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GEORGIA NURSING

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This information is brought to you by the Georgia Nurses Association (GNA), whose dues-paying members make it possible to advocate for nurses and nursing at the state and Federal level.

“Nurses shaping the future of professional nursing and advocating for quality health care.”

President's Message

Take a Stand...

by **Cindy R. Balkstra, MS, RN, CNS-BC**



Cindy R. Balkstra

Have you noticed in the news and on television lately that these words are all over the place? Between the political campaigns, anti-war rallies, cancer-fighting efforts, human rights protests and certainly the patriotism shown at the Summer Olympics, it seems as if everyone is standing up for a worthy cause. Through the years, I have been accused of being too opinionated, but just as often I have been told I'm too neutral, lacking direction. Whatever the case, there comes a time when taking a stand on an issue is so compelling that one can not bear to let the opportunity pass, no matter what personal history has come before.

The Georgia Nurses Association Board of Directors met in August and decided to take a stand on two such issues. First, we took a look at the health care dilemma that faces all of us—the fact that over 47 million U.S. citizens are without health insurance and millions more are *underinsured*. In a 2007 poll done by the American Psychological Association, Americans listed the top 10 reasons for sleepless nights. Three of the top ten had to do with personal health or the health of a spouse, children or parents. My family can relate to this problem. We have a relative who has been deemed “uninsurable” due to pre-existing conditions that are quite well managed but nonetheless present. So, despite a willingness to pay a reasonable fee, health insurance can't be obtained because it's not even offered. In my own

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Language in New Georgia Law Puts Nursing Careers in Jeopardy *Move by GA BON Could Further Statewide Nursing Shortage*

by **GNA Staff**

Readers who browsed the last issue of *Georgia Nursing* may have happened upon a story entitled “New ‘Background Check’ Law Should Protect Citizens.” The piece focused on the benefits of House Bill 1041, which was signed by Governor Sonny Perdue and became Georgia law on July 1, 2008. HB 1041 was hailed by its sponsors and supporters as a major accomplishment—a common sense measure that will protect patients in Georgia. And how could anyone argue with the majority of the language in HB 1041? The bill requires fingerprint record checks for applicants for licensure as a registered professional nurse in Georgia.

But the Georgia Board of Nursing's (BON) interpretation of a few sentences buried in the final version of the law has halted licensure by endorsement for students of Excelsior College School of Nursing. Excelsior College's Associate Degree in Nursing program admits only students who have extensive clinical backgrounds (e.g. Licensed Practical Nurses, paramedics). Prior to graduation, the ADN students must pass a 2.5 day comprehensive clinical performance exam. GNA's Southern Performance Assessment Center (SPAC) has been administering the clinical performance exams for over 27 years in Georgia. Unless the BON alters its current posture, more than 1100 students of Excelsior College (EC) will not be eligible for licensure in our state, which could worsen Georgia's nursing shortage. There are also over 1000 RN graduates of Excelsior College licensed in Georgia, who provide crucial health care service in hospitals and facilities across our state.

“Georgia is experiencing a serious nursing shortage—



(L-R) Excelsior College President John Ebersole, Army Flight Medic Shane Bonebrake and GNA CEO Deborah Hackman at a September meeting of the Georgia Board of Nursing.

one of the most severe shortages in the nation,” said GNA Chief Executive Officer Deborah Hackman. “The General Assembly concluded this point in the report of the Senate Committee on the Shortage of Doctors and Nurses in 2007. That is why we are asking the Georgia Board of Nursing to maintain their previous position and allow licensure by endorsement for Excelsior graduates. By refusing to license these students, they are impeding thousands of professional students who could provide quality health care in our state.”

Earlier this year, GNA was in full support of HB 1041 and endorsed the criminal background checks to

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ANA and UAN Part Ways

by **Deborah Hackman, CAE**

When approximately 60,000 collective bargaining members of the United American Nurses (UAN) from eight of its founding member states disaffiliated from the UAN this past winter, there was reason to take note of what might come next. In December 2007, the American Nurses Association (ANA) sent written notice to the UAN that they would not be renewing the affiliation agreement with the UAN as an Associate Organizational Member. Within the same period of December 2007, the United American Nurses gave written notice to the American Nurses Association (ANA) that they would not be renewing their current affiliation agreement with ANA. The two parties to that affiliation agreement were required by contract to give six months notice of any intent of non-renewal before the five-year agreement was to expire at the end of June 2008. The United American Nurses became a separate and autonomous entity, completely independent from ANA in 2003.

Concurrent with the ANA notice of non-renewal given to the UAN, the ANA also gave notice to the Center for American Nurses (Center) that ANA would not be renewing the ANA/Center affiliation agreement as an Associate Organizational Member. The Center for American Nurses is an autonomous, separately incorporated organization from ANA.

The affiliation agreement(s) between ANA/UAN and ANA/Center included, in part, a financial arrangement that allocated ANA membership dues

for members of both the UAN and ANA or the Center and ANA. By the terms of the original affiliation agreement(s), the agreements themselves would not have been operable unless needed bylaws and policy changes were made to support it. The ANA national dues policy was such a policy, and it was amended at that time to incorporate a **discount** on ANA dues for members of an Associate Organizational Member.

All references to the UAN and the Center have been removed from the ANA bylaws and all references to ANA have been removed from the United American Nurses bylaws and the Center for American Nurses.

The Georgia Nurses Association is a Constituent Member Association (CMA) of the American Nurses Association.

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example, I have purchased individual health care insurance because I have chosen to work part-time while I uphold the duties of GNA President. It is at a reasonable cost, but with a (gulp) \$5000 deductible. So, nearly every time I need something beyond the ordinary office visit, the registration clerk looks at me with a sad, long face and gives me the costly news about what I owe. My family is not alone. We are among these 47 million Americans, a majority of whom are working but unable to afford or access health insurance.

Another example of the struggle many Americans are facing is the increasing use of volunteer-run mobile health care clinics. One example in particular is known as Remote Area Medical (RAM). Originally, doctors, nurses, lab techs and others provided free health care to people in third world countries. However, in recent years, urban and rural locations within the U.S. demonstrated a need for RAM to deliver care in communities from coast to coast. Now, 60 percent of RAM's operation stays in this country. Hundreds of people travel to mobile clinics seeking various types of health care and preventive services, from medical exams to dental work to optometry. When the doors close, there are often still hundreds waiting in line to be seen. It is no surprise then that health care has become a major topic of this year's presidential election.

HealthCare for America Now! (HCAN!), a national coalition, launched a multi-million dollar grassroots effort this summer to urge the next Congress and president to pass comprehensive health care reform. The American Nurses Association (ANA) is a member of HCAN! and shares the goal of guaranteed, high-quality, affordable care for everyone. While not advocating for a single-payer only system, HCAN! offers a ten-point plan grounded in giving people options: keeping current private health insurance plans if satisfied, switching to a new private health insurance plan or choosing a public health insurance plan. Basically, HCAN! is advocating for a multi-payer, both private and public system. HCAN! also calls on the government to set and enforce rules on the insurance industry, in order to prevent arbitrary pricing, high deductibles, coverage denials due to pre-existing conditions and loss of insurance when people get sick. More information is available on their web site www.healthcareforamericanow.org. Note that while it sounds similar, this is a completely different organization than HealthCare-Now.

After much discussion, the GNA Board of Directors decided to take a stand and officially voted to support HCAN! This will be added to our 2009 legislative agenda as we work with legislators, lobbyists and other health care organizations.

Another issue the Board addressed is the impact of staffing on patient safety and nurse satisfaction, which is a hot topic being debated across the country. GNA's Workforce Advocacy Director Dorethea Peters wrote a thought-provoking article on safe staffing versus mandated ratios that appeared in the last issue of Georgia Nursing. She reported the results of an ANA poll in which 73 percent of 10,000 plus nurses who responded described staffing as inadequate and 52 percent said they had considered leaving the profession. Of those 52 percent, nearly half

claimed if they left the reason would be inadequate staffing. Each of us has heard stories or experienced personally the result of inadequate staffing, either directly as a caregiver or indirectly when a friend or loved one didn't get the care they deserved. The debate is whether adequate staffing is a "one size fits all" problem or whether it is dependent on a variety of factors. Mandated ratios are based on an arbitrary equation of nurses to patients. Safe staffing principles, on the other hand, are templates for direct care nurses and nurse managers to design what is best for the patient-care area. Preliminary evidence from a study of 4000 RNs across ten states shows a link between staffing plan legislation and positive work environment perceptions with either mandatory ratios or no workforce regulations (Cox et al, 2005). So far, the results of mandated ratios in California, the first state to pass this type of legislation, indicate a reduction in hospital services, higher expenses and other negative consequences. Therefore, the GNA Board of Directors considered this debate and voted to support the Principles for Safe Staffing as outlined by ANA (www.safestaffingsaveslives.org).

I invite you to stand with us on both of these issues and work with the leaders in your setting. At this crucial moment in our profession, it is time to be opinionated and time to make this opinion known. Make sure your legislators hear from you on these and other important issues, too. Furthermore, as you get ready to vote for your presidential candidate, examine the platform regarding health care and vote for the one most likely to ensure safe, quality health care for all. Our lives and our profession depend on it!

Cindy Balkstra is president of the Georgia Nurses Association and serves on the GNA Board of Directors.

MARK YOUR CALENDARS!!!

GNA Legislative Day at the Capitol

Tuesday, January 27, 2009

Mark your calendars for **GNA's Legislative Day** at the State Capitol, which will be held Tuesday, January 27, 2009. Space for the student workshop is limited to 400. Group reservations by faculty members for their students will be required and accepted on a first come/first-served basis. For more information about Lobby Day go to www.georgianurses.org.



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CEO CORNER

by **Deborah Hackman, CAE**

“Never doubt that a small group of thoughtful citizens can change the world. Indeed, it is the only thing that ever has.”

—Margaret Mead,
American cultural anthropologist

During the fall GNA Board meeting, Board members and staff reviewed the GNA strategic plan that was approved by the 2007 Membership Assembly to chart progress and to explore and assign remaining work to be accomplished. This meeting was held at the annual convention site of the *Georgia Association of Student Nurses* (GANS). One of the objectives in the GNA strategic plan includes staying in touch with the issues and concerns of the emerging nursing workforce and encouraging interaction with students. Several GNA Board members presented a panel to the students on leadership during the GANS convention and attended GANS meal functions. GNA staff hosted a booth in the exhibit hall. With GNA President Cindy Balkstra and other GNA Board Members' frequent invitations to speak to student classes, and the participation of the GNA Board at the GANS annual convention and the lobby day workshop planned for January, GNA is making great connections with students. Mark your calendars for **GNA's Legislative Day** at the State Capitol, which will be held Tuesday, January 27, 2009. The popular addition of the student program from last year will be repeated, including a GNA morning workshop for students conducted by the GNA President and the GNA Director of Legislation & Public Policy, followed by an afternoon of GNA members and students visiting legislators in their offices. This popular new format has replaced the past tradition of the evening reception. Space for the student workshop is limited to 400. Group reservations by faculty members for their students will be required and accepted on a first come/first-served/space available basis. You can find more information about Lobby Day and GNA's legislative platform on GNA's web site www.georgianurses.org.



Deborah Hackman

This summer and fall GNA staff devoted time and resources to bring leadership specific to another student issue that negatively affects Excelsior College students in Georgia. As reported elsewhere in this publication, effective July 1, 2008, the Georgia Board of Nursing members initiated a change that would prevent *licensure-by-endorsement* for Excelsior graduates (a policy that has been in effect for the past three decades). If this decision remains, it will further exacerbate the nursing shortage in our state and is understandably frustrating for Excelsior students who hope to practice in Georgia. GNA has proactively worked with the students, Excelsior College, state legislators, the Lt. Governor's office, the Governor's office, the media, employers and the GBON to help support a solution. The Georgia Board of Nursing agreed that GNA, in collaboration with the Dean of Excelsior's School of Nursing, would have an opportunity to present a case for the students about the award-winning, accredited Excelsior College School of Nursing program at the September GBON meeting. GNA provided six representatives in attendance for that presentation along with Excelsior's three representatives, including the President of the College and the Dean for Excelsior College SON. Hundreds and hundreds of Excelsior students expressed interest in attendance. There are 1100 Georgia students enrolled currently in Excelsior. GNA staff has kept the students informed and responded to hundreds of phone calls and emails related to this matter. GNA administers the Southern Performance Assessment Center for the clinical assessment of Excelsior students and has done so since 1980.

One of GNA/ANA's core competencies is legislation and public policy. It is important work and requires vigilance. In the GNA President's article in this edition you will note several policy positions GNA has taken recently. Even with an engaging and historical U.S. presidential election behind us, there continues to be political work that needs to be done related to the

nursing profession and health care reform. Nursing's voice in these reforms is imperative at national and local levels. Working with Michael McCann and GNA staff, GNA lobbyists Jay Morgan and Wendi Clifton continue to professionally represent GNA on these matters throughout the year not just during the legislative session. Jay and Wendi's good work most recently has included fostering communications with legislators, Lt. Governor's staff, Governor's staff and the Secretary of State's staff related to the GBON/Excelsior issue.

To continue to support the other diverse work of the membership, we have filled two vacant GNA professional staff positions. Jeremy Arie is the Director of Marketing & Communications, a position previously held by Jodi Weber. In the weeks since his official start, Jeremy has developed this issue of *Georgia Nursing*, facilitated communications with local media about the Excelsior College/GBON issue, attended the GANS Convention and October GNA Board meeting in Columbus, followed by an orientation program at ANA's headquarters in DC. He comes to GNA from the Georgia Senate staff, where he worked for four years as Deputy Director of the Senate Press Office. Prior to that, Jeremy spent time as a freelance writer for *Creative Loafing* in Atlanta and worked as an editor of a trade publication. He has nearly a decade of media and media relations experience. He and his wife Mala live in Atlanta and have two children. Wendy McGar is GNA's new Director of Member Services and Events



Jeremy Arie

(formerly Sylvia Smith's role). Wendy also participated in the strategic plan review with the GNA Board of Directors in October and assisted with the GNA exhibit booth at the GANS convention. Wendy most recently worked for an international association management company in the role of Associate Director for an association/foundation and was previously an Assistant Executive Director for an association where she worked for five years. Wendy's husband is a professional chef and the family lives in Marietta.

Jeremy and Wendy are quickly getting oriented and look forward to serving the membership.

The holiday season will be upon us quickly. Thanksgiving is a particularly good time to make sure we thank all of our members and volunteers for the support of your time and treasure and in the confidence you have place in us. On behalf of the GNA staff we wish each of you a healthy holiday season enjoying life's simple pleasures!



Wendy McGar

Dates to mark your 2009 calendar include:

January 1, 2009—Bylaws require that all GNA Chapters send headquarters the name and contact information of their current Chapter Chair.

January 27, 2009—GNA Lobby Day (information and legislative platform located at www.georgianurses.org).

October 7-9, 2009—GNA 2009 Membership Assembly (tentative site location is Athens, GA).

Language in New Georgia Law cont. from page 1

ensure that Georgia's citizens were cared for by the most competent nursing professionals. Part of the language in this legislation also allows the Board of Nursing to deny licenses to "fly-by-night" nursing school graduates. These unaccredited programs often pop up, enroll students and then close their doors. GNA also supported this concept, but the consequences of the new law have thrown EC and its current students into a state of limbo. Many of EC's students are employed in Georgia hospitals and other health facilities that have been financially supporting their employees to advance their careers. These employers have also voiced concern and frustration with the BON's decision.

A recent letter from the Georgia Hospital Association (GHA) to the BON illustrated the concerns of employers in the state.

"While we understand and support the need to assure the competence of nurses practicing in Georgia, serious concern is being raised across the state with the recent action by the GBON regarding implementation of this aspect of HB 1041," GHA's letter stated.

Hundreds of students, employers and legislators have contacted GNA about the BON's decision, and GNA has worked diligently in an effort to calm the situation. At the same time, GNA continues to advocate for the hundreds of concerned students in Georgia currently enrolled in EC, including Amy Moore, LPN, of Dalton, GA.

"I have been very upset over the last few weeks, as well as the other active 1001 RN students of Excelsior College in the state of Georgia," said Ms. Moore. "I want to personally thank the GNA staff for everything that you are doing for the students during this stressful time."

Other Excelsior students have contacted GNA to speak of their personal successes since they completed the school's competency-based program. One example is Amanda Newton, RN, who is an Excelsior grad and trauma nurse specialist at Grady Memorial Hospital in Atlanta.

"I am a 2007 graduate of Excelsior College's School of Nursing," said Ms. Newton. "A year and a half later, I am a trauma nurse in the ECC at Grady. I hope you can use my story as an example to the Georgia BON that, through hard work and dedication, one can become

a successful and competent registered nurse after graduating from a 'non-traditional' school. They will be making a serious mistake if they continue the current path of denying licensure to EC graduates, especially since the nursing shortage in Georgia is only expected to get worse."

At its September 18 meeting, the Georgia BON discussed its position on the licensure of Excelsior grads, given the new code section set forth by HB 1041. The BON also heard presentations from GNA Chief Programs Officer, Dr. Debbie Hatmaker, PhD, RN, SANE-A; Excelsior College President John Ebersole; Excelsior College School of Nursing Dean, Dr. Bridget Nettleton; Nancy Barton, RN, MSN, Northeast Georgia Medical Center, Excelsior students and others. The BON has decided to send the matter to its Education Committee, which met on October 3 to gather more information on the licensure issue.

"When Excelsior College graduates present themselves as candidates for licensure to the Board, they have met the carefully articulated learning outcomes required of an accredited nursing program," added GNA President Cindy Balkstra, MS, RN, CNS-BC. "In addition to meeting the rigorous standards required for accreditation by the NLNAC, Excelsior's School of Nursing also is recognized by the National League for Nursing as a *Center of Excellence in Nursing Education*."

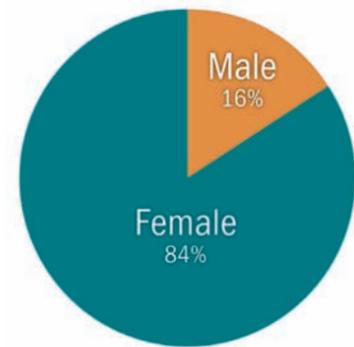
"This coveted distinction is awarded in recognition of the creation of nursing education environments that enhance student learning and promote professional development. Excelsior is one of only eleven schools nationally to hold this designation. GNA will continue to advocate for Excelsior College and its current and future students in the days ahead, because not only is it important to the nursing profession but also to the nine million citizens of this state who seek quality health care services on a daily basis."

At press time, GBON was preparing to meet in Macon, November 12-14.

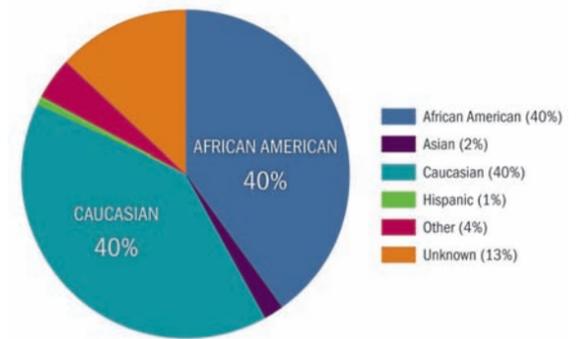
A profile of 1,101 Enrolled Excelsior College—Georgia Students July 28, 2008

Age: The average age of this population of students is 39.73 with a standard deviation of 8.80

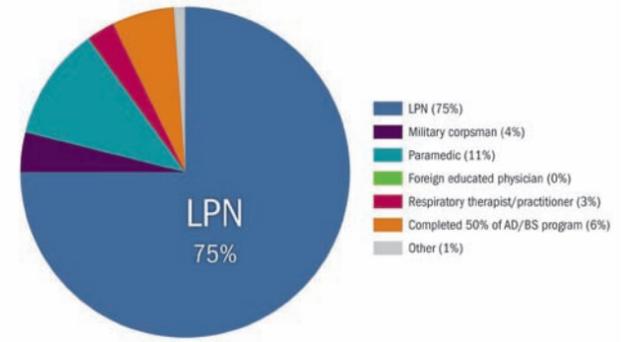
GENDER



ETHNICITY



HEALTH PREPARATION



Call for GNA Action/Reference Reports



Call for Proposed Action and Informational Reports for GNA's Membership Assembly

The Reference Committee is seeking Action/Informational Reports for the 2009 GNA Biennial Membership Assembly. The reference process will begin with a **Call for Letters of Intent**. Letters of Intent are not required, but are strongly encouraged. They allow the Reference Committee to provide guidance and consultation to submitters in the development of reports. For example, if two or more members or structural units are working on a similar topic, the Committee might suggest development of a joint report. If an issue is currently under the aegis of a structural unit, the Reference Committee might suggest collaboration between the submitter of the report and the chairperson of the structural unit to avoid a duplicative or divergent effort.

Letters of Intent are formatted to aid in the organization of ideas for proposals. Upon review, the Reference Committee takes no formal action, but instead responds to submitters with recommendations regarding the submitter's development of the proposal.

The reference process can be a valuable tool to facilitate the effort of focusing GNA's activities and using its resources more effectively. All structural units are encouraged to be selective in submitting proposed reports that will help to focus GNA on addressing issues that are most critical for the association by considering the following questions:

- How does the issue tie into the existing guidelines for GNA work?

- Is this a new, emerging concern that GNA may need to adopt as a mega issue in the coming year?
- Is it an issue on which GNA and its members should be informed and/or adopt a position.

The reference process allows for four types of reports: Action Report, Emergency Action Report, Information Report and Commemorative Report.

- An **Action Report** is a proposal in report form with recommendation(s) requiring action by the Membership Assembly.
- An **Emergency Action Report** is a proposal in action report form on a matter of great importance that could not have been known prior to the deadline date for submission of proposals and cannot wait for action until the next meeting of the Membership Assembly.
- An **Information Report** is a report presented to the Membership Assembly for its information not requiring action.
- A **Commemorative Report** deals with commemoration of important events or developments in nursing, allied fields or in government.

The Reference Committee will take action on reports based on adherence to the following guidelines:

- The action report shall deal with a single topic;
- The action report shall be accompanied by an action plan in sufficient detail to allow a financial impact statement to be delivered;
- The action report and accompanying action plan shall be concise, clear and unambiguous;
- The action report shall have statewide relevance; and
- The action report shall not duplicate or be redundant or inconsistent with existing association policy or with GNA Bylaws.

The Reference Committee is available to work with you on your proposed report. For the format of an Action Report or Information Report, go to www.georgianurses.org/format or contact headquarters at 404-325-5536. A completed action report from a previous GNA Membership Assembly is also available at www.georgianurses.org/sample.

Please complete ONE Letter of Intent per action report to be submitted for review by the Reference Committee for the 2009 Membership Assembly. All Letters of Intent, whether faxed, emailed, or hand-delivered are due to GNA by 5:00 PM EST on **March 1, 2009**. The deadline for submission of an Action Report is June 1, 2009.

GNA Letter of Intent:

Contact Name: _____

GNA Member ID#: _____

Email: _____

Phone Number(s): _____

Proposed Title of Action Report: _____

Brief Statement of the issue(s): _____

Anticipated Recommendations: _____

Please mail, email or fax Letter(s) of Intent to:
 Georgia Nurses Association
 ATTN: Reference Committee
 3032 Briarcliff Road NE
 Atlanta, GA 30329-2655
 Fax: 404-325-0407
 Email: reference@georgianurses.org



History

Enduring Echoes

A Dissertation Revisited

by Dr. Rose B. Cannon

Frequent readers of this column may understand that the nurses regularly featured here were originally interviewed between 1987 and 1992. The time period in which they worked as nurses in Georgia was from 1923 to 1991. The aim of the oral history project to which they consented was to preserve important events and stories pertinent to the history of nursing in Georgia. Subsequently, content from these interviews was incorporated into my PhD dissertation, entitled "Georgia's Twentieth Century Public Health Nurses: A Social History of Racial Relations" (1995). The interviews added a dimension about nurses' experiences in the South not often revealed in published historical, biographical and fictional accounts of the early twentieth-century South. Nevertheless, published literature was vastly important in giving context to and an understanding of race and culture in the South during the period about which I was writing. Only very brief reviews of a smattering of the sources I examined are given below, with the hope that a sense of this time period shines through, and the social and political situations that these nurses had to navigate will be appreciated. The categories included below are childhood relationships, eating taboos, rural/urban and north/south comparisons in health care, and education.

Childhood Relationships

Virginia Foster Durr, lifelong social activist, in her remarkable story, *Outside the Magic Circle* (1985), reveals early life events that led her to see inequality, and begin to question the social systems in place around her. Born in 1903 into an elite family in segregated Alabama, she realized her "idyllic days" were over when she reached the age of seven. Her previous birthday celebrations had been backyard barbecues with both black and white playmates, "but on my seventh birthday my mother and grandmother and aunts all said I had to have my birthday in the front yard and have just white children." She added with a note of sadness, "A great many southern white

children in those days had the experience of giving their first love to a black woman or a black man and then being taught little by little that it was a relationship they couldn't have." Durr learned other lessons, too. "I was taught by the environment and by my mother that you can't call a black woman a lady. You can't say, 'A lady's here'; you have to say, 'A woman's here ...,' little by little, I was taught that they were not like us." A more recent account, *Freedom Writer* (2003), gives further insight into Durr's personal sacrifices related to her social activism. Included are many of the letters she wrote between 1951 and 1968 during the Civil Rights movement after returning from Washington, DC, to again live in Montgomery, AL.

In Maya Angelou's biography, *I Know Why the Caged Bird Sings* (1970), a black author's perspective is given. Born in 1928, Angelou grew up in Stamps, AR, where she was somewhat protected by a wise grandmother, and a black culture circumscribed within a segregated black community: church, school and in her grandmother's store. Yet, there were daily reminders of the consequences of stepping across the line that demarcated white privilege and black obedience. In *Gather Together in My Name* (1974), a continuation of her life story, Angelou now grown, and feeling proud of a colorful array of life experiences, return to Stamps. Her visit quickly turns dangerous when she provokes the wrath of the white saleswomen in the General Merchandise Store. Her demeanor is too lofty for a black woman in the estimation of the saleswomen, and when she declares to them that her name is not just "Margaret," but "Miss Johnson," a full crisis erupts. Her grandmother hears about the commotion surrounding her granddaughter even before Maya returns home. Grandmother Henderson's outburst before she arranges her granddaughter's immediate departure is filled with both anger and fear. "You think 'cause you've been to California these crazy people won't kill you? You think them lunatic cracker boys won't try to catch you in the road and violate you? You think because of your all-fired principle some of the men won't feel like putting their white sheets on and riding over here to stir up trouble? You do, you're wrong. Ain't nothing to protect you and us except the good Lord and some miles."

Eating Taboos

Lillian Smith in *Killers of the Dream* (1949) relates one white woman's response to eating with her "colored" friends. "Though her conscience was serene, and her enjoyment of this association was real, yet she was seized by an acute nausea, which disappeared only when the meal was finished." To Smith, both races had difficulty forcing their "way through thick psychological barriers" to learn to "break bread together."

Katharine Du Pre Lumpkin in her personal story *The Making of a Southerner* (1946) recalls a childhood experience. "To say the words, 'eat with a Negro,' stirred us disagreeably" . . . [and] accounts of President Theodore Roosevelt's entertainment of Dr. Booker T. Washington at luncheon in the White House . . . was too much—this unpardonable 'insult to the South' from the very seat of our national government . . . We children talked of it excitedly, echoing the harshly indignant words and tones."

North/South and Rural/Urban Health Care

A novel by Ellen Glasgow, *Barren Ground* (1925), depicts both rural South and urban North health care. Nursing care in rural Virginia includes Jason Greylock, a country doctor who plods from one farmhouse to the next in a horse and buggy. Nursing care is performed by family members, black servants and friends, always in homes. In the same novel, when the main character Dorinda escapes to New York City and is struck by a car she awakens in a hospital attended by "nurses all in white [with] brisk professional tone[s] [and] authority."

During this same period, nurses appear in a Southern urban setting in Frances Newman's 1926 novel, *The Hard Boiled Virgin*. Born of an aristocratic Atlanta family, Newman's values and mores may have crept into her main character's ruminations. The aristocratic Katharine Faraday does not like nurses because they work in close proximity to "the tall young surgeon," a potential suitor for herself. Manner and tradition demand Katharine must wait for a suitor to call on her at home, and while pondering this situation, she "began to dislike all trained nurses as much as her mammy did, and to share her doubt about the impregnability of their virtue."

Education

According to George Tindall in *The Emergence of the New South, 1913-1945* (1967), elementary education for blacks in the South was "hobbled by discrimination," and neglect in general, because of a number of uniquely southern issues. John Egerton illuminates several in *Speak Now against the Day: The Generation before the Civil Rights Movement in the South* (1994). "An obsessive preoccupation with race and class was the central cause of the South's tragic neglect of public education . . . with little concern for the schooling of women and almost no interest at all in the education of blacks

(continued on page 7)

History



Enduring Echoes—(continued from page 6)

or poor whites . . . To compound the neglect, when the states finally did accept primary responsibility for education, they did so within the rigid confines of segregation and 'separate but equal' duality, imposing a costly double burden that was bound to leave them ever further behind the North." Neil McMillen in *Dark Journey: Black Mississippians in the Age of Jim Crow* (1990) further illuminates the thinking of Southern whites about black education. "Broader educational opportunity for blacks, many whites recognized, could profoundly unsettle the patterns of Southern life. . . Educated blacks were thought to be less dependent and deferential than their ignorant cousins, less comfortable with caste sanctions, more likely to challenge the acceptable limits of white supremacy." James Anderson in *The Education of Blacks in the South, 1860-1935* (1988) reported that free blacks were sometimes educated privately at home or in scattered private schools that grew out of the era of Reconstruction. These schools, even though well-attended and taught by capable and dedicated teachers (both Northern white and Atlanta University-educated blacks), were few and widely separated, creating an access problem for most black children. Even though equal percentages of black and white children in the South, ages 5-14, attended school by 1940, the allocation of funds was unequal. Smith (1949) reported that annual expenditures in Georgia in 1945-1946 were \$82.57 per white student and only \$31.14 for colored.

The difficulties for black children to attain equal education were prominently told in the oral interviews with retired nurses. Lena LaVette's story is just one example. Born in 1905, she spoke about education for whites and blacks in her hometown of Montezuma, GA. "[The whites] had high school,

but we didn't . . . I mean you get an eighth-grade education, you're supposed to be educated as far as black folks go. . . . I resented those white children could go to a high school and they could go to the library, and I couldn't go. All of that made a difference to me. I knew it. I knew this happened and I resented it, but I didn't do nothing about it; couldn't do anything about it." LaVette continued her education by moving to Jacksonville, FL, where she lived with an uncle while attending two years of high school (1918-1920). At the age of fifteen, she applied to Grady Memorial Hospital for nurse training. "A friend [already in training there] told me how to put my age up so I would be eighteen that year." LaVette would eventually complete her nurse education in a small private all-black hospital in Tennessee, and begin her career in 1924 in private duty nursing earning seven dollars for a twelve-hour shift.

It is laudable that the black nurses interviewed were able to negotiate the strictures of racially segregated life in the South. They often traveled arduous paths to become nurses, participated in meaningful work and formed positive relationships within their work settings. The white nurses re-examined what they had been taught about race and how they had experienced racial mores during their formative years. The interviews provide a fascinating glimpse into life in the South as it moved from a segregated to an integrated social structure. I invite you to examine future installments of *Enduring Echoes* to learn of the personal experiences of the courageous women who provided public health nursing to all parts of Georgia during a large portion of the twentieth century.

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The audiotapes and transcriptions of the nurses' interviews are located in the Georgia Public Health Oral History Collection in Special Collections at the Woodruff Library, Emory University in Atlanta, GA.



Workforce Advocacy

What's With Cutbacks and the Use of UAPs?

by Dorethea Peters, RN-BC

We're living in a time where patients are sicker than ever. However, due to the ongoing nursing shortage and rising health care costs, nurse vacancies are either not being filled or professional nursing positions are being replaced by unlicensed assistive personnel (UAP). In some areas, nurse vacancies are causing the workload to be divided among those that are left—stressing the nurse staffing situation and causing alarm with regard to patient safety. In many outpatient settings, RNs have all but vanished and have been replaced by UAPs. In all these ways, the quality of patient care decreases, and patients lose their confidence in nursing. Patient satisfaction also decreases, and in the long run, facilities do not prosper from this change. In the fall issue of *Georgia Nursing*, I wrote an article that focused on safe staffing. This article will focus on the use of UAPs in the direct care setting.

The American Nurses Association (ANA) defines unlicensed assistive personnel as “individuals who are trained to function in an assistive role to the registered professional nurse in the provision of patient/client care activities as delegated by and under the supervision of the registered professional nurse.” UAPs often go by titles such as “certified



Dorethea Peters

nursing assistants,” “CNAs” or “certified nurse aides.” Unlike nurses, whose profession is regulated by state nurse practice acts, unlicensed personnel are legally allowed to perform only those activities which are not exclusively nursing functions. While not prescriptive in nature, the state's Nurse Practice Act defines the parameters of nursing practice. There is no state or federally mandated education for UAPs. Basically, these providers develop skills through on the job training or short-term programs (www.ghp.georgia.gov) and must be supervised by registered nurses or physicians. Many RNs are challenged with the responsibilities to provide quality patient care while supervising and delegating tasks to UAPs.

Although UAPs do not have professional nursing skills or formalized education, in certain situations they may be allowed to give medications. But administering a medicine to a patient is not enough. A health care provider must be accountable and know a variety of information about that medication, such as side effects to observe for, patient education specific to the drug and complications related to administration. These higher level skills are not a part of the UAP's scope of practice. In many outpatient settings UAPs, often medical assistants under the direction of a physician, may give injections, change sterile dressings and function as a “nurse.” This creates confusion and inappropriate expectations on the part of patients receiving this “nursing care.”

It is important that patients and their families know who is providing their care. Several years ago GNA was successful in advocating for legislation that requires registered nurses to be identified in the clinical setting. All registered professional nurses

in Georgia must wear the appropriate identification indicating “registered nurse” or “RN.”

In our current legislative platform, GNA states opposition to any legislation that would encroach upon professional nursing, including attempts to hire or substitute non-nurses to practice professional nursing as defined by the Georgia Nurse Practice Act. While the specific titles, “registered professional nurse” and “licensed practical nurse” are protected by law, unlicensed individuals may currently use the title “nurse” without fear of retribution, undermining the credibility of licensed nurses. This is not the case in all states. To date, 24 states have passed legislation to protect the title of “nurse.” Is it time for Georgia to join the group?

- To educate yourself more about this issue, go to ANA: www.nursingworld.org and follow the links to Government Affairs/State Government Affairs, also read more at ANA's web site, following the links to Health Care Policy/Position Statements/Unlicensed Assistive Personnel.
- Report the illegal practice of nursing to the Office of the Attorney General Thurbert Baker. Go to www.law.ga.gov or call (404) 656-3300.

Dorethea Peters serves on the GNA Governing Board and is Director of Workforce Advocacy.



GNA Nursing Practices



Georgia Nurses Association and Georgia Hospital Association Partner to Increase Health Care Personnel Influenza Vaccination

With flu season just around the corner, the Georgia Nurses Association (GNA) has recently signed on to partner with the Georgia Hospital Association's (GHA) Partnership for Health and Accountability (PHA) on a new vaccination initiative for health care workers and personnel. The goal of this partnership is to foster environments within the health care workplace that will increase current influenza vaccination rates for health care personnel (HCP) in Georgia.



It is known that seasonal influenza causes significant morbidity and mortality in the community; however, hospital-acquired influenza is also a serious threat to vulnerable patients and health care personnel. The single best method to reduce the risk is to vaccinate health care personnel, yet currently the CDC reports that only 43 percent of all health care personnel receive annual flu vaccinations, with nurses having some of the the lowest vaccination rates. Reasons for not receiving the vaccine include a perception that one won't get the flu or ineffectiveness of the vaccine, a reliance on vitamins and supplements for prevention and the fear of side effects. These and other barriers must be addressed in order to protect patients, staff and families from influenza.

Recognizing this growing patient and employee safety issue, the Partnership has adopted the theme "Count on You" for the campaign to emphasize that patients, fellow staff and families count on nurses to protect them. The campaign began in September and will continue through April 2009. Hospitals will be given education and resources to increase vaccination. They will be asked to submit their vaccination rates of health care personnel from 2007-08 and 2008-09. Special recognition will be given for hospitals that reach at least an 80 percent rate of vaccination. In addition, awards will be given for the "Most Improved," "Highest Percentage of HCP Vaccination" and "Highest Percentage of RN vaccination."

For information about the American Nurses Association's Best Practices in Seasonal Influenza Vaccination Campaign go to: <http://www.nursingworld.org/MainMenuCategories/OccupationalandEnvironmental/occupationalhealth/Influenza/20072008BestPractices.aspx>.

Childhood Obesity: Step Up to the "Healthy" Plate

by Mary Lou Oliver, MS, RN, BSN

In April, the Georgia Nurses Association (GNA) was invited by the Georgia Department of Community Health to participate in a workshop developed for Georgia Medicaid Managed Care providers to discuss the state of obesity among Georgia's children. I attended this meeting along with representatives of the Department of Community Health, Healthy Mothers/Healthy Babies, Department of Human Resources and three health care insurance companies for Medicaid Managed Care and PeachCare.

This was the first in a series of meetings designed to facilitate change in the health management of children. Currently, there are two million children in the state of Georgia, half of whom are on Medicaid or PeachCare. Dr. Richard Lewis of the Department of Foods/Nutrition from the University of Georgia reported that Georgia's children are twice as heavy compared to their peers in other states. Furthermore, if a child is overweight, he/she will get heavier over time. These children are at high risk of developing health problems such as hypertension, diabetes mellitus, renal disease and others.

Dr. Rodney Lyn of the Institute of Public Health from Georgia State University echoed Dr. Lewis' comments and both recommended incentive programs, particularly in relation to monitoring body mass index (BMI). Legislation to monitor BMI in the schools was attempted this past session of the Georgia General Assembly, but failed to see final passage. In other states, BMI scores are given to parents to engage them in dialogue and motivate dietary and activity changes to improve their children's health. Unfortunately, schools in Georgia are not even meeting the requirement for physical education as stipulated by current law. Instead, some communities have seen success when providing more opportunities for people/families to be active, such as green spaces, bike paths and sidewalks. Dr. Lyn also recommended engaging the Georgia Beverage Association to change what is provided to schools for vending machines.

Kylia Crane, WIC and Nutrition Coordinator from the Georgia Chapter of the American Association of Pediatrics addressed the Expert Committee recommendations. First, BMI screening should begin at age two and continue annually. Second,



Mary Lou Oliver

when children are in the 95th percentile BMI, they should be noted as obese, instead of "heavy" (current language).

Participants also discussed further ideas to improve the childhood obesity epidemic in our state. Stanford University conducted a study that showed a decrease in BMI when television watching was reduced. Arkansas not only monitors BMI in the schools, but also taxes soft drinks. Since 118 Georgia counties out of 159 are considered rural, other groups need to be involved to impact the problem, such as Parent Teacher Associations, Boy Scouts/Girl Scouts, faith-based programs, GA Coalition for Physical Education and Nutrition, Obesity Action Network, Weight Watchers, corporations based in Georgia and many more.

Several "next steps" were discussed by the group, including incentives and education for parents. These included meal preparation tips, supermarket involvement, recipe review with suggestions for healthy substitutions, new campaigns (e.g., signs on public transportation and commercials on TV), and outreach using mobile vans, community health fairs, anticipatory guide with each health check, and repeat programs that have shown results (sugar-free school, five minutes of exercise after the Pledge of Allegiance).



Lastly, barriers to a healthier lifestyle were identified, such as parents unable to read or not taking the time to read, health literacy in general, physician training, non-English-speaking parents or childcare providers, cultural differences, students unable to stay after school to participate in sports and BMI measurement without planned intervention.

GNA supports health and healthy lifestyles. In fact, our legislative agenda emphasizes quality health and health care for all age groups. Is your chapter looking for a focus? Here is one that involves children as well as their parents so that the entire family will benefit. Are you ready and willing to step up to the "healthy" plate? Are you prepared to be a healthy role model to the children in your life and in your community? Consider taking on this challenge to be a part of the solution to the childhood obesity epidemic in our state. We look forward to your innovative ideas and creative strategies to curb the appetite for unhealthy choices and reduce weight while improving the fitness of our future generation.

GNA member Mary Lou Oliver is Senior Program Coordinator for Continuing Education with Children's Healthcare of Atlanta.

Are You Prepared For a Disaster?

by Wanda Jones, MSN, RN, FNP-BC

This year's hurricane season is now winding down, but the devastation we've seen in the wake of Hurricanes Gustav and Ike have Americans all asking the same questions—am I professionally and privately prepared for any natural disaster? Are my federal, state and local governments prepared and coordinated when it comes to disaster response efforts?



Wanda Jones

Members of the Georgia Nurses Association (GNA) will remember that in the wake of September 11, 2001, GNA joined forces with four other Georgia organizations to create the Georgia Nurse Alert System. This network of nursing professionals ready and willing to respond to local, state and national emergencies became a national model for volunteer emergency response networks. The System was such a success that it was adopted by the U.S. Department of Homeland Security and became a part of Georgia's disaster response infrastructure—SERVGA. The network is still going strong today, as Georgia prepares for disasters here, such as tornadoes and pandemic flu outbreaks.

This year, GNA, the American Nurses Association (ANA) and others recommend making a disaster plan and discussing roles for each family member. Practice your emergency plan and make any necessary changes to ensure their safety, as well as clear communication between everyone. When preparing for a possible emergency situation, it's best to think first about the basics of survival: fresh water, food, clean air and warmth. Ask yourself and family members a list of questions. Do we have our vital documents, such as licenses, certifications, tax returns and insurance, saved and easily portable? Does my family have an emergency communications

plan? These questions and lots more are thoughts/actions you need to think about and prepare for. Your emergency plan should also include a basic emergency supply kit, with items as the following list from www.ready.gov.

Recommended items to include in a basic emergency supply kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation.
- Food, at least a three-day supply of non-perishable food.
- Battery-powered or hand crank radio and a NOAA weather radio with tone alert and extra batteries for both.
- A flashlight and extra batteries
- A first aid kit
- A whistle to signal for help
- Dust mask to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Local maps

Additional items to consider adding to an emergency supply kit:

- Prescription medications and glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Important family documents such as insurance policies, identification and bank account records in a waterproof, portable container
- Cash or traveler's checks and change
- Emergency reference material such as a first aid book or information from www.ready.gov.
- Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
- Complete change of clothing including a long-sleeved shirt, long pants and sturdy shoes.
- Consider additional clothing if you live in a cold weather climate.
- Household chlorine bleach and medicine dropper—when diluted nine parts water



to one part bleach, bleach can be used as a disinfectant.

- Fire extinguisher
- Matches in a waterproof container
- Feminine supplies and personal hygiene items
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Paper and pencil
- Books, games, puzzles or other activities for children.

For those who want more information on how to prepare for a natural disaster, there is a video you can review at www.ready.gov. You can also go to www.fema.gov for a list of supplies you will need. Knowing your primary and secondary car routes and marking them on a laminated map helps to somewhat decrease your anxiety at the time of evacuation. If you have pets you need to prepare for them as well.

Nursing professionals will want to be sure to take copies or scan into your computer all your nursing licenses and certifications. Also copy/scan all insurance policies, birth certificates, marriage licenses, social security cards, wills, important pictures, children's latest school report card and pet vaccinations. If possible, place the information on a thumb drive, CD or portable hard drive for easy accessibility and portability.

Finally, can or will you be able to respond as a professional nurse to a disaster? During disaster recovery efforts volunteers provide crucial assistance that allows first responders to focus on the most fragile members of society. The most effective way to become a volunteer in Georgia is by registering with a statewide program such as the Medical Reserve Corps (MRC) or SERVGA (www.servga.gov).

Have you signed up with any national organizations such as National Nurses Response Team (under Department of Health and Human Services), Disaster Medical Assistance Team (under FEMA as first line responders) and others? Many of these agencies may require national standards for disaster training of health care professionals or NIMS (National Incident Management System). NIMS is responsible for improving coordination and cooperation between public and private responders and enhancing consistency with expectations from JCAHO (Joint Commission on Accreditation of Hospital Organizations). HICS (Hospital Incident Command System) is a standardized, hospital based, all-hazard incident management concept (www.hicscenter.org) that works hand in hand with NIMS.

You can access information concerning NIMS courses by going to www.fema.gov. Many communities have Community Emergency Response Team (CERT) training. Contact your local government for information concerning their disaster volunteer program. Keeping all your professional information updated, and on a portable device, insures the agencies you volunteer for the accuracy of your credentials and qualifications. This valuable information will help to utilize your hard-earned nursing skills and place you where you are truly needed. Go, volunteer to help those in need and make our Florence Nightingale proud.

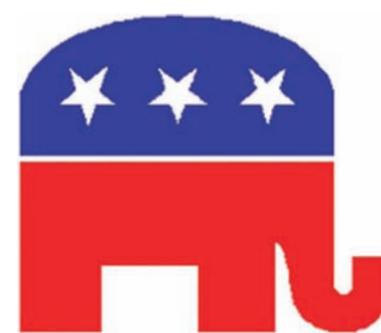
Wanda Jones serves on the Georgia Nurses Association Board of Directors and is director of Nursing Practice.

Election 2008



ANA gets involved...

ANA representatives spend time with both major parties over the summer



As this issue of *Georgia Nursing* arrives in your mailbox, you will most likely have just finished voting in the 2008 presidential election. Americans may even know who their next president will be when you pick up this article, but we felt it was important for GNA members to know how the representatives of the American Nurses Association participated in the 2008 election process.

ANA Hosts Events at Democratic and Republican National Conventions

The American Nurses Association (ANA), in association with the Creative Coalition, American Association of Nurse Anesthetists (AANA), AARP and others, hosted special town hall meetings during this summer's Democratic and Republican National Conventions to discuss vital health care issues.

The event entitled "From Hollywood to the Hill: Speak Out on Health Care—If I had One Minute with the Next President," brought together professionals from the fields of health care, policy, media and entertainment to share ideas and views on health system reform.

Over 40 different national and international media outlets covered the events which were attended by several members of the U.S. House and Senate, as well as state and local elected officials from across the country. Nurses who also serve as delegates were in attendance.

ANA President Patton meets with RNC on Health Reform Priorities

In July, American Nurses Association (ANA) President Rebecca M. Patton, MSN, RN, CNOR, and other ANA representatives, had an opportunity to share ideas on health care reform with the Republican Platform Committee. The meeting was part of the Republican Platform Committee's effort to gather input from across the country as they worked to establish their platform. At the meeting, ANA representatives were introduced to a new web-based initiative where "voters from all walks of life" can provide ideas, submit comments and actively participate in the development of the 2008 Republican Party Platform." The forum was a great opportunity for nurses to make their voices heard on their vital role in any health system reform. In addition, President Patton attended the Republican National Convention in St. Paul, MN.

ANA's recent recommendations to the RNC included:

- As the single largest group of health care professionals in the U.S. (approximately 2.9 million), registered nurses should be represented within the various policy tables at which future health reform decisions are discussed and decided.

- The recruitment, retention and education of the health care workforce are essential to comprehensive health care reform as a cross-cutting issue that significantly impacts access, cost and quality.
- Safe staffing is not only an essential quality and patient safety measure, but also a necessary workplace condition to increase RN retention in the workforce.
- RNs and the full spectrum of qualified health care professionals should be recognized, included and reimbursed as providers of care within a reformed health care system.
- Any health reform plan should include an increased investment in community-based primary care, and an increased effort to eliminate health care disparities.
- ANA strongly cautions against relying entirely on the competitive market place to achieve fairness, quality and cost-savings in the health care delivery system. The "playing field" is not level between the average consumer and the large profit-driven insurance and drug companies.



GNA Legislation and Public Policy



Some Things Never Change

by Michael McCann, RN, CNM, MS

As you receive this issue, we will be preparing to elect a new President of the United States. Regardless of the outcome, there will be a new energy felt around the country as decisions about our economy, energy and environment are made. Here in Georgia, we will also be electing new state senators, representatives and key state government officials as well as a U.S. Senator.



Michael McCann

Hopefully, you will have taken the time to study their positions on the issues, and if possible either contribute time or money to the campaigns of your favorite local politicians. This is important because these officials will be making critical decisions about our daily lives...but most importantly for nurses, decisions that will impact not just us, but also our patients and families.

At both the state and federal level, we are engaged in trying to find a way to fund health care coverage for the millions of under- and uninsured, without bankrupting our economies. We have moved into an era of what I term "the health care industrial complex." There are multiple levels of political engagement, coming from pharmaceutical companies, hospital supply companies and insurance companies, as well as professional organizations representing physicians, nurses, pharmacists and many other health care specialties. These forces are at work to ensure that their particular area of interest is both protected and receives its fair share of the proverbial "pie." It is in this way that I refer to the fact that some things never change.

While we call it "lobbying," the next few months will be spent engaging in conversations with our newly elected officials, pressing forward our particular concerns and educating them about the subtleties of our different views. Some will be promoting new pieces of legislation, and the Georgia Nurses Association's (GNA) own lobbyists will be in the fray, monitoring this. We will also be looking for sponsors for some of our own legislation. During the spring and summer, a number of new issues have developed that may affect the nursing profession in Georgia.

First, in the regulatory arena, the Board of Nursing has interpreted a section of the newly passed HB 1041 (primary intent on criminal background checks for newly licensed RNs), such that graduates of certain schools of nursing may not meet the requirements for licensure by endorsement (which must now be equivalent to criteria for initial licensure). This affects hundreds of licensed registered nurses seeking to enter Georgia from other states who have met different educational preparation requirements. It has most directly impacted graduates of Excelsior College School of Nursing, a competency-based program for students who have a strong clinical background (75 percent are LPNs). GNA has administered the clinical testing for these students in Georgia for 27 years. While we understand the Board was attempting to uphold similar standards for these two paths to licensure and to protect the public from so called "fly-by-night" unaccredited programs, the impact on Excelsior College graduates was unforeseen by GNA when we supported the criminal background check legislation since there had been no prior information that the Board would act in this manner. Excelsior College School of Nursing is fully accredited by the National League for Nursing Accrediting Commission and is an NLN Center for Excellence (one of only 11 in the nation). At the time this article was submitted for publication, we were attempting to negotiate with the Board of Nursing to find some resolution or compromise on this matter.

On another front, GNA representatives met with the Deans and Directors of the Schools of Nursing at their summer retreat and identified two areas of mutual concern that could require attention. First, due to the clinical faculty shortage, we cannot produce a sufficient number of nursing graduates to relieve the nursing shortage. A solution similar to what was done for teachers last year will be to develop a way for them to return to teaching post-retirement.

The second issue is focused on finding support for

health care workforce data collection and analysis—specifically for the nursing workforce. There was a state supported health care workforce committee that was, unfortunately, unfunded in 2003. Since that time there have been no statewide coordinated efforts to focus on the health care workforce. This spring, the Board of Regents created an entity to collect health care workforce data and conduct the needed analysis that would assist Georgia in the necessary planning. The state's current budget crunch has resulted in a number of departmental budget cuts, and it will be important that the work of the Board of Regents Center for Health Workforce Planning & Analysis not be derailed this coming year. It will also be important for the Secretary of State's office to approve the workforce data collection, so we can move forward on this issue. It is impossible to plan Georgia's future faculty, facility and student needs without this type of information. More importantly, hospitals need to know about retention statistics to better anticipate how to plan for the projected shortage.

GNA representatives are meeting with a number of groups to discuss the issue of safe staffing. GNA's position on staffing is aligned with that of the American Nurses Association's staffing principles (www.safestaffingsaveslives.org)—not mandated staffing ratios (like those legislated in the state of California). Several state legislatures have been successful in passing staffing legislation that supports a principles-

based staffing system. Additionally, since nurses have so many back injuries, we want to find ways to encourage hospitals and other health care facilities to invest in the purchase of patient lifting equipment. GNA would also like to partner with groups interested in finding ways to make our health care system "greener."

All of this takes a good working relationship with legislators—your legislators. So take some time to contact these newly elected senators and representatives and congratulate them. You can access their contact emails and office numbers on the web by going to www.legis.ga.gov. Offer to be available to serve as a contact for health care questions. Ask them to work with us on our issues and concerns and inquire if maybe they might be interested in sponsoring some of GNA's legislation. Then, please let our GNA staff and lobbyists know about their response. We had a successful first year with new lobbyists Jay Morgan and Wendi Clifton, and we look forward to another great session in 2009. **Be sure to "hold the date" for our 2009 Legislative Event at the Capitol—Tuesday, January 27th.** More details will be posted soon on the web site. Go to our online Communities of Practice, at www.georgianurses.org, to keep up-to-date on the issues. I will be posting my quarterly reports to the GNA Board so members may be better able to follow our legislative activities.

McCann is a member of the Georgia Nurses Association Board of Directors and is the Director for Legislative Public Policy.



GNA Legislation and Public Policy



Georgia Nurses Association 2009 Legislative Platform

CONSUMER ADVOCACY

As Georgia Registered Nurses, we affirm the basic worth and dignity of individuals. We endorse legislation, programs and funding which promote and enable individuals to achieve optimal quality of life across the continuum. This includes comprehensive health care, education and a safe environment, as well as the basic needs of nutrition and shelter.

Georgia Registered Nurses support:

- ❖ Efforts aimed at health promotion, early intervention, treatment and referral.
- ❖ Ability of all citizens to select an appropriate health care provider of their choice.
- ❖ An accessible, affordable and equitable health care system that is monitored to insure that quality of care, quality of life and patient safety are not compromised.
- ❖ Continued monitoring of civil justice reform to ensure appropriate, cost-effective health care.
- ❖ A health care system that treats with dignity and respect those individuals with mental illness, substance abuse, mental retardation and developmental disabilities.
- ❖ Continued funding for services provided to patients, families and vulnerable populations served by the state of Georgia.
- ❖ A public health system that remains prepared for disasters, pandemics and other statewide emergencies by being appropriately funded, staffed and educated.

FAMILY AND CHILDREN ADVOCACY

GNA believes that all children and families in Georgia should have accessible, affordable, quality health care.

Georgia Registered Nurses support:

- ❖ Health education to promote family stability.
- ❖ Health promotion, preventive care, disease prevention and health management for all.

- ❖ Improved access and funding for health care coverage for children, pregnant women and their families, and seniors.
- ❖ Expanding school health programs for all children, which includes providing Registered Nurses in all schools.
- ❖ Continued funding for health care coverage for children, including screening programs that detect and prevent birth defects and chronic conditions.
- ❖ Promoting the expansion of physical education in our schools, educating our children on proper nutrition and facilitating new behaviors that promote healthier life styles for future generations.

WORKPLACE ADVOCACY

GNA believes that workplace safety of nurses warrants special attention and supports programs designed to prevent job-related injuries, illnesses and deaths, including identification and correction of workplace hazards.

Georgia Registered Nurses support:

- ❖ Promotion of health and safety programs in the workplace including: ergonomics, safe patient handling, infection control, and prevention of workplace violence and work-related accidents.
- ❖ Safe levels of staffing, no-fault error reporting, protection from retribution for nurses reporting unsafe patient and work conditions.
- ❖ Adequate rest and number of hours between shifts to prevent medical errors and promote physical and mental health of the nurse.
- ❖ Appropriate access to substance abuse treatment for impaired nurses.
- ❖ An environment in which nurses are supported and appreciated, both professionally and financially for the work they do.

- ❖ Identification and elimination of those health hazards which can be removed from the work environment.

PROFESSIONAL ISSUES

GNA believes that nursing has a unique role in bridging the gap between health care knowledge and providing cost-effective quality health care; that the responsibility for defining and regulating the practice of Nursing and Advanced Practice Registered Nurses rests solely with the Georgia Board of Nursing; and that all nurses should adhere to the American Nurses Association's Code of Ethics.

Georgia Registered Nurses support:

- ❖ Funding for undergraduate and graduate nursing education.
- ❖ Funding for qualified nursing faculty.
- ❖ Nursing salaries that are competitive in the marketplace, especially in the area of public health.
- ❖ Recruitment of a diverse group of qualified students into programs of nursing education.
- ❖ Addressing issues in the supply, demand and retention of nurses in the state.
- ❖ Promotion of a positive nursing image.
- ❖ Nursing research and scholarship.
- ❖ A scope of practice to promote the professional nurse commensurate with licensure, education and level of skill.
- ❖ Opposition to any legislation that would encroach upon professional nursing, including attempts to hire or substitute non-nurses to practice professional nursing as defined by the Georgia Nurse Practice Act.
- ❖ Promoting access to and utilization of Advanced Practice Registered Nurses and monitoring legislation, regulations and other issues affecting their practice.
- ❖ Advocating for nurses' involvement on state legislative health care commissions, task forces and study committees as well as local health care boards and insurance committees.
- ❖ Monitoring legislation relative to practice aspects of nursing specialties.

www.georgianurses.org/gna_platform.htm

The Georgia Nurses Association is the only statewide, non-profit, multi-purpose professional membership organization for all Registered Nurses in Georgia. The primary purpose of GNA is to provide direction and a voice for the profession of nursing regardless of academic preparation, specialty/advanced education, or other professional organization affiliation.

GNA Legislation and Public Policy



Georgia Nurses Association Top Legislative Issues for 2009

With the New Year and a new legislative session just around the corner, the Georgia Nurses Association has identified its top legislative issues for 2009. These are the key issues that our staff lobbyists Jay Morgan and Wendi Clifton will be following closely in 2009, along with GNA's elected leaders and headquarters staff. The following issues have been identified as legislative priorities for the 2009 Legislative Session.

- **Nursing Shortage**

Funding for competitive nurse faculty salaries has been identified by a number of state and federal agencies, including the Georgia Board of Regents, as a significant reason for the inability of nursing schools to fill the demand for nurses across the state. On average, qualified nursing faculty earn substantially less than their colleagues in practice-related settings. In order to attract new faculty and keep current professors, a more attractive compensation package is needed for nursing educators.

Incentives for retired faculty to return to teaching SB 327 passed in 2008 allowing retirees in the Teachers Retirement System to be rehired. The bill allows retirees to return to a position of similar capacity at full-time after a 12-month wait and after being invited back into the system. Similar legislation could allow nurse faculty to

return to work, which could immediately improve Georgia's faculty shortage.

- **Funding for health care workforce data collection and analysis/nursing workforce center**

Georgia is woefully behind other states in the collection and analysis of nursing workforce data. How can we plan for the nursing practice needs in our state if we do not know the state of our profession? The University System of Georgia's Board of Regents has a newly created Center for Healthcare Workforce Analysis & Planning that will study workforce issues across all health care professions. While this is a laudable effort, Georgia needs to develop a dedicated nursing workforce center. Thirty-nine states have created nursing workforce centers, varying greatly in their resources and subsequent approaches and outcomes. Many are non-profit and a primary goal is that of nursing recruitment. Based upon available resources, other initiatives could include research to disseminate successful workforce practices, identification of best practices for retention and efforts to increase the number of nursing faculty.

- **Safe Staffing**

Safe staffing principles help RNs and nurse managers design the best environment possible for patient care. Several states have

passed legislation based on The American Nurses Association's (ANA) Safe Staffing Principles. Federal legislation is supported by ANA. Safe Staffing Principles are **not** the same as mandated legislated patient ratios, which so far have resulted in increases in hospital costs and a decrease in hospital services. GNA has reached out to other stakeholders on this issue and will study the need for legislation to implement ANA's Safe Staffing Principles (www.safestaffingsaveslives.org).



REMEMBER to attend GNA Legislative/Lobby Day 2009 on Tuesday January 27, 2009! For information on GNA's 2009 Legislative Platform go to www.georgianurses.org/gna_platform.htm



Up Close & Personal

A Moment with...Sheila Warren

GNA Board Member Sheila Warren, RN, took some time out to speak with Georgia Nursing on some of her professional and personal achievements in her 34 years of practice. Sheila is the Regional Director of Unihealth Source, Inc., with expertise in long-term care. This is just one aspect of her life's work...The following article captures a recent conversation we had with Sheila.



Sheila Warren

Sheila is a very warm, friendly woman who takes time out from her busy schedule to get involved with causes that benefit her community and her church. In addition to her work with Unihealth Source, Nurse Warren has been the chair of a non-profit youth leadership group she formed in 1996—Hahira/Lowndes County Drug Free Coalition. She has also been involved in fundraising and missionary work with her church, Providence Missionary Baptist. Sheila and her husband Exley have been married for 31 years and have two sons, ages 23 and 27. She is very proud that both of her sons are now educators.

Georgia Nursing: Why did you become a nurse?

SW: I became a nurse because I wanted a "career" that helped people. I wanted to do something that met one of my core values of helping others. I looked at social services and even considered medicine, but nursing allowed me to have a career (not just a job) that was recession-proof, helping people when they most needed it and offering a lot of variety of settings. I had hoped to travel and wanted a job that I could go from state to state and get a job with little difficulty.

GN: What is your career high point? Did you have low point? If so, what was it?

SW: I would say one of the career high points was assisting a small healthcare system achieve Joint Commission Accreditation. They had tried once before and were not successful but we were successful on our try. I chaired the project. The second high point was as a Hospice Administrator, watching an office go from 20 patients to a census of 80. That meant a number of patients were able to die at home with their families surrounding them. While I have had challenging times I have never considered any of them a low point.

GN: What inspires you?

SW: I am inspired by the opportunity to continue to advance in the health care field. There is always a need. I have been in the health arena so long that I remember when AIDS was a new disease. There is still a need to find cancer cures, sickle cell, etc. There will always be work to do.

GN: What is your most memorable day?

SW: My most memorable day was when the health care system I was working for received their Joint Commission Accreditation.

GN: Who is your hero?

SW: My hero is my grandmother. The lessons I learned at her knee still assist me today. Of course as a young child I didn't appreciate her, but I was able to thank her before she died. I think about all that she achieved with only a third grade education, born in 1886. And all she endured, I only hope I have half the strength she possessed. She valued education and preached the importance of it. She preached hard work, she preached saving. I still remember her telling me if I earn a dime put 5 cents away.

GN: What do you think is GNA's most important activity?

SW: Preserving registered practice is the most important activity. There are all types of specialty organizations but what binds all of us is being registered nurses and having the right to practice. Second is the legislative platform.

GN: What do you like about being a member of GNA?

SW: I like the ability to network with others who share the passion of nursing. I like the resources offered to me as member.

GN: Over the years, what has GNA done for you?

SW: The Georgia Nurses Association has afforded me the opportunity to take a leadership role in membership development. Attending the ANA conventions has offered an opportunity to view nursing from a wider scope. It offers an opportunity for shared solution.

GN: Why would you encourage your colleagues to become GNA members?

SW: I encourage colleagues to join for leadership opportunities, but most important I ask them who do they want to define their practice? If they want nurses, then they need to join GNA.



Cindy Balkstra & Sheila Warren

GN: What are your goals in life?

SW: At this point in my career my goal is to try and influence the generation coming up to be vigilant of our practice. Why, because I want a nurse to take care of me when I get sick.

GN: What is your toughest challenge ahead?

SW: These days, my toughest challenge is helping our nurses feel a sense of pride in their work and becoming leaders and champions of the nursing profession.

GN: When you're not saving lives and working for your professional association, the Georgia Nurses Association, what do you like to read?

SW: I like to read everything but my favorites are autobiographies, historical novels, and books on leadership.

GN: What are you reading now?

SW: I'm currently reading the Audacity of Hope by Barack Obama and State of Denial by Bob Woodward.

GN: What is your favorite movie?

SW: My favorite movie is The Great Debaters, starring Denzel Washington and Forest Whitaker.

GN: What TV show do you like to watch?

SW: I enjoy any of the CSI or Law and Order franchises. I should add that my favorite game show is Jeopardy.

This interview was conducted in September 2008 with the permission of Sheila Warren for use in Georgia Nursing. Warren is GNA's Director of Membership Development. For questions or to contact Sheila, please call the GNA office at 404.325.5536.

Membership



New GNA Members

The following is a list of new GNA members, and some returning members, that have joined during the months of June 2008 through August 2008. Please join us in welcoming them to this network of their peers.

If you are a member and recognize any of these names, take a moment to let them know that you are a member too! If you have not joined yet, take a moment to fill out the application in this publication to join your colleagues who are realizing the value of their membership daily!

June 2008 New Members

G. Renee Baca, Lilburn
Tami Blackmon, Lithonia
Erica Burnett, Bonaire
Bernice Chance, Richmond Hill
Jennell Charles, Atlanta
Jessica Cooper, Martinez
Margaret Davis, Statesboro
Kaye Dawson, Athens
Kimberly Delaigle, Augusta
Angel Dickerson, Aiken, SC
Denise Dunn, Martinez
Jocelyn Ellison, Douglasville
Mary Gardenhire, Hephzibah
Kristen Goodin, Jefferson
Trinia Greece, Harlem
Sherri Green, Pelham
Erin Halyard-Jeter, Aiken, SC
Nadia Hankerson, Gainesville
Sharon Haskin, Baxley
Kathryn Heller, Atlanta
Ashley Henry, Grovetown
Auldyn Hirschey, Atlanta
Anne Hix, Cumming
Kim Hudson-Gallogly, Suwanee
Joyce Jones, Cumming
Dee Lacey, Lawrenceville
Cary McFalls, Houston, TX
Elizabeth O'Neil, Atlanta
Althea Otuaata, Lithonia
Nancy Pedersen, Newnan
Rowanda Robinson, Buford
Beverly Scarlett, Augusta
Katie Scott, Grayson
Bertina Smith, Grovetown
Susan Solner, Marietta
Darla Sprigner, Marianna, FL
Joseph Tillery, Bishop
Amy Watkiss, Fayetteville
Katharine White, Loganville
Cynthia Williams, Augusta
Laura Yeater, Winder
Rhonda Ziglar, Brunswick

July 2008 New Members

Catherine Bennett, Roswell
Jacquiline Bowers-Taylor, Aiken, SC
Lyn Brown, Stone Mountain
Anita Curtis, Augusta
Deborah Feathers, Dublin
Valerie Fletcher, Columbus
Karin Gaul, Lilburn

Patricia Hames, Pooler
Shakeerah Hicks, Union City
Donna Hunter, Acworth
John Klamer, Temple
Dawn Langley-Brady, Martinez
Christie Lo, Mableton
Elaine Marshall, Statesboro
Pamela McGee, Ellijay
Angela Miller, Locust Grove
Cheryl Newbold, Fairburn
Michelle Pratt, Pine Lake
Tammy Ringer, Newnan
Leshia Sattler, Tifton
Stacey Smith, Columbus
Susie Smith, Bogart
Joyce Turner, Ellenwood
Tammy Vickers, Marietta

August 2008 New Members

Ngehbehgnui Achu, Americus
Letitia Anderson, Athens
Wanza Bacon, Ellenwood
Audrey Barcroft, Watkinsville
Suleania Bobb, Americus
Shena Borders, Athens
Patricia Brown, Savannah
Kathryn Butler, Lawrenceville
Gina Duggar, Cedartown
Iulia Dumitrache, Duluth
Lee Eades, Dalton
Rochelle Edwards-Smith, Saint Mary's
Athena Fountain, Savannah
Judy Gainer, Warner Robins
Jacqueline Gresham, Snellville
Rebecca Holder, Marietta
Julie Jackson, Clarkston
Bonnie Jennings, Alexandria, VA
Lillie Jones-Collins, Smyrna
Donald Kuiper, Hahira
Eva Lohrasbi, Atlanta
Collette Mahoney, Woodstock
Rebecca McCaskey, Bogart
Kathy Morris, Savannah
Kanokone Nikhomvan, Acworth
Tina Paulk, Jackson
Jeriann Rhymer, Decatur
Veronica Shehee, Watkinsville
Amanda Small, Stockbridge
Danna Spivey, Forsyth
Renee Van Kouwenberg, Black Creek
Elizabeth Wells-Beede, Warner Robins

I want to get involved: Creating a Chapter

Are you interested in nursing informatics? Hospice? Pediatric oncology?

Whatever your nursing passion may be, Georgia Nurses Association (GNA) can help you connect with your peers locally and across the state. Becoming involved in your professional association is the first step towards creating your personal career satisfaction and connecting with your peers. Now, GNA has made it easy for you to become involved according to your own preferences.

Through GNA's new member-driven chapter structure, you can create your own chapter based on shared interests where you can reap the benefits of **energizing experiences, empowering insight, and essential resources.**

The steps you should follow to create a NEW GNA chapter are below. If you have any questions, contact the membership development committee or GNA headquarters; specific contact information and more details may be found at www.georgianurses.org.

1. Obtain a copy of GNA bylaws, policies and procedures from www.georgianurses.org.
2. Gather together a minimum of 10 GNA members who share similar interests.
3. Select a chapter chair.
4. Chapter chair forms a roster to verify roster as current GNA members. This is done by contacting headquarters at (404) 325-5536.
5. Identify and agree upon chapter purpose.
6. Decide on chapter name.
7. Submit information for application to become a chapter to GNA Headquarters. Information to be submitted includes the following:
 - Chapter chair name and chapter contact information including an email,
 - Chapter name,
 - Chapter purpose, and
 - Chapter roster.
8. The application will then go to the Membership Development Committee who will forward it to the Board of Directors. The Board will approve or decline the application and notify the applicant of its decision.

Membership

GANSG08-04

MEMBERSHIP APPLICATION

energizing experiences.
empowering insight.
essential resources.



GNA/ANA Benefit Brief

MEMBER DATA

NAME _____		RN LICENSE # _____		BIRTHDATE _____	
HOME ADDRESS _____			CITY, STATE, ZIP _____		
HOME PHONE _____		WORK PHONE _____		CELL PHONE _____	
EMPLOYER _____			SCHOOL OF NURSING _____		
EMAIL _____			ALT. EMAIL _____		
Please circle one of the following options for each question.					
Gender: Male		Female		Age Group: 20-29 30-39 40-49 50-59 60-69 70 and older	
Job Function: Staff Nurse		Manager/ Administration		APRN	
		Educator/ Research		Other _____	

YOUR MEMBERSHIP (Check box for membership option that is best for you.)

<input type="checkbox"/> ANA/ GNA Full Member Dues (\$302 annual/ \$25.67 monthly EDPP*) •Employed, full or part time	<input type="checkbox"/> GNA State-only Membership Dues (\$194 annual/ \$16.67 monthly EDPP*)
<input type="checkbox"/> ANA/ GNA Reduced Membership Dues (\$151 annual/ \$13.08 monthly EDPP*) •New graduate (first-year membership, joining 6 months from graduation from basic nursing program) •62 years of age or over, employed •Fulltime student (not employed) •Not employed	<input type="checkbox"/> ANA/ GNA Special Membership Dues (\$75.50 annual/ \$6.79 monthly EDPP*) •New graduate, former GANS member (first-year membership, joining 6 months from graduation from basic nursing program) •62 years of age or over, not employed



MAIL APPLICATION AND PAYMENT TO:
GEORGIA NURSES ASSOCIATION
3032 BRIARCLIFF ROAD, NE
ATLANTA, GA 30329

FOR INQUIRIES:
(404) 325-5536
www.georgianurses.org
gna@georgianurses.org



PAYMENT OPTION (Check the box or circle for the payment option that is best for you.)

<input type="checkbox"/> Annual payment by check: Please enclose check in the amount of annual membership total with application.	
<input type="checkbox"/> * Monthly Electronic Dues Payment Plan (EDPP) through checking account: Read, sign the authorization, and enclose a check for the first month's EDPP payment. AUTHORIZATION to provide monthly electronic payments to ANA: This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.	
Signature for EDPP _____	
<input type="checkbox"/> Payment by Credit Card: (Mastercard or Visa) <input type="radio"/> Monthly (EDPP amount) <input type="radio"/> Annual	
Card number & expiration date _____	Signature _____

TO BE COMPLETED BY GNA/ANA
 State _____ Approved By _____ Date _____ Exp. Month/ Year _____ Amt. Enclosed \$ _____ Check # _____ Chapter _____

Just some of the many discounts and privileges for GNA members:

NEW! NEBCO Life and Health Insurance Plans

ANA Wireless Center—Many FREE phones and savings up to \$100 on selected wireless phones.

Bank of America products—Enjoy all of the benefits of banking with Bank of America through the GNA-branded checking accounts and GNA credit card programs.

Cross shoes—ANA members please enjoy 25 percent off of your purchase of select models of Crocs.

Wyndham Hotel Group—ANA members now save on rooms at over 6000 participating hotels across the U.S. and Canada.

Land's End Merchandise—Shop for GNA & Land's End products online and receive a discount on your purchases.

Choice Hotels—Save 15 percent on your hotel stay as an ANA/GNA member.

VPI Pet Insurance—Pet insurance helps you take care of the other members of your family—your pets.

Dell Computers—Receive discounts off purchases of Dell Computers.

Walt Disney World Swan and Dolphin Hotels—Receive discounts to the two popular vacation destinations.

Professional Liability Insurance—A must have for every nurse, offered at a special member price.

Marsh Insurance Plans—Marsh Insurance Plans can help you find and compare plans and tailor one to your needs.

Avis and Budget Car Rental—Discounts on auto rental through Avis and Budget.

ANCC Certification—Members save up to \$140 on certification through ANCC.

www.nursebooks.org—Member discounts on nursesbooks.org—ANA's publications arm.

GlobalFit Fitness Program—Up to 60 percent savings on regular monthly dues with *GlobalFit* fitness program.

Career Center—Find a new job on GNA's online career center, www.georgianurses.org.

Subscriptions—Free subscription to *The American Nurse*—a \$20 value—and free subscription to *The American Nurse Today*, an \$18.95 value. **Free online access to OJIN: The Online Journal of Issues in Nursing.**

Listserve subscriptions—Free access to GNA and ANA informative listserves including Capitol updates and members-only information.

Membership



Georgia Nurses Association Regions and Chapters

Central Region

Columbus Chapter of GNA
Old Capital Center

Margaret Zimmerman, Regional Coordinator
Wanda Jones, Chair
Margie Johnson, Chair

mtzimmerman@gdph.state.ga.us
wj174@bellsouth.net
margie.johnson@gcsu.edu

East Central Region

Athens Area Chapter
Central Savannah River Area Chapter

Patti Cook, Regional Coordinator
Becky Bray, Chair
Sandy Turner, Chair

pattic@usca.edu
beckysbray@excite.com
sturner@mcg.edu

North Region

Consauga Chapter
North Georgia Chapter of GNA
Northwest GNA RNs

Bernice Whaley, Regional Coordinator
Beverly Sutton, Chair
Katie Morales, Chair
Vera Brock, Chair

jbernice34@yahoo.com
bsutton.706@alltel.net
Katie@discernment.biz
vbrock@highlands.edu

North Central Region

Atlanta Metro Chapter of GNA
Atlanta New Graduates Chapter
Northwest Metro Chapter
Southern Crescent Chapter of GNA
West Georgia Chapter of GNA

Susan Prather, Regional Coordinator
Carla Keplinger-Williams, Chair
Echo Fredrickson, Chair
V. Doreen Wagner, Chair
Lisa Eichelberger, Chair
Bonnie Bar, Chair

susanprathero8@comcast.net
cjl@bellsouth.net
echo.fredrickson@choa.org
vwagner3@kennesaw.edu
lisaeichelberger@clayton.edu
bbar@westga.edu

Southeast Region

First City Chapter
Professional Nurses' Network Chapter
Southeastern TLC'ers
Southern Coast Chapter
Southern Coast Chapter

Carol Simonson, Regional Coordinator
Sally Welsh, Chair
Kathleen Koon, Chair
Elizabeth Lara, Chair
Lisa Dickerson, Co-chair
Laura Grantham, Co-chair

carollss@nctv.net
welshsa1@memorialhealth.com
kjkoon@nctv.com
lara226@charter.net
lisadickerson@minspring.com
lurah1@yahoo.com

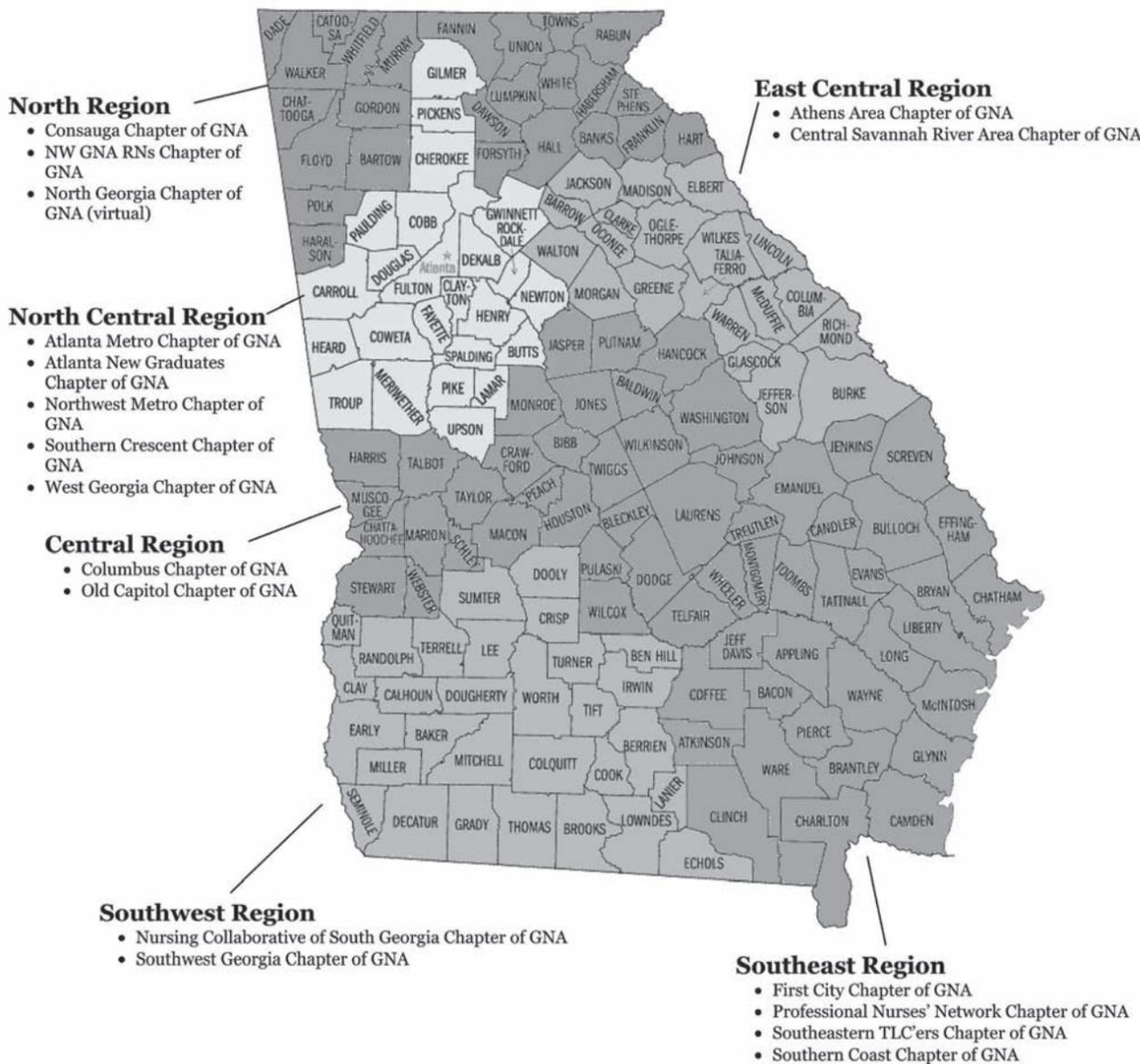
Southwest Region

Nursing Collaborative of South Georgia
Southwest Georgia Chapter of GNA
Southwest Georgia Chapter of GNA

Douglas Taylor, Regional Coordinator
Sheila Warren, Chair
Pamela Amos, Co-chair
Larecia Gill, Co-chair

douglastaylor01@bellsouth.net
swarren@uhs-pruitt.com
mike.pam.amos@gmail.com
lareciagill@bellsouth.net

Georgia Nurses Association Regions and Chapters As of August 5, 2008





NAMES, FACES & PLACES

Longtime Parliamentarian Remembered as Key Figure in GNA History

Long-time GNA parliamentarian Ruth Esche Shaw, 91, died July 10. Described as a “tiny, little bundle of energy,” Mrs. Shaw served as parliamentarian for the Georgia Nurses Association for at least two decades.

Quick-witted and knowledgeable, Mrs. Shaw was gentle, but firm and had the nicest way of “correcting” people who failed to follow parliamentary procedure. She always made sure the proper terminology was used in every meeting and she was a stickler for punctuality.

Several GNA members recalled her ringing her bell shortly before the GNA House of Delegates meeting was to begin or following a break, so that they would be in their seats when the meeting started or resumed. She even brought her own timer to meetings and conventions to make sure that no one spoke beyond their allotted time.

Mrs. Shaw loved to dance, and never missed an opportunity at HOD conventions—especially if there were good looking men there. But she was humble too. Several years ago, during an HOD convention in Columbus, she was given the key to the hotel room she had been assigned. When she opened the door and saw the luxurious accommodations—complete with a basket of fruit—she backed out of the room and returned to the hotel desk to hand over her key. She told the clerk that the room was entirely too fancy for her. It took several GNA staff members to convince her that the room was indeed meant for her.

Mrs. Shaw also loved GNA and would rearrange her schedule so as not to miss a board meeting or a House of Delegates convention. She retired as GNA parliamentarian in 2004, but not before passing the torch to Gloria Cofer, a woman she mentored throughout the years.

Ruth Shaw was a native of Delaware. She was a Professional Registered Parliamentarian and a member of the National Association of Parliamentarians.

Mrs. Shaw is survived by her three sons, John Esche, Eric Esche and Dana Esche.



Ruth Esche Shaw confers with past GNA President Chris Samuelson.



Mrs. Shaw dances at a GNA Annual Meeting Awards Banquet.

GNA member is GA School Nurse of the Year

Kathy Sheriff, RN, Douglas County School System health services coordinator, recently received the Georgia School Nurse of the Year by the Georgia Association of School Nurses (GASN).

Kathy has worked as a school nurse for 13 years, ten in Douglas County.

“I’m thrilled to bring this recognition to Douglas County schools,” Sheriff said. “It’s been a privilege to serve the students and staff here for the last 10 years.”

Kathy received her nursing diploma from the Crawford W. Long School of Nursing and her B.S. degree in nursing from University of West Georgia. She became a nurse in 1982 and worked as a cardiac rehabilitation nurse and a nurse at Emory University Hospital and Crawford W. Long Hospital before becoming a school nurse. She is also a member of the Georgia Nurses Association, American Nurses Association and Sigma Theta Tau nursing honor society.



Kathy Sheriff

Dr. Janie Heath, GNA Member, Appointed to Two National Panels

Dr. Janie Heath, associate dean for academic affairs at the Medical College of Georgia School of Nursing, was recently appointed to an American Heart Association panel studying smokeless tobacco products and a Tri-Council for Nursing panel studying advanced practice nursing care.

Dr. Heath came to MCG in 2006 from the Georgetown University School of Nursing and Health Studies. Her research focuses on the health effects of tobacco and PREPS and improving health through tobacco-cessation, and she is a GNA member.



Dr. Janie Heath

NAMES, FACES & PLACES



Edith Honeycutt, 91, Nurse for the Woodruff Family

by **Betty Daniels, GNA Metro Atlanta Chapter**

Edith Folsom Honeycutt, RN, BSN, died on Tuesday, July 22, at her home, surrounded by the nurses who loved her. Edith was best known in the nursing community for her tenure as the Woodruff family's private duty nurse. Edith graduated from the Emory University Hospital School of Nursing (now known as the Nell Hodgson Woodruff School of Nursing) in 1939. She was the first staff nurse to have a Professor of Nursing Chair named for her at Emory. Edith was also a devoted GNA and Metro Atlanta Chapter member. She will be remembered as the embodiment of the professional nurse, and for her kindness, intelligence, talent and dedication.



Edith Honeycutt

for 18 years and until her retirement in 2006. She was an excellent nurse practitioner, and a tireless advocate for those less fortunate. Judy gave a voice to those unable to speak for themselves and the charities to which she donated her time and resources are numerous.

Judy was very active in her church and taught Sunday school, sang in the choir and always helped those in need. She loved her church because it held the values that are espoused by people of goodwill. She was also a major supporter of nursing and the Georgia Nurses Association, as a longtime member and delegate.

If limited in describing Judy's life to only one word, that word would be "nurse." Not because she was educated as a nurse or because she spent her career as a nurse, but because she was, by definition, a nurse.

Former GNA Treasurer, Longtime Metro Chapter Member Passes

June Gray, PhD, RN, was an active GNA and Atlanta Metro Chapter member who in the 1970s was GNA treasurer. June battled kidney cancer successfully for several years but died quietly in her sleep on Saturday, July 12. She was a highly principled and highly intelligent woman and nurse, volunteering her services at free clinics and Camp Hope. In lieu of flowers, memorial donations may be sent to Camp Hope, 7011 Pony Lake Road, Dahlonoga, GA 30533.



June Gray

Remembering Judy Schmitt

Judy Eakin Schmitt of Atlanta passed away at her home on Sunday, August 31, after a battle with pancreatic cancer.

Judy was born May 28, 1939 in Canton, OH. She graduated with a Bachelor of Science in Nursing from Capital University in Columbus, OH, with Magna Cum Laude honors. Judy was a psychiatric nurse for many years. After

she set aside her career in order to raise a family, she returned to school at Emory University, became an Adult Nurse Practitioner and received an MPH. She worked in Admissions at Georgia Regional Hospital



Judy Schmitt

In Memory...

Alice L. Dowling
Alice Ruth Re'
Barbara Faye Kelly Osterman
Betty Ann Hall Wilkinson
Betty Jo Williams
Camilla Morris Evans
Charles W. Randall
Edith Crowther Ivey
Imogene Kennedy Dobbs
Jacqueline Tice Schultz
Jane Brewer Daniels
Jean Enzweiler
Josephine Idelle Long
Julie Jones James
June Marchant Williams
Kelly Hawkins
Leslie Joy Brooks Osborne
Linda D. Cofield
Linda Stone Merritt
Lorene Jonston Sewell
M. Victoria Bain
Maria I. Ortiz
Mary Beth Petty
Mary Lou Boggan Daniel
Mary Lou Harkins
Mattie Hamilton
Nora Queen Durrence
Patricia H. Davis
Rita Taylor
Ruby Claire Bray Boyd
Ruth Gillis
Sara Virginia McElheney Penn
Sarah Rachel Wade Butt
Theresa R. Kitchens
Violet Jackson Kemp

GNA is always looking for informative news about its members. Send your recent accomplishments, news briefs and releases to jeremy@georgianurses.org.



NAMES, FACES & PLACES

Georgia Nurses Foundation Honor A Nurse Recipients

The Georgia Nurses Foundation wishes to express gratitude to the following individual for her generous contribution in honor of friends, family and colleagues.

Kelly R. Elliott, *Recognized by Wanda Jones*

Honor a star nurse by making a minimum donation of \$25 to the **Georgia Nurses Foundation**. A personal acknowledgement has been sent to the person designated. Your tax-deductible contribution will also help support the important programs of the Foundation. Let a rising or guiding star know they made a difference.

GNF would also like to recognize **Mrs. M.J. Force** for her donation towards the GNF scholarship program in honor of **Betty Daniels**.



Georgia Nurses Foundation Honor A Nurse

We all know a special nurse who makes a difference! Honor a nurse who has touched your life as a friend, a caregiver, a mentor, an exemplary clinician, or an outstanding teacher. Now is your opportunity to tell them "thank you."

The Georgia Nurses Foundation (GNF) has the perfect thank you with its "Honor a Nurse" program which tells the honorees that they are appreciated for their quality of care, knowledge, and contributions to the profession.

Your contribution of at least \$25.00 will honor your special nurse through the support of programs and services of the Georgia Nurses Foundation. Your honoree will receive a special acknowledgement letter in addition to a public acknowledgement through our quarterly publication, *Georgia Nursing*, which is distributed to more than 100,000 registered nurses and nursing students throughout Georgia. The acknowledgement will state the name of the donor and the honoree's accomplishment, but will not include the amount of the donation.

Let someone know they **make a difference** by completing the form below and returning it to the following address:

Georgia Nurses Foundation
 3032 Briarcliff Road, NE
 Atlanta, GA 30329
 FAX: (404) 325-0407
gna@georgianurses.org
(Please make checks payable to Georgia Nurses Foundation.)

I would like to Honor a Nurse:

Honoree: Name: _____

Email: _____

Address: _____

State/City: _____ Zip: _____

From: Donor: _____

Email: _____

Address: _____

State/City: _____ Zip: _____

Amount of Gift: _____

MasterCard/Visa #: _____ Exp Date: _____

Name on Card: _____

My company will match my gift? _____ YES (Please list employer and address below.) _____ NO

Employer: _____

Address: _____

Through philanthropy, the Georgia Nurses Foundation fosters nursing's role in the improvement of the health, well-being, and quality of life of Georgia's citizens. This mission of GNF is fulfilled through service, education and research. The Georgia Nurses Foundation is a 501 (c)(3) charitable organization; donations are deductible as charitable contributions.