to acknowledge them and their professional contributions. ANA MA Awards provide you the opportunity to honor their remarkable, but often unrecognized, practice.

ANA MA Awards are not restricted to ANA MA members. Nominations can be made for the achievements of ANA MA or a non-ANA MA member who is nominated by a member of ANA MA. These awards can be peer or self-nominated.

For more information on and applications for the various scholarships and awards offered by ANA MA please visit the ANA MA web site: www.anamass.org

Mary A. Manning Nurse Mentoring Award
This award was established by Karen Daley to support and encourage mentoring activities. This monetary award in the amount of $500 is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice or in the pursuit of advanced education. (ANA MA membership not required)

Excellence in Nursing Practice Award
The ANA MA Excellence in Nursing Practice is presented yearly to a registered nurse who demonstrates excellence in clinical practice. (ANA MA membership not required)

Excellence in Nursing Education Award
The ANA MA Excellence in Nursing Education Award is presented yearly to a nurse who demonstrates excellence in nursing education in an academic or clinical setting. (ANA MA membership not required)

Excellence in Nursing Research Award
The ANA MA Excellence in Nursing Research Award is presented yearly to a nurse who has demonstrated excellence in nursing research that has had (or has the potential to have) a positive impact on patient care. (ANA MA membership not required)

Loyal Service Award
This award is presented annually to a member of ANA MA who has demonstrated loyal and dedicated service to the association. (ANA MA membership required)

Community Service Award
This award is presented annually to a nurse whose community service has had a positive impact on the health of the citizens of Massachusetts. (ANA MA membership not required)

Friend of Nursing Award
This award is presented annually to a person or persons who have demonstrated strong support for the profession of nursing in Massachusetts. (ANA MA membership not required)

The nomination process is easy:
• Access the application on the ANA MA website: www.anamass.org
• Complete the application and submit electronically or by mail by the deadline of January 6, 2017.
• If you have any questions or need help, call ANA MA at 617-990-2856

Professional Scholarships
Ruth Lang Fitzgerald Memorial Scholarship
This scholarship was established in memory of Ruth Lang Fitzgerald, a long time member of ANA MA. The monetary award of up to $1,000 is given each year to a member of the ANA MA to pursue an area of special interest or a special project that will be beneficial to the member and /or the association. The scholarship can be used to attend a national conference or some other educational activity. It may also be used for participation in a humanitarian aid project. (ANA MA membership required)

When I really think about my position as a new graduate, my fears seem trivial. There’s a light at the end of my tunnel, and it’s difficult not to feel decidedly overwhelmed. When will I take the NCLEX, and will I pass on my first attempt? I’m certainly not alone in my preoccupation with the exam, but with so much on the line, it’s difficult not to feel decidedly overwhelmed. When will I get my first interview, and what questions will I be asked? There is nothing more stressful than being put on the spot! One of my biggest fears going forward is not being able to express my knowledge and value effectively in an interview. When will I start making? I’ve been told I can’t until I graduate, but I’m not taking this time in my life for granted; not even for a single moment. I’m fresh off completion of a challenging course and am proud of my accomplishments. I’ve grown so accustomed to being on the floor, taking care of my patients, and I can’t wait to share my perspective on new graduate nursing in future issues!
Do you remember rotary telephones, depositing paper payroll checks every two weeks, or listening to music at 33 or 78 RPM? With the average age of nurses in the workforce being 30 years old, I would imagine there are a lot of us who do. Technology has changed our lives in ways we could not have envisioned when I graduated from nursing school in 1983. It was simply a matter of time before it changed how we care for our patients in ways that didn’t seem possible.

Web-camera technology is not new but the ability to use it and have it create issues surrounding patient privacy and HIPPA regulations is new. AngelEye Camera Systems, in conjunction with UHS Technology, has developed a product that places a camera at the bedside, and a remote user is able to view a live, secure video stream from any internet enabled device. Upon learning of this technology, my Nurse Manager and I brainstormed how this could enhance family centered care within our NICU. We understood NICU admissions change. The technology and the essence of a NICU environment contribute to the disconnect a parent feels from their newborn baby. We also understood that the lack of privacy created by the open bay environment of our unit can soon become overwhelming and un-welcoming for families. Could a webcam help bridge that gap?

In the spring of 2014, we received a large donation from the EvvGirl Foundation. This foundation was started by the family of Evan Bard, a newborn who was not being attended, or that the camera turned off meant something ominous. While we had made an encouraging and promising step towards creating a positive NICU environment for families, we had then created a different type of parental concern and saw an increase in the number of phone calls from parents addressing those concerns. Nurses now use that opportunity to update families with new information or discuss when parents will be in next. One year after our go-live, the wonderful stories keep coming. The first test pilot mom left the NICU with her new AngelEye account. Unknowingly, she went home to her surprise baby shower. She proudly walked around showing her hospitalized daughter on her smartphone. Another mom became critically ill after delivering her premature baby and was transferred to a Boston hospital. From her ICU room, 10 days later, she “met” her new baby for the first time on her iPad. A grandmother in Bangladesh met her grandson without getting on an airplane. A family with 4 other children at home propped the iPad on the dining room table so that Baby Nathan could be part of family dinner too.

When you hear the words, ‘technology’ and ‘nurses’ the word to describe it is sometimes ‘tangled’ mind. At South Shore Hospital NICU, nurses associate technology with how it enhances family centered care.

**AN A D V O C A T E For You**

**AN A D V O C A T E For You**

**AN A D V O C A T E For You**

**ANA Massachusetts Accredited Approver Unit News**

Judy L. Sheehan, MS, RN
Nurse Peer Review Leader

The 2015 ANCC criteria should be used by all ANA Massachusetts approved providers of nursing continuing education as of September 1, 2016. Packets of information are now available and must be submitted in a review capable of being uploaded as copies of the recommended provider documentation can be found on the ANA- ACCN website along with a curbed glossary. Those groups who are not approved provider units, but wish to submit an individual activity application for review can find information on this site as well. The application itself is an electronic application, but the forms are provided as a resource for “pre-planning” prior to completing the application. Activity applicants will need to be prepared to upload the planning table, conflict of interest (COI) and biographical information as well as copies of the advertisement. The nurse planner signature is necessary for the application to be considered complete.

**Frequently Asked Questions**

**What constitutes documented evidence for the gap analysis?**

The decision to conduct an educational program should be driven by the need of the target audience. How this need has been determined is addressed by the gap analysis and that gap – the difference between what is and what is desired – should be derived from evidence. That evidence can come from a variety of sources: a statistic (government reported increase in opioid deaths), a change in community trends (marijuana legalization and related issues), direct requests from target audience members (formal or informal surveys), and changes in practice (new techniques). These can be collected from literature, reputable websites, surveys etc. but must be current and meaningful.

The documentation of the evidence must be identified and made available upon request to the accredited approver. Keeping a summary of the survey, a screen shot of the website, or other documentation of the evidence with the program planning material is recommended.

**How should content references be?**

It is important that educational content is current and evidence based. Journals, text books, internet resources or peer reviewed articles must not more than 5 to 7 years old. Of course, older foundational material may be used, but must be accompanied by current references. If an expert opinion is being cited as a reference, supporting data must be included. Time passes quickly; it may seem as if 2006 is only yesterday – however a reference from 2006 is ten years old. Nurse planners should work with the content expert on the planning committee to insure the references are current, credible and reliable.

**A mom watching her NICU baby on a smartphone while at work (photo obtained from Patriotledger.com)**

**A camera positioned on a potential NICU baby (photo obtained from AngelEyeCameras.com)**
### WHY JOIN ANA MASSACHUSETTS TODAY?

- Great Networking Opportunities
- Hear World Renowned Speakers
- Meet Living Legends of Nursing
- Influence Legislation and Public Policy
- Foster Professional Development
- Promote Excellence in Nursing Practice
- CE Programs and Merchandise Discounts
- Be a Strong Voice for Nursing
- Volunteerism
- Have Fun!

### Mass PAT, the new online PMP, will go live Summer 2016!

In preparation, please read the information below about what PRESCRIBERS will need to register with MassPAT:

1. Use your professional email address as your username. The email address you choose for your username will be used by the PMP for communication purposes and to link with delegate(s) account(s).
2. MassPAT will require you to have the following credentials to create your MassPAT account:
   a. Federal Drug Enforcement Administration (DEA) Number
   b. Professional License or Board Number
   c. Massachusetts Controlled Substance Registration (MCSR) Number

Notice to all Prescribers - Effective October 15, 2016, you will be required to check MassPAT each time you prescribe a Schedule II-III opioid and when prescribing a benzodiazepine or DPH designated Schedule IV-VI for the first time.

The PMP team will follow-up with more information as the MassPAT go-live date approaches, including providing your MCSR Number.

More information, please visit the PMP website: [www.mass.gov/dph/dcp/pmp](http://www.mass.gov/dph/dcp/pmp)

---

### REGIS COLLEGE EDUCATIONAL OFFERINGS

**CO-SPONSORED WITH HARVARD PILGRIM HEALTH CARE**

<table>
<thead>
<tr>
<th>Title</th>
<th>October 19, 2016</th>
<th>November 9, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women and Men Affected by Domestic Violence/Resilience</td>
<td>Regis College, Casey Theatre, Fine Arts Center, 235 Wellesley St., Weston, MA, 02493</td>
<td>Regis College, Alumni Hall, Upper Student Union Lounge, 35 Wellesley St., Weston, MA, 02493</td>
</tr>
<tr>
<td>Time</td>
<td>6:30-8:30pm</td>
<td>6:30-8:30pm</td>
</tr>
<tr>
<td>Fee</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Registration Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Call</td>
<td><a href="mailto:presidents.lectureseries@regiscollege.edu">presidents.lectureseries@regiscollege.edu</a></td>
<td><a href="mailto:presidents.lectureseries@regiscollege.edu">presidents.lectureseries@regiscollege.edu</a></td>
</tr>
<tr>
<td>Email</td>
<td><a href="http://www.registowertalk.net/DVR">www.registowertalk.net/DVR</a></td>
<td><a href="http://www.registowertalk.net/DVR">www.registowertalk.net/DVR</a></td>
</tr>
<tr>
<td>Description</td>
<td>Asking violence can be defined as a deliberate pattern of coercive control or an intimate relationship with a person...</td>
<td>Asking violence can be defined as a delicate pattern of coercive control or an intimate relationship with a person...</td>
</tr>
</tbody>
</table>

---

### Massachusetts Prescription Monitoring Program (PMP) Attention Prescribers!

Launching the new online PMP: Massachusetts Prescription Awareness Tool (MassPAT)

---

### “Clio’s Corner”

The History of Nursing in Massachusetts by Mary Ellen Doona

The compilation of Dr. Doona's popular Clio's Corner columns is now available for sale on the ANA MA website. [https://marn.site-ym.com/store/ListProducts.aspx?catid=236826&frt=](https://marn.site-ym.com/store/ListProducts.aspx?catid=236826&frt=)

---

### Bulletin Board

Celebrating Nurses Day at Fenway Park and the Red Sox WON

- President Cathleen Colleran-Santos gets a hug from the Green Monster
- ANA MA Leadership with the Green Monster
We hope you enjoyed this edition of the Massachusetts Report on Nursing, sent to every RN in the Commonwealth.

Please join ANA Massachusetts today and become an active member of the world renown and most respected professional nursing organization. Go to www.ANAMass.org to complete the application.

The ANA Massachusetts Action Team – MAT cordially invites you to join this new and exciting team, when you join you will be lending your voice to those matters affecting all nurses in Massachusetts.

Go to www.ANAMass.org for more information

Like us on Facebook - http://www.facebook.com/pages/ANA Massachusetts/260729070617301

ADDRESS CHANGE? NAME CHANGE?

ANA Massachusetts gets mailing labels from the Board of Registration in Nursing. Please notify the BORN with any changes in order to continue to receive the Massachusetts Report on Nursing!

ANA Massachusetts Mission

ANA Massachusetts is committed to the advancement of the profession of nursing and of quality patient care across the Commonwealth.

Vision

As a constituent member of the American Nurses Association, ANA Massachusetts is recognized as the voice of registered nursing in Massachusetts through advocacy, education, leadership and practice.

Professional Development

Advance your knowledge through ANA’s Continuing Education Opportunities

- Online CE Library - discounted on-line independent study modules, a solid library of education offerings to meet your practice and career needs
- ANA Meetings & Conferences/ ANA Annual Nursing Quality Conference™
- Navigate Nursing Webinars
- Gain and Maintain Your ANCC Certification
  (Save up to $125 on ANCC initial certification and up to $150 on ANCC certification renewal)
- American Nurse Today
- The American Nurse—ANA’s award-winning bi-monthly newspaper
- OJIN—The Online Journal of Issues in Nursing
- ANA SmartBrief—Daily e-news briefings designed for nursing professionals
- Nursing Insider—Weekly e-newsletter with ANA news, legislative updates and events
- Discounted Nursing Books!
- ANA Leadership Institute - enhance and extend your leadership skills
- ANA MA Career Center
- Network and Connect with Your Fellow ANA Member Nurses
- Valuable Professional Tools
- Leadership opportunities/ professional development
- Discounted ANA Massachusetts conference fees
- Access Valuable Professional Tools to enhance your career development

Advocacy

- Protecting Your Safety and Health
- ANA’s HealthyNurse™ program

JOIN ANA Massachusetts and ANA TODAY!

- Strengthening nursing’s voice at the State and National Levels
- Lobbying on issues important to nursing and health care and advocating for all nurses
- Representing nursing where it matters/ representation in the MA State House
- Speaking for U.S nurses as the only U.S.A member of the International Council of Nurses
- Protecting and safeguarding your Nursing Practice Act Advocating at the state level
- ANA-PAC demonstrates to policymakers that nurses are actively involved in the issues that impact our profession and patients
- ANA Mass Action Team
- ANA’s Nurses Strategic Action Team (N-STAT)

Personal Benefits

- Professional Liability Insurance offered by Mercer
- Auto Insurance offered by Nationwide
- Long Term Care insurance offered by Anchor Health Administrators
- Term Life Insurance offered by Hartford Life and Accident Insurance Company
- Financial Planning Offered by Edelman Financial Services
- Savory Living Eating – discounted program offerings
- Walden University Tuition Discounts
- Scholarships for you and your family members
- Free Research Recruitment Notices placed on ANA Massachusetts Website and sent to the ANA Massachusetts Email Distribution

Join today at www.ANAMass.org

University of Massachusetts Boston: Offering Today’s Registered Nurses a Flexible, Quality Education to Become Tomorrow’s Health Care Leaders

- Flexible Program with Full-time and Part-time Options
- Low Cost
- Classes: Online or Face to Face
- 42 Licensure Credits Awarded from Associate Degree in Nursing
- Students Accepted Fall and Spring

The Institute of Medicine’s goal is that 80% of all RNs will have a BSN by 2020. University of Massachusetts Boston can help you to be one of the 80%.

Register Today for Fall Classes!

New Courses This Fall:

- Update in Wound Care
- Diabetes Update and New Treatments
- Basic Cardiac and Respiratory Assessment, Interpretation, and Intervention

Certificate Programs:

- RN Refresher
- Clinical Research
- IV Therapy
- Medical Spanish

BOSTON COLLEGE

WILLIAM F. CONNELL SCHOOL OF NURSING CONTINUING EDUCATION PROGRAM

www.bc.edu/ce • 617.552.4256 • sonce@bc.edu
Some inmates plan their winters around incarceration (three square meals, heat and a roof). Others plan their (free) healthcare around it, in that the only consistent care they receive in their adult life is in the correctional setting. The skeptical nurse doing the initial assessment on a new inmate’s fascinating abscess or scary hypertension/diabetes numbers is used to hearing: “Really, I had an appointment with my doctor to get this looked at tomorrow...”.

• Substance Abuse: As we know, we have an opioid epidemic in New England. As such, approximately 50% of jail and prison inmates are clinically addicted. Anecdotally, the vast majority of inmates I see with a substance abuse problem report using heroin and/or fentanyl. Unfortunately, around 95% return to drug abuse after release from prison. In regard to this last statistic, here in Massachusetts there are new efforts to help those with substance abuse issues, by tracking substance abusers into therapeutic programs, rather than strict incarceration. The Essex County Sheriff’s Department opened such a program for men in December 2015 and for women in July 2016. It has been shown that persons in substance abuse programs generally lack access to preventative and primary health care, so in addition to substance abuse, they are critical if a nurse is to succeed in treating patients in this environment.

• Profile of care: By definition, the jail population is removed from the larger community. As such, in the jail infirmary we have to be prepared to handle chronic, acute, and emergency care. The profile of care generally reflects those of the larger US population—hypertension, diabetes, obesity and dual diagnosis – and a great deal of non-compliance. However there is also a substantially higher rate of mental illness among inmates than in the community:

<table>
<thead>
<tr>
<th>Rate of Mental Illness</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jails</td>
<td>26.3%</td>
</tr>
<tr>
<td>Prisons</td>
<td>14.7%</td>
</tr>
<tr>
<td>Community</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

MassBay Community College fosters educational excellence and student success, prepares students for local and global citizenship, anticipates and responds to the needs of surrounding communities, and contributes to evolving regional economic development.

For employment opportunities, please visit our website at: www.massbay.edu.

MassBay’s commitment to diversity and inclusion includes efforts to combat institutional racism and sexism by: (i) hiring and promoting minorities and women to key positions, (ii) developing a college-wide diversity education plan, and (iii) offering training programs to employees. These efforts are aimed at creating a more inclusive and welcoming environment for all students and colleagues.


It is for reasons like this that ANA Massachusetts opposes the ballot measure that would legalize the commercial marijuana industry in Massachusetts.
Exposure to Chemicals and the Green Nursing Project

Lisa Chan, MSN, RNC-OB
UMass Memorial Medical Center

Our health is a result of the complex relationship between our genes, behaviors, nutrition, and environmental factors. Many chronic diseases of the patients in our care are suspected to arise from these factors. Exposures to low-doses or the combination of small amounts of chemicals can pose health risks, especially for vulnerable populations, such as the very young and very old and during critical windows of development, such as fetal development and puberty (Bergman, et al., 2013; Dodson, Nishioka, Standley, Pervorich, & Brody, 2012; Sutton, Woodruff, Perron, & Stotland, 2012; Vandenberg, et al., 2013). Preventing harmful chemical exposures can contribute to disease prevention and health outcomes.

Most consumers are unaware that consumer products such as personal care products, cosmetics, cleaning products, and food can contain harmful chemical ingredients that may be harmful to their health. Some products contain endocrine disrupting chemicals (EDCs), which are chemicals that, even at extremely low doses (parts per million) can impact our endocrine system creating risks for such health outcomes as cancer, reproductive dysfunction, and neuro-behavioral problems (Dodson, Nishioka, Standley, Pervorich, & Brody, 2012; Vandenberg, et al., 2013).EDCs are commonly found in our everyday environment including: Triclosan, bisphenol A (BPA), phthalates, and synthetic fragrances. Please See Table 1.

The old rule of toxicology that “the dose makes the poison” has been broken by new evidence that extremely low doses of EDCs can create health effects and can accumulate in body tissues as well as in the environment and in our water systems. Because many nurses have not learned about EDCs or other environmental toxics, it is important that nurses take steps to reduce their exposure to chemicals and to teach their patients to make healthier choices.

Environmental Health Literacy involves taking complex scientific information about the effects of environmental exposures and breaking it down into understandable components. Although some people may find it overwhelming to deal with large environmental topics such as global health issues, climate change or the health effects of air pollution, they may be receptive to understanding when environmental issues are personal. Because people spend 90% of their time indoors, they may find it easier to reduce their chemical exposures that might be affecting health within their own indoor spaces and communities. When nurses become aware of their personal chemical exposures it provides a framework and relatable level. This Project, sponsored by the Dr. Stephanie Chalupka Fund for Public Health Nursing Research and Innovation from Worcester State University, is grounded in an active learning which engages participants in the learning process, facilitates their understanding of environmental health literacy concepts, and helps them translate the information into actionable behaviors in their personal and professional lives, including the clinical setting.

The main themes of the workshop were developed to help nurses identify and learn about personal use of household and personal care products, associated health effects, and risk reduction strategies. Each workshop begins with a short video that overviews the topics that will be discussed. This step is key in setting the tone and sets the tone for the workshop. A strategy used for engaging participants is pulling the audience with an “I have a friend story.” I will incorporate a variety of hands-on activities such as scanning product labels, downloading free apps, looking at resource websites, and making a do-it-yourself All-Purpose Cleaner to take home. Specific actions nurses can take to reduce their exposure to chemicals are ventilating their homes, using fewer ingredients when cooking, and reading labels for ingredients you want to avoid. My two main take-home messages are that your choices do matter and small changes can make a difference. All nurses are encouraged to take a pledge to make one change and to incorporate one thing they learned into their practice.

For more information about the Green Nursing Project, please look at the Central Mass Health Literacy Project Website at http://www.centralmasshealthliteracy.org or email Lisa about the Green Nursing Project at GreenNursingProject@gmail.com or lchan@ worcester.edu

Nurses can also be instrumental in taking personal action by promoting awareness, implementing risk reduction strategies, and advocating for policy changes that promote health and sustainable communities. Actions that nurses can take include:

- Reducing indoor exposures, at-home, work, and school
- Incorporating environmental health literacy education into their practice settings

Another helpful and supported way that nurses can become involved is to join the Alliance of Nurses for Healthy Environments (ANHE), http:// envirn.org/, an international network of nurses who help integrate environmental health into nursing, through education, practice, research, policy, and advocacy on environmental health issues. There are avenues that nurses can participate in every month. Check the ANHE website for days/times.

Experience a Free Environmental Health Webinar: Monday, September 28, 2015, 3:00-4:00 pm ET. "Managing Common Cardiometabolic Conditions - The Role of Environmental Health" with Ms. Chan at the Massachusetts State Coordinator for the Alliance of Nurses for Healthy Environments (ANHE) to improve communication with nurses about environmental health matters. Ms. Chan is the creator of the Green Nursing Project and co-author of Female College Student Awareness of Exposure to Environmental Toxins in Personal Care Products and Their Effect on Preconception Health published in Workplace Health & Safety, 2015.

Table 1: Four Endocrine Disrupting Chemicals Found in Consumer Products

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Where They Are Found</th>
<th>Associated Adverse Health Effects</th>
<th>Safer Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triclosan</td>
<td>Soaps, hand sanitizers, toothpastes, detergents, toys, plastics</td>
<td>Disrupts the thyroid gland and causes hormonal imbalance in breast cancer cells, puberty and thyroid function</td>
<td>Pure or castile soap, herbal toothpastes</td>
</tr>
<tr>
<td>BPA (Bisphenol)</td>
<td>Plastic products, can linings, grocery receipts</td>
<td>Obesity, diabetes, fertility &amp; reproductive problems, linked to cancers &amp; cognitive/behavioral deficits like ADHD</td>
<td>Glass or stainless Steel, purchase frozen instead of canned food, avoid hard plastics</td>
</tr>
<tr>
<td>Phthalates</td>
<td>Personal care products and household cleaners, fabric softeners, air fresheners, vinyl shower curtain liner</td>
<td>Damages liver, kidneys, lungs, and reproductive system, lowers sperm count, changes male genital development</td>
<td>Nylon shower curtain, avoid phthalate plascs, look for phthalate-free</td>
</tr>
<tr>
<td>Synthetic Fragrance</td>
<td>Personal care products, cleaning products, fragranced products, perfumes</td>
<td>Asthma, allergies, cancer, birth defects, nervous system disorders, allergic reactions</td>
<td>Unscented, essential oils, certified organic plant based products, fragrance-free</td>
</tr>
</tbody>
</table>

• Developing wellness programs and community events
• Organizing Green Teams to reduce work-related exposures
• Advocate for policies that protect families and their communities

References


About the Author
Ms. Chan is working as the Massachusetts State Coordinator for the Alliance of Nurses for Healthy Environments (ANHE) to improve communication with nurses about environmental health matters. Ms. Chan is the creator of the Green Nursing Project and co-author of Female College Student Awareness of Exposure to Environmental Toxins in Personal Care Products and Their Effect on Preconception Health published in Workplace Health & Safety, 2015.
Janet Lusk Monagle, Ph.D., RN, CNE
Assistant Professor of Nursing
at Northeastern University
President of MA & RI League for Nursing
Co-leader of the MAAC Academic Progression
Working Group

There is an abundance of literature that supports higher education and the attainment of a Baccalaureate Degree in Nursing (BSN) to improve patient outcomes. In Massachusetts, many incumbent nurses maintain a license at the Associate’s degree level, and in 2010, almost half of newly licensed nurses continued to graduate and attain a license at the associate level.

The Massachusetts Action Coalition (MAAC), a statewide coalition of nurse leaders representing practitioners, educators, and health care delivery organizations, has set a goal of increasing the numbers of diverse nursing leaders, practitioners, educators, and health care delivery organizations, has set a goal of increasing the percentage of nurses of color and men are underrepresented in the ranks of registered nurses. In 2012, the following demographics were self-reported: 84% white, 4% black, 2% Asian, 2% Hispanic. The most recent BORN data will inform the DAG’s work going forward.

- Non-White diversity: 1% annual increase starting in 2016
- Male diversity: 0.5% annual increase starting in 2016
- Age diversity: Increase the percentage of BSN or higher-educated RNs who are 35 or under.

It is now the work of the DAG to help in the implementation of the plan by being more completely integrated into the MAAC vision for the future and its transition towards a nationwide Culture of Health.

The MAAC is part of the nationwide Campaign for Action, a joint initiative of the Robert Wood Johnson Foundation and the AARP Foundation to implement the recommendations in the Institute of Medicine’s 2010 landmark report, The Future of Nursing: Leading Change, Advancing Health.

Removal of Barriers to Completion of the Baccalaureate Degree in Nursing in Massachusetts

Gloria Harris Cater, PhD, FNP, RN, NAP
Assistant Professor of Nursing
Simmons School of Nursing and Health Sciences

The findings suggested that recently graduated nurses believe continuing education is necessary and valuable while a significant segment of the incumbent workforce has doubts about the value of academic progression. Another difference between the two groups was discovered when the participants were asked to characterize the advice given to them by employers and peers. Fifty percent of the incumbent workforce perceived that they received no specific advice about academic progression and 39% perceived the same lack of support from peers. Qualitative responses from the recently graduated RN group highlighted the data surrounding time, energy, and finances. The incumbent nurses, however, emphasized the lack of rewards for furthering their education, cost of attaining a BSN, difficulty of credit transfers, and their age as the main influences that hinder their academic progression.

Strategies to Address Barriers to Academic Progression

After reviewing the data, the subcommittee identified several strategies to address these perceived barriers:

- The Nursing Education Transfer Compact to streamline the transfer of credits between two and four-year nursing programs was developed and approved by the Department of Higher Education. Several new accelerated pathways were developed, and the Nursing Education Transfer Policy was implemented.
- To better understand how employers promote academic progression, an employer survey was conducted. A brochure, Step Ahead with a Bachelor of Science in Nursing, was developed as a resource for employers and nurses to show the value of attaining a BSN and identify several pathways. The brochure also highlights the need to support colleagues who make the decision to go back to school.
- The value of academic progression has been highlighted at the MAAC’s annual Statewide Healthcare Workforce Summits and at numerous other presentations. These resources are available online at www.mass.edu/nursing and http://campaignforaction.org/state/massachusetts/.

Compared with the data from 2010 when almost half of the newly licensed nurses started their career with an associate’s degree, the changes are promising. Data from 2014 indicate that only 36% of the new graduates are beginning their careers with an associate’s degree in nursing. We are optimistic that the strategies outlined above will continue to have a positive impact.

Focus on Education, Practice and Leadership

The MAAC Diversity and Inclusion Plan was completed in November 2015 and adopted by the MAAC leadership in June 2016. Three pillars support the plan:

- Pillar of Practice
  - MAAC will encourage organizations to adopt a philosophical commitment to diversity that increases inclusivity and culturally congruent care by:
    - Encouraging employers to administer diversity and inclusion climate surveys to their nursing staff;
    - Encouraging employers across all practice settings to identify, develop, and promote workforce diversity policies, practices, and plans to foster diversity and inclusion in all direct care delivery and supervisory roles;
    - Encouraging all levels of nursing (administrators, directors, nurse managers, and staff nurses) to adopt select MAAC diversity strategies and tactics as their own in their areas of responsibility in their organizations.
- Pillar of Leadership
  - Diversification of MAAC leadership;
  - Diversification of MAAC project teams;
  - Leadership development for the diverse nurse.
- Pillar of Education
  - The Diversity Advisory Group recognizes that the MAAC’s goal of increasing the percentage of nurses educated to the baccalaureate or higher has not been achieved. A recent change in how nurses are educated, trained, and practiced in order to better serve the health care needs of the Commonwealth. The Diversity and Inclusion Plan is available on the MAAC website at http://campactrack.org/state/massachusetts.

The MAAC Diversity and Inclusion Plan was completed in November 2015 and adopted by the MAAC leadership in June 2016. Three pillars support the plan:

- Pillar of Practice
  - MAAC will encourage organizations to adopt a philosophical commitment to diversity that increases inclusivity and culturally congruent care by:
    - Encouraging employers to administer diversity and inclusion climate surveys to their nursing staff;
    - Encouraging employers across all practice settings to identify, develop, and promote workforce diversity policies, practices, and plans to foster diversity and inclusion in all direct care delivery and supervisory roles;
    - Encouraging all levels of nursing (administrators, directors, nurse managers, and staff nurses) to adopt select MAAC diversity strategies and tactics as their own in their areas of responsibility in their organizations.
- Pillar of Leadership
  - Diversification of MAAC leadership;
  - Diversification of MAAC project teams;
  - Leadership development for the diverse nurse.
- Pillar of Education
  - The Diversity Advisory Group recognizes that the MAAC’s goal of increasing the percentage of nurses educated to the baccalaureate or higher has not been achieved. A recent change in how nurses are educated, trained, and practiced in order to better serve the health care needs of the Commonwealth. The Diversity and Inclusion Plan is available on the MAAC website at http://campactrack.org/state/massachusetts.

The MAAC Diversity and Inclusion Plan was completed in November 2015 and adopted by the MAAC leadership in June 2016. Three pillars support the plan:

- Pillar of Practice
  - MAAC will encourage organizations to adopt a philosophical commitment to diversity that increases inclusivity and culturally congruent care by:
    - Encouraging employers to administer diversity and inclusion climate surveys to their nursing staff;
    - Encouraging employers across all practice settings to identify, develop, and promote workforce diversity policies, practices, and plans to foster diversity and inclusion in all direct care delivery and supervisory roles;
    - Encouraging all levels of nursing (administrators, directors, nurse managers, and staff nurses) to adopt select MAAC diversity strategies and tactics as their own in their areas of responsibility in their organizations.
- Pillar of Leadership
  - Diversification of MAAC leadership;
  - Diversification of MAAC project teams;
  - Leadership development for the diverse nurse.
- Pillar of Education
  - The Diversity Advisory Group recognizes that the MAAC’s goal of increasing the percentage of nurses educated to the baccalaureate or higher has not been achieved. A recent change in how nurses are educated, trained, and practiced in order to better serve the health care needs of the Commonwealth. The Diversity and Inclusion Plan is available on the MAAC website at http://campactrack.org/state/massachusetts.

The MAAC Diversity and Inclusion Plan was completed in November 2015 and adopted by the MAAC leadership in June 2016. Three pillars support the plan:

- Pillar of Practice
  - MAAC will encourage organizations to adopt a philosophical commitment to diversity that increases inclusivity and culturally congruent care by:
    - Encouraging employers to administer diversity and inclusion climate surveys to their nursing staff;
    - Encouraging employers across all practice settings to identify, develop, and promote workforce diversity policies, practices, and plans to foster diversity and inclusion in all direct care delivery and supervisory roles;
    - Encouraging all levels of nursing (administrators, directors, nurse managers, and staff nurses) to adopt select MAAC diversity strategies and tactics as their own in their areas of responsibility in their organizations.
- Pillar of Leadership
  - Diversification of MAAC leadership;
  - Diversification of MAAC project teams;
  - Leadership development for the diverse nurse.
- Pillar of Education
  - The Diversity Advisory Group recognizes that the MAAC’s goal of increasing the percentage of nurses educated to the baccalaureate or higher has not been achieved. A recent change in how nurses are educated, trained, and practiced in order to better serve the health care needs of the Commonwealth. The Diversity and Inclusion Plan is available on the MAAC website at http://campactrack.org/state/massachusetts.

The MAAC Diversity and Inclusion Plan was completed in November 2015 and adopted by the MAAC leadership in June 2016. Three pillars support the plan:

- Pillar of Practice
  - MAAC will encourage organizations to adopt a philosophical commitment to diversity that increases inclusivity and culturally congruent care by:
    - Encouraging employers to administer diversity and inclusion climate surveys to their nursing staff;
    - Encouraging employers across all practice settings to identify, develop, and promote workforce diversity policies, practices, and plans to foster diversity and inclusion in all direct care delivery and supervisory roles;
    - Encouraging all levels of nursing (administrators, directors, nurse managers, and staff nurses) to adopt select MAAC diversity strategies and tactics as their own in their areas of responsibility in their organizations.
- Pillar of Leadership
  - Diversification of MAAC leadership;
  - Diversification of MAAC project teams;
  - Leadership development for the diverse nurse.
- Pillar of Education
  - The Diversity Advisory Group recognizes that the MAAC’s goal of increasing the percentage of nurses educated to the baccalaureate or higher has not been achieved. A recent change in how nurses are educated, trained, and practiced in order to better serve the health care needs of the Commonwealth. The Diversity and Inclusion Plan is available on the MAAC website at http://campactrack.org/state/massachusetts.
The History of Nursing Archives Begins its Next Fifty Years

Mary Ellen Doona

That the History of Nursing Archives marked its fiftieth year during commencement season was especially fitting for the Anniversary was less an achievement than it was a beginning. That is not to devalue what had already been accomplished. It is to say that the next fifty years of the History of Nursing Archives rests on a foundation that is as deep as it is extensive. Thus the History of Nursing Archives spent the golden evening of May 22, 2016 celebrating what has been before moving onto what is to be.

Nurses streaming into the George Sherman Union Ballroom at Boston University gave a sense of the significance of the event. Their animated chatter provided the music that such occasions demand. Running beneath happy greetings was personal joy in the path nursing had blazed in the past. Education, specialization and personal joy in the path nursing had blazed in the past. Running beneath happy greetings was personal joy in the path nursing had blazed in the past.

A cocktail reception opened the exhibition: History of Nursing through Fifty Years of Collecting. Christopher Gately displayed the riches of the History of Nursing Archives enticing attendees to review documents and photos of nursing’s past. Also on exhibit were Florence Nightingale letters preserved in the History of Nursing Archives. The Howard Gotlieb Archival Research Center’s partnership with the Royal College of Nursing, the Welcome Library in London, the Florence Nightingale Museum and others is making these and other letters available on-line (http://www.hagar-srv.bu.edu for access to the database).

Vita Paladino, the Director of the Center, enthusiastically presided over the Anniversary Dinner. With forty years of service at the Center she is a living archive of its history. She reminisced about Gotlieb and Garrigan remembering them as energetic professionals who made things happen. Paladino’s warmest praise was for nurses who, she said, were with people in “the good times, the bad times and in war times.” With that she asked nurses who had served in the military to stand to receive the tribute of a grateful audience. Then Paladino acknowledged the Nursing Archives Associates whose support through the years has underwritten much of the work of collection and preservation. Professor Jacqueline Fawcett was recognized for her generous support of the Florence Nightingale Letters Digitization Project. As she brought her remarks to a close, Paladino invited others to become members of the Nursing Archives Associates.

Sarah Pasternack, the dedicated President of the Nursing Archives Associates, shared her memories of Garrigan’s warm welcome to her almost as soon as she sat at her desk as the newest faculty at Boston University School of Nursing. She remembered the History of Nursing Archives, then she would become the President of the Nursing Archives Associates. The next morning still feeling the jubilation of the Anniversary, Pasternack exclaimed, “Mary Ann Garrigan sure started something and we are going to make it go!” Such is the way that the creation of the future springs from reflection on the past.

From start to finish the Anniversary was a gala. TheHoward Gotlieb Archival Research Center’s partnership with the Royal College of Nursing, the Welcome Library in London, the Florence Nightingale Museum and others is making these and other letters available on-line (http://www.hagar-srv.bu.edu for access to the database).

Who is the Nurse in the Masthead?

Stella Goostray

Stella Goostray (1886-1969) headed nursing at Children’s Hospital in Boston (1927-1946); was President of the National League for Nursing (1940-1944); and, during World War II, led the National Nursing Council for War Services (1942-1946). An ardent promoter of nursing’s history, Goostray served on historical committees, wrote the history of the Childrens Hospital School of Nursing (1941); alerted nurses about nursing’s primary documents in “Nationwide Hunt for Nursing’s Historical Treasures” (1965); and, contributed a biographical essay on Linda Richards to Notable American Women (1971). Because nursing had no repository for historical documents, Goostray donated her research notes to the Schlesinger Library at Radcliffe. She mentored Mary Ann Garrigan and supported her efforts to establish the History of Nursing Archives (1960) where the Stella Goostray Collection holds an honored place.
TIRED OF THE ORDINARY? DO SOMETHING EXTRAORDINARY.

Volunteers are needed to:

• ASSIST neighbors during natural disasters
• SUPPORT AND IMPROVE public health

Find out how you can help at MARESPONDS.ORG

MA Responds is a partnership that integrates local, regional, and statewide resources to train and mobilize volunteers when needed.

For more information, contact the Massachusetts Department of Public Health at maresponds@state.ma.us or (617) 624-5193.

Get ready to make a difference.

Our nursing degrees are designed to meet the toughest standards. Yours.

At Southern New Hampshire University, we offer programs developed by nurses for nurses. So they’re flexible and 100% online to fit the busy lives nurses lead. They’re also affordable and CCNE-accredited. The bottom line: We’re committed to giving nurses the education they need and the support they deserve. Contact us today and discover why nurses from all over the state are earning an online nursing degree from Southern New Hampshire University.

RN to Bachelor of Science in Nursing (BSN)
RN to BSN to MSN - Accelerated Track
Master of Science in Nursing (MSN)
MSN in Clinical Nurse Leader
MSN in Nurse Educator
MSN in Patient Safety and Quality
Post-Graduate Certificate in Nursing Education
Post-Graduate Certificate in Patient Safety and Quality

800.931.7648 | snhu.edu/massnursing