

The Alabama Nurse

The Official Publication of the Alabama State Nurses Association

Circulation to 74,000 Registered Nurses, Licensed Practical Nurses and Student Nurses in Alabama
Alabama State Nurses Association • 360 North Hull Street • Montgomery, AL 36104

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December 2009, January, February 2010

Inside Alabama Nurse

NURSES AT THE CAPITOL January 27, 2010

Charlotte Wynn, MSN, CRNP, CH
Chair, Legislative Committee

Mark your calendar and make plans to attend the second annual Nurses at the Capitol rally. The Legislative Committee is currently making plans for an event even larger and more impressive than 2009. The Alabama State Nurses Association and the Alabama Coalition of Nursing Organizations sponsored a statewide rally for nurses at the Alabama State House and Capitol in Montgomery in February 2009. The event highlighted the worsening nursing shortage and increasing concerns over access to quality healthcare for Alabamians. Over 1,000 nurses and student nurses from all over the state attended, making this the largest gathering of nursing professionals in Montgomery in many years.

Next year we expect to face many challenges in the legislature. We know we cannot adequately address the nurse shortage if we do not have an increased number of qualified nurse educators in our schools of nursing. We will be trying to pass a meaningful nurse scholarship bill.



We expect nurse practitioner legislation next year to try to address the unique challenges to their practice in Alabama. Our state is the most restrictive to nurse practitioners and yet we have many unmet health needs. Our Board of Nursing was ordered to pay \$2.5 million dollars to the General Fund. As the board is funded only by the fees and

Nurses at the Capitol continued on page 8



I Stand for Nursing
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Proposed Car Tags for Alabama Nurses



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NOTICE!

State agencies will be closed on the following dates:
Friday, December 25, 2009
Friday, January 1, 2010

The Alabama Board of Nursing is a state agency and will be closed on these dates as well. Licensed Practical Nurses who have not renewed should carefully note the dates. **Following the Christmas holiday, the last day the Board office will be open is Thursday, December 31, 2009.**

The law states that any LPN license not renewed as of December 31, 2009 (at midnight) shall automatically lapse. Online renewal is available 24 hours per day, 7 days per week at www.abn.alabama.gov. There is a late fee for those licensed practical nurses who wait until December 2009 to renew.

SAVE THESE DATES

NURSES AT THE CAPITOL:
January 27, 2010

ELIZABETH A. MORRIS CONTINUING EDUCATION—FACES '10—April 20, 2010.
(Details and Registration form will be in next Alabama Nurse and on website www.alabamannurses.org)

ASNA/AANS/ALAONL ANNUAL CONVENTION
SEPTEMBER 30—October 2, 2010
(at the Renaissance Riverview Plaza in Mobile, AL. Full convention materials will be printed in the June/July/August issue of *The Alabama Nurse*).

Happy Holidays

Don
Betty

Joe

Charlene

April

From the ASNA Staff

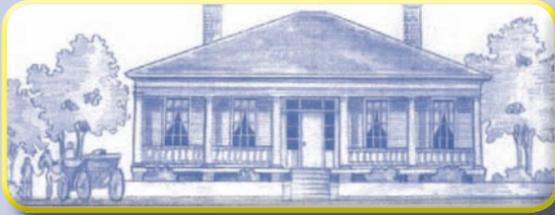
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**THE ASNA OFFICE
WILL BE CLOSED FOR
BUSINESS**

**DECEMBER 24, 2009
THROUGH JANUARY 1, 2010**

Our normal office hours are
Monday–Friday 8 a.m. until 4 p.m.



ASNA Board of Directors

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 District 4 Henrietta "Henri" Brown, DNP, RN
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 Advance Practice Council Karen Davidson, DSN, CRNP

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**VISION STATEMENT
Our Vision**

ASNA is the professional voice of all registered nurses in Alabama.

OUR VALUES

- Modeling professional nursing practices to other nurses
- Adhering to the *Code of Ethics for Nurses*
- Becoming more recognizably influential as an association
- Unifying nurses
- Advocating for nurses
- Promoting cultural diversity
- Promoting health parity
- Advancing professional competence
- Promoting the ethical care and the human dignity of every person
- Maintaining integrity in all nursing careers

OUR MISSION

ASNA is committed to promoting excellence in nursing.

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The President's Message

Civility: Not Just a Nice Concept

by *Debbie Faulk, PhD, RN*

Trying to decide what message I would bring in this edition of the *Alabama Nurse* was somewhat difficult. I take this "duty" as President of ASNA seriously and always want to write something that nurses want to read. I am not sure if it is because everyone is somewhat "issue fatigued," or if it is because there are so many issues, that it is difficult to identify just one. Originally my thoughts were to write about the 96th ASNA Convention that was held in Florence Alabama. If you attended the Convention, THANK YOU! If not, you missed excellent speakers, food, entertainment and the opportunity to network with colleagues. **Ann Bales** and her Convention Committee did an exceptional job hosting this event. The Convention was again held simultaneously with the Alabama Student Nurses Association and the Alabama Organization of Nurse Leaders. Thank you! to both groups for sharing your Convention. Unless you have hosted and/or organized a Convention, you have **no idea** how much work goes into the endeavor. Thanks to all who volunteered their time and energy. Next year's Convention will be hosted by District 4 and will be held at the **Riverview Plaza** in Mobile, Alabama, Thursday September 30 through Saturday October 2, 2010.



Upon reflection of the Convention and the proceedings, there were several occurrences that led to my decision to write on the topic of **civility**. The words and behaviors that are reflective of an individual or a group being civil, or being less than civil (conflictual) was emphasized during the workshop that I co-presented on Thursday with my colleague Dr. Francine Parker. In our discussion related to four leadership and management concepts: *delegation, team building, communication, and conflict management* the term **civility** and examples of civil behaviors were threaded throughout the presentation. Also, at the Center for American Nurses Convention in June 2009, workplace civility was a thematic focus for improving the nursing workplace.

As the President of the ASNA it is my duty and responsibility to present a professional image. I have an assumption that all professional nurses, at all times, will demonstrate civility. Today more than ever, professional nurses must learn and practice the art of civility. Consumers of health care are watching us, students are watching us, legislators are watching us, and we should be watching each other. Karlene Kerfoot (2008) in an article entitled, *Leadership, Civility and the 'No Jerks' Rule*, articulates that nursing organizations and hospitals are unfortunately ravaged with incivility. Kerfoot believes that nurse leaders must seize any and all opportunities to change the self-interest behaviors of what she terms, "jerks in our communities of caring." Kerfoot also points out that incivility is a reflection of the culture of our country and, as professionals, we must strive to create healthy environments and cultures where civility is the norm.

I strongly agree with Kerfoot that civility is not "just a nice concept." I believe that portraying civil behaviors

is necessary if we as professionals are to function in an orderly manner in our work settings, at Conventions, and in our daily lives. Consider this; Incivility "saps" the emotional and physical energy of everyone. It is not my intent to put forth a list of reasons people sometimes decide to be "jerks," defined by Frost (as cited in Kerfoot, 2009) as, "rude, temperamental, abusive people who "gossip, create factions, distort communications and many times sabotage work processes." Self-reflection is sometimes the best way for us to determine if our behaviors are less than civil. Two positive results of self-reflection are personal growth and perspective transformation.

As a professional nurse, I believe it is incumbent upon me to seize every opportunity to help others change self-interest behaviors. It is also incumbent upon **you** as a professional to not let incivility become the norm. Avoidance or ignoring incivility is a rampant problem and the solution is making people aware of toxic behaviors. If we all do that, I believe, as Kerfoot, that we will soon have a more civil workforce.

Excluding our excellent staff, YOUR ASNA is composed of an all volunteer board and volunteer members who **work hard** to promote the mission of ASNA. ASNA would not be able to host a Convention, lobby for issues impacting the practice of nursing at the state and national levels, protect consumers of health care by serving as watch dogs for environmental issues, or the many other initiatives, if not for **volunteers**. These volunteers deserve to be treated in a civil manner at all times as they strive to promote excellence in nursing.

I will leave this topic with an example of how easy it is to be civil. One of my current RN to BSN students, Matthew Hall, shared a way that he practices civility in the work setting. He calls it, the "stupid nice day." When he declares the "day" he goes out of his way to be nice to everyone. He stated that many of his co-workers now recognize what he is doing and they in turn go "out of their way" to be nice. Maybe he has proven that civility can be contagious!

As always, in order to make a difference in health care, nurses must be united. While we have many voices and diverse values, we can dialogue, agree to disagree, and yet show others that we speak with one strong **CIVIL** voice when it comes to providing quality access to care for Alabama citizens and to promoting excellence in nursing. We at ASNA strongly believe that this advocacy can be best accomplished through **membership** in ASNA. Thank you for your time and attention. I want ALL nurses in Alabama to know that ASNA is working with you, for you. If you are a member of ASNA, thank you! If you are not, JOIN us in promoting excellence in nursing.

Reference

Kerfoot, K. M. (2008). Leadership, civility, and the 'no jerks' rule. *Dermatology Nursing* (August, 2008). Retrieved October 6, 2009 from <http://findarticle.com>

PUBLICATION

The Alabama Nurse Publication Schedule for 2010

Issue	Material Due to ASNA Office
Mar/April/May	Feb 1
June/July/Aug	May 3
Sept/Oct/Nov	Aug 9
Dec/Jan/Feb2011	Nov 1

Guidelines for Article Development

The ASNA welcomes articles for publication. There is no payment for articles published in *The Alabama Nurse*.

1. Articles should be microsoft word using a 12 point font.
2. Article length should not exceed five (5) pages 8 x 11
3. All reference should be cited at the end of the article.
4. Articles (if possible) should be submitted electronically.

Submissions should be sent to:
edasna@alabamannurses.org

or
 Editor, *The Alabama Nurse*
 Alabama State Nurses Association
 360 North Hull Street
 Montgomery, AL 36104

The E.D.'s Notes

by **Joseph F. Decker, II**
Executive Director

If you missed the **2009 ASNA/AONL/AANS joint State Convention** October 1-3 in Florence, Alabama, you truly missed a wonderful event. We had over 350 attendees during the 3 day period, 35 great vendors, a full schedule of outstanding educational opportunities, and great food and fellowship. And if you've never stayed at the **Marriott Shoals Hotel and Spa/Conference Center**, I highly recommend



Joseph Decker

it. It is surely a first class facility in a beautiful location right on the Tennessee River. Did I mention the Robert Trent Jones golf course nearby? By the way, the Thursday evening river cruise on the famous Pickwick Belle river boat was a big hit, along with the perfect weather. The annual Awards Banquet on Friday night was an excellent affair with over 250 attendees, and we presented our annual ASNA awards, four nursing scholarships totaling \$10,500, and our 2010 ASNA "Faces of Nursing" Calendar. Congratulations to all the winners! (Don't forget to view the 2009 Convention award winners, vendor/sponsor lists and Convention photos elsewhere in this issue.) All of our keynote speakers—**Dr. Michelle McCleery for AONL; Dr. Lynda Wilson; and Dr. C. Fay Raines**—were superb. The ASNA annual House of Delegates business meetings were very productive and set the tone for the 2010 calendar year. We want to especially thank **State Representative Johnny Mack Morrow (D)** from Red Bay for attending our political forum on Saturday and sharing his views on the upcoming legislative session beginning in January. We

also said a fond farewell to several outgoing officers on the ASNA Board of Directors: **VP Vanessa Barlow, Sec. Dr. Faye McHaney and APC Chair Mary Wade**. We're also very pleased to welcome their replacements: **VP Jackie Williams, Sec. Dr. Mardell Davis and APC Chair, Dr. Karen Davidson**. We are also pleased to welcome **Laura Chapman** as the new ASNA liaison to AANS, replacing **Linda Patterson** from Tuscaloosa, who has done a terrific job for the past two years. As is customary, **Genell Lee, ABN Executive Officer**, delivered an update on Alabama Board of Nursing business during the Saturday session. We certainly want to give a big Thank You to our **2009 Convention Committee Chair Ann Bales** from District 1, **District 1 President Brian Buchmann**, and all of the Committee members from District 1 who worked so very hard to make this Convention a success. Finally, we are already looking forward to the **2010 Convention; go ahead and mark your calendars for 30 September–2 October at the newly renovated Riverview Plaza Hotel in Mobile**.

The next major event on our calendar is the **2010 Nurses Day at the Capitol**, now set for **Wednesday, 27 January 2010**. Last year the event drew over 1,000 nurses and student nurses; we want to do even better in 2010, so make plans to attend. As we did last February, we intend to rally on the steps of the Alabama State House on Union St. in Montgomery and make a statement about access to care, the nursing shortage and nurses' contributions to quality healthcare in Alabama. Our legislative agenda for next year will reflect that focus, including funding for nursing scholarships and improved practice environment for our nurse practitioners. We again will have a number of speakers from the Legislature and prominent members in the nursing community. Look for details soon on our website at www.alabamanurses.org. In that same vein, we will continue to update our informational pieces on the national healthcare debate for our members under the

Legislative Update tab on the website. A number of nurses, both members and non-members alike, have contacted the ASNA offices to comment on ANA's position on this "hot button" issue. Please understand that the national organization's stance on some political or public policy issues may not be where ASNA stands. If you have concerns or comments, please give us a call. We'd be happy to discuss any issue with you personally. Of course, the revitalized **Alabama Nurses Coalition** continues to work all these legislative issues under the leadership of past ASNA President **Dr. Ruby Morrison**. You'll hear much more from ASNA and the Coalition as we get into the New Year, and the state legislature convenes on 12 January.

Here are some dates to remember for 2010:

Nurses Day at the Capitol	Wednesday, 27 January 2010 Montgomery
FACES 2010	Tuesday, 20 April 2010 Montgomery
ANA National Convention	16-19 June 2010 Washington DC
ASNA State Convention	30 Sep–2 Oct 2010 Mobile

Finally, I hope everyone has gotten our new email addresses since our changeover from AT&T to DeltaCom in October. Basically the prefixes remain the same but following the @ symbol you'll use "alabamanurses.org". For example: edasna@alabamanurses.org is the new email address for me. Let us hear from you!

Legal Corner

Don Eddins, BS, MS, JD
ASNA Attorney



Registered nurses often inquire about what job protection they enjoy in their work.

The answer, of course, is that Alabama is a so-called “at will” employment state, meaning employees can be fired for any reason or no reason. Still, there are exceptions to that broad rule.

No employee can be dismissed for an illegal or unconstitutional reason. Those protected areas would include race, gender and national origin, among others.

Race discrimination is not favored in the courts right now. The courts take the position that such discrimination largely is a thing of the past. For a race based case to be maintained, proof of intent must be established. Proving intentional discrimination is a very steep mountain to climb.

The federal courts are less tolerant with sex discrimination and among the forms of sex discrimination most in vogue, litigation wise, is sexual harassment.

In our modern society, no employee should have to put up with lewd comments or unwanted touchings and propositioning to keep a job. Any nurse who is subjected to such conduct should report it immediately. Under the federal law, you don't have to take it, but how can an employer be expected to correct a problem if management does not know it exists? Of course, often a manager is the one guilty of the harassment, but in such case the employee is expected to report to another manager or human relations.

Sexual harassment can be both same-sex or opposite-sex. It can be verbal or physical and can take the form of a hostile environment or tangible action harassment, which includes a manager taking an employment action, such as demoting or firing a worker, for rebuffing advances.

Employers should train managers and hourly employees on what constitutes harassment. If an employer receives a sexual harassment complaint, the employer should investigate immediately and while the investigation is on-

going take steps to protect the victim, such as separating the him/her from the alleged harasser.

Employers also sometimes get in trouble over pregnancy related matters. Title VII of the 1964 Civil Rights Act, as amended, includes provisions protecting pregnant women in the work place. Generally, pregnancy must be treated as any other medical condition and an employer is wise to make reasonable accommodations for a woman experiencing a difficult pregnancy.

There are other exceptions to the “at will” rule.

Government employees have a property interest in their jobs based in the 14th Amendment to the United States Constitution. Thus, if a nurse works for a hospital operated by a governmental entity—federal, state or local—that person is entitled to be given cause before having his/her employment terminated.

That certainly does not mean that the nurse cannot be fired. It means the employee normally would be entitled to a hearing. In most cases, it would be an informal conference at which time the employee would be given reasons for the employment termination and the opportunity to respond.

Many hospitals and nursing homes have established personnel policies relating to employee disciplinary matters. Medical facilities are not obligated to have such policies, but if they do develop them, they are obligated to follow them. Larger companies generally develop handbooks explaining the benefits of employment and rights employees who work there enjoy.

Of course, it is best that an employee stays out of trouble, rather than face disciplinary or termination procedures. That often means opening the lines of communication.

Most often, an employee is aware that a supervisor is not pleased with performance. We are human and productivity can fall off if a child is having problems or if there are spousal issues at home. Or if income won't meet expenses.

Whether you are in management or a staff nurse, if you sense a problem with a superior, talking it out and working it out surely beats receiving the proverbial pink slip.

And if you are a member of the Alabama State Nurses Association, always remember with whom you can express employment issues. The ASNA staff and attorney always have open ears to employment matters affecting members.

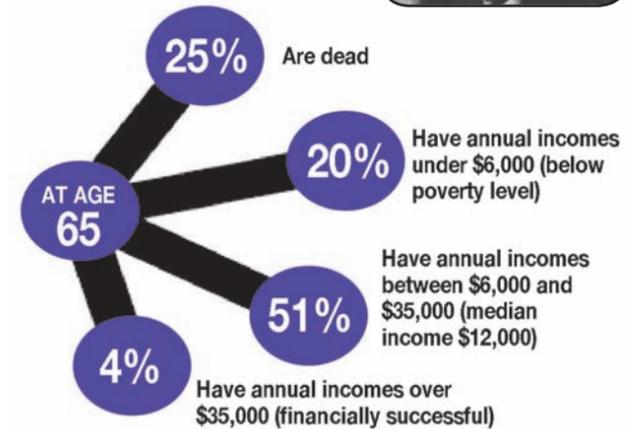
Financial Corner

Which Circle Do You Want Be In?

by Mark Miehle



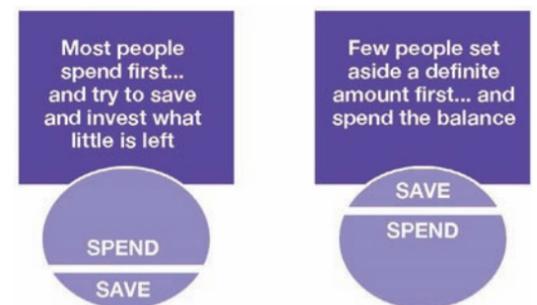
Recently the US Department of Health and Human Service came out with a study that showed for every 100 people starting out in the workforce by the time they are 65 the following will be true:



So if you had a choice, which circle would you want to be in? I think all of us would choose the circle of annual income over \$35,000. But in the richest country it is very sad that 96% are at or below the poverty level.

So why is this? After all most nurses make an above average income, so why are so many nurses not prepared for retirement and fail to make the 4% club? In my experience it comes down to one thing: discipline.

You see most people including nurses will spend first and try to save and invest what little is left over. For example have you ever tried to set up a savings plan only to have some HDTV go on sale or have a car problem that ended the program? Few people set aside a definite amount first and spend the rest. We all know we need to save but until we learn the discipline of how to save, we won't end up saving. Learn the habit of paying yourself first. By paying yourself first, you train yourself to save. A lot of people that have learned the saving habit have learned to treat their saving program just like a bill. Every month they pay the “savings bill” just like they do their other bills, but the best part is that this bill will have a BIG rebate when they retire.



Benjamin Franklin may have said it best some people have money and earn interest most owe money and pay interest. If you develop the habit of saving first you can be in the 4% circle.

If you would like a free copy of “Five Tips on How To Save for Your Retirement” email me at HUinfo@firstfidelitygroupplc.com or call me at (205) 266 2136

Editorial Note: The financial articles presented in this column are for informational/educational purposes only. No endorsement by ASNA is given or implied

I Stand for Nursing

by Valerie Cochran, MSN, RN, NE-BC



When I graduated from high school, the only professional opportunities for women were teaching and nursing. Since I hated school, the obvious choice was nursing. In 1978, I graduated from Mobile College with an associate degree. After taking boards, I wanted nothing else to do with school. After working 10 years in a local hospital and having a baby I was tired of nursing also. I decided that public health might be the way to avoid the arguments about being off at Thanksgiving and Christmas, so in October, 1988, I started my career as a public health nurse in Lowndes County. I was surprised how much I enjoyed my work and to realize that public health nursing is the place for me.

In 1999, I decided that I needed to expand my horizons, so I decided to go back to college. Auburn Montgomery

(AUM) was the obvious choice for me as I live and work in Montgomery. After I graduated in 2002, I realized that my daughter and my husband had lives outside of the house and I needed one too, so getting a masters degree seemed like the thing to do. My experience at AUM taught me to adopt the concept of life-long learning and I jumped in with great enthusiasm. In 2003 I entered the MSN in nursing education program at the University of South Alabama and graduated in 2006. Though this experience, I found a renewed love for nursing and a desire to give back to the profession. I became a member of ASNA and I try to contribute any way that I can. Right now, I serve on the Continuing Education and Legislative committees which allow me to enjoy working with nurses who practice in different settings in different parts of the State. As Assistant State Nursing Director for Public Health, I am also honored to sit on the board of the Alabama Nurses Foundation and I take very seriously the privilege of providing scholarships to deserving nurses.

I am proud to be a Public Health Nurse and to stand for nursing.

Join ASNA Today!



Application on page 6 & 7

Membership

Alabama Nursing Hall of Fame Induct Health Care Pioneers

ASNA Leadership Opportunities: 2010

Consent to Serve Form for Alabama State Nurses Association Office

- President-elect/ANA Delegate
- Treasurer
- Commission on Professional Issues

The Commission on Professional Issues has openings for 4 positions this year.

- Nominating Committee

The Nominating Committee has openings for 3 positions this year.

All criteria for eligibility must be met before your name will appear on the ballot.

Are you able to get time off to attend meetings necessary to fulfill the duties of the office for which you are submitting this Consent to Serve Form?
 ___Yes ___No

Nominations Procedure for 2010
Criteria for Eligibility
Deadline: May 6, 2010

The person nominated for each office on the state level should:

1. Be a current member of ASNA.
2. Have sufficient education and experience within the organization that will demonstrate his/her understanding of the requirements of the office as evidenced by being active at the local and/or state level.
3. Have commitment for time involved with the position compatible with employment.
4. Have ASNA District Board of Directors verify participation and attendance on the local level and his/her ability and willingness to give time and effort to accomplish tasks.
5. Be assertive, understand appropriate methods of confrontation, exhibit good decision-making abilities, and have leadership qualities.
6. Submit a statement, typed or printed in 200 words or less, regarding your views of issues facing the nursing profession, the Alabama State Nurses Association, and the office you are seeking.
7. Because of time involved in serving the professional organization, we assume that you have cleared time with your employer to attend meetings. Applicants should be willing to absorb own expenses.

Name and Credentials _____ Home Phone: _____
 Address: _____ Work Phone: _____
 E-Mail Address _____ Fax Number: _____

Are you able to get time off to attend meetings necessary to fulfill the duties of the office for which you are submitting this Consent To Serve form? Yes No
Because of the time involved in serving the professional organization, we assume that you have cleared time with your employer to attend meetings. Applicants should be willing to absorb own expenses.

My Views of the issues facing the nursing profession, the Alabama State Nurses Association, and the office I am seeking are: *(200 words or less—typed or printed)*

Alabama State Nurses Association
 360 North Hull Street Montgomery, Alabama 36104
 (334) 262-8321 Fax# (334) 262-8578 Members (800) 270-2762
 E-Mail: alabamasna@alabamanurses.org

Success Depends on You

The Foundation invites and deeply appreciates your tax deductible contributions from all who believe in and wish to support its purposes and programs. Investment in the Foundation's work enables contributors to help increase public understanding of nursing and health, promote better use of nursing services and strengthen nursing research and practice.

Yes! I want to Increase Public Understanding of Nursing and Health... Enclosed is my contribution to the Alabama State Nurses Association Foundation.

Supporter \$10 Friend \$25 Sponsor \$50
 Fellow \$100 Patron \$500 Benefactor \$1000
 Other In Memory

or Honor of _____ \$ _____
 (name)

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____

Please make check payable to the Alabama State Nurses Foundation and mail to: 360 North Hull Street, Montgomery, AL 36104
 All gifts to the Foundation are tax deductible to the extent allowed by applicable law.

TUSCALOOSA, Ala.—Six health care workers, including one who served as president of every nursing organization in Alabama, the first African American to serve as nursing dean at a major public university in the state of Alabama, and a four-decade nursing educator and rural healthcare advocate, were inducted into the Alabama Nursing Hall of Fame at The University of Alabama Capstone College of Nursing.

“The achievements and dedication of this year’s inductees have profoundly influenced the nursing profession and recipients of healthcare in the state of Alabama and nationally,” said Shelley Jordan, director of development at the UA Capstone College of Nursing. “We honor them and the work they’ve done.”

The inductees were honored Thursday, Oct. 15 during ceremonies at the NorthRiver Yacht Club in Tuscaloosa. Those inducted into the 2009 class are:

Sharon Farley has worked to improve the lives for people of every gender, race, income and educational level. As director of a W. K. Kellogg project, Farley saw that many elderly citizens in two of Alabama’s poorest counties were able to stay in safe homes and had running water for the first time in their lives.

Lillian Maria Laggan spent most of her career recruiting and retaining qualified caregivers and serving as a role model to aspiring leaders in the nursing profession. Her commitment to leading by example earned her the nickname “The Chief” to those fortunate enough to serve under her leadership.

Margaret Israel Millsap created a legacy of leadership while improving nursing education and home healthcare delivery. During her career, Millsap served as president of every major nursing organization in Alabama and became the first woman and nurse named to the state of Alabama’s Board of Health.

James L. Raper is a pioneer in the care of patients with HIV/AIDS in Alabama. His combination of science and compassion of care has led Raper to become the first nurse named director of a clinic at the University of Alabama at Birmingham and the only nurse appointed to faculty in the School of Medicine at UAB.

Jeanette Latham VanderMeer has spent more than four decades “walking the talk.” The Eutaw native championed rural healthcare in Alabama and has worked tirelessly to create partnerships with the state’s community colleges to make continuing education a reality of nurses in Alabama.

Robertta Watts has had a passion for care giving since age 5 when she assisted her mother in a dental emergency. In her career as a healthcare professional, Watts held a number of gubernatorial appointments and became the first African-American to serve as nursing dean at a major public university in the state of Alabama, Jacksonville State University.

A gallery honoring these and previous Hall of Fame inductees is permanently located in the UA Capstone College of Nursing. Members of the College’s Board of Visitors submit nominations for induction into the Hall of Fame to the Hall’s selection committee. The selection committee reviews nominations and determines, by ballot, those to be inducted.

Membership



Serve on an ASNA Committee for 2010-2011

If you are willing to serve, please indicate your choice(s) on this form and return it to the ASNA office.

STANDING COMMITTEES

- ___ Committee on Governance
- ___ Committee on Membership
- ___ Committee on Finance
- * ___ Committee on Continuing Education

SPECIAL COMMITTEES

- ___ Committee on Awards
- ___ Committee on Convention
- ___ Committee on Ethics & Human Rights
- ___ Committee on Legislative

- ___ Environmental Health & Safety Task Force
- ___ Informatics Nursing Workgroup

* Appointed by each District Board of Directors

Name _____ Credentials _____

Address _____

City, State & Zip _____

Home Phone _____ Work Phone _____

Fax: _____ e-mail: _____

District _____

Meetings may be held at the ASNA office, virtual (online) or by telephone conference.

NOW
IS THE TIME FOR YOU TO PROVIDE LEADERSHIP
IN YOUR PROFESSIONAL ASSOCIATION

REMEMBER: 70% of your dues are tax deductible!

New/Renew/Rejoin Members:

District 1

- Sandra Garner Bradshaw, RN
- Mary Ann Hardin, MSN, RN
- Yeow Chye Ng, BSN, RN
- Rhonda Davis, MSN, RN, CNS
- Melissa Parkhurst, MSN, RN, CRNP
- Margaret Frey, RN
- Sheila Smith, RN
- Rebecca Tannehill, RN
- Melissa Ledlow Timberlake, RN
- Heather Tennell Garrett, RN, CRNP
- Brittney Humphres, RN
- Dian Kelley, RN, CRNP
- Michelle Pratt, RN, CRNP
- Michele Puckett, RN, CRNP
- Diana Ruzicka, RN
- Susan Elam, BSN, RN, RHIT
- Rita Ferguson, RN HPCN
- Henry "Hank" Linsky, AND
- Rose Linsky, BSN, RN

District 2

- Karen Freeman, RN
- Dorothy Kline, BSN, RN
- Cate Scheriber-Jones, RN
- Clem Hill, RN
- Vicki Hannah, MSN, CRNP

District 3

- Jane Davis, CRNP
- Loretta Reed Hill, MSN, RN
- Marilyn Jenkins Johnson, BSN, RN, MPH
- Krista McAnear, LPN
- Richard McElhaney, DNS, RN, CAN
- Velma Ware Jenkins, LPN
- Paula Chavis-Parker, RN, C

- Darcey Ansley, RN
- Leslie Kurilla, RN
- Janet Jones McCary, RN, CRNP
- Molly McGowan, RN
- Shaun Tolbert, APN, RN
- William "Jeff" Wood, BSN, RN
- Martha Dawson, RN
- Harold Johnson, RN
- Janie Kelley, RN
- Lynda Oden LaRue, RN
- Ashley Posey, RN
- Amy Price, RN

District 4

- Maribeth Burt, RN
- Richard McElhaney, Sr., DNS, RN, CAN
- Suzanne Bird, RN
- Carla bond Burns, RN
- Janice McNeil, RN
- Amy Sherrin, RN
- Barbara Walley, RN
- Amy Little, RN
- Robin Normand, CRNP

District 5

- Cheryl Johnson, LPN
- Ada Britt, RN
- Anita McFaddin, MSN, RN
- Thomasine Braye, RN
- Laura Bland, RN
- Lisa Shiver, RN, CRNP
- Wendy Simpson, RN
- Thyrza Hooks, RN
- Trinette Bell, MSN, CRNP, MBA
- Celia Mitchell, RN, MSN, CRNP

District Meeting Notices

Macon County Nurses Society

1st Tuesday of each month, Basil O'Connor Hall, Tuskegee University – 12:30 p.m. Contact Maggie Antoine at 334-725-3257

Mobile County Nurses Society

Mobile County Nurses' Society meeting is the third Thursday of each month 5:30 p.m. @ Winzell's Oyster House, 605 Dauphin Street, Mobile, AL 36602. Contact Voncile Stallworth at vonceal@msn.com or 251-456-7536

Alabama State Nurses Association ANPC

No information is available at this time. Contact Mary Wade at 205-934-5402 or mwade@uab.mc.edu

ASNA District 1

Meets quarterly, please contact the President for dates, times, and locations or to be added to the notification list. Contact Brian Buchmann at 256-265-8819 or brian.buchmann@hhsys.org

ASNA District 2

Meets the first Thursday of the month at 6:00 p.m. in the small dining room of Druid City Hospital (DCH) Northport. Contact Dr. Pamela Moody at 205-554-4546 or asnad2president@yahoo.com

ASNA District 3

Contact Delores "Dee" Sherman at 205-870-4340 or presidentasnad3@yahoo.com

ASNA District 4

*Meets Tuesdays, November 17, 2009. Locations to be announced–6:00 p.m. Contact Dr. Henrietta "Henri" Brown at 251-434-3736 or hbrown@usouthal.edu

ASNA District 5

Meets 1st Saturday in March, June, September, and December at 1:30 p.m. at the ASNA headquarters. Contact Margaret Howard at 334-727-0550, ext. 3443 or margaretrhoward2002@yahoo.com

*Dates and Locations may change, please watch for emails and web announcements.

Membership

Alabama State Nurses Association
360 North Hull Street
Montgomery, AL 36104
Telephone: 334-262-8321
FAX: 334-262-8578
Email: memberasna@alabamannurses.org

Individual Affiliate – Non RN Member Only

___ New Application ___ Renewal

Name: _____

Address: _____

City State Zip SSN (Last 4 Only): _____

County: _____ Credentials: _____ ABN License # _____

Home Phone: _____ Work Phone: _____ (Ext) _____

E-mail Address _____ Cell Phone: _____

Employment Status: ___ F/T ___ P/T ___ Unemployed ___ Retired Employer: _____

Employer Address: _____

City State Zip

Recruited By: _____

ASNA Use Only

DIST: _____ COUN: _____

RCVD: _____ EXP: _____

\$ ENC: _____ CH #: _____

Dues Options

Visa/Master/Debit Card Payment Option

Visa/Master/Debit Card #: _____

Exp. Date: _____

Signature of Cardholder: _____

Individual Affiliate Dues (LPN, PA, Etc.):

___ \$95.00 Annual Payment ___ \$50.00 Semi Annual Payment

Dues Amount: _____

Tax Deductible Donation to ANF: _____

Total Enclosed: _____

**Organizational and Corporate Affiliations are available.
Please contact the ASNA Office at 334-262-8321 for more information.**

Authorized Signature: _____ Date: _____

Payments to ASNA are not deductible as charitable contributions for Federal Income Tax Purposes. However, they may be deductible under other provisions of the Internal Revenue Code; check with your accountant.

Policies:

1. Affiliate privileges are initiated upon verification of membership qualification and receipt of first payment.
2. The expiration date of the affiliate year shall be the last day of the month in which you joined.
3. You may be cancelled if you fail to pay your dues within thirty days after the expiration date or payment due date.
4. Late payments may result in a lapse and a change in your expiration date.
5. Payment method/affiliate status may be changed at expiration (renewal) date only.
6. Submission of an affiliate application constitutes intent to retain affiliation for a period of 12 months. Payments are not refundable.
7. **PAYMENTS MUST ACCOMPANY APPLICATION.** Please note that all Installment plans include a \$2.50 bi-annual service fee. *Do not add this \$5.00 to your payment; it is already built in.* Make all checks or money orders payable to: ASNA/ANA and mail to 360 North Hull Street, Montgomery, Alabama 36104.
8. For further affiliate information, please contact ASNA at 1-800-270-2762 or, in the Montgomery area, (334) 262-8321.

Information Please...

Not getting your mail from ASNA/ANA? We might need an update! Members, please confirm your information online at alabamannurses.org. Log in with first and last name, one word, all lowercase—for example janedoe. Password is your ANA/ASNA membership number. Non members and those without internet access may fill out and return the form below to:



ASNA
360 North Hull St.
Montgomery, AL 36104
Fax: 334-262-8578

Name: _____

Credentials: _____

Address: _____

City, State Zip

Home Phone: _____

Work Phone: _____

Email Address: _____

Receive updates and emails from ASNA:
 Yes No (Check One)

Membership

APPLICATION FOR MEMBERSHIP



ASNA
ALABAMA STATE
NURSES ASSOCIATION

Please check One New Application Renewal ANA ID# _____ Today's Date _____

Name – First/Middle/Last: _____

Credentials: _____ RN License #: _____

Address: _____

City State Zip County: _____

Home Phone: _____ Home Fax: _____

Work Phone: _____ (Ext) _____ Work Fax: _____

Cell Phone: _____ E-mail Address _____

Employer: _____

Employer Address: _____

City State Zip

Recruited By: _____ UAN Member: Yes No Preferred Contact: Home Work

CIRCLE YOUR MEMBERSHIP CATEGORY

M – Full Membership – Employed full or part-time

R – Reduced Membership – Not employed ~ full-time student or new graduate within six months after graduation from basic nursing education program **FIRST MEMBERSHIP YEAR ONLY**

S – Special Membership – 62 years of age or over and not employed, or totally disabled

D – Direct (State Only) /Non ANA Member

PAYMENT PLAN (CHECK ONE BOX)

ELECTRONIC DUES DEDUCTION FROM CHECKING ACCOUNT
M - \$24.58 Month R - \$12.54 Month S - \$6.52 Month **D - \$15.08 Month**

Monthly Bank Draft/Credit Card Authorization (Please initial choice):

Read and sign the authorization below. **Enclose a check made payable to ASNA/ANA for the first month's dues (see rates listed above).** This amount will be deducted from your checking/credit card account each month.

_____ This is to authorize ANA to withdraw 1/12 of my annual dues and any additional services fees from my **checking** account each month on or after the 15th day of each month, which is designated and maintained as shown by the enclosed check for the first month's payment.

_____ This is to authorize ANA to withdraw 1/12 of my annual dues and any additional services fees from my **credit card** account each month on or after the 1st day of each month, which is designated and maintained as shown by the enclosed payment for the first month's payment.

1. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice.
2. The undersigned may cancel this authorization *at renewal time* upon receipt by ANA of **written notification of termination twenty (20) days prior to deduction date** as designated above. Please note that all Bank Draft plans include a \$6.00 annual service fee. *Do not add this \$6.00 to your payment; it is already built in.* ANA will charge a \$5.00 fee for any returned drafts.

Authorized Signature: _____ Date: _____

FULL ANNUAL PAYMENT
M - \$289 R - \$144.50 S - \$72.25 **D - \$175**

PAYMENT METHOD

CHECK ENCLOSED VISA MASTERCARD

Card Number: _____ Exp. Date: _____

Authorized Signature: _____ Date: _____

Payments to ASNA/ANA are not deductible as charitable contributions for Federal Income Tax Purposes. However, they may be deductible under other provisions of the Internal Revenue Code; check with your accountant.

For Office Use Only:
Date Rec'd _____ Dist # _____ County # _____ \$Enclosed _____ Method _____

Please return this completed application with your payment to **ASNA 360 North Hull St., Montgomery, AL 36104 or Fax to 334-262-8578**

TIME TO RENEW YOUR COUNCIL MEMBERSHIP

ASNA Advance Practice Council Membership Application

You must be a member of the Alabama State Nurses Association in order to join the APC. Membership dues to APC are \$20.00 per calendar year. A membership year is January 1 through December 31 of the current year. Visitors and non-members are always welcomed at our meetings and may take advantage of our CE programs for a small fee.

Are you presently a member of ASNA? Yes No

APC Renewal APC New Member

Name: _____

Credentials: _____

Address: _____

City/State/Zip

Home Phone: _____

Work Phone: _____

Email Address: _____

For more information contact ASNA at 334-262-8321 or memberasna@alabamanurses.org.



Proposed Car Tags for Alabama Nurses: UPDATE— We are close to 700, only 300 more to go!

The Alabama State Nurses Association has contacted the Alabama Department of Revenue, Motor Vehicle Division regarding a car tag for nurses. Two choices are available; a decal to be placed on a special tag, or a specially designed tag. The difference is of course numbers. If at least 250 people will sign a "Commitment to Purchase" at their local revenue office, we get the decal. It takes at least 1000 to get the whole tag. A design similar to the photo above will be submitted. **Please do not sign a "Commitment to Purchase Agreement" until you are notified that the tag has been created.**

ASNA will need to know what kind of interest we have in this tag prior to submitting the application. Once the tag becomes available, if you have signed a "Commitment to Purchase Agreement" **with your local revenue office**, you will be notified by that office. Please fill out the short form below and return it to ASNA at 360 N. Hull St., Montgomery, AL 36104 or email at memberasna@alabamanurses.org

Name: _____

Phone: _____

Email: _____

Address: _____

This form indicates interest to ASNA only, it is not a "Commitment to Purchase"

Nurses at the Capitol continued from page 1

other money it collects, the state is trying to balance the budget off the backs of nurses. No other board was ordered to give the state their licensing fees. We must stop this raid on our Board of Nursing. These challenges are too great to be ignored.

Our gathering at the state capitol is intended to highlight problems we face, and increase the visibility of nurses in the public policy arena. With a successful rally we can kick off the legislative session to a great start. Make plans now to come to the capitol on January 27 from 10 to 12.

NURSES DAY AT THE CAPITOL ~ JANUARY 27, 2010

Join us for 2010's Nurses Day at the Capitol. Meet lawmakers, listen to influential members of nursing, and show your concern for the policies that affect you. Last year's attendance was close to 1,500 and we hope to beat that record this year.

Please register online at alabamanurses.org or complete the form below to indicate that you plan to attend this important event.

Name: _____ Phone: _____

Email: _____

Address: _____

Return to ASNA, 360, N. Hull St., Montgomery, AL 36104 or Fax 334-262-8578

Alabama State Nurses Association 2009 Convention

2010 Calendar Winners

January	Helen Wilson, MSN, RN Nurse Consultant
February	Betty Grammer, BSN, RN DCH Hospital
March	Etta Felton, MSN, CNS, RN Psychiatric Nurse Specialist-VA Hospital, Tuscaloosa
April	Charlotte Wynn, MSN, CRNP, CH, Nurse Practitioner in Montgomery
May	Geneveva "Ginny" Woodfin, RN, NICU, Charge Nurse in the Neuro ICU at Providence Hospital, Mobile
June	Arlene Morris, EdD, MSN, RN, CNE, Associate Professor of Nursing at Auburn University Montgomery School of Nursing.
July	Mary Kirkley, ADN, RN; Kimberly Parker, MSN, RN; Sheila Park, ADN, RN; Eddie P. Mallisham, BSN, RN-C; Nell Bailey, ADN, RN, Florence Pearson, BSN, RN, VA Hospital in Tuscaloosa
August	Francine Parker, EdD, RN, CNE, Associate Professor at Auburn University School of Nursing
September	Nettie Reeves, ADN, RN, Staff Nurse in the telemetry unit at Springhill Medical Center Mobile
October	LaTunya Ashford, BSN, RN, Director of Nursing at Brookshire Healthcare Center in Huntsville
November	Angela Watkins, MSN, RN, Program Director for Nursing at Calhoun Community College in Decatur
December	Geneve Rose, RN; Shona Thomas, BSN, RN, CVICU/CVOU at St. Vincent's East in Birmingham

2009 Election Results

Vice President: Jackie Williams, MSN, RN
Secretary: Mardell Davis, PhD, RN
Commission on Professional Issues: Jean Ivey, DSN, RN, CRNP
 Richard Brown, MSN, CRNP, JD
 Cam Hamilton, MSN, RN
 Michelle Schutt, EdD, MSN, RN, CNE
Nominating Committee: . . . Vanessa Barlow, RN, BSN, MBA
 Cindy McCoy, PhD, RN, CNE, BC
 Glenda Smith, PhD, RNC, NNP, PNP-BC
 Rebecca Huie, BSN, RN
ANA Delegates: Debbie Faulk, PhD, RN, CNE
 Ruby Morrison, DSN, RN
 Vanessa Barlow, BSN, RN, MBA
 Arlene Morris, EdD, MSN, RN, CNE
 Helen Wilson, MSN, RN
 Mardell Davis, PhD, RN
 Paula Gasser, RN, BSN, MPH
 Lori Lioce, MSN, RN, RDH
Alternates: Jean Ivey, DSN, RN
 Janice Vincent, DSN, RN
 Jacqueline Moss, DSN, RN
 Lygia Holcomb, DSN, CRNP
Alternate to Alternate: . . Charlene Roberson, MEd, RN-BC

2009 Award Winners

Betty Grammer Lillian B. Smith Award
 Etta Felton Louise Barksdale Outstanding Staff Nurse Award
 Rebecca Huie Outstanding New Member Award
 Jean Ivey Cindajo Overton Outstanding Nurse Educator Award
 Jill Stokley Outstanding Retired Nurse
 Cynthia Cleveland Outstanding Non-Member Award
 Veterans Administration Outstanding Health Care Organization

2009 Scholarship Recipients

Moniaree Parker Jones \$3000.00
 Amy Sherrin \$2500.00
 Teresa Kay Hargett \$2500.00
 Christa Rudat \$2500.00



L to R: Dr. Debbie Faulk & Jill Stokley.



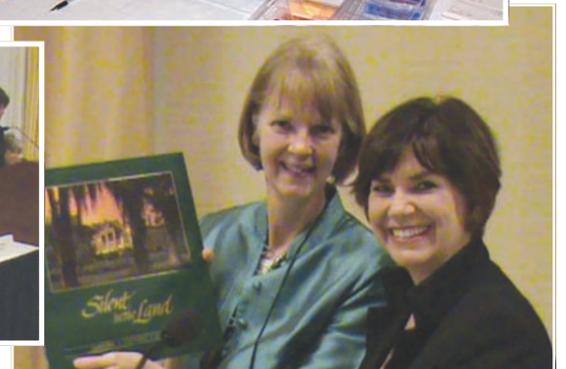
Mary Wade & Dr. Faulk.



L to R: Dr. Arlene Morris, Dr. Debbie Faulk & Charlotte Wynn.



Drs. Faulk & Witt



Alabama State Nurses Association 2009 Convention

A Special THANK YOU to all our Exhibitors and Sponsors

Exhibitors

- Alabama Auxiliary of the Gideons International
- Alabama Organ Center/ Alabama Eye Bank
- Alacare Home Health
- Amedisys Home Health Services
- Assessment Technologies Institute
- Auburn University/AUM Schools of Nursing
- Baptist Medical Center South
- Beijo Handbags & Accessories
- Campus RN
- Cengage Learning/ Delmar Press
- DCH Health System
- Emory University School of Nursing
- Ergolet
- EZ Way, Inc.
- First Fidelity Group
- Helen Keller Hospital
- Huntsville Hospital
- Hurst Review Services
- Jackson Hospital
- Kaplan Nursing
- Krueger International
- METI
- New York Life
- Omnicell
- Rayfield & Associates
- Rinehart & Associates
- Samford University
- Senior Care Center-Shoals Hospital
- Troy University
- UAB Hospital
- UAB School of Nursing
- University of Alabama Capstone College of Nursing
- University of South Alabama College of Nursing
- Vanderbilt University School of Nursing
- Walden University

Sponsors

- Arthur L. Davis Publishing Agency
- Merck
- MAE
- Marsh Affinity Group



L to R: Dr. Debbie Faulk, Helen Wilson, Betty Grammer and Etta Felton.

L to R: Dr. Debbie Faulk & Dr. Jean Ivey.

Resolutions Passed at 2009 ASNA Convention*

Obesity

Resolved: That ASNA collaborate with the State Department of Education to provide for physical education in K-12; be it further

Resolved: That ASNA form a coalition with the Alabama Association of School Nurses to encourage nutritious food choices and exercise in K-12; be it further

Resolved: That each ASNA District submit at least two letters to the editors of their newspapers discussing the dangers of obesity; be it further

Resolved: That ASNA members strive to become role models for the reduction of obesity in Alabama by evaluating their own life style to determine if eating habits and exercise meet minimal health standards; and be it further

Resolved: That ASNA members strive to achieve 10,000 steps a day.

Minority Organ and Transplant Donors Awareness

Resolved: That the Alabama State Nurses Association (ASNA) take the lead in promoting the National Minority Organ and Tissue Transplant Education Program by having members distribute available information materials about organ/tissue donation to local churches, businesses and community organizations; and be it further

Resolved: That the ASNA Ethics and Human Rights Committee develop a list of activities and/or resources which are appropriate for implementation at the District level to members to plan and participate in the National Minority Organ Donor Awareness Day activities in their communities; and be it further

Resolved: That ASNA will consider presenting a Continuing Nursing Education activity on the this topic; and be it further

Resolved: That ASNA publish an article in the Alabama Nurse that provides national contact information and addresses the prevention of the diseases and behaviors that may lead to the need for organ transplants, such as diabetes, hypertension, alcohol/substance abuse and poor nutrition.

Promoting Sustainable Solutions for the Protection of Our Environment

Resolved: That the ASNA, in conjunction with the ASNA Environmental Health and Safety Task Force, promote "Reduce" awareness through articles published in the Alabama Nurse and present Continuing Education Programs addressing sustainable solutions; and be it further

Resolved: That the ASNA include links to resource sites under the environmental section of the web site.

Chemicals Policy and Environmental Health Advocacy

Resolved: That the Alabama State Nurses Association (ASNA) continue to publish articles in the Alabama Nurse on hazardous chemicals in consumer products and the growing concerns about toxic effects on health and the environment; and be it further

Resolved: That the ASNA support the American Nurses Association (ANA) in its endeavor to increase the number of nurses actively advocating for chemical policy reform by developing and sponsoring an Advanced Environmental Health Advocacy Summit annually; and be it further

Resolved: That the ASNA encourage state legislators to consider a resolution that requires the reduction in the use of toxic chemicals; require that less harmful chemicals be substituted whenever possible; supports labeling and full disclosure mechanisms; demands adequate information on the health effects of chemicals and chemicals in products before they are introduced on the market; and, be it further

Resolved: That the ASNA meet with legislators, informing them of what nurses and the nursing profession believe concerning the links between chemical exposures, a healthy environment and the public's health; and be it further

Resolved: That the ASNA continue to support the ANA efforts to ensure that nurses have full access to information and the right-to-know about the potentially hazardous chemicals to which nurses, other healthcare workers, patients, and communities in general are exposed.

Proper Disposal of Pharmaceuticals

Resolved: That the Alabama State Nurses Association (ASNA) ask each district to survey its area for possible pharmaceutical disposal programs; and be it further

Resolved: That the ASNA publish the survey findings as well as publish an article in the Alabama Nurse on the current accepted method for disposing of pharmaceuticals; and be it further

Resolved: That the ASNA will monitor and keep Alabama nurses informed on the status of a green pharmacy program called, the Teleosis Institute from Berkeley, CA, as it goes nationwide with its medication disposal system.

Elder Abuse

Resolved: That ASNA take a two-pronged approach to include education and promotion of public awareness to:

1. Educate public, including lay caregivers through news articles and other media presentations regarding coping strategies and resources for assistance
2. Educate healthcare providers through *The Alabama Nurse*, ASNA website, presentations, and educational offerings for healthcare, assisted living, and long term care facilities preparing a CD for distribution.
3. Educate policy makers including the AL governor's office, AL House of Representatives, and the AL Senate
4. Recommend a State of AL resolution for identification and prevention of elder abuse

References:

1. http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx
2. <http://www.eadaily.com/04/alabama-elder-abuse-data-and-statistics/>
3. <http://www.eadaily.com/03/alabama-elder-abuse/>
4. <http://www.dhr.state.al.us/list.asp>

Nightingale Declaration Campaign

Resolved: That the ASNA adopt the Nightingale Declaration and be it further

Resolved: That the ASNA publicize the adoption of the Nightingale Declaration in the Alabama Nurse and be it further

Resolved: That the ASNA disseminate the adoption of the Nightingale Declaration and send copies of the Declaration to other organizations concerned with health and be it further

Resolved: That all Alabama nurses be encouraged to go to the Declaration web site to give electronic support for the Declaration.

For contents of the resolutions go to ASNA webpage: www.alabamannurses.org.

* Full text of the Resolutions are available on the ASNA Website AlabamaNurses.org

Continuing Education Reporting— DON'T LET IT CONFUSE YOU!!!

We receive a large number of calls regarding the reporting of contact hours to the Alabama Board of Nursing. Here are a few simple things to keep in mind to help you:

- If you didn't scan your license at the workshop, you will probably be responsible for reporting your contact hours to the Alabama Board of Nursing.
- If you do not see a statement similar to this one, "Alabama Board of Nursing Provider Number ABNP0002 (valid through March 30, 2013)" on your certificate of attendance/completion, you are responsible for reporting your contact hours to the Alabama Board of Nursing.
- If you do see a statement similar to the above statement, you cannot enter the contact hours yourself. When checking your individual CE at www.abn.state.al.us, if you do not see the workshop or individual study you have completed listed, contact the company who provided the continuing education.
- When entering your contact hours on the Board's website DO NOT enter anything in the "Provider Number" field. If you do, you will be notified that you are not allowed to enter this information yourself; and may be in violation.

The most important thing to remember is that you are responsible for ensuring that the information on your records is accurate and up to date. Programs completed with the Alabama State Nurses Association are reported within two weeks of completion. Maintain a copy of all certificates of completion/attendance in an easily located file in the event you are asked to present proof.

The Challenges of Climate Change

Authored by: Carol Easley Allen, Ph.D., R.N., Professor and Chair Department of Nursing, Oakwood University, Huntsville, Alabama, author declares no conflict of interests.

Objectives: At the conclusion of this activity the learner should be able to:

1. Relate current US legislative efforts to reduce greenhouse gas emissions.
2. List 3 human activities that have impacted climate change.
3. Discuss health effects of climate change.
4. Relate the findings of the document *Global Climate Change Impacts in the United States*.
5. List 10 easy changes nurses can make in private lives to reduce the impact of climate change.

Directions: Read the monograph *The Challenges of Climate Change* carefully. Complete both the Post-Test and evaluation form on the answer sheet printed at the end of the article and return to ASNA (360 N. Hull Street, Montgomery, AL 36104 or {F} 334-262-8578). Include appropriate fee. A Continuing Education Certificate of Completion will be sent to you upon successful completion of both the post-test and the evaluation form. You must score at least 80% to pass. Should you fail the test you will be notified and offered the opportunity to retake the test. All retakes will require an additional \$5.00 fee.

Contact Hours: This 2.5 contact hours (60 minutes equal 1.0 contact hour) or 3.0 contact hours (50 minutes equal 1.0 contact hour). The activity expires 1 November 2011.

Accreditation: The Alabama State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Alabama Board of Nursing (valid through March 30, 2013).

A \$30 fee will be assessed for all returned checks or dishonored checks/payments.

Many of the challenges we face, from poverty to armed conflict, are linked to the effects of global warming. Finding a

solution to climate change can bring benefits in other areas. A greener planet will be a more peaceful and prosperous one too. (United Nations Secretary-General Ban Ki-Moon).

Climate change is one of the most politically charged issues of our time. Despite the widespread scientific consensus that the world's climate is changing, some people still refuse to acknowledge this reality or the role of human choices and actions in its creation. Countries in the two-thirds world, struggling to advance, fear that efforts to reduce climate change will reverse hard-won growth and stifle further development. In view of the critical importance of climate change for the global community, international and nation policy making has taken center stage.

2009 is a crucial year in the international effort to address climate change. A series of UN Framework Convention on Climate Change (UNFCCC) meetings are taking place throughout the year, which will culminate in the United Nations Climate Change Conference in Copenhagen, December 7-18. On September 22, United Nations Secretary-General Ban Ki-moon convened a high-level Summit on Climate Change, ahead of the Copenhagen conference. The summit brought together political leaders, including 100 heads of state and government. This was the largest gathering of political leaders in history to discuss climate change. Addressing the assembly, Mr. Ban said: "Failure to reach broad agreement in Copenhagen would be morally inexcusable, economically short-sighted and politically unwise."

On September 30, 2009, Senators Barbara Boxer and John Kerry announced a draft bill on climate change in the US Senate that sets out a more ambitious target of reducing greenhouse gas emissions than the 17% reduction from 2005 levels by 2020 included in the American Clean Energy and Security Act passed by the House of Representatives in June. The Senate draft calls for a 20% reduction from 2005 levels by 2020 and an 83% reduction by 2050. These targets are more in keeping with European and Asian perspectives. International leaders are looking for US commitment to significant action on global warming prior to the December meeting in Copenhagen, which is seen as a last chance for global action on climate change before it is too late to avoid catastrophic warming.

In addition to the emissions reductions in the bill, the Senate

The Challenges continued on page 12

CE Corner

The Challenges continued from page 11

draft calls for the restoration of the Environmental Protection Agency's (EPA) authority to regulate carbon from coal power plants, which was eliminated in the House bill. The draft also includes an opening for the expansion of nuclear power plants.

Basic Climate Change Terms and Concepts

Often the terms "climate change" and "global warming" are used interchangeably, but according to the National Academy of Sciences, "climate change" is the preferred term, because it includes more than rising temperatures. Climate change refers to any distinct change in measures of climate lasting for a long period of time, such as major changes in temperature, rainfall, snow, or wind patterns lasting for decades or longer. Climate change can result from natural factors and processes as well as human activities. Global warming, an average increase in temperatures near the Earth's surface and in the lowest layer of the atmosphere, although the most talked about type of climate change, is only one of the many changes that can occur in the climate system.

Climate change is not new. Historically, the Earth has experienced climate change many times, usually caused by natural factors such as volcanic eruptions and changes in the Earth's orbit or the amount of energy released by the sun. However, beginning with the Industrial Revolutions in the US and Europe in the late 18th century, human activities have changed the composition of the Earth's atmosphere and its climate.

The burning of fossil fuels, such as coal and oil along with deforestation has led to an increase in the concentration of heat-trapping "greenhouse gases" (GHGs) that, like the glass panes of a greenhouse, prevent heat from escaping into space. Greenhouse gases are necessary to life on Earth, because they keep the Earth's surface warm. But the increase in GHGs is causing the Earth's temperature to rise beyond past levels. Scientists predict that if GHGs continue to increase at their present rate the average temperature of the Earth's surface could increase from 3.2 to 7.2° F above 1990 levels by the end of the century.

Life on earth is supported by energy from the sun that arrives primarily in the form of visible light, most of which comes to the earth's surface as infrared radiation. Infrared radiation is carried aloft by air currents and eventually escapes the earth's atmosphere, if not delayed by GHGs, such as water vapor, carbon

dioxide, ozone, and methane. The Earth's greenhouse effect is a natural occurrence that helps regulate planetary heat. Without the greenhouse effect the Earth would be 60° F colder, and would not support life as we know it. Greenhouse gases act like a blanket around the earth, trapping heat and warming the planet. The "greenhouse effect" is produced as more of the sun's energy is trapped in the atmosphere and more carbon dioxide rests in the air rather than in trees, soil, and subterranean deposits. Rises in temperature are accompanied by climate change.

Human activities, like burning fossil fuels and changes in farming practice and land use, make the blanket thicker by increasing the amount of carbon dioxide in the atmosphere. Carbon dioxide is responsible for over 60% of the resulting "enhanced greenhouse effect": a warming of the earth's surface and lower atmosphere that affects complex systems that interact to affect cloud cover, rainfall, wind patterns, ocean currents, and the distribution of plant and animal species.

In the US, energy-related activities account for three-quarters of human-generated GHG emissions, primarily carbon dioxide. More than one-half of these emissions come from sources such as power plants, but one-third comes from transportation. Other significant sources of GHG emissions include industrial processes, agriculture, forestry, other land use, and waste management.

Among the many long-term effects of climate change that are already apparent are extreme weather conditions such as droughts, heavy precipitation, heat waves, and intense tropical cyclones. Trends toward more powerful storms and hotter, longer dry periods are also evident. Winter is declining with losses of snow cover and the retreat of mountain glaciers in many areas. This trend has caused the sea level to rise. Scientists report at least 420 climate-induced changes in physical processes and biological species worldwide, such as mating and egg-laying behavior and migration patterns of some bird species.

Even if the minimum predicted 21st century effects of climate change occur the effects are likely to be significant, disruptive, and possibly catastrophic. The minimum warming forecasted for the next 100 years is more than twice the 0.6° C increase experienced since 1900. Predictions regarding future effects vary, but minimum forecasted changes include coastline flooding, disruptions to food and water supplies, and the extinction of many species. A reduction in the quality and quantity of freshwater supplies is a major concern. An expansion in the range of some dangerous vector-borne diseases, such as

malaria, is also expected as temperatures rise. Climate change is inevitable, due to past and present GHG emissions, even if GHG emissions are reduced and atmospheric levels stop rising.

Implications of Climate Change

The global implications of climate change, the multifactorial nature of its causes and the urgent need for solutions present complex challenges to the international community. Climate change threatens to make it even harder to attain global Millennium Development Goals and ensure a safe and sustainable future beyond 2015.

Countries in the two-thirds world will bear the brunt of the effects of climate change. "Differences in per capital income, per capita emissions and energy intensity among countries remain significant. In 2004, UNCCC, Annex I countries held a 20% share on world population, produced 57% of the world's Gross Domestic Product... and accounted for 46% of global GHG emissions" (IPCC, *Climate change*, 2007, p. 37). The world's vulnerable populations, many of whom are poor, already live in dangerous places, such as floodplains, shantytowns, and exposed hillsides. These people are more exposed to the effects of climate change without much potential space for migration. In fact, the poor nations that comprise the two-thirds world are responsible for little of the climate change that confronts us, yet they will suffer the most. With fewer resources to cope with storms, floods, droughts, disease outbreaks, and disruptions to food and water supplies, vulnerable populations will pay the debt for the GHG emissions caused by the industrialized nations.

Health Effects of Climate Change

There is the possibility of significant health effects from climate change. Longer, more frequent, and more intense heat waves may cause an increase in heat-related illness and death. Increased heat can also lead to declining air quality by worsening air pollution related to ozone and smog. Insect borne illnesses are likely to increase with the expansion of insect vector ranges. The effect of climate change related health problems are particularly serious for the very young, the very old, or for those with cardiac and respiratory illness.

The global prevalence of some diseases and other threats to human health are very dependent on local climate. Direct

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effects of climate conditions include human responses to extreme temperatures that can cause loss of life. Climate-related disturbances in ecological systems, such as changes in the range of infective parasites, have an indirect effect on human health, as well as responses to warm temperature that can increase air and water pollution that cause harmful health outcomes.

The type and extent of climate change effects on health vary by region, relative vulnerability of population groups, the extent and duration of exposure to climate change, and society's ability to cope with the change. Climate change exposures among humans include changing weather patterns, as well as changes in water, air, food quality and quantity, ecosystems, agriculture, and the economy. While present effects are small, climate change effects are projected to increase globally over time. A matrix of complex factors affect human health: social, political, economic, environmental and technological factors, including urbanization, affluence, scientific developments, individual behavior and individual vulnerability, e.g., genetic makeup, nutritional status, emotional well-being, age, gender and economic status. This complexity makes it difficult to assess which health impacts are specifically related to climate change. In addition, there are a few health benefits related to climate change, such as fewer deaths due to exposure to cold. However, most of the health effects of climate change are expected to be negative. The quality of the medical care and public health systems in developed countries can serve as a mitigating factor.

Increases in average temperature may lead to more extreme heat waves in summer. Population groups vulnerable to heat, such as those with heart problems, asthma, the elderly, the very young and the homeless are at greater risk for poor health outcomes. An increase in the frequency of extreme weather events, such as hurricanes, extreme heat, and floods, can lead to more event-related deaths, injuries, infectious diseases, and stress-related disorders.

Some infectious diseases are climate-sensitive, particularly vector-borne diseases that occur in warm areas: malaria, dengue fever, yellow fever, and encephalitis. In addition, the increase in algal bloom associated with warm temperatures could cause increases in diseases such as cholera that tend to accompany algal bloom. Higher temperatures along with changes in rainfall patterns could prolong disease transmission seasons in some locations. In other places, these same factors could reduce the transmission season for some diseases, such as Lyme disease.

Climate change is projected to contribute to air quality problems that may exacerbate respiratory disorders related to smog and particulate air pollution. Ground level ozone, or smog, can damage lung tissue and is especially harmful to those with asthma and other chronic lung diseases. Particulate matter, when inhaled, can reach the deepest lung tissues and cause a variety of significant health problems.

Other indirect effects of climate change include hunger and malnutrition, particularly in two-thirds world countries, that result from climate change impacts on agricultural production. This will also lead to complications in child development. Climate change can also contribute to social disruption, economic decline, and the displacement of populations in various regions of the world related to decreased agricultural yields, scarce water resources, and extreme weather events.

The State of the Science on Climate Change

Winner of the Nobel Peace Prize in 2007, the Intergovernmental Panel on Climate Change (IPCC) is the leading body for the assessment of climate change. The IPCC was established by the UN Environmental Programme and the World Meteorological Organization to provide the scientific basis for the current state of climate change and its potential environmental and socioeconomic consequences. The IPCC does not conduct scientific investigations; rather it assesses the most recent global scientific, technical, and socioeconomic information that is relevant to climate change. Thousands of scientists worldwide volunteer to participate in this effort; thus the IPCC offers an opportunity for a rigorous and balanced view for decision making. Its work is policy-relevant and yet policy-neutral, never policy-prescriptive.

The key activity of the IPCC is the preparation of a series of Assessment Reports on Climate Change. The Fourth Assessment Report was released in 2007, and a fifth report is underway. The IPCC also released a Technical Report on Climate Change and Water in June 2008.

The Fourth Assessment Synthesis Report is based on an assessment of three working groups that addressed the physical science basis for climate change; impacts, adaptation, and vulnerability; and mitigation of climate change. The Synthesis Report represents an integrated view of these three reports. Significant findings include the following:

- There is unequivocal evidence of warming of the climate system based on average air temperature, widespread melting of snow and ice, and rising global average sea levels.
- The warming trend over the 50 years from 1956 to 2005 is nearly twice that during the 100 years from 1906-2005.
- Precipitation has increased significantly in parts of North and South America, Europe, and Asia. Precipitation has decreased in the Sahel, the Mediterranean, southern Africa, and parts of Southern Asia, with a global increase in the area affected by drought since the 1970s.
- It is fairly certain that there are effects on human health,

such as excess heat-related mortality in Europe, changes in infectious disease vectors in parts of Europe, and earlier onset of and increases in seasonal production of allergenic pollen in parts of the Northern Hemisphere.

- Global GHG emissions due to human activities have grown since pre-industrial times, with an increase of 70% between 1970 and 2004.
- Carbon dioxide (CO₂) is the most important anthropogenic (human-caused) GHG. Its annual emissions have grown between 1970 and 2004 by about 80%, primarily caused by energy supply, transport, and industry.

In February of 2002, the United States government announced a climate change research initiative to focus on key remaining gaps in climate change science. To meet this goal, the Federal, multi-agency Climate Change Science Program (CCSP) was established to investigate natural and human-induced changes in the Earth's global environmental system; to monitor, understand and predict global change; and to provide a sound scientific basis for national and international decision-making.

The final report by the CCSP, *Analyses of the effects of global change on human health and welfare and human system*, was released in 2008. The report documents regional differences within the US related to climate change. It highlights the fact that the US public health infrastructure enhances the ability to respond to climate change such that there are fewer adverse health effects. In addition, the US capacity for disaster planning and emergency response are key assets for US adaptation. However, it is very likely that heat-induced deaths and illnesses will increase in the coming decades. There are also likely to be increases in the incidence of several food- and water-borne diseases among susceptible populations. US health effects will vary by region. Projected health effects in the East South Central US Census Region that encompasses Alabama, Kentucky, Mississippi, and Tennessee, include heat waves, drought, tropical storms, and rising sea levels.

A comprehensive report on [Global Climate Change Impacts in the United States](#) was released by the US Global Change Research Program on June 16, 2009. This report presents, in plain language, the science and impacts of climate change on the United States, now and in the future. It focuses on climate

change impacts on U.S. regions and various aspects of society and the economy such as energy, water, agriculture, and health.

In addition to discussing the impacts of climate change in the US, the report also highlights the choices we face in response to human-induced climate change. It is clear that impacts in the United States are already occurring and are projected to increase in the future, particularly if the concentration of heat-trapping GHG in the atmosphere continues to rise. So, choices about how to manage GHG emissions will have far-reaching consequences for climate change impacts. Similarly, there are choices to be made about adaptation strategies that can help to reduce or avoid some of the undesirable impacts of climate change. This report provides many of the scientific underpinnings for effective decisions to be made—at the national and at the regional level.

Key findings of the report include the following:

- Global warming is unequivocal and has increased over the past 50 years; it is due primarily to human-induced emissions of heat-trapping gases.
- Climate changes are underway in the United States and are projected to grow. These include increases in heavy downpours, rising temperature and sea level, rapidly retreating glaciers, thawing permafrost, lengthening growing seasons, lengthening ice-free seasons in the ocean and on lakes and rivers, earlier snowmelt, and alterations in river flows.
- Widespread climate-related impacts are already affecting water, energy, transportation, agriculture, ecosystems, and health; these impacts are different from region to region and will grow under projected climate change.
- Climate change will stress water resources; issues, including droughts, floods, and declines in mountain snowpacks vary from region to region.
- Crop and livestock production will be increasingly challenged due to increased heat, pests, water stress, diseases, and weather extremes.
- Coastal areas are at increasing risk from sea-level rise and storm surge; erosion and flooding will affect energy and transportation infrastructures.

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- Threats to human health will increase such as heat stress, waterborne diseases, poor air quality, extreme weather events, and diseases transmitted by insects and rodents; robust public health infrastructure can reduce the potential for negative impacts.
- Climate change will interact with many social and environmental stresses, such as pollution, population growth, overuse of resources, urbanization, and other social, economic, and environmental stresses to create larger impacts than from any of these factors alone.
- Thresholds, such as the presence of sea ice and permafrost and the survival of species will be crossed, leading to large changes in climate and ecosystems; with further climate change, the crossing of additional thresholds is expected with implications for society.
- Future climate change and its impacts depend on choices made today, with regard to current and future human-caused emissions of heat-trapping gases and airborne particles; responses involve reducing emissions to limit future warming, and adapting to the changes that are unavoidable.

International and National Strategies to Address Climate Change

In 1992 more than 150 countries signed the United Nations Framework Convention on Climate Change (UNFCCC) with a goal to reduce their GHG emissions to 1990 levels by 2000. When the First Conference of the Parties to the UNFCCC met in Berlin in 1995, realization that most countries would not meet the 2000 target led to a call to negotiate and new, stronger agreement by the end of 1997. Accelerated by the Second Conference of the Parties in 1996, there was a call for urgent action to reduce GHGs.

At the Third Conference of the Parties to the Convention in December 1997, the Kyoto Protocol was adopted. The Protocol sets binding targets for 37 industrialized countries and the European community for reducing GHG emissions. While the Convention encouraged industrialized countries to stabilize GHG emissions between 2008 and 2012, the Protocol commits them to do so. The Protocol entered into force on February 16, 2005.

The IPCC Report cited above calls for specific actions on the part of the global community to address climate change, emphasizing three major concepts:

- *We must act now*, because what we do today determines both the climate of tomorrow and the choices that shape our future. Today, we are emitting greenhouse gases that trap heat in the atmosphere for decades or even centuries.
- *We must act together*, because climate change is a crisis of the commons. Climate change cannot be solved without countries cooperating on a global scale to improve energy efficiencies, develop and deploy clean technologies, and expand natural "sinks" to grow green by absorbing gases.
- *We must act differently*, because we cannot plan for the future based on the climate of the past. Tomorrow's climate needs will require us to build infrastructure that can withstand new conditions and support greater numbers of people; use limited land and water resources to supply sufficient food and biomass for fuel while preserving ecosystems; and reconfigure the world's energy systems.

Prevention Initiatives to Address Climate Change

The actions that must be taken in response to climate change may be informed by an old public health adage and a principle that addresses the incomplete nature of climate change science. The adage is "think globally, act locally." It calls for attending from the global implications of the climate change challenge to the national, regional, and local actions seen in its light.

The precautionary principle has been gaining prominence as a guiding principle in modern thinking on environment and public health. As the nature of threats to health and the environment becomes more complex, uncertain, and global in nature, the intelligent, imaginative, and daring use of the precautionary principle will support efforts to strive towards a healthier and safer world. The principle states that in the case of serious or irreversible threats to the health of humans or the ecosystem, acknowledged scientific uncertainty should not be used as a reason to postpone preventive measures.

Essential public health services are key to preventing injuries and illnesses, enhancing public health preparedness, and reducing the risk from climate change. Addressing the health effects of global climate change is a pressing challenge for the Centers for Disease Control and Prevention (CDC) and other US public health agencies, such as the EPA. The problem is broad and complex. Nevertheless, the same framework used to determine the response to other public health challenges can be used to respond to the challenges of global climate change. That framework, developed years ago by the American Public Health Association and a group of federal, state, and local agencies and partners including CDC, outlines ten essential public health services to be used to anticipate, manage, and remedy the problems that can result from climate change:

1. Monitor the health status of the community.
2. Investigate and diagnose health problems and hazards.
3. Inform and educate people regarding health issues.
4. Mobilize partnerships to solve community problems.
5. Support policies and plans to achieve health goals.
6. Enforce laws and regulations to protect health and safety.
7. Link people to needed personal health services.
8. Ensure a skilled, competent public health workforce.

9. Evaluate effectiveness, accessibility, and quality of health services.
10. Research and apply innovative solutions.

These ten essential public health services are key to preventing injuries and illnesses, enhancing public health preparedness, and reducing the risk from climate change. Many actions addressing climate change yield co-benefits for both the environment and health. For example, well-designed, walkable communities not only reduce carbon dioxide emissions but also reduce vehicular air pollution and promote physical activity.

The federal government has established voluntary and incentive-based programs to reduce emissions and promote climate technology and science, incorporating expertise from federal agencies and the private sector. The EPA plays a significant role in helping the government reduce GHG emissions and intensity through many current and near-term initiatives that encourage voluntary reductions from a variety of stakeholders. Initiatives, such as ENERGY STAR, Climate Leaders, and the Methane Voluntary Programs, encourage emission reductions from large corporations, consumers, industrial and commercial buildings, and many major industrial sectors. New and refined technologies offer great promise to reduce GHG emissions significantly. The Federal government established the multi-agency Climate Change Technology Program (CCTP) in February 2002 to accelerate the development and deployment of key technologies.

The government is extensively engaged in international climate change activities in areas such as science, mitigation and environmental monitoring. EPA actively participates in multilateral and bilateral activities by establishing partnerships and providing leadership and technical expertise. Multilaterally, the United States is a strong supporter of activities under the UNFCCC and the IPCC. The government has created or worked to revitalize a number of international climate initiatives. For example, the US has joined with Australia, China, India, Japan and South Korea to accelerate the development of clean, more efficient technologies under the Asia Pacific Partnership on Clean Development and Climate.

State and local governments and business can play an important role in reducing GHG emissions by participation in a number of EPA and other federal government programs.

The U.S. Environmental Protection Agency has produced the *Excessive Heat Events Guidebook* with the National Oceanic and Atmospheric Administration, the CDC, and the Department of Homeland Security. Municipal officials in both the US and Canada provided useful information that can be used to help the public cope with excessive heat. Designed to assist community officials, emergency managers, meteorologists, and others plan for and respond to excessive heat events, the guidebook highlights best practices that have been employed to save lives during excessive heat events in different urban areas and provides a menu of options that officials can use to respond to these events in their communities.

In addition to international and national initiatives, there are a number of non-governmental organizations that seek to address the challenges of climate change. For example, Health Care Without Harm (HCWH) is an international coalition of hospitals and health care system, medical professionals, community groups. Health-affected constituencies, labor unions, environmental and environmental health organizations, and religious groups committed to the transformation of the health care sector worldwide, without compromising patient safety, so that it is ecologically sustainable and no longer a source of harm to public health and the environment. Its membership includes more than 473 organizations in 52 countries. Nurses, as frontline health care workers, have a unique role as champions within health care facilities, creating positive environmental change from the inside. They play a key role in HCWH activities through the Nurses Workgroup.

In July 2009 HCWH entered a partnership with the Clinton Climate Initiative, a project of the William J. Clinton Foundation, to help hospitals and health care facilities to reduce their environmental impact through energy conservation and facility retrofitting. Through this partnership health care facilities will receive technical assistance when implementing energy efficiency projects and become eligible for discounted energy efficiency products.

National Public Health Week has been organized by the American Public Health Association since 1996 to educate the public, policy makers, and public health professionals about issues important to the public's health. The theme of Public Health Week for 2008 was "Climate Change: Our Health in the Balance." Among the resources still available on the NPHW website is an interactive map that shows health effects related to climate change by US geographical regions. Visitors to the site can also access APHA's Climate Change Blueprint that highlights recommendations for the public health community.

The Role of Health Care and Nursing

As the second most energy intensive commercial sector of the US economy, hospitals and healthcare facilities emit large quantities of carbon and other pollutants associated with climate change. The EPA estimates that the healthcare industry's energy use adds over \$600 million per year in increased healthcare costs related to increased disease burden in the general public, e.g. treated asthma cases, respiratory illness, and increased hospital room visits.

Aware of their unintended contribution to climate change, many hospitals and healthcare facilities have joined HCWH and its affiliates Practice Greenhealth and the Global Health and Safety Initiative, to receive guidance and assistance. The Climate Change initiative will provide assistance to facilities that lack the resources to make environmentally sound architectural and equipment

changes because of the economic downturn.

EnviRN is a virtual resource hosted by the University of Maryland Environmental Health Education Center. This website provides access to credible scientific information about climate control and to a number of resources, e.g., links to peer-reviewed articles.

The Nightingale Institute for Health and the Environment is a nursing organization devoted to assisting health care professionals to recognize the inextricable link between human health and environmental health and providing them with information about how they can help to protect the environment.

The Alliance of Nurses for Healthy Environments is a new organization of individual nurses and nursing organizations with a goal to integrate environmental health with nursing education, practice, research, and policy/advocacy work.

E-Commons is a new website, co-created by nurses worldwide who are concerned with environmental issues, such as climate change.

What You Can Do

You can start to be a part of the solution by using EPA's personal greenhouse gas emissions calculator to estimate annual household emissions and taking a few simple steps to reduce them. http://www.epa.gov/climatechange/emissions/ind_calculator/htm.

Making a few small changes in your home and yard can lead to big reductions of greenhouse gas emissions and save money. Here are nine simple steps you can take to reduce greenhouse gas emissions:

1. **Change 5 lights**
Replace the conventional bulbs in your 5 most frequently used light fixtures with bulbs that have the ENERGY STAR. If every household in the U.S. took this one simple action we would prevent greenhouse gases equivalent to the emissions from nearly 10 million cars.
2. **Look for ENERGY STAR qualified products**
When buying new products, such as appliances for your home, look for ENERGY STAR qualified products in more than 50 product categories, including lighting, home electronics, heating and cooling equipment and appliances.
3. **Heat and cool smartly**
Simple steps like cleaning air filters regularly and having your heating and cooling equipment tuned annually by a licensed contractor can save energy and increase comfort at home, and at the same time reduce greenhouse gas emissions. When it is time to replace old equipment, choose a high efficiency model, and make sure it is properly sized and installed.
4. **Seal and insulate your home**
Sealing air leaks and adding more insulation to your home is a great do-it-yourself project. The biggest leaks are usually found in the attic and basement. If you are planning to replace windows, choose ENERGY STAR qualified windows. Seal and insulate any ducts in attics and crawlspaces. A home energy auditor can also help you find air leaks, areas with poor insulation, and evaluate the overall energy efficiency of your home.
5. **Use green power**
Green power is environmentally friendly electricity that is generated from renewable energy sources such as wind and the sun. There are two ways to use green power: you can buy green power or you can modify your house to generate your own green power. There are a number of steps you can take to create a greener home, including installing solar panels and researching incentives for renewable energy in your state.
6. **Reduce, Reuse, and Recycle**
If there is a recycling program in your community, recycle your newspapers, beverage containers, paper and other goods. Use products in containers that can be recycled and items that can be repaired or reused. In addition, support recycling markets by buying products made from recycled materials.
7. **Be green in your yard**
Use a push mower. If you do use a power mower, make sure it is a mulching mower to reduce grass clippings. Compost your food and yard waste.
8. **Use water efficiently**
Look for products with EPA's WaterSense label; these products save water and perform as well or better than their less efficient counterparts. Be smart when irrigating your lawn or landscape; only water when needed and do it during the coolest part of the day, early morning is best. Turn the water off while shaving or brushing teeth. Do not use your toilet as a waste basket. A leaky toilet can waste 200 gallons of water per day. Repair all toilet and faucet leaks right away.
9. **Spread the Word**
Tell family and friends that energy efficiency is good for their homes and good for the environment because it lowers greenhouse gas emissions and air pollution.

Carbon dioxide emissions can be reduced by improving your car's fuel efficiency. You can take the following actions to reduce your greenhouse gas emissions, reduce the nation's dependence on oil and save money.

Buy smart. Before buying a new or used vehicle (or even before renting a vehicle), check out EPA's Green Vehicle Guide and the

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jointly-run EPA/DOE Fuel Economy Guide. These resources provide information about the emissions and fuel economy performance of different vehicles. They are designed to help you choose the cleanest, most fuel-efficient vehicle that meets your needs. There are a wide range of cleaner, more fuel-efficient vehicles available on the market today that produce fewer greenhouse gas emissions.

Drive smart. Many factors affect the fuel economy of your car. To improve fuel economy and reduce greenhouse gas emissions, go easy on the brakes and gas pedal, avoid hard accelerations, reduce time spent idling and unload unnecessary items in your trunk to reduce weight. If you have a removable roof rack and you are not using it, take it off to improve your fuel economy by as much as 5%. Use overdrive and cruise control on your car if you have those features.

1. **Tune your ride**

A well-maintained car is more fuel-efficient, produces fewer GHG emissions, is more reliable, and is safer. Keep your car well tuned, follow the manufacturer's maintenance schedule, and use the recommended grade of motor oil. Also check and replace your vehicle's air filter regularly.

2. **Check your tires**

Check your tire pressure regularly. Under-inflation increases tire wear, reduces your fuel economy by up to 3 percent and leads to higher GHG emissions and releases of air pollutants. You can find the correct tire pressure for your vehicle on the door to the glove compartment or on the driver's-side door pillar.

3. **Give your car a break**

Use public transportation, carpool, or walk or bike whenever possible to avoid using your car. Leaving your car at home just two days a week will reduce GHG emissions by an average of 1,600 pounds per year. Whenever possible, combine activities and errands into one trip. For daily commuting, consider options like telecommuting (working from home via phone or over the Internet) that can reduce the stress of commuting, reduce GHG emissions, and save money.

4. **Use Renewable Fuels**

Both E85 and biodiesel are renewable fuels that can reduce GHG emissions from your vehicle. If you own a diesel vehicle, consider filling up with a biodiesel blend such as B5, a fuel blend containing 5% biodiesel. Biodiesel is a renewable fuel made from agricultural resources such as vegetable oils.

Conclusion

Climate change presents significant challenges to the global community and to the local concerns of nurses and other health care professionals. If the science is correct, the potential risks to our generation and to our children are great: the option to do nothing is no less than catastrophic. As nurses, we must act locally to reduce the impact of climate change in our communities and on a national level, but we must also think and act globally in our professional involvements and advocacy efforts to move toward a safe and sustainable environment.

References

- EnviRN. <http://www.envirn.umaryland.edu>. Accessed 9/30/09.
- Gamble, J.L. (ed.), K.L. Ebi, F.G. Sussman, T.J. Wilbanks. (2008). *Analyses of the effects of global change on human health and welfare and human systems*. Washington, DC: U.S. Climate Change Science Program and the Subcommittee on Global Change Research, U.S. Environmental Protection Agency.
- Intergovernmental Panel on Climate Change, Working Group II. <http://www.ipcc-wg2.org>. Accessed 9/8/09.
- Intergovernmental Panel on *Climate Change*. (2007). *Climate change 2007: Synthesis report, An assessment of the Intergovernmental Panel on Climate Change*. Valencia, Spain: IPCC.
- Ki-Moon, Ban, "Viewpoint, The right war: The UN's chief on why a greener planet would be a more peaceful one." *Time*, April 28, 2008. Special Environmental Issue, p. 58.
- National Public Health Week. http://www.nphw.org/nphw08/08_pg_about.htm. Accessed 9/30/09.
- Nightingale Institute for Health and the Environment. <http://www.nihe.org>. Accessed 9/30/09.
- Practice Greenhealth. <http://www.practicegreenhealth.org>. Accessed 9/30/09.

United Nations Framework Convention on Climate Change. <http://unfccc.int>. Accessed 5/13/09.

United Nations Framework Convention on Climate Change, Kyoto Protocol *Public Health, protection of children and sustainability*. Fourth Ministerial Conference on http://unfccc.int/Kyoto_protocol/items/2830.php. Accessed 5/13/2009.

United States Centers for Disease Control and Prevention National Center for Environmental Health. <http://www.cdc.gov/Features/changingclimate>. Accessed 5/13/2009.

United States Climate Change Science Program. (2008). Human health and welfare in a changing climate: Summary and findings of the U.S. Climate Change Science Program. www.climatechange.gov. Accessed 10/5/09.

United States Environmental Protection Agency, Climate Change. <http://www.epa.gov/climatechange/index.html>. Accessed 5/13/09.

United States Global Change Research Program. <http://www.globalchange.gov>. Accessed 9/30/00.

World Health Organization, Europe. (2004). *The precautionary principle: Public health, protection of children and sustainability*. Fourth Ministerial Conference on Environment and Health, Budapest, Hungary, 23-25 June 2004. Copenhagen, Denmark: World Health Organization.

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Health Effects of Climate Change

Climate event	Possible health impact	Likelihood of impact if event occurs	Vulnerable populations	Potential adaptation strategy
Heat waves; extreme high temperatures	Heat stress/stroke; uncertain impacts on mortality	Very likely in Midwest and northeast urban centers	Extremes of age; athletes, people with respiratory disease	Early watch and warning systems and installation of cooling systems in buildings
Extreme weather events, changes in precipitation (rain, hurricane, tornado, flooding)	Injuries from flying debris, drowning; exposure to contaminated water and food supplies with associated gastrointestinal illnesses including salmonella and giardia; exposure to mold and mildew; exposure to carbon monoxide poisoning from portable generators	Likely in areas with out-dated or over-subscribed water treatment plants; coastal zones of the southeast Atlantic and the Gulf Coast	Multiple populations at risk	Improve infrastructure to guard against combined sewer overflow; public health response to include “boil water” advisories; increase knowledge and awareness of vulnerability to climate change; public health advisories in immediate aftermath of storm; coordinate storm relief effort to insure that people receive necessary information to safeguard health
Droughts, increased mean temperatures, ecosystem migration	Food and water shortages; malnutrition; vector-, food-, and water-borne diseases; mass population movement; international conflict	Likely in all regions of US and various other countries	Multiple populations at risk, particularly low SES, elderly, children	Increase knowledge and awareness of vulnerability to climate change; public health advisories to insure people receive necessary information to safeguard health; international efforts to ensure safe and adequate food and water supplies; public health efforts for disease control
Sea-level rise	Injuries, drowning, water and soil salinization, ecosystem and economic disruption	Likely in all coastal areas	General population	Increase knowledge and awareness of vulnerability to climate change; public health advisories to insure people receive necessary information to safeguard health; international efforts to protect health
Increases in ground-level ozone, airborne allergens, and other pollutants	Respiratory disease exacerbations (COPD, asthma, allergic rhinitis, bronchitis)	Likely in urban centers in the mid-Atlantic and the northeast US	Elderly, children, those with respiratory disease	Public warning re: air quality action days; encourage public transit, walking, and bicycling to decrease emissions
Wildfires	Degraded air quality, contributing to asthma and COPD aggravated	Likely in California, the Intermountain West, the southwest and the southeast	Populations living in affected areas	Public health air quality advisories
Other climate-change effects	Mental health problems	Likely in all areas, nationally and internationally	Young, displaced, agricultural sector, low SES	Increase knowledge and awareness of vulnerability to climate change; public health advisories to insure people receive necessary information to safeguard health

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Post Test

Part I Answer the following questions.

- | | |
|--|--|
| <p>1. The US Senate version of the bill dealing with climate change is more ambitious than the House version.
A. True B. False</p> <p>2. Global warming is the average increase in temperature near the earth's surface.
A. True B. False</p> <p>3. The usual cause of climate change are naturally occurring factors.
A. True B. False</p> <p>4. The burning of fossil fuels has had little impact on the increasing earth's temperature.
A. True B. False</p> <p>5. Greenhouse gasses are necessary to maintain life on earth.
A. True B. False</p> <p>6. Burning coal produces infrared radiation.
A. True B. False</p> <p>7. In the US transportation emissions account for ¾ of all green house gasses.
A. True B. False</p> | <p>8. Climate change effects of global warming include more powerful storms and longer drought periods.
A. True B. False</p> <p>9. A positive side effect of global warming is a greater abundance of fresh water due to more frequent storms.
A. True B. False</p> <p>10. An increase in the amount of ozone and smog can be directly related to increased global temperatures.
A. True B. False</p> <p>11. The incidence of vector-borne diseases such as dengue fever, malaria, and yellow fever is expected to decrease as global temperatures rise.
A. True B. False</p> <p>12. A byproduct of global greenhouse emissions in the US is an increase in seasonal productions of allergens.
A. True B. False</p> <p>13. The Climate Change Science Program has projected that sea levels will increase along the gulf coast due to greenhouse gas emissions.
A. True B. False</p> <p>14. Energy Star is part of the US government voluntary incentive-based program to reduce greenhouse gas emissions.
A. True B. False</p> |
|--|--|

Part II Briefly answer the following short answer questions

1. List at least 6 findings from the Global Climate Change Impacts in the United States

2. List at least 6 things that you can do in your personal life to reduce greenhouse gas emissions.

The Challenges of Climate Change

2.5 contact hours (ANCC) 3.0 contact hours (ABN) Activity #: 4-0.901

Name: _____	Fee and Payment Method
Address: _____	_____ ASNA Member (\$18)
City State Zip	_____ Non Member (\$25)
Day Phone: _____	_____ Check-Payable to ASNA
Email Address: _____	_____ ABN Lic. #
Credit Card Number / Exp. CC Security Code	Signature

Complete form and return with appropriate fee to: ASNA, 360 N. Hull St., Montgomery, AL 36104
Or Fax to 334-262-8578 Scan & Email to memberasna@alabamannurses.org

ACTIVITY EVALUATION

GOAL: Explore various factors impacting climate change.
 Circle your response using this scale: 3-Yes 2-Somewhat 1-No

Rate the relationship of the objectives to the goal of the activity	3 2 1
Rate your achievement of the objectives for the activity	3 2 1
Objectives	
1. Relate current US legislative efforts to reduce greenhouse gas emissions.	3 2 1
2. List 3 human activities that have impacted climate change.	3 2 1
3. Discuss health effects of climate change.	3 2 1
4. Relate the findings of the document <i>Global Climate Change Impact in the United States</i> .	3 2 1
5. List 10 easy changes nurses can make in private lives to reduce the impact of climate change.	3 2 1
Activity free of commercial bias	3 2 1
On a scale of 1(lowest)-5 (highest) knowledge of topic before home-study	5 4 3 2 1
On a scale of 1 (lowest)-5 (highest) knowledge of topic after home-study	5 4 3 2 1

How much time did it take you to complete the program? _____ hours _____ minutes.

ADDITIONAL COMMENTS:

Research Corner

Chronic Disease

Fewer than half of patients with diabetes are referred for lifestyle counseling, nutrition, and exercise

Lifestyle modifications along with proper nutrition and exercise can improve outcomes in patients with diabetes. This is especially important for blacks, who have a disproportionate burden of diabetes compared with whites, such as higher rates of complications and worse control of diabetes-related conditions (high cholesterol, high blood pressure, and obesity). A new study finds that black and white patients with diabetes are referred for lifestyle counseling at similar rates; however, physicians need to be more proactive in counseling and referring these patients.

Researchers examined data from the 2002-2004 National Ambulatory Medical Survey and the National Hospital Ambulatory Medical Care Survey to see if counseling rates were independently associated with patient race. Of the 6,852 patient visits included in the study sample, 69 percent were made by whites and 26 percent by blacks.

The researchers found similar rates of counseling or referral for whites and blacks. Patients were counseled about nutrition either on-site or referred to outside counselors 37 percent of the time. The rate of exercise advice or referral was 19 percent. Factors that favored a patient being counseled/referred for lifestyle modification included being younger, having private insurance, and being diagnosed with an increased number of comorbid illnesses. The latter was the strongest predictor of physician counseling or referral. Patients were also more likely to receive nutrition and exercise interventions if they were seen by a primary care physician.

These results indicate that more ways are needed to increase and enhance the delivery of nutrition and exercise counseling in the outpatient setting, especially in high-risk groups. The study was supported in part by the Agency for Healthcare Research and Quality (HS15699).

See "National prevalence of lifestyle counseling or referral among African-Americans and whites with diabetes," by Monica E. Peek, M.D., M.P.H., Hui Tang, M.S., M.S., G. Caleb Alexander, M.D., M.S., and Marshall H. Chin, M.D., M.P. H., in the November 8 *Journal of General Internal Medicine* 23 (11), pp. 1858-1864.

Reprinted from July, 2009 issue of *Research Activities*

Elderly Long-Term Care

Dramatic changes in family structure have altered the care of disabled elderly parents

Since the 1970s there have been profound changes in family structure in the United States that have the potential to alter the care received by disabled elderly parents from their children, according to a new study by Barbara Steinberg Schone, Ph.D., of the Agency for Healthcare Research and Quality, and colleagues. They used data from the Asset and Health Dynamics Among the Oldest Old survey to estimate the joint probabilities that an adult child provides time and/or cash transfers to a parent.

The estimates suggest significant detrimental effects of parental divorce and step relationships on support of disabled elderly parents. For example, children were significantly less likely to provide care to their disabled parent if the parent was divorced versus widowed. Children of divorced parents were about half as likely as children of widowed parents to co-reside with a parent and their parents were more likely to live along or in a nursing home. Children with parents who remarried were less likely to provide cash transfers and more likely to have a parent who was in a nursing home.

Biological children with no siblings were four times more likely than single stepchildren to provide time (26 vs. 7.7 percent) to cash (13.5 vs. 2.9 percent) to their disabled parents. Also, stepchildren were significantly less likely than biological children to co-reside with the parent (1.8 vs. 7.9 percent) and more likely to have a parent living along or in a nursing home (63.6 vs. 60.6 percent and 10.6 vs. 7.5 percent, respectively). Children in traditional nuclear families were significantly more likely to provide cash and time transfers than children in blended families (with stepchildren). Similarly, children of parents in blended families were less likely to co-reside with the parent and slightly more likely to have their parent live with other relatives or nonrelatives than children in traditional nuclear families, suggesting that the sibling network also matters.

See "Parental marital disruption, family type, and transfers to disabled elderly parents," by Liliana E. Pezzin, Ph.D., J.D., Robert A. Pollak, Ph.D., and Dr. Schone, in the *Journal of Gerontology: Social Sciences* 63B(6), pp. 5349-5358, 2008.

Reprinted from July, 2009 issue of *Research Activities*

CE Corner

STDs Today and Their Impact on Alabama Teens/Adolescents

STDs Today and Their Impact on Alabama Teens/Adolescents

Friday, February 26, 2010—8:30 AM–4:30 PM

Wingate by Wyndham

2060 Eastern Boulevard

Montgomery, AL 36117

Located behind Lowe's

Contact Hours: ANCC 6.0 ABN 7.2
60 Minutes Pharmaceutical Hours

Registration: 8:00 AM

Target Audience: Any nurse or social worker interested in STDs as they relate to Alabama teens and adolescents.

Purpose: Update nurses and social workers about teen risky behaviors and its complications.

Objectives

At the completion of this program, the participant will be able to:

1. Define/identify the following terms: HIV, AIDS/ STI/ STD, risk/harm reduction, abstinence, and safer sex;
2. Discuss the current epidemiology of the following STIs and their impact on Alabama teenagers; HIV, gonorrhea, syphilis, Chlamydia, genital herpes, genital warts, et al;
3. Discuss teen's use of street drugs and other risky behaviors;
4. Compare use of the latest medications to treat HIV/ AIDS
5. List effective techniques/methods for conducting a brief, accurate and sensitive assessment of a teen's sexual risk-taking behavior(s);
6. Discuss key Alabama laws and rules & regulations regarding STIs/HIV, specifically requirements regarding sexual health education, disease surveillance, age of consent as it relates to STD issues, etc.

Presenter:

Rick Meriwether, BS, Program Manager UAB Department of Medicine, Division of Infectious Diseases
Alabama AIDS Training and Education Center (ATEC)
AL-NC STD Prevention Training Center

Sources:

1. Alabama Department of Public Health STD/HIV Divisions, Epidemiology Programs, Montgomery, Alabama
2. [Code of Alabama](#)
3. STD Treatment Guidelines, 2006 Department of Health & Human Services, Centers for Disease Control, August 4, 2006.

Attending this session will provide direct answers to commonly asked questions about sexually transmitted infections (STIs) in Alabama and the sometime deadly connection between drug use and sex, especially when drug use impairs an individual's ability to make sound choices/decisions regarding personal health. Abstinence from drugs and sexual intercourse is supported as the safest way for teens to avoid possible infections, but the concept of harm/risk reduction is presented as well. The presentation will cover the seven most common STIs, including HIV, in Alabama, their impact on teens, diagnosis & treatment options for each, etc. Also, there will be discussion on techniques for initiating conversation, including taking a drug/sexual history, with teens regarding abstinence, STIs/HIV, safer lifestyle choices, etc. In addition there will be content on risky teen behaviors and an update on the latest drugs to treat HIV/AIDS.

The Alabama State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Alabama Board of Nursing Provider Number ABNP0002 (valid until March 30, 2013).

Refunds: If cancellation is received in writing prior to Feb. 12, 2010 a refund (minus a \$20.00 processing fee) will be given. After Feb., 12, 2010 no refund will be given. We reserve the right to cancel the program if necessary. A full refund will be made in this event. A \$30 return check fee will be charged for all returned checks/payments.

STDs Today and Their Impact on Alabama Teens/Adolescents February 26, 2010

Name: _____ ABN Lic. #: _____ **Postmarked by Feb. 12, 2010**

Address: _____ \$45.00 ASNA Member

_____ \$65.00 Non Member

Day Phone: (_____) _____ **Postmarked after Feb. 12, 2010**
Add \$15.00 to above prices

Email: _____

Payment Method:

Card #: _____ Check—Make Payable to ASNA

Signature: _____ Expiration Date: _____ Security Code: _____

Mail registration form to: ASNA, 360 N. Hull St., Montgomery, AL 36104 OR Fax to ASNA at 334-262-8578
Register online at www.alabamanurses.org

Confirmation by Email Only