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Volume 36 • Issue 4

December 2009, January, February 2010

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.

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.

NOTICE!

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

The Alabama Nurse

Nurses at the Capitol continued on page 8

Happy Holidays

Don Joe Charlene
Betty April

From the ASNA Staff

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.
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 on a topic that nurses want to read. I am not sure if it is because everyone is busy, but I have noticed that as nurses go through their daily duties, the amount of “civility” that is being expressed or written about is diminishing. It is time 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 civility become the victim. Avoidance or ignoring incivility is a rampant problem and the solution is making people aware of toxic behaviors. If we all believe as Kerfoot, that we will soon have a more civil workplace.

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 workplace. He calls it, the “stupid nice day.” When he declares the “day” he goes out of his way to be nice to everyone. He states 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

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

• 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.

ADVERTISING
For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. ASNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

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© Copyright by the Alabama State Nurses Association.
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 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 McClery for AONL; Dr. Lynda Wilson; and Dr. C. Fay Raines–were superb. The ASNA annual House of Delegates business meetings for next year will reflect that focus, including funding for 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:

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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!
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 uncompensated 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 touching. Nor do they have to put up with harassment by their colleagues, and they also have open ears to employment matters affecting members. Whether you are in management or a staff nurse, if you sense a problem with a superior, talking it out and working through it can help. If an employee feels that they are not being listened to, they may consider going to another manager or human resources.

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. 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. Largers 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 one is not pleased with performance. We are human and productivity can fall off if a child is having problems or if one is not pleased with performance. We are human and productivity can fall off if a child is having problems or if one is not pleased with performance. We are human and productivity can fall off if a child is having problems or if one is not pleased with performance. We are human and productivity can fall off if a child is having problems or if one is not pleased with performance. We are human and productivity can fall off if a child is having problems or if one is not pleased with performance. 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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)

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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.

☐ 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  ☐ $_________

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.

December 2009, January, February 2010

Membership

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

Yes!

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.

Alabama Nursing
Hall of Fame
Induct Health Care Pioneers

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.

Three inducted in 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 J. 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. Ruper is a pioneer in the care of patients with HIV/AIDS in Alabama. His combination of science and compassion of care has led Ruper 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 for nurses in Alabama.

Robertetta 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.
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.

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
Shelia Smith, RN
Rebecca Tannehill, RN
Melissa Ledlow Timberlake, RN
Heather Tennell Garrett, RN, CRNP
Britney Humphries, 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, DSN, RN, CAN
Velma Ware Jenkins, LPN
Paula Chavis-Parker, RN, C

District 4
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 LaRate, RN
Ashley Posey, RN
Amy Price, RN

District 5
Maribeth Burt, RN
Richard McElhaney, Sr., DNS, RN, CAN
Zanee Bird, RN
Carla bond Burns, RN
Janice McNeil, RN
Amy Sherrin, RN
Barbara Walley, RN
Amy Little, RN
Robin Normand, 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 334-725-3287

Mobile County Nurses Society
Mobile County Nurses’ Society meeting is the third Thursday of each month 5:30 p.m. at 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 205-870-4302 or nsndad@comcast.net

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 margarethoward2002@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: membersna@alabamanurses.org

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**Individual Affiliate – Non RN Member Only**

___ New Application ___ Renewal

Name: ________________________________________________________________________________________

Address: _______________________________________________________________________________________

_________________________________________________________SSN (Last 4 Only): _____________________

City State Zip

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: _______________________________

Recruited By: ___________________________________

---

**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:  __________

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**ASNA Use Only**

DIST: _________________ COUN:  _____________

RCVD: ________________ EXP:  ______________

$ ENC: ________________ CH #: ______________

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Authorization: In order to provide Semi Annual payments to Alabama State Nurses Association (ASNA)

1. This is to authorize ASNA to withdraw 1/2 of my annual dues and any additional services fees from my checking/credit account biannually on or after the 15th day of the 7th month, which is designated and maintained as shown by the enclosed payment for the first six (6) month’s payment.

2. ASNA is authorized to change the amount by giving the undersigned thirty (30) days written notice.

3. The undersigned may cancel this authorization at renewal time upon receipt by ASNA of written notification of termination twenty (20) days prior to deduction date as designated above. ASNA will charge a $25.00 fee for any returned drafts/checks.

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 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.

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**Information Please...**

Not getting your mail from ASNA/ANA? We might need an update! Members, please confirm your information online at alabamanurses.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: ________________________  __________________ (Ext)

Email Address: ________________________________

Receive updates and emails from ASNA:  ____ Yes _____ No (Check One)
**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: ________________________________________

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

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**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

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**Support Nursing**

**ALABAMA NURSE**

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 to membersasna@alabamanurses.org.

Name: __________________________________________

Phone: _________________________________________

Email: _________________________________________

Address: _____________________________________________________________________________

This form indicates interest to ASNA only, it is not a “Commitment to Purchase”
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
Genoveva “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
Angel Watkins, MSN, RN, Program Director for Nursing at Calhoun Community College in Decatur

December
Genene Rose, RN; Shona Thomas, BSN, RN, CVICU/CVOU at St. Vincent’s East in Birmingham

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

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, ID
Cam Hamilton, MSN, RN
Michelle Schutt, EdD, MSN, RN, CNE
Cindy McCoy, PhD, RN, CNE, BC
Glenda Smith, PhD, RNC, NNP, PNBP-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, BSN, RN, MPH
Lori LaCoe, MSN, RN, FNP

Alternates: ......................... Jean Ivey, DSN, RN
Janice Vincent, DSN, RN
Jacqueline Mosos, DSN, RN
Lygia Holcomb, DSN, CRNP

Alternate to Alternate: ....... Charlene Roberson, MEd, RN-BC
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
- Amedeyos Home Health Services
- Assessment Technologies Institute
- Auburn University/MHM Schools of Nursing
- Baptist Medical Center South
- Bejo Handbags & Accessories
- Campus RN
- Cengage Learning/Delmar Press
- DCH Health System
- Emory University School of Nursing
- Erguiter
- EZ Way, Inc.
- First Fidelity Group
- Helen Keller Hospital
- Huntsville Hospital
- Hurst Review Services
- Jackson Hospital
- Kaplan Nursing
- Kranger International
- MERT
- New York Life
- Omnicell
- Rayfield & Associates
- Rinehart & Associates
- Samford University
- Senior Care Center-Shands Hospital
- Tiny 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
- Marsh Affinity Group
- MAE
- Delmar Press

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 lifestyle 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 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:

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

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

L to R: Dr. Debbie Faulk & Dr. Jean Ivey.
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 ABNP00002 (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 records is accurate and up to date. Programs completed with the Alabama State Nurses Association are reported.

The Challenges of Climate Change

Author: 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. 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 stifler 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 bill calls for 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. This 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...
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.

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.

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.

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
The Challenges continued from page 12

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 temperatures 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 changes. Climate change exposures among humans include changing weather patterns, as well as changes in water, air, food quality and quantity, ecosystems, agriculture, and the social and economic environment. The key elements that determine climate change effects are projected to increase globally over time. A matrix of complex factors affect human health: social, political, economic, environmental, cultural, and biological. These factors can interact in complex, non-linear ways to produce both local and global health outcomes. An increase in the frequency of extreme weather events, such as hurricanes, extreme heat, and floods, can lead to more event-related health outcomes.

Several 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 blooms. 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 smoke 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 health problems. Particulate matter, when inhaled, can reach the deepest lung tissues and cause a variety of 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

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 policy-making. The IPCC does not conduct scientific investigations; rather it assesses the most current and comprehensively peer-reviewed, global climate change research. Its annual reports provide many of the scientific underpinnings for effective decision-making.

Analyses of the effects of climate change impacts on U.S. regions and various aspects of society included in this report provide many of the scientific underpinnings for effective decision-making.

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 change will stress water resources;** issues, including droughts, floods, and declines in mountain snowpacks vary from region to region.

**Crop and livestock productivity will be increasingly challenged due to increased heat, pests, water stress, diseases, and weather extremes.**

**Coastal areas are at increasing risk from erosion due to sea-level rise and storm surge;** erosion and flooding will affect energy and transportation infrastructures.

The Challenges continued on page 14
The Challenges continued from page 13

- Threats to human health will increase such as heat stress, waterborne diseases, poor air quality, extreme weather events and bioterrorism.
- Essential public health services to be used to anticipate, manage, and reduce the health impacts of extreme weather, cooling, and heating.
- Reducing the risk of climate change impacts.

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

The government is extensively engaged in international climate change activities in areas such as science, mitigation and adaptation, international engagement, multilateral and bilateral activities and partnerships supporting leadership and technical expertise. Multilaterally, the United States is long a long-term advocate of 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 Trade. The IPCC provides the best available science and plays an important role in reducing GHG emissions by participation in a number of EOH and other international initiatives.

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 aid community officials, emergency managers, meteorologists, and others for and respond to excessive heat events, the guidebook highlights best practices that have proven effective. The guidebook gives events in different urban areas and provides a menu of options that officials can use to reduce the heat impacts or to help people respond.

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 Without Harm (HWH) is an international coalition of hospitals and health care system, medical professionals, community groups, and environmental and health organizations, and religious groups dedicated to the transformation of the health care sector worldwide, with a science-based commitment to carbon dioxide and other greenhouse gases. The HWH network identified hospitals as a unique role as champions within health care facilities, creating positive environmental change from the inside. They play a key role in HWH activities through the Nurses Workgroup.

In July 2009 HCHW 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 have technical assistance when implementing energy efficiency projects and become eligible for discounted energy efficiency products.

National Public Health Work has been organized by the American Public Health Association since 1996 to educate the public, policy makers, and public health professionals about issues impacting public health. The Department of Public Health Work for 2008 was "Climate Change: Our Health in the Balance." Among the resources available on the NWWH 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 Initiative that highlights recommendations for the public health community.

The Role of Health Care and Nursing

As the second most immediate energy intensive sector of the US, health care facilities emit large quantities of carbon and other pollutants associated with climate change. The EPA estimates that the healthcare industry’s use of energy and associated greenhouse gases is responsible for 8% of national greenhouse gas emissions, which is equivalent to the automobile emissions from nearly 10 million cars.

In order to reduce 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 carbon footprint: Replace old equipment, choose energy-efficient technology, and reduce energy use.

Buy smart. Before buying a new or used vehicle (or even renting a vehicle), check out EPA’s Green Vehicle Guide and the web site.
The Challenges continued from page 14

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
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.

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CE Corner
### CE Corner

#### The Challenges continued from page 15

#### Health Effects of Climate Change

<table>
<thead>
<tr>
<th>Climate event</th>
<th>Possible health impact</th>
<th>Likelihood of impact if event occurs</th>
<th>Vulnerable populations</th>
<th>Potential adaptation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat waves; extreme high temperatures</td>
<td>Heat stress/stroke; uncertain impacts on mortality</td>
<td>Very likely in Midwest and northeast urban centers</td>
<td>Extremes of age; athletes, people with respiratory disease</td>
<td>Early watch and warning systems and installation of cooling systems in buildings</td>
</tr>
<tr>
<td>Extreme weather events, changes in precipitation (rain, hurricane, tornado, flooding)</td>
<td>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</td>
<td>Likely in areas with out-dated or over-subscribed water treatment plants; coastal zones of the southeast Atlantic and the Gulf Coast</td>
<td>Multiple populations at risk</td>
<td>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</td>
</tr>
<tr>
<td>Droughts, increased mean temperatures, ecosystem migration</td>
<td>Food and water shortages; malnutrition; vector-, food-, and water-borne diseases; mass population movement; international conflict</td>
<td>Likely in all regions of US and various other countries</td>
<td>Multiple populations at risk, particularly low SES; elderly, children</td>
<td>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</td>
</tr>
<tr>
<td>Sea-level rise</td>
<td>Injuries, drowning, water and soil salinization, ecosystem and economic disruption</td>
<td>Likely in all coastal areas</td>
<td>General population</td>
<td>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</td>
</tr>
<tr>
<td>Increases in ground-level ozone, air borne allergens, and other pollutants</td>
<td>Respiratory disease exacerbations (COPD, asthma, allergic rhinitis, bronchitis)</td>
<td>Likely in urban centers in the mid-Atlantic and the northeast US</td>
<td>Elderly, children, those with respiratory disease</td>
<td>Public warning re: air quality action days; encourage public transit, walking, and bicycling to decrease emissions</td>
</tr>
<tr>
<td>Wildfires</td>
<td>Degraded air quality, contributing to asthma and COPD aggravated</td>
<td>Likely in California, the Intermountain West, the southwest and the southeast</td>
<td>Populations living in affected areas</td>
<td>Public health air quality advisories</td>
</tr>
<tr>
<td>Other climate-change effects</td>
<td>Mental health problems</td>
<td>Likely in all areas, nationally and internationally</td>
<td>Young, displaced, agricultural sector, low SES</td>
<td>Increase knowledge and awareness of vulnerability to climate change; public health advisories to insure people receive necessary information to safeguard health</td>
</tr>
</tbody>
</table>
Post Test

Part I Answer the following questions.
1. The US Senate version of the bill dealing with climate change is more ambitious than the House version.
   A. True  B. False
2. Global warming is the average increase in temperature near the earth's surface.
   A. True  B. False
3. The usual cause of climate change are naturally occurring factors.
   A. True  B. False
4. The burning of fossil fuels has had little impact on the increasing earth's temperature.
   A. True  B. False
5. Greenhouse gases are necessary to maintain life on earth.
   A. True  B. False
   A. True  B. False
7. In the US transportation emissions account for ¾ of all greenhouse gases.
   A. True  B. False
8. Climate change effects of global warming include more powerful storms and longer drought periods.
   A. True  B. False
9. A positive side effect of global warming is a greater abundance of fresh water due to more frequent storms.
   A. True  B. False
10. An increase in the amount of ozone and smog can be directly related to increased global temperatures.
    A. True  B. False
11. The incidence of vector-born diseases such as dengue fever, malaria, and yellow fever is expected to decrease as global temperatures rise.
    A. True  B. False
12. A byproduct of global greenhouse emissions in the US is an increase in seasonal productions of allergens.
    A. True  B. False
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
14. Energy Star is part of the US government voluntary incentive-based program to reduce greenhouse gas emissions.
    A. True  B. False

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 memberscom@alabamanurses.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 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 Global Climate Change Impact in the United States.  3  2  1
5. List 10 easy changes nurses 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:
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 comorbidities (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 (HS16699).


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 alone 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. 77 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. 79 percent) and more likely to have a parent living alone 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 nonequivalents than children in traditional nuclear families, suggesting that the sibling network also matters.


Reprinted from July, 2009 issue of Research Activities

Research Corner

STDs and Their Impact on Alabama Teens/Adolescents

Patient visits included in the study sample, 69 percent were

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

60 Minutes Pharmaceutical Hours

Contact Hours: ANCC 6.0 ABN 7.2

Locate behind Lowe’s

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

Purpose: Update nurses and social workers about teen risky behaviors and it’s 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, etc.

3. Discuss teen's use of street drugs and other risky behaviors.

4. Compare the 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.

Refund: 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.

Presenters:

1. Alabama Department of Public Health STD/HIV Divisions, Epidemiology Programs, Montgomery, Alabama

2. Code of Alabama


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/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)