

The Maryland Nurse News and Journal

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A Constituent Member Association of the American Nurses Association, Representing Maryland's Professional Nurses Since 1904.

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2008 Health Disparities Summit in Annapolis Addresses Impact on Business and Economics

Maryland's Lieutenant Governor, Anthony G. Brown, along with Speaker of the House Michael E. Busch, and two cabinet members spoke at a Maryland summit that focused on how health disparities impact the cost and quality of Health Care.



DHMH Secretary John Colmers told the Summit that nursing is part of the solution.

This Summit represented a giant leap forward as Marylanders representing diverse key groups agreed that health care disparities are not only a moral issue, but also a business issue, demanding incentives, not just moral persuasion. There is a serious economic impact of around \$500 million excess costs annually due to hospitalization and lack of preventive care throughout the healthcare system in Maryland. Attendees learned that with the healthcare system in disarray, sustained health disparities are an epidemic. In addition, about half of the public health workforce will retire in the next five years. Resolving this staggering problem will require coalitions of Government, Business, Providers, and Academia.

Held at the Miller Senate Office Building in Annapolis on October 1, the event sponsors included the Maryland General Assembly, the Health and Government Operations Committee Minority Health Disparities Subcommittee, and the Maryland Department of Health and Mental Hygiene's (DHMH) Office of Minority Health and Health Disparities (MHHD).

Nurses were well represented. The Honorable Delegate Shirley Nathan-Pulliam, a Registered Nurse and Chair of the Minority Health Disparities Subcommittee, and Dr. Carlessia A. Hussein, RN, DRPH, Director of the DHMH Office of MHHD, led

2008 Health Disparities continued on page 3

Registered Nurse Appointed Deputy Secretary for Public Health Services by DHMH

BALTIMORE, MD (October 6, 2008)—Frances B. Phillips has been appointed Deputy Secretary for Public Health Services by Department of Health and Mental Hygiene (DHMH) Secretary John M. Colmers. Ms. Phillips, who begins her new position on December 1, has been health officer in Anne Arundel County since 1993.

"Fran Phillips is a passionate advocate for the health of the public and has a proven record at the local level of getting the job done," Secretary Colmers said. "Maryland is fortunate to have such a strong public health leader join the DHMH leadership team."

While serving as health officer, Ms. Phillips has implemented award-winning initiatives, including the REACH program that provides health care to the uninsured, and the Learn To Live wellness program that fights cancer and other chronic diseases. She has concurrently served as health officer for the City of Annapolis and is an Associate in the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health.

"I am delighted to join Secretary Colmers' outstanding team and to assume a statewide public

health role," said Ms. Phillips. "This is an opportunity to work with all of Maryland's jurisdictions to protect and improve the health of our residents, and I look forward to the challenge."

The deputy secretary for Public Health Services oversees the DHMH AIDS, Community Health, Family Health, and Laboratories administrations, along with the department's Office of Preparedness and Response and the Office of the Chief Medical Examiner. It has a budget of \$474 million.

Ms. Phillips is a registered nurse who earned a Bachelor of Science in Nursing from the Catholic University of America and holds a Masters in Health Care Administration from the George Washington University. She is currently pursuing a post-graduate certificate in Teaching in Nursing and Other Health Professions.

Nursing Foundation Awards Record Scholarships to Maryland Nurses

First Mae Muhr Awards Announced at 2008 Convention



Mae Muhr's daughter Susan and husband George presented the Awards in her honor with Foundation Treasurer Nayna Phillipsen.

Nursing Foundation Awards continued on page 9

Nurses Night in Annapolis and Lobby Day: Nurses to Gather on February 2, 2009

by Karen Minor, Chair of Event Committee, Legislative Committee

Change is once again taking place at MNA. The honored tradition of Nurses Night in Annapolis in 2009 will become MNA Lobby Day for Nurses. This event is planned for Monday February 2, 2009, from 4 PM to 8 PM.

Nurses Night consistently had outstanding attendance from nurses and nursing students, but the multitude of events competing for the legislators'

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MISSION STATEMENT

The Maryland Nurses Association promotes excellence in the nursing profession with a culture of camaraderie, mentoring, diversity, and respect for colleagues. We provide programs and educational development for continued personal and career growth. As the voice for nursing in Maryland, we advocate for policy supporting the highest quality health care.

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Articles and Submissions for Peer Review

The Editorial Board welcomes articles for publication. There is no payment for articles published in *The Maryland Nurse* and authors are entitled to free reprints.

- Articles should be word-processed using a 12 point font.
- Articles should be double-spaced.
- Articles length should not exceed five (5) 8 ½ X 11 pages (1500 - 2000 words).
- All references should be cited at the end of the article.
- Include name, credentials, e-mail, mailing address, telephone contact, and FAX number for each author.
- Articles for refereed publications should be directed to the attention of Dr. Patricia Travis, Journal Editor, using APA format and following the above Guidelines.

Articles should not mention product and service providers. Please cite sources specifically and properly so we can verify them. Attach any supporting documents, as appropriate.

Many publications accept articles as is. However, to meet The Maryland Nurse's editorial board and publisher's requirements, articles may be edited. Refereed articles will be peer reviewed. These comments may be returned to the author if they request significant clarification, verification or amplification. Additionally, once the editorial process begins and if you decide to withdraw your submission, you may not use the editorial board's comments or suggestions.

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Your article might not be published in the next issue following its receipt. The timing of publication is dependent upon the editorial process cycle, other articles ready for publication, and the requirements for each issue.

Authors will approve the article to be published in its final form. Authors must sign any release forms requested by the editorial board and publisher of *The Maryland Nurse*.

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Submissions should be sent electronically to Marylandnurse@marylandrn.org.

Please Send In Your Nursing News

The Maryland Nurse encourages nurses and nursing students to send in nursing news items about your region or school, activities, happenings, photos with description and articles for publication. Documents must be in WORD format. Send these to us at marylandnurse@marylandrn.org. Be sure to include your name and contact information.



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2008 Health Disparities continued from page 1

in planning the event. Dr. Marcella Copes, Dean of the Coppin State University Helene Fuld School of Nursing, participated on the afternoon panel of Health Advocates and Providers.

Other Health panel members were Myron L. Weisfeldt, MD, Director of the Department of Medicine at Johns Hopkins Hospital and University School of Medicine; Trudy Hall, MD, Maryland State National Medical Association and Monumental City Medical Association; William G. Robertson, President and CEO, Adventist Health Care, Inc.; and Jay Wolvovsky, President and CEO of Baltimore Medical System.

A Panel addressing workforce diversity and major payers included E. Albert Reece, MD, PhD, MBA, Vice President and Dean of the University of Maryland School of Medicine; Michael Christopher Gibbons, MD, MPH, of the Johns Hopkins Bloomberg School of Public Health, Stacy Mink, Communications Coordinator for United Healthcare Workers; and Jon P. Shematek, MD, Senior Vice President and Chief Medical Officer, CareFirst.

Morning Panels included representatives of Government and Business. On the Government Panel were Garth N. Graham, MD, MPH, Deputy Associate Secretary for Minority Health of the U.S. Department of Health and Human Services; John M. Colmers, Secretary, Maryland Department of Health and Mental Hygiene (DHMH); Thomas E. Perez, Secretary, Maryland Department of Labor, Licensing and Regulation; and Robert S. Gold, PhD, DrPH, FASHA, FAAHB, Dean of the School of Public Health at the University of Maryland College Park.

Representing Business were Carmela Coyle, President and CEO of the Maryland Hospital Association; Forest Harper, Vice President at Pfizer, Inc.; Thomas A. LaVeist, PhD, Professor at the Johns Hopkins Bloomberg School of Public Health, and John R. Miller, Executive Director, MidAtlantic Business Group on Health.

The Summit Moderator was Brian D. Smedley, PhD, Vice President and Director, Health Policy Institute, The Joint Center for Political and Economic Studies.

Coppin State University's Academy for Pre-Nursing Success (CAPS), which operates in the Baltimore City public high schools to help students prepare for nursing school, and Coppin's nurse-practitioner run community clinic at the nursing school, were identified as strategies to both increase diversity and decrease disparities.

Action recommendations were led by Claudia R. Baquet, MD, MPH, Associate Dean at the University of Maryland School of Medicine, and Carlessia A. Hussein, RN, DrPH of the DHMH MHHD office.

Policy Recommendations included improving the built environment, education and public transportation, promoting understanding of the social determinants of health, and universal health care.

Some present reflected a profound sense of frustration. Hope came in the form of the growing data to support evidence-based action, the recognition that economic policy is health policy, and the growing awareness that "prevention" by investing up front can overcome the current, expensive "damage control" mode that characterizes health in the United States and Maryland today.



Coppin State University Nursing Dean Marcella Copes described nursing school access program and nurse-run clinic addressing diversity and disparities to Summit attendees.



Dr. Ilana Mittman and E. Albert Reece, MD, PhD, MBA at Disparities Summit.



Forest Harper and MHA President and CEO Carmela Coyle on Summit Business Panel.



Robert S. Gold of UMCP and Secretary Thomas E. Perez on Summit Government Panel.



Senator Joan Carter Conway was a sponsor of Disparities Summit.

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MNA District 2 Addresses Maryland Health Care Disparities and Howard County Model for Universal Care



Summit Nurse attendees Geraldine Cross-White and DeLois G. Hamilton.



Lt. Governor Anthon Brown addresses 2008 Disparities Summit, saying the goal is to improve public health in every community and improve access to healthcare.



Nurse and Delegate Shirley Nathan-Pulliam addressed the Disparities Summit in the morning of October 1.



Paul S. Trotter, Jr., Uniformed Services University, and Mary Jo Vasquez, Pacific Institute for Research and Evaluation, at Disparities Summit.

As the 2008 Summit on Health Disparities came to a close in Annapolis on October 1, nurses and nursing leaders met with Peter Beilenson, MD, MPH, the Health Officer of Howard County and former Baltimore City Health Commissioner, and Sandi Netinna, MS, CRNP-BC, President-elect of the Maryland Nurse Practitioners Association (NPAM) at the MNA District 2 conference on Addressing Health Care Disparities at Kernan Hospital in Baltimore. District 2 President, Mary Pat Howard, noted that nurses are both the leaders and the troops in the fight for quality care for all Marylanders.

Dr. Beilensen described the Healthy Howard Access Plan, a nurse-managed program that will begin operations to cover uninsured citizens of Howard County beginning January 1, 2009. Enrollment in the plan began on October 1, the day of the Maryland Disparities Summit and the District 2 Disparities Conference.

The costs of lack of health insurance and of unequal care in the United States are staggering. Billions of lost days to employers from illness cost them billions of dollars every year. Desperate visits to the emergency room by the uninsured and underinsured for what should have been primary care visits are a heavy burden for tax payers and the health care system.

As part of the Healthy Howard Access Plan, a team of experts will be collecting data and tracking the outcomes, both health outcomes and economic savings, so Policy makers will be able to use it in planning to meet future needs. Additional information on the Healthy Howard Access Plan is available at www.healthyhowardplan.org.

Sandi Netinna described the Grassroots Crisis Intervention Center. This is a year-round, volunteer-run program established in 1970 in Howard County to meet the basic health care needs of the homeless. Half of the 2.2 million dollar budget is from Howard County. The Center also runs a telephone crisis line and a mobile intervention team. The greatest need is mental health.

The Honorable Delegate Shirley Nathan-Pulliam again demonstrated her commitment to fighting disparities in health care by coming to the District 2 Disparities Conference in Baltimore directly from the 2008 Disparities Summit in Annapolis. She ended a very long day by sharing some of the Summit outcomes with District 2 Nurses.



District 2 President Pat Howard with speaker Sandi Nettina and Mary Etta Mills.



Dr. Mary Etta Mills and Delegate Shirley Nathan-Pulliam at District 2 conference.



District 2 Treasurer Beverly Lang and President-elect Gewerka Nobles at Disparity Conference.



Dr. Peter Beilenson described the innovative Health Howard access plan at Disparities Conference.



MNA President Rosemary Mortimer and Membership Chair Rachel Walker at District 2 Conference.



Nurse and Delegate Shirley Nathan-Pulliam addressed the District 2 Conference the evening of October 1st.

Nurses Night in Annapolis continued from page 1

evenings during the General Assembly session often resulted in low turnout from legislators. Lobby Day will provide an opportunity for nurses to go to their legislators instead of the legislators going to the nurses.

Lobby Day will be a step toward the building of strong meaningful relationships with legislators and state officials. This will increase the recognition of MNA and nurses in the state of Maryland as a resource for legislators on nursing issues.

MNA lobbyist Robyn Elliott and the MNA Legislative Committee are in the process of crafting legislative initiatives that will be introduced into the General Assembly session in 2009. The initiatives are being developed and guided by the MNA Legislative Platform and demonstrate MNA priorities. The Legislative Platform represents the professional interests of Maryland Nurses. Two priority areas for 2009 are the nursing shortage and the promotion of quality nursing care through education and licensure.

As legislation works its way through the dynamic and complex process known as the legislative process (how a bill becomes law) it will be important for Maryland nurses to raise up their voices and be heard in Annapolis by asking their legislators to support nursing legislation. Timing is everything when it comes to getting legislation passed through the legislative process. There are strategic times that the MNA membership will be needed to contact their legislators. The quickest way for these times will be through telephone calls, faxes, letters or emails.

The most effective way of transmitting a message to a legislator is a personal visit. That allows both the nurse and their legislator to connect names with faces. MNA Lobby Day will give nurses the opportunity to meet in person with the legislators in their district, educate and provide them with information about the legislation and ask them to support the legislation.

Nurses attending MNA Lobby Day must register with MNA Headquarters. Appointments with Legislators for the nurses attending will be made

by the MNA office approximately 3 weeks before the event. Information needed for the registration will be the participant's name, address, email and phone numbers (both home and mobile phone). Addresses will be used to determine the participant's legislative district and the Legislator with whom the appointment will be made.

The strategy for planning MNA Lobby Day on a Monday evening is to maximize the availability of the Legislators. The Maryland General Assembly convenes every year for 90 days starting on the second Wednesday of each January and ending in mid-April. Each week the session convenes at 8 PM on Mondays. The majority of the Legislators are in Annapolis on Monday evenings to attend session.

On Lobby Day a headquarters will be set up in Annapolis where participants will assemble before the appointments. A preliminary agenda will include a review of the legislation the participants will be asking their Legislators to support; tips on how to lobby with a practice session; lobby visits to the Legislators; reconvene after the lobby visits for a debriefing session to evaluate the event and write thank you notes to the Legislators. Fact sheets about the legislation will be provided for participants to distribute to the Legislator during the visit.

It is important for nurses to be knowledgeable about the legislation that they will asking the Legislators to support. Watch the MNA website for information and updates.

Nurses are a knowledgeable and influential group, and a critical part of making changes for the greater good. The ability of nurses to influence is substantial, but it means that we must be actively involved in the political process. Participation in MNA Lobby Day will provide an opportunity to get started in this process. More information will be posted on MNA's website at www.marylandrn.org. Nurses can also call MNA at 410-944-5800 and ask for Pat Gwinn or Ed Suddath.

Message from the President

by Rosemary Mortimer, MNA President

Many folks may question in these economic times whether or not they should become members or still maintain their membership in their professional nursing organization. It seems to me that at this time, more than ever, we all need to be a member of the association.

There are many pluses to being a member. There are many educational courses that are reduced for members and these often include contact hours and information for furthering professional experiences. Many districts offer educational sessions for their members. These activities are also a time to network and to find potential employers and employees.

When life is uncertain, it is helpful to be with people who know where they are going and have a comfort about from whence they have come. Nurses in the professional organization are that kind of "people." They are well grounded in their profession and in their lives.

Being a member of the Maryland Nurses Association means that one is a member of the American Nurses Association. The ANA works in Washington, D.C. and lobbies for legislation and regulations that will help all nurses. The ANA President, Becky Patton, has met with leaders on both sides of the aisle and before each of the major political conventions to discuss health care reform. The goal of nursing is to develop a health care system that will be affordable and of high quality.

The ANA worked with Congress and helped the Congress to override a veto by the president on the Medicare bill. This bill reversed "the 10.6 percent reduction in Medicare reimbursements for the nation's

240,000 advanced practice nurses and physicians" (CMA Insider, American Nurses Association, July 2008, 7(7)3). If this reduction had been allowed to stand, it would have made it even more difficult for senior citizens to get access to care. When you talk to seniors, you will hear that it is already difficult for many of them to find someone who will take them on as new patients when they have no other insurance than Medicare.

The Maryland Nurses Association is going to lobby in Annapolis this year for more faculty to expand our nursing schools. Our schools could educate close to double the amount of students that they are currently teaching but lack the space, and most especially the faculty to teach these potential nurses. These are the nurses who will take the place of us baby boomers who are hoping to retire within the next ten years. Being a member of your professional organization and paying dues helps us to hire a lobbyist to be in Annapolis fighting for our bills when we are on the floors with patients and in the classrooms teaching our younger colleagues.

MNA Leadership have colleagues who are in a variety of positions and who are often helpful to members. Recently, two nurses had been having difficulties with the Board of Nursing. One was a new graduate who was having trouble getting her license verified and the other was a seasoned nurse who had inadvertently allowed her license to lapse. In both cases after discussions between the MNA leadership and personnel of the Board the situations were resolved positively for the nurse within twenty-four hours.

There are other reasons for being a member. Being a member gives you discounts on wireless phone services with some providers. You will become aware of scholarships to assist you with your schooling or going back for advanced degrees. In fact, if one is judicious you can find enough discounts from being a member to pay for your membership. Remember that when someone says to you, "O, I don't belong because it is too expensive."

We can use your help on several committees, ranging from membership to legislation and the new environmental health committee, to name a few. By becoming involved you will see a much bigger picture of the world of nursing.

So, as times get tough, this is the time to stick together and to become a member to assist yourself and the profession as a whole. We look forward to working together to keep nursing vital for you!!!

Reinckens to Head MNA Center for Ethics and Human Rights

Justina ("Tina") Reinckens, Assistant Professor at the Coppin State University Helene Fuld School of Nursing, has been appointed by the MNA Board of Directors to head the state's nursing Center for Ethics and Human Rights.



Justina Reinckens

The Center is committed to addressing the complex ethical and human rights issues confronting nurses and designing activities and programs to increase the ethical competence and human rights sensitivity of nurses. Through the Center, the abiding commitment of the Maryland Nurses Association to the human rights dimensions of health care is demonstrated. MNA Center nurses also have the opportunity to collaborate with nurses at the national level through ANA's Center for Ethics and Human Rights.

Ms. Reinckens holds a Masters of Arts Degree in Nursing from New York University with a focus on Family and Education. She also received post graduate training as a Family Therapist. She received her initial Nursing Education from Kings County Hospital Center School of Nursing and her BSN from the C.W. Post Center of the Long Island University.

Her expertise ranges from Maternal-Child Health and Family Theory to Community Health. She has taught Nursing in New York at Kings County Hospital Center School of Nursing; Mount Saint Vincent on Hudson College and New York University; the University of Toronto, Medical College of Ohio; and locally at Bowie State University and Villa Julie College. She was instrumental in developing the Villa Julie Baccalaureate Nursing Program and the Community Focused Graduate Nursing Program at Bowie State University.

Ms. Reinckens is a member of the American Nurses Association and the Maryland Nurses Assn (ANA and MNA), Sigma Theta Tau International Nursing Honor Society, The Martha E. Rogers Society and on the Board of the Martha E. Rogers Scholars Fund. She has served on a variety of Maryland State Task Forces and committees including: Maryland 2010, Teen Pregnancy Prevention, and School Based Health Centers. She is also the faculty advisor for the Maryland Association of Nursing Students organization at the Coppin State University Helene Fuld School of Nursing.

MNA members interested in serving with Ms. Reinckens on the committee for the Center for Ethics and Human Rights are encouraged to contact Pat Gwinn at MNA, 410-944-5800 or pgwinn@marylandrn.org or Tina Reinckens at jreinckens@coppin.edu.

Red Cross Nurses Prepare for Disaster and Promote Health and Safety



Red Cross nurses range from full-time employed nurses to full-time “retirees” who use their volunteer hours to make a vital contribution to community health. Retirees also retain their nursing licensure in case they choose to return to nursing employment in the future.

The Nursing Services Committee of the Central Chapter of the American Red Cross is an all-nurse, all-volunteer group that serves the health and safety needs of the community, and prepares to respond to disasters, from local apartment complex fires and storms to national disasters such as Hurricane Katrina.

Nurse volunteers have access to Red Cross information and Red Cross training courses at the Chapter and online. The Red Cross maintains each nurse’s training record. Nurses who complete the required number of service hours receive the Red Cross Nurse pin.

Nursing Services Committee meetings include networking, assessment and evaluation of services, and educational programs. Future meetings will provide updates in Disaster Response, including telephone triage, for victims of disaster at all levels, as well as the opportunity for nurses who wish to certify in CPR. Nurses volunteer for the activities that interest them the most, and at times that best suit their schedules.

Current Nursing Services Committee members pictured are in the front row: Betty Allen and Dorothy Haynes (Health and Safety Co-Chair); and in the Back row: Denise Moore, Denyce Watties-Daniels, Yolanda Neale, Nayna Philipsen (Disaster Co-Chair) and Stephanie Andrew.

Other members are Lawrence “Jeff” Jeffries, Diane Maskell, Marica Lang, J Sue Henry, Cecelia Hughes, Janice Torres, Paula Boxley, Delores Goldman, Joan Kub and Amanda Scott. Red Cross staff members Kevin Burr, Nick Geier, Bethany Brown, and Pauletta Bratcher have worked to support nursing. Red Cross staff and Red Cross nurses welcome new nurse volunteers to every meeting.

Mortimer Visits and Supports MNA District One Reorganization

by Naomi (Bea) Lamm, MS, RN

MNA President Rosemary Mortimer met recently with District One MNA members and prospective members to organize and gain support for MNA in Western Maryland. The dinner meeting was held at Western Maryland Health System and hosted by Nancy Adams, RN, MBA, Senior Vice President and Chief Nurse Executive.

Mortimer talked about the role of the MNA and offered speakers to make presentations at District One meetings to discuss nursing and healthcare legislation, advocacy role that nurses have for patients, and to support workplace strategies to promote a professional work environment for nurses in all practice settings. Volunteers were sought to be officers of District One, board members, and representatives to the MNA

board by Mortimer. Several nurses agreed to take positions to fill these roles for District One.

Nancy Adams offered to host the MNA for District One quarterly meetings at Western Maryland Health System. Also, Mortimer offered to return to meet with



District One members to talk about legislative activities in January 2009. Possibly District One would invite members of the Legislative Committee to speak with Mortimer in

January 2009 and have a dinner and continuing education credits applicable for this meeting.

Those in attendance were 1st row—Nancy Shircliff, Marlene Ross, Jeannie Seifarth, Sue Coyle, Connie Morris and Cheryl Nelson. 2nd row—Jamie Karstetter, Linda Stair, Mary Tola, Rosemary Mortimer, Nancy Adams, Cindy Shriver, Bea Lamm and Kristi Henaghan.

District 7 Announces Judith Westling Scholarships



District 7 Award winners Curry, Talany, Kline, with MNA Board member Tina Zimmerman.

The District 7 Judith Westling educational scholarship is awarded to either a generic Associate degree and/or BSN student, RN to BSN student, and/or graduate student. Students have to submit two letters of recommendation, official transcripts, statement of career goals, demonstrate membership in professional organizations such as the Student Nurses Association or the Maryland Nurses Association, list awards and honors received, and submit a statement indicating how the scholarship money will be used.

Winning students this year are Ganelle Curry, Tracie Talany, and Tracy Kline. Each of these students received \$300.00 which are the proceeds from District 7’s annual pecan fundraiser. They are pictured here with Tina Zimmerman, Dist. 7 and MNA Board member and nursing faculty member at Harford Community College. In the second photo are Cecil Community College faculty and MNA District 7 member Carol Roane, District 7 member Jennifer Kaiser, and Christy Dryer, Director of Nursing and Health Professions at Cecil Community College.



District 7 Roane, Kaiser and Dryer.

ANA Hosts Event at Republican National Convention

SILVER SPRING, MD—The American Nurses Association (ANA), in association with The Creative Coalition, the American Association of Nurse Anesthetists (AANA), American Physical Therapy Association (APTA), American Health Care Association (AHCA), National Center for Assisted Living (NCAL), and AARP, hosted a town hall meeting during the Republican National Convention 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.

More than 300 people attended the event at the St. Paul Hard Rock Café. Members of the American Association of Nurse Anesthetists provided volunteer support. The ANA contingent had an opportunity to speak at length with the panelists about nurses’ role in health care reform at a post-event gathering.

What is ANA?

American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses through its 54 constituent member nurses associations, including the **Maryland Nurses Association (MNA)**. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

“TOP TIPS” for Occupational and Environmental Health

by Elise Handelman, RN, MEd, COHN-S

Patients hesitate to ask nurses to wash hands; New CDC video shows them how

Up to 91 percent of patients would ask clarification about something they don't understand, but only 26 percent would ask a provider if they washed their hands. Patients typically choose to avoid confrontation, according to a recent consumer survey.

A new tool to address this reluctance is the new video developed by the CDC that demonstrates how patients can approach staff about hand hygiene in a non-confrontational manner. This free, five-minute video shows how patients can comfortably ask their caregiver to wash or clean their hands before providing hands-on care. This patient and staff training tool is ideally suited for viewing on public healthcare broadcasting sites throughout the facility, such as lobbies or waiting rooms. So—don't be surprised or take it personally if your patients begin to ask you questions about hand hygiene!

See the video at:

- CDC video <http://www.cdc.gov/handhygiene/PatientAdmissionVideo.html>



Elise Handelman

Resource for Training on Environmental Health for Nurses

Tom Lowe of the **New York State Nurses Association** has developed workshops on environmental health topics and has now created an introductory booklet to increase awareness of nurses about dangerous exposures in healthcare and strategies to address them. Useful websites and resources are included in the five-page booklet. The booklet is titled, “*The Nurse's Role in Environmental Health*” and is available on line (http://www.nysna.org/images/pdfs/health_safety/enviro_health.pdf)



Climate Change and Health Risks

Researchers at nearby **George Mason University** recently published results from a survey of public health officials. Amazingly, the majority of these officials, although concerned about global climate change and anticipating a significant impact in their localities, still had no clear plans to deal with the problem.

Edward Maibach, professor and director of the Center for Climate Change Communication and lead author of the study, states,

"Relatively few Americans, businesses and policymakers are aware of the consequences that climate change is likely to have on the health of our communities, families and children. Our research shows that most, if not all, local health departments are going to require assistance in making climate change adaptation and prevention a priority and must take action now to ensure climate change does not become an increasing global threat."

The study "*Climate Change and Local Public Health in the United States: Preparedness, Programs and Perceptions of Local Public Health Department Directors*," which will be published this week in the journal *Public Library of Science ONE*, reveals that the majority of health department directors believed that threats such as heat waves or heat-related illnesses, reduced air quality and reduced water quality or quantity were most likely to become more common or severe as a result of climate change.

Learn more about why and what can be done to move this issue forward in their press release (<http://eagle.gmu.edu/newsroom/display.php?rid=696&keywords=>).



At the 105th Convention

Nursing Foundation Awards continued from page 1

George and Susan Muhr, the husband and daughter of long-time nursing advocate and MNA member Mae Ann Muhr, were on hand to give a personal touch when the first Mae Muhr Awards were given out as the Nursing Foundation of Maryland announced the winners of the 2008 nursing scholarship awards at the 2008 MNA Convention Luncheon. All winners had to meet academic requirements and write an essay describing their career goals.



Pam Melvin, recent College of Notre Dame of Maryland BSN graduate, shows her Mae Muhr award-winning poster presentation on health care in Guatemala.

The Mae Muhr Award for a Poster Presentation went to Pam Melvin, a new graduate of the RN to BSN program at the College of Notre Dame of Maryland. The Mae Muhr Scholarship for a nursing student in an RN to BSN program went to Pamela Constance Williams, a student at Stevenson University. Anita Enadeghe, a student at the University of Maryland Baltimore, won the scholarship for second degree nursing entry student. Three associate degree nursing students were also awarded Mae Muhr Scholarships. They were Eun Y. Lee of Howard Community College and Joyce Munene of Montgomery College.



Professor Tina Reinckens of Coppin State University with RN to BSN student and Arthur L. Davis Scholarship winner Valerie Daniels.

Convention Sponsors/Contributors

Florence Nightingale Level	\$2,501–\$5,000
Arthur L. Davis Publishing Agency, Inc.	
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Jayne Hall of Arthur L. Davis Publishing Agency, Inc. and Tina Zimmerman of the Nursing Foundation present Scholarship Awards at 2008 Convention Luncheon.

Jayne Hall of Arthur L. Davis Publishing Agency, Inc., the company that publishes *The Maryland Nurse*, presented the Arthur L. Davis Awards for Scholarship to Valerie Daniels, RN, an RN to BSN student at Coppin State University, and Roslyn Cholette Kelly, RN, a Master's Degree student at the University of Maryland at Baltimore.

Cynthia R. Davis, RN, a student in the Family Nurse Practitioner Program at Coppin State University, won the Nursing Foundation's \$1,000 Scholarship for an MNA member who is advancing nursing practice.

Curves, women's fitness centers, awarded \$1,000 to Andrea Hare, a BSN nursing student at Coppin State University, for her professional goals and her demonstrated activities promoting women's health.

The Ruth Hans Award, sponsored by the Lutheran Hospital School of Nursing Alumni Association and supporting BSN education, went to Angela Mason, a BSN nursing student at Salisbury University.

At the close of the 2008 awards, the Foundation Board announced a new Poster Award for next year, in which 2009 attendees will be the judges of research presented by Maryland nurses.

The annual nursing awards and scholarships with their criteria are announced each summer in *The Maryland Nurse*. Details are also available on the website, and from MNA staff members.

All awards and scholarships come through the Foundation, and contributions are fully tax-deductible. Any nurse, family member, or friend wishing to donate to or create an award in memory of a loved nurse should contact the MNA office at 410-944-5800 for details.

Convention Donations

About Faces Day Spa & Salon	Classic Pedicure
Baltimore Symphony Orchestra	2 Tickets
Candle Light Inn	Gift Certificate
Catonsville	
Cygnus Wine Cellars	Private Tour for 8
Manchester	
Dalesio's of Little Italy	Gift Certificates
Forthuber's Florist	1Dozen Red Roses
Herr's Snack, PA	Herr's Bus
Olive Grove	Gift Certificate
Linthicum	
Mannhiem Streamroller	Four Seasons Collections
Mars Super Markets, Inc.	Gift Certificate
Marsh Consumer Connexions	Popcorn
Maryland Science Center	4 Vouchers 2-Adult, 2-Child
Nayna Philipson	2 Framed Prints by Monet
Neysa Ernst	Chocolate & Nuts Gift Basket, Candles, Boat Snack Tray
The Senator Theatre	6 Theatre Passes
Wockenfuss	1lb. Box Assorted Chocolates

MNA Announces President-Elect New Officers Installed at 2008 Annual Meeting



MNA 2008 Presidential Candidates Pat Travis and George Paul joined forces at the convention.

The Maryland Nurses Association Annual Meeting included the Report of the Tellers for the 2008 Election of officers, including treasurer, Dorothy Haynes, RN, Esq., of the Maryland Board of Nursing, presented by Chairperson Nancy M. Huff. Dr. Patricia Travis of Johns Hopkins University was elected President-Elect of the MNA Board of Directors. Linda DeVries of Montgomery County was re-elected 2nd Vice President. Dr. Nayna Philipson of Coppin State University was elected Treasurer. The announcement was followed by the swearing-in of officers.

Dr. Travis had been serving as 1st Vice President of the MNA Board and is the Peer Review Editor for *The Maryland Nurse*. Ms. DeVries, in addition to serving as 2nd Vice President, is President of the Nursing Foundation of Maryland and on the PAC. Dr. Philipson is also Co-Chair of the Legislative Committee, Editor of *The Maryland Nurse*, Treasurer of the Nursing Foundation of Maryland, and 1st Vice President of District 2.

Exhibitors

Advance for Nurses
Baltimore Washington Medical Center
Bank of America
Community/Public Health School of Nursing Caring for the Underserved-The Catholic University of America
Contemporary Nursing Solutions
Helene Fuld School of Nursing Coppin State University
Cosco
Elizabeth Cooney Personnel Agency, Inc.
Erickson Retirement Communities-Oak Crest
Future Care Health & Management Corporation
Genesis HealthCare
Georgetown University
Harbor Hospital
Johns Hopkins Bayview Medical Center
Johns Hopkins University, School of Nursing
MedStar Health Good Samaritan Hospital
Merck & Company, Inc.
Mercy Medical Center
MetLife
Nursing Spectrum, Gannett Healthcare Group
Peninsula Regional Medical Center
Sanofi Pasteur
Sava Senior Care Administrative Services, LLC
Shore Health System
St. Mary's Hospital
Southern Maryland Hospital Center
The Gideons International
The Living Legacy Foundation
University of Maryland, School of Nursing
Upper Chesapeake Health
U. S. Army Health Care
VA Maryland Health Care System
Villa Julie College - RN to BS Option
Z-Coil Pain Relief Footwear

At the 105th Convention

The Nurse's Role in Promoting or Undermining Breastfeeding

by Lily Fountain, MS, CNM, RN, Patty Bascietto, BSN, RN, IBCLC, Nayna Philipsen, JD, PhD, RN, Judy Campbell, and Anjana Solaiman

Presented at Maryland Nurses Association's Annual Convention October 17, 2008



Dana Silver, MD, Pediatrician and Lily Fountain, CNM

Undermining Nurse: That was great information from Dr. Dana Silver of Sinai Hospital about an infant's need for breastfeeding for normal healthy development. I did not learn in school that breast milk substitutes could actually result in impaired immune and neurological development in babies. But unless you're an OB nurse, how's a nurse to know what drugs are compatible with breastfeeding?

Promoting Nurse: It really is every nurse's responsibility to support mothers who are breastfeeding. Dr. Silver's resources are a good place to start (www.marylandbreastfeeding.org; www.bfmed.org; <http://neonatal.ttuhs.edu/lact/>; and Lactmed at www.nlm.nih.gov). Each nurse should know how to contact the hospital's lactation nurses to obtain breast pumps for their breastfeeding patients, whether they are OB patients or on pediatrics or admitted for another reason, and how to check compatibilities of medications. Most hospitals have access to Medline or a hospital pharmacist who can also help.

Undermining Nurse: If the baby drank a few bottles of formula would it really make a difference?

Promoting Nurse: Yes, it turns out that it really does make a difference. Breastfed babies have a healthy acidic GI tract that bacteria do not like. When formula is introduced it changes the pH of the intestinal tract and makes infants more prone to infection. Also the molecules of colostrum and early breastmilk are very large. These large molecules seal the baby's very porous intestinal tract making it difficult for bacteria to enter the babies system. Those one or two formula feedings can change the pH of the baby's intestinal tract for days, making that baby more prone to infections.

Undermining Nurse: That does sound important. But it takes so much time for a nurse to support breastfeeding.

Promoting Nurse: You are right; caring for a group of breastfeeding mothers and babies is a lot of work! But, it is work that really pays off. I love teaching mothers how to breastfeed. I know that women who breastfeed bond much more with their babies and feel great about themselves. It is a lot of work in the beginning, but I know it will really pay off in the end.

We need to value effective breastfeeding as much as any other nursing intervention, than we will really begin to see the big picture. Just imagine one nurse working full time in a Maternal Child Unit seeing an average of 5 mother baby pairs a shift, can positively influence the lives and health outcomes of about 50,000 mothers and their babies in her 40-year career. That is a tremendous influence on health care.

Undermining Nurse: Are we just trying to make mothers feel guilty about not breastfeeding?

Promoting Nurse: No, we never would want to make anyone feel bad about themselves. What we are doing is giving evidence-based information about infant feedings to mothers and letting them decide how they want to feed their child. We have found that consumers are most upset when they are not given the correct information before they are asked to make a decision.

Undermining Nurse: I was bottle fed, and I turned out OK.

Promoting Nurse: I'm happy things turned out well for you. The data does tell us that overall human milk is best for human babies. Humans are the only species that gives another mammal's milk to its children. Many women of previous generations did not get good breastfeeding support, for example they were told to feed on a schedule or to limit the length of feedings. Some women were even given a medication to dry up their milk.

Undermining Nurse: We are making mothers feel bad if they don't breastfeed.

Promoting Nurse: No, we are not making them feel bad. The nurse has a duty to provide evidence based feeding information for her patient otherwise she is denying her patient the right to make an informed decision about infant feeding.

In many hospitals mothers must sign informed consents stating they have been informed about the risks of formula feeding but they choose to formula feed. Once a mother has made an informed decision it is our responsibility to support her.

Mothers must decide over and over again if they want to continue breastfeeding so they need continuous support from their families and society. Culturally we need laws to protect mothers when they choose to nurse in public and have laws that provide pumping rooms in the workplace.

Undermining Nurse: Yeah, yeah. I hear even pacifiers are a no-no. My husband always wanted to give a pacifier to the baby so he could help soothe the baby.

Promoting Nurse: Studies have shown that for the first 3-4 weeks exclusive breastfeeding is needed to capture the benefits of breastfeeding. Fathers can help in so many other ways. They can rock the baby, bathe the baby, and do infant massage and diapering. Fathers also need to feed and nurture the mother. For breastfeeding to work fathers need to be on board as well, and many dads really enjoy learning about breastfeeding and want to help their wives continue.

Some staff nurses feel they are helping a mother to get much needed rest by formula feeding the babies at night. This is really not a good idea as early introduction of formula leads to early weaning. Studies have demonstrated that mothers do not get more sleep at night when their babies are formula fed in the nursery.

Undermining Nurse: So the mother should just feed the baby?

Promoting Nurse: Yes. I am surprised sometimes by mothers who have their babies fed in the nursery at night because they want to make the nurse's work load lighter. They feel bad that the nurse needs to keep bringing the baby out to feed. They want to be a good patient and please the nurse. This is one reason that the attitude of the nurse about breastfeeding is so important. A mother will sense a nurse's reluctance about breastfeeding.

Undermining Nurse: OK, OK, but if a baby needs formula, should I use an orthodontic nipple?

Promoting Nurse: First we need to define "needs". Is this supplementation medically necessary? If the answer is yes, then we should give the mother a choice of how she wants to provide the supplement. We can finger feed, cup feed, use a supplemental

nursing system or a bottle. Bottles are not my #1 choice as they provide a very fast flow of milk with very little effort. A slower more paced way of feeding would be more supportive of breastfeeding.

Undermining Nurse: Mothers make so many demands on nurses these days, like requesting cup feeding or finger feeding. I'm not too comfortable with how to do all that.

Promoting Nurse: Because breastfeeding is becoming so widespread, many of the practices within the maternal child and other hospital departments have had to change. We now need to know normal parameters for breast and formula fed babies. We need to learn a new set of skills about latching, shells, shields, alternate feeding methods and pumping and storage of breastmilk.

Undermining Nurse: All this pumping, why bother to breastfeed?

Promoting Nurse: Yes, lots of women are now doing what we call "Breast in a Bottle". This is really not a good idea. Pumping is a lot of work and breast pumps only get out 70% of a mothers milk supply. You need to purchase or rent a pump, take the time to wash the pump, store and warm the milk, etc. Also, breast milk changes depending on the time of day, and age of the baby. Breast milk at 3 weeks of age has different components than breast milk at 3 months of age. Some antibodies in the breastmilk are lost during the refrigeration and storage process and some stick to the sides of the containers and are lost to the baby. And now we are worried about BPA leaking from the plastic containers into the milk. Pumping is not intrinsically a rewarding experience. There is nothing as wonderful as the act of nursing, with your child looking up at you warm and close, smiling. This bonding will last a lifetime.

Undermining Nurse: What do you mean? I thought that breast milk was breast milk.

Promoting Nurse: No, breast milk changes as babies grow. Isn't that amazing? Your body knows just what nutrients your baby needs at what age. Also, your body develops antibodies to whatever disease you are exposed to, and those antibodies pass thru the milk to protect the baby during the time of exposure.

Undermining Nurse: That must really come in handy during the cold and flu season. I guess that's why we need more onsite daycare. I know many mothers want to avoid obesity, so some breastfeeding will help with that right?

Promoting Nurse: Absolutely! For both mothers and babies! Mothers burn approximately 400-500 calories a day making milk for their babies. This is a great way to encourage mother to maintain a healthy weight during the childbearing years. Also new studies are demonstrating that breastfed babies are less likely to become overweight adults. Bottlefeeding babies are sometimes encouraged to finish the bottle because formula is so expensive, or breastmilk is so hard to pump and store. They feed quickly and fall asleep, often from overfeeding. It is very possible to overfeed or underfeed with bottle feedings. Feeding at the breast delivers the right amount of food and babies learn to stop feeding when they are no longer hungry.

Undermining Nurse: I thought that breastfed babies have to eat every 3 hours. Isn't that true?

Promoting Nurse: We need to learn to watch the baby and not the clock. Mothers and babies need to stay together so mothers can learn to feed the baby on demand by learning the signs they are hungry. Mother-baby nurses can really help support breastfeeding by keeping mothers and babies together as much as possible.

At the 105th Convention

The Nurse's Role continued from page 10

Undermining Nurse: Well, thank goodness we have formula to help when we have problems.

Promoting Nurse: Yes, sometimes mothers and babies are separated and formula is necessary. But remember, we should use formula as we use medications: only when needed or until breastfeeding can begin again.

Undermining Nurse: Yes, and sometimes there is no mother. I read that in the China earthquake eight babies were saved by being breastfed by another woman.

Promoting Nurse: That was wonderful. The World Health Organization (WHO) recommends infant feeding choices in this order: First, Mothers own milk, Second, expressed milk from infant's own mother, Third breast milk from a human milk bank, and Fourth, formula (breast milk substitute).

Undermining Nurse: I guess I do want to practice evidence-based nursing. How long should these moms be breastfeeding?

Promoting Nurse: The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for at least 6 months, and continuing breastfeeding for as long as mother and baby choose. It really is something wonderful. I'm so glad you changed your mind, and will be promoting and supporting healthy feeding for all infants in the future!

Community Associated MRSA

by Naomi (Bea) Lamm, MS, RN



Brenda J Roup, PhD, RN, CIC, gave a presentation about "Community Associated MRSA: What is it, Who gets it, and how to prevent it?" She reviewed good handwashing techniques, and advised against using other's personal items such as towels, razors, hair combs, and flip-flops. She stressed the importance of aseptic technique, using Hiblicens or Dial Soap to wash down body if it came in contact with someone who has MRSA and just for the general shower. If there is a lesion, it needs to be cleaned, covered, bacitracin applied, and antibiotics begun. She also discussed the problem with antibiotics and the failure of drug companies to research any new ones because there is no money in these medications for the companies. Dr. Roup said that what we currently have for antibiotics is what we will have for a long time. She talked about how community-acquired MRSA is transmitted in the community. She suggested that when people use equipment in gyms that it be wiped down before use with an antibacterial product, and that while using the equipment clients sit on a towel and not re-use the towel later. When people are finished at a health club they should take a shower there and wear shower shoes so as not to come in contact with the floors of the communal showers. Dr. Roup works for DHMH and has served as a resource for areas in Maryland that have experienced an outbreak of MRSA.

Outstanding Service to Nursing Awarded: Delegate Addie Eckardt is MNA 2008 Legislator of the Year

Rob Ross Hendrickson, Esq., wins Distinguished Service Award

Keisha Walker is Rosalie Silber Abrams Nurse Advocate of 2008



President Rosemary Mortimer, and Executive Director Ed Suddath present Keisha Walker (center) the 2008 Rosalie Silber Abrams Award for Nurse Advocate.



Delegate Addie Eckardt, MNA 2008 Legislator of the Year, with Rob Hendrickson, Esq., Distinguished Service winner.

Highlights of the 2008 MNA Convention include the recognition of Marylanders for outstanding service to nursing.

The 2008 MNA Legislator of the Year is Psychiatric Clinical Nurse Specialist and Delegate Adelaide C. ("Addie") Eckardt, MS, RN, of the Eastern Shore (Republican, District 37B). A past Chair of the MNA Legislative Committee and past President of MNA, Delegate Eckardt has a long

record of unflagging service to professional nursing and excellence in nursing care. In 2008 Delegate Eckardt worked diligently to assure services for mental health clients. She also helped organize the 2008 MNA Legislative Committee's "Nurses' Night" in Annapolis. Delegate Eckardt has been a Member of House of Delegates since January 11, 1995. She is a Member of the Appropriations Committee since 2003 (capital budget subcommittee, 2004-; health & human resources subcommittee, 2003-; oversight committee on pensions, 2003-); the Special Committee on Drug and Alcohol Abuse since 1995; the Joint Committee on Children, Youth, and Families since 1999-; the Joint Committee on Fair Practices since 2003; the Joint Committee on Health Care Delivery and Financing since 2003; the Spending Affordability Committee since 2003; the Joint Committee on Welfare Reform since 2003; the Joint Committee on Access to Mental Health Services since 2005; and the Joint Committee on Administrative, Executive and Legislative Review since 2007.

A history of long service to nursing also applies to a non-nurse who has served MNA and the Foundation for over 25 years. Attorney Rob Ross Hendrickson, of the Baltimore firm of Boyd Benson & Hendrickson, is a former MNA lobbyist in Annapolis, defender of nurses, and now volunteer lay member of the Boards of the Nursing Foundation of Maryland and the Maryland Nurses Foundation. Hendrickson is unmatched in his advocacy for nursing and his work for access to quality nursing care by Marylanders. Foundation President Linda DeVries surprised Mr. Hendrickson with the Distinguished Service Award to the Nursing Profession at the MNA Convention.

Keisha Walker, MSN, RN, received the Rosalie Silber Abrams Award for outstanding advocacy for nursing in 2008. Ms. Walker, in addition to her role as Secretary of the MNA Legislative Committee, prepared testimony for the 2008 Session in Annapolis, wrote articles on legislation for The Maryland Nurse, and worked closely and collaboratively with the Legislative Committee and the MNA lobbyist to promote quality nursing care and the health of Marylanders.

105th MNA C



Vincent DeMarco, President of the Board of Maryland Citizens' Health Initiative Education Fund, Inc., presented MNA President Rosemary Mortimer with an award at the Convention. The award recognized the role of MNA in supporting the Health Care for All! Coalition and its efforts to provide access to care for all Marylanders.



Chair of MNA Center for Ethics and Human Rights, Tina Reinckens, manned the Coppin State University Convention table.



Coppin State University RN to BSN students Jennifer Bonair and Ewa Pietruczuk with faculty Dr. Nayna Philipsen (center) studying at 2008 Convention.



Neysa Ernst chaired the 2008 MNA Convention Planning Committee, and volunteered to do this again for 2009!



JoAnne Oliver, MNA Board member and Chair of Practice and Education Committee



Becky Colt-Ferguson, Co-Chair of MNA Legislative Committee



Beth A. Battrus, RN, MSN, Chair of Nursing at Anne Arundel Community College gave a presentation during lunch of the first day, October 16, 2008, at the MNA Convention. She discussed the Maryland Hospital Associations work group of nurses who developed workforce solutions with the final press release of "Who Will Care." This work group evaluated the nursing schools and other organizations to be able to double the number of nurses educated in Maryland and to cut the state's vacancy rate to 8% from 10% in 2007. Enrollments in nursing schools increased 46% between 2001-2005 (MHA, 2008). There still were 1,850 qualified people not admitted to Nursing programs at Maryland's colleges and universities. Reasons for this inability to admit were due to overcrowding of programs, lack of clinical sites, lack of nursing faculty in the pipeline and lack of resources to increase admissions to nursing schools.

At the 105th MNA Convention

KUDOS!

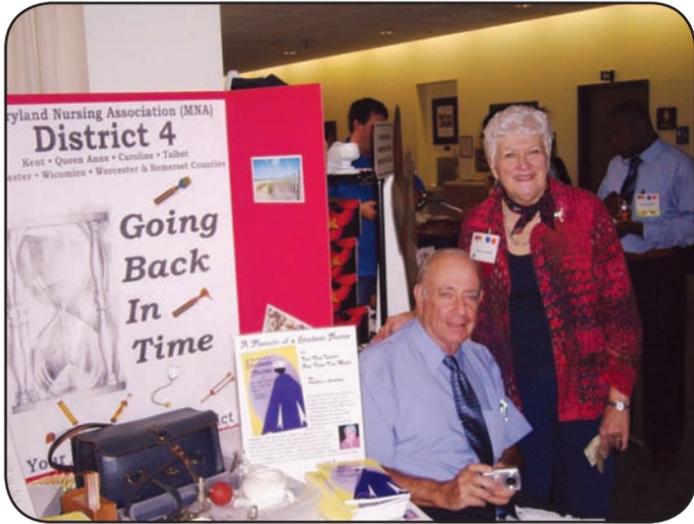
The Anne Arundel Community College (AACC) Nursing Student Association (NSA) has decided to be a sponsor for Nurses' Night in Annapolis/Lobby Day, to be held on Monday, February 2, 2009. They are donating their profits from their weekly Monday lunchtime brownie and ice cream hour to this event!

One of the changes in Nurses' Night for 2009 is the creation of a special educational session for nursing students in Annapolis. Space is limited, so students and their faculty should check the MNA website or call MNA staff (410-944-5800) for details and to let MNA staff know the numbers attending. This will be a "first come, first served" registration.



Left is Anne Arundel Community College SNA President Daria Fitzgerald; on the right is SNA Vice President JoAnne Ross.

Convention



Display for District 4 with Phyllis L. and Allan Brodsky. Phyllis wrote and had available for purchase her books The Control of Childbirth and A Memoir of a Student Nurse or You Can Leave Any Time You Want. Both Phyllis and Allan are long time authors who have written many books. Phyllis has been a clinical nurse, educator, and now author.



Audience participation at presentation about "Relaxation and Stress Management for Nurses." Nurses came and packed the conference room to hear about relaxation and stress relief for them. All of the seats in this room were taken and there were several people standing to hear this presentation.



Beverly Pierce, MLS, MA, RN, CHTP spoke about "Relaxation and Stress Management for Nurses" on October 16, 2008 at the Maryland Nurses Association Convention held at the Maritime Institute in Linthicum, Maryland.



Breastfeeding Presentation

By Naomi (Bea) Lamm, MS, RN

Dr. Nayna Philipsen was the moderator for the presentation "Breastfeeding Science and Promotion." Dana Silver, MD, FAAP, a pediatrician and breast feeding advocate, gave a presentation about breastfeeding immediately after birth and while in the hospital. She said that there is the "first golden hour" where mother's and infants should be allowed to be with each other, bond, and begin breastfeeding. Only breastfeeding should be encouraged unless the infant has major health problems and then she encourages the mother to pump her milk for her sick infant. She said that in many European countries if mothers had to supplement or when they weaned the infant that they use hypoallergenic formulas such as Nutramagen. Feeding protocols were discussed by Dr. Silver and the other panelists, Lily Fountain, MS, CNM, RN and Patricia Bascietto, RN, BSN, IBCLC. They talked about hospitals and the need to update introduction of fluids to be limited to 5 cc's for the first feeding, 10 cc's for the 2nd feeding, and 15 cc's 3rd feeding of infants who are not breast fed. According to Dr. Silver, research has shown that infants need a much smaller amount of fluids in the first 24-48 hours to be hydrated because more fluids increase the capacity of the stomach and end up with stretching the stomach so that the infant wants more and then may become obese.



Pat Noble, MBON Executive Director, with Board President Nancy Adams.

Board of Nursing's Pat Noble Headlines 105th MNA Convention

Predicting "phenomenal" changes in the future of nursing care, Executive Director of the Maryland Board of Nursing, Pat Noble, MS, RN, addressed the opening session of the MNA 2008 Convention at the Maritime Institute in Linthicum on October 16.

Noble advised nurses that "an educated consumer is our best customer" and urged an active role in providing outcomes data for the expanded role of the nurse. Nurses are "going to have to provide valid and reliable data, not just an anecdote" to eliminate waste and ensure the quality of care, "or people will die."

Noble noted trends toward a predictive model, an increase in collaboration and team care, increasing use of technology, more home-based care, the cultural diversification of our population, and growing recognition of environmental influences.

Nurses, Noble concluded, will have to defend and support the nursing model of care, because it is the nursing model, and not the medical model, that truly works in health care. "The big guy doesn't have to win. It has to be 'win-win,'" Noble explained. She urged nurses to get involved with decision-making around health care in Maryland, saying, "If you go (to Annapolis), they will listen, and I truly believe that they will hear."

Nurse Title Protection Bill Passed in the 2008 West Virginia Legislative Session

by Steve McElroy, Executive Director, Director of Government Relations, West Virginia Nurses Association

Early in 2008, a bill was introduced during the West Virginia regular legislative session that caused alarm to the members of the West Virginia Nurses Association (WVNA). House Bill 4308 would have held individuals exempt from nursing licensure provisions for the care of the sick when done in connection with the practice of certain religious tenets. It soon became clear that the mission of the West Virginia Nurses Association would be to defeat such an affront to our profession. However, the WVNA's lobbying efforts would not be limited to not only just defeating this bill, but to actively seek legislation that would reserve the title of "nurse" for those who completed the legally required training and licensure. As such, House Bill 4495 was later introduced and became known informally as the "Nurse title protection bill." The goal of the WVNA was twofold, to defeat passage of House Bill 4308 and to ensure passage of House Bill 4495, both of which we were extremely pleased to achieve.

Before we began lobbying each individual legislator, focusing on the legislators in key "decision making" positions such as committee chairs, we had to make sure that the position of the WVNA was clear and that we could vehemently defend our position to all legislators who were both friends of nursing issues and those who were not as receptive to our plight. The WVNA believed that only individuals who have the educational background and the legally required licensure from our state board of nursing had the right to refer to themselves as a nurse. While the WVNA had no opposition to any single person's religious belief, we had to ensure we did not offend any legislator's sensibilities as it related to religion because in H.B.4308 Christian Scientists were attempting to use the title "christian science nurse" without meeting these legal criteria for being a "nurse" in the state. We realized unfortunately that merely having the word "Christian" in the title of "Christian Science Nurse" would automatically send up red flags in the minds of many legislators who knew that anything "perceived" as something negative to religion could possibly lead to their defeat in the next election. Therefore, it became imperative to educate the legislators as to exactly what nurses do and why the training and licensure was important while marginalizing the irrelevant religious angle of the title.

We had our work cut out for us. House Bill 4308 had already been sponsored and was on the docket to

be heard. I set out on a fact finding mission of what other state associations may have done in order to obtain title protection for the nurses and used that as additional ammunition to fuel our arguments and craft our legislation to oppose H.B.4308. Once the language was developed and a bill was written, we had to find sponsors. We knew from prior experience that in order to get H.B.4495 passed, we needed to have bi-partisan support. The support we sought had to be from top level Republicans and Democrats alike. We focused on the House of Delegates to lobby first because of the larger number of potential supporters and our previous working relationship with its Members. After explaining our position as to why nurse title protection under H.B.4495 was imperative, we specifically solicited and received the support and sponsorship from the Majority Leader of the WV House of Delegates and the Minority Leader of the WV House of Delegates. Upon receiving the support of those two prominent House Leaders, we were able to attract the rank and file of those who look to them for guidance. In fact, the momentum of the legislators who wanted to co-sponsor the bill became so great; we had to turn away potential legislators who wished to co-sponsor our legislation. This was a great sign.

The State of West Virginia is a part time legislature and having a bill sponsored, put on a committee's agenda and to have it passed in a single session is almost unheard of, however, on February 11, 2008 H.B.4495, The Nurse Title Protection Bill, was filed for introduction to the West Virginia House of Delegates and sent to the Committee on Government Organization. Knowing the support that we had in the House of Delegates, we did not need to have an identical bill with Senate sponsors introduced in the West Virginia State Senate because the bill would be sent to them for consideration after passage in the House. The key to passing this bill in the Senate would be to win over the support or in the very least, counter the arguments of opponents of certain legislators who were physicians. Even the Executive Director of the State Medical Association was a Member of the West Virginia State Senate and would not necessarily be a friend of nursing in this instance. Not only did I have those obstacles to overcome I still had to convince the members of the House that House Bill 4495 was a detriment to the public as a whole.

On February 20, 2008 the West Virginia House of Delegates Committee on Government Organization passed H.B.4495 unanimously and the bill was sent to the full House for passage. On February 25, 2008, House Bill 4495 passed the entire House of Delegates

unanimously and was sent to the West Virginia State Senate on that same day. We seemed to be on a roll. February 26, 2008, H.B.4495 was introduced in the State Senate and sent to the Committee on Health and Human Resources. Because the State Senate is a smaller body, thus giving each individual Senator more power and influence over what policies would be created, it became our job then to convince them of the need for the title protection bill because the safety of the public as a whole was compromised by using the misleading "Christian Science Nurse" terminology. A patient could simply incorrectly conclude that the individual had the educational, licensure and work experience to treat a patient. We effectively made the argument by illustrating that, since I am a former Emergency Medical Technician with ACLS training and had worked in an Emergency Room for over 3 years, I had the training and experience to refer to myself as a "Christian Science Nurse." That argument was dismissed by the lobbyist supporting the Christian Science Nurses bill, stating that I didn't have the credentials to be a Christian Science Nurse. When I publicly pressed him in front of other legislators as to what credentials I needed, he was unable to answer. His only response was that, presently in the state of West Virginia, we did not have any Christian Science Nurses and it was their intent to construct a building and "import" Christian Science Nurses from surrounding states. We argued that by doing this, they would apply their beliefs in a setting that was not a medical facility. This facility lacked the necessary medical equipment, medicine and training to apply the appropriate care to the sick. Again, we continually stressed that the West Virginia Nurses Association has no objection to one's religion and their religious beliefs and we merely needed protection for a profession that can be often taken for granted. We reiterated that Registered Nurses work hard for their degree, even completing more education than most other professions and by allowing "Christian Science Nurses" to utilize the term "nurse" would undermine this hard work and be a huge detriment to the safety and welfare of society because injured individuals could be caused more harm by falsely consenting to treatment by an individual that does not have adequate education, training or licensure. Our arguments were successful and not only ensured the likely passage of H.B.4495, but the resounding defeat of H.B.4308.

Day by day our bill, House Bill 4495, was placed on the agenda to be heard by the Senate Health and Human Resources Committee and each day I requested more and more Registered Nurses to attend the hearing and wear the necessary uniform they are required to wear during their work hours. Finally, on March 6, 2008 House Bill 4495 was reported out of the Senate Health and Human Resources Committee and sent to the full senate for immediate consideration. What is important to note here is that time was running out, our part-time Legislation Session was nearing an end and many bills with far reaching financial impact to our state still had not cleared many of the obstacles that they were facing. The West Virginia Nurses Association kept the pressure up. We even stopped Senators in the hall of the Capitol to ensure their support for our cause. Our hard work was not in vain though. To our delight, the full West Virginia State Senate passed our bill unanimously. The only remaining obstacle was to ensure that the Governor signed the bill into law. After inquiring about the Governor's position on this bill with his staff and being assured there would be no objection, H.B.4495 was signed into law by the Governor on March 16, 2008. It is now against the law in the state of West Virginia to use the titles "registered nurse," "nurse practitioner," and "nurse" except for qualified and licensed individuals. This law parallels such restrictions in title usage that are enjoyed by Medical Doctors, Law Enforcement Officials and Attorneys. The West Virginia Nurses Association is thrilled that our hard work paid off and we were successful in advocating for the nursing profession and for the assurance of West Virginia patients that all "nurses" are qualified to practice nursing.

Alzheimer's Fourth Annual Community Forum on Memory Loss Hosted by Coppin State University Nursing School

The Alzheimer's Association in partnership with the Coppin State University Helene Fuld School of Nursing presented the 4th Annual Pythias A and Virginia I Jones African American Community Forum On Memory Loss on November 8.

This event was held in honor of the parents of Senator Verna Jones and her siblings. Both parents died from dementia-related causes. The Jones Family members have come forward to help to educate the community about this illness which affects 5.2 million Americans and is the 6th leading cause of death in the United States. The Jones Family and the Alzheimer's Association would like for the community to understand that there is help and there is hope.

Dr. Majid Fottuhi, Director of the Center for Memory and Brain Health, LifeBridge Health Brain and Spine Institute, and Assistant Professor of Neurology at Johns Hopkins University advised participants to "Fight Alzheimer's Early: Six Steps to Keep Your Brain Young."

Ann Morrison, RN, PhD, Division of Geriatric Psychiatry and Neuropsychiatry, Johns Hopkins School of Medicine, discussed "Coping with Challenges of Caregiving."

The Honorable Verna Jones and Ernestine Jones Jolivet announced essay contest winners and awards. Mary Jackson moderated a Caregiver Panel.

The Planning committee included members from a variety of backgrounds. In addition to the Jones

family representatives, members were Dr. Josephine Ball-Sivels of the Baltimore NAACP; Dr. Marcella Copes, Dean of the CSU Helene Fuld School of Nursing; Wynola W. Cunningham, Program Director for the Ivy Center's Eating Together Program; Crystal Day-Black of the CSU Helene Fuld School of Nursing; Crystal Dawn Evans of the Johns Hopkins Memory Center; Richard Harris, Group Ministries Baltimore, Baltimore Health Disparities Coalition; Elouise Mayne, Baltimore City Commission on Aging and Retirement Education; Sherri Ann Pfisterer, The Copper Ridge Institute Community Nurse Educator; Roy Scott, Baptist Convention Men's Division; and Karen E. Sutton, Helene Fuld School of Nursing Alumnus.

National Council Recognizes Maryland Board of Nursing Staff

Barbara Newman RN, MS, Director of Nursing Practice, Maryland Board of Nursing, was recognized by the National Council State Boards of Nursing (NCSBN) at the Annual Awards Ceremony during the NCSBN Delegate Assembly held Wednesday, August 6, 2008 in Nashville, Tennessee.



Barbara Newman

Ms. Newman received the Exceptional Contribution Award, which is awarded for significant contribution by a board of nursing staff member. Ms Newman has served as the NCSBN representative to the United States Pharmacological Committee on National Coordinating Council for Medication Errors Reporting and Prevention (NCCMERP). In addition, Ms. Newman also served on the NCSBN Nursing Education, Practice and Regulation Committee; the NCSBN Model for Transition of the New Graduate to Nursing Practice Committee; the NCSBN Faculty Qualification Committee; and the NCSBN Model Medication Assistant Curriculum Committee. Ms. Newman also served as Chairman of the NCSBN Model Rules Committee which revised and developed model statutes and regulations that boards of nursing may utilize to develop state specific nursing statute and regulations governing education, licensure and practice.

In her role as Director of Nursing Practice at the Board, Ms. Newman responds to the inquiries regarding scope of practice issues for the RN and LPN; and delegation of nursing functions to the CNA, CMA, CMT and unlicensed persons. Ms Newman also participates in drafting regulations, declaratory rulings and policy statements; and staffs committees established by the Board that address nursing practice issues.

The National Council of State Boards of Nursing, Inc. (NCSBN) inducted **Emmaline Woodson**, MS, RN, Deputy Director of the Maryland Board of Nursing and Coordinator for Advanced Practice, to the NCSBN Regulatory Excellence Institute on Aug. 6, 2008, during the NCSBN Annual Meeting and Delegate Assembly held in Nashville, Tennessee. The Institute of Regulatory Excellence (IRE) began in 2004 with the purpose of providing boards of nursing with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes.



Emmaline Woodson

The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for current or former regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulations, strategic planning, patient safety and communication. It also requires the application of evidence-based concepts in decision making and leadership.

Ms. Woodson and other individuals who complete the Fellowship Program requirements are called a Fellow of the NCSBN Regulatory Excellence Institute (FRE) and are entitled to use the initials FRE after their name in recognition of their accomplishment. Ms. Woodson joins Pamela Ambush Burris RN, MS, FRE, (Class of 2007), Director of Education and Licensing at the MBON.

Help for Breastfeeding Workers

A new state law in Indiana took effect July 2008 that requires employers to provide a private space for employees to pump breast milk and a cold place for them to store it. To date, Indiana is among about a dozen states that have adopted this type of legislation. Breastfeeding advocates, such as those from the Indiana Perinatal Network, have argued that the law is cost-effective for businesses, saving them money by reducing employee turnover and absenteeism.

In Maryland two state agencies joined forces in February 2008 to offer a "Breastfeeding-Friendly Workplace Award" to employers whose policies encourage new mothers to continue breastfeeding their babies after they return to work. This newly-formed partnership between the Departments of Health and Mental Hygiene (DHMH) and Business and Economic Development (DBED) is designed to keep mothers and their babies healthier while also curtailing workforce absenteeism. Employers can earn the Breastfeeding-Friendly Workplace Award by providing mothers with adequate break time and a private, quiet area to pump and store breast milk.

Information about this award program and an

Employer's Tool Kit are in the mail to business leaders throughout the state. The materials are also available on the Web at www.marylandbreastfeeding.org. According to national statistics, seventy-five percent of new mothers in Maryland initiate breastfeeding when their babies are born, but only 18 percent are still breastfeeding at 12 months. Most health experts, including the American Academy of Pediatrics, recommend that infants be exclusively breastfed for the first six months of life, and that breastfeeding continues along with supplementary foods for the remainder of the first year. Despite the health threats of formula feeding, many mothers give breastfeeding up after they return to work, often due to the lack of time or facilities to use a breast pump while on the job.

The Breastfeeding Coalition of the Maryland DHMH also publishes the Maryland Breastfeeding Resource Handbook. It is available online at http://www.fha.state.md.us/mch/breastfeeding/pdf/MD_Breastfeeding_Resource_Guide.pdf. To download the Indiana Perinatal Network's FAQ on Breastfeeding in the Workplace, go to <http://www.indianaperinatal.org/files/Breastfeeding%20FAQ%20for%20email.pdf>.

CCBC and Towson University Join to Offer MSN

Baltimore County, Md.—The Community College of Baltimore County (CCBC) and Towson University are offering an Associate to Master's (ATM) degree in Nursing program for those with non-Nursing bachelor's degrees from a regionally accredited institution. The program is designed to fast track college graduates in any discipline except nursing into careers as nurse educators.

Funded in part by a Department of Labor grant, the ATM program is a joint effort of CCBC's School of Health Professions and TU's Department of Nursing. It is an effort to combat a leading cause cited for the national shortage of nurses—a lack of master's prepared nurses credentialed to teach.

The ATM program is a full-time, year-round program. Students will complete the associate degree in Nursing at CCBC in 17 months, after they complete their pre-requisite coursework. Students who successfully completed the Associate of Science degree and obtained the RN license will then continue coursework at Towson University to complete a combined BSN and MS in nursing degree with a focus on Nursing Education.

Pending regulatory approvals, the first class is scheduled to begin February 2009 at CCBC Essex. All applicants will be required to take a pre-admission test, the Test of Essential Academic Skills (TEAS(r)), given at CCBC Essex.

Shifting Gears: From Evidence to Practice

Katie Lambros-Papathakis, CRNP, AOCN; Janet Limmer, RN, BSN, and Beth Shank, RN, BSN

Franklin Square Hospital hosted its inaugural Evidence-Based Practice National Conference titled "Shifting Gears: from Evidence to Practice" on June 12. The conference portrayed today's nurse as an evidence-based scientist utilizing clinical research while providing patient care at the bedside.

The conference was an opportunity for the Council to share our excitement on shifting the nursing culture from experience-based nursing to evidence-based nursing. We identified the necessity for a national conference to fuel this initiative and to provide a forum to highlight how as nurses we can incorporate research and evidence-based nursing into our everyday practice.

The daylong conference featured renowned speakers: Suzanne Gordon, freelance journalist and author; Mary Krugman, PhD, RN, FAAN, Director of Professional Resources at University of Colorado Hospital; Nancy Woods, PhD, RN, CNM, an Obstetrics and Women's Health nurse with more than 30 years experience; and Roy Simpson, RN, C, FNAP, FAAN, Vice President of Nursing at Cerner Corporation. A panel discussion also took place, comprised of nurses who are performing Evidence-Based Practice Internships on clinical questions affecting their practice.

The conference opened with Suzanne Gordon delivering an empowering perspective on how as nurses we must first choose to evolve our profession from virtuous healers to health care professionals who provide care based on evidence. This will in turn affect how others, such as patients and the community, will view the nursing profession.

Mary Krugman's lecture provided insight to the audience on how to make the shift from utilizing evidence in clinical practice and how this improves patient outcomes. She offered specific examples and tools from her own institution, the University of Colorado, to pave the way for how nurses can switch gears to Evidence Based Practice.

Nancy Woods began the afternoon portion of the conference, explaining the research process and making a correlation to the nursing process in how

both are used in problem solving. She elaborated on how one would utilize the research process starting with identifying a problem or clinical question through utilizing the findings in practice.

The afternoon also consisted of a panel of Franklin Square nurses who were awarded internships in Evidence-Based Practice to research a specific clinical question from their practice setting. Interns were Kelly Kingsbury-Simonton, RN, BSN ("Caring and Empathy Underestimated"), Lorela T. Saavedra, RN, MAN, CMSRN and M. Lucky Peregrino, RN ("Pressure Ulcer Prevention: Keeping it Simple at the Bedside"), Beth Shank, RN, BSN ("Consistent standardized set-up of OR back table for instruments and supplies") and Diane Swintek, BSN, RN, CPAN ("MAP: A Better Measurement of Hemodynamic Stability in Adult Post-Surgical Patients"). Each described how they identified their topic and gave an update on its progress. Beth Shank said, "the Evidence-Based Practice Internship represented an opportunity to step outside of my comfort zone and contribute something to nursing in addition to caring for patients."

To close the day, Roy Simpson offered insight into how nurses can move research and evidence based practice from its written findings to its application into practice with the use of technology. Specifically he elaborated on how electronic medical record systems are vital tools in sharing information and capturing data that will assist in applying best evidence into nursing practice.

The positive energy shared among the presenters and the conference attendees was evident. Favorable remarks were heard as nurses were exiting the conference. Evaluations that were collected and later reviewed contained enthusiastic remarks. Comments included, "This was exciting to attend and has rejuvenated my practice as a CNS for a facility just beginning to consider undertaking the journey to magnet" and "The discussion was very helpful to see how they went through the process, inspiring."

Based on the success of this first endeavor, the Research and Evidence-Based Practice Council is already making plans to host the second annual conference next year tentatively scheduled for Wednesday, June 10, 2009.

Hopkins Nursing Offers New Forensics Certificate

A 12-credit, two semester graduate Certificate in Advanced Forensic Nursing (CAFN) is the latest addition to the Johns Hopkins University School of Nursing (JHUSON) comprehensive program of evidence-based forensic education.

The certificate, offered in an executive style format that includes online and limited on-site coursework, prepares nurses to assume leadership roles in forensic nursing practice, research, policy development, and education.

According to Daniel J. Sheridan, PhD, RN, FAAN, Associate Professor and Coordinator of the School's graduate forensic nursing options, "Hospitals want nurses with forensic expertise. For that reason, forensic nursing is one of the fastest growing career areas." Sheridan added that successful completion of the CAFN may allow students to apply the 12 credits towards the Doctor of Nursing Practice (DNP) degree.

The JHUSON forensic nursing options currently include MSN, DNP, and PhD degrees in addition to the new CAFN. Interested applicants must be baccalaureate-prepared nurses with a master's degree in nursing, education, or a health-related discipline with training and clinical experience in a forensic nursing-related field.

Ministers of Health

by Sara K. Taylor, Staff Writer

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When Elizabeth Benson recently attended a Health Ministries Association meeting at Duke University, she knew she had found just what she was looking for.

It was a way for the registered nurse to join her passion for health management and care with her devotion to her church.

"I've always been involved with the church," said Benson, who attends St. Joseph's Catholic Church in Pomfret. "And I've been a nurse since 1982. The combination of those things seemed like the natural next step."

As a member of Health Ministries Association—an organization that works with medical professionals and others to promote and develop programs within the faith community—Benson is looking to get more churches to call on the organization for ways to further benefit parishioners.

As Benson sees it, health ministries could serve as a "huge fix" to strained and stressed health care services.

Churches would need only to do what they do best: Reach out and help those who need it most.

Whether it be making a phone call to a congregant who recently had surgery, offering a car ride to a scheduled doctor's appointment or simply reminding someone to take their medication, a health ministry can link church members to needed services, Benson said.

"A phone call to people in need is all it could be," she said. "The amount of money saved and the quality of life would be phenomenal."

Recently, Benson lead training at St. Joseph's, instructing a handful of volunteers on the basic techniques of cardiopulmonary resuscitation and how to use the church's recently purchased artificial external defibrillator.

The church bought the AED and trained its ushers to use it, "just in case we ever need it," said the Rev. John Dillon, the parish priest for almost four years.

Dillon was among those who attended the training. He said the concept of health ministries and parish nurses have been discussed within the Archdiocese of Washington, D.C., for years.

It is an idea that furthers the church's mercy mission and the call to visit the sick.

"It's not replacing doctors, not replacing nurses," Dillon said. "We just want to make [parishioners] aware of these things. We're trying to make [the church] a point of contact for the community."



Liz Benson, District 9 (center)

No medical experience is needed to make a phone call or attend such training, Benson said. She'll come to a church to talk about the ministry, about the different services such a group could provide and what it would not provide.

"We have a wealth of community services in place," she said, pointing out that the large number of volunteer firefighters and emergency services personnel in the area who are also churchgoers would be the perfect candidates to become members of such a ministry.

And, Benson said, many people often look to their church for help before seeking it elsewhere.

"Quite frankly, many seek assistance from the faith community, and if we can equip those groups it would be a huge fix to the health care services," she said.

Considering many of the area's churches already have a version of a health ministry in place—be it Alcoholics Anonymous or similar groups—what Benson is touting is a natural expansion.

Right now she is trying to get the word out to local churches about the program, even if it is just to let them know she has handouts on health issues—a new topic each month. Benson—who has been a nurse for more than 25 years and is involved with several health organizations in the county—works with other nurses around the Southern Maryland region to conduct training sessions.

The sessions include basic but important information.

Anything from the proper technique for hand washing, to recognizing signs of abuse to knowing the Health Insurance Portability and Accountability Act, or HIPAA, can be covered in the training.

"What people need to know and what you don't need to know," is how Benson described it.

Volunteer opportunities could be found in starting support groups for widows and widowers, the unemployed, parents of teens or people interested in weight loss. More volunteer hours could be spent sending cards or making calls; providing transportation; visiting homes and more, Benson said.

Such health ministries would be volunteer-driven. "It's a team effort. It's not something to throw more money at," she said. "We're connecting people who need these things and for the faith-based community we're giving them the tools to do it."

"People come for help and some guidance," said Dillon of those who consider the church a natural place to seek answers to all kind of questions. "We're trying to steer them in the right way."

MNA Lobbyist Leadership Day



Lobbyist Robyn Elliott described legislative activities at MNA's September Leadership Day held in Frederick.

WANTED! Volunteers for MNA Committees

By Ed Suddath, Executive Director

vol .un .teer (vol'en-tir') 1. One who serves or acts of his or her own free will. 2.a. One who gives help, does a service, or takes an obligation voluntarily.

Your profession needs you! You have limited time... we all have limited time. But if we budget our time carefully, we can make time to serve our professional association. MNA has many committees that need you, the member, to "act of your own free will" and become a volunteer.

There are twelve (12) committees for you to chose from. Those committees include: the Bylaws Committee, the Nominating Committee, the Center for Ethics & Human Rights, the Continuing Education Approver Committee, the Continuing Education Provider Committee, the Legislative Committee, the Membership Committee, the Practice and Education Committee, the Workplace Advocacy Committee, the Convention Committee, the Political Action Committee, and *The Maryland Nurse* Editorial Board.

Service on one of these committees provides you with an opportunity to increase your experience in working with others. In addition, if you serve as a chair of a committee, you gain valuable experience in managing others. Leadership and management skills are character traits that employers seek in potential employees everyday. How would these additional skills look on your resume? More importantly, MNA committees support you as you pursue your passion for your profession.

For more information on how you can volunteer to serve on one of MNA's committees, please contact Ed Suddath at 410-944-5800 or via email at esuddath@marylandrn.org.

Donation to Coppin's Helene Fuld School of Nursing



Pictured from left to right: Dr. Sadie Gregory, Provost and Vice President for Academic Affairs, Coppin State University; Mr. James Ross, CEO, Kernan Hospital; Dr. Marcella Copes, Dean, Helene Fuld School of Nursing, Coppin State University; Mrs. Sylvia Smith Johnson, CEO, Maryland General Hospital; Ms. Cyndy Demerest, CEO, Maryland Physicians Care

Maryland General Hospital, Kernan Orthopaedics and Rehabilitation Hospital and Maryland Physicians Care have joined together to provide a \$75,000 grant to The Coppin State University Helene Fuld School of Nursing for the purchase of patient simulators. The check was presented on October 16 at Maryland General Hospital by Sylvia Smith Johnson, President and CEO of the hospital; James Ross, CEO of Kernan Hospital; and Cyndy Demerest, CEO of Maryland Physicians Care.

Patient simulators are virtual patients, built to simulate human characteristics and functions including blinking and dilating eyes, tearing, drooling, bleeding, pulsing, inhaling oxygen, exhaling carbon dioxide, talking, urinating, and swelling tongue. To assist in teaching students to handle real-life health situations, these "patients" are capable of simulating nearly any possible human medical emergency, including allergic reactions, drug overdoses, a severed limb or other injuries, and are able to recognize and respond to treatment and drugs.

"We are excited to receive this grant from Maryland General, Kernan and Maryland Physicians Care," noted Marcella Copes, Ph.D., RN, Dean of the Helene Fuld School of Nursing. "Their commitment to our nursing program will greatly enhance Coppin's ability to prepare nursing students to care for and predict changes in the real patients they will encounter."

Simulation technology promotes clinical decision-making, delegation, and collaboration to achieve client and organizational outcomes in nursing students. Because of this grant, HFSON students will have improved assessment skills and be better prepared to make decisions about care.



Legislative Committee 2009 Legislative Platform

Maryland Nurses Association (MNA) supports an integrated legislative approach that focuses on nurses, healthcare consumers, and the healthcare system.

MNA supports initiatives that:

- Promote quality nursing care through education and licensure
- Address nursing recruitment, retention, diversity, the nursing workforce shortage, and the nursing faculty shortage.
- Ensure and protect the rights of nurses to provide quality care within their full scope of nursing practice
- Promote healthcare consumer safety, education and self-determination

BOD Approved June 2008

Healthy People 2020 Update

Every ten years the national objectives for promoting health and preventing disease are revised by the Office of Disease Prevention & Health Promotion, US Department of Health and Human Services. Healthy People 2020 (HP2020) will be released in two phases. The framework (the vision, mission, goals, focus areas, and criteria for selecting and prioritizing objectives) will be released in late 2008-early 2009. A year later, in January 2010, the Healthy People 2020 objectives will be released along with guidance for achieving the new 10-year targets. All information on the HP2020 revision process can be found at the HP202 website, www.healthypeople.gov.

Numerous opportunities exist during this time for public input into both the framework and the objectives. HP2020 has been conducting a series of five regional meetings to secure public input on the development of the framework for Healthy People 2020. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for HP2020 held its sixth meeting October 15, 2008. The meetings have been open to the public.

Whether or not you could attend a meeting, you can send written comments via the HP2020 website. Beginning in 2009, HP2020 will be seeking input on specific objectives.

Continuing Education Calendar

Date	Location	Title	CE	Provider	Contact
December 3	Call for Location	Musculoskeletal Trauma and Complication	ANCC Accredited	LifeBridge Health Education Resource Center	410-601-6740 mfloyd@life-bridgehealth.org
December 22 & 23	Call for Location	Basic EKG Rhythm Interpretation Course	ANCC Accredited	LifeBridge Health Education Resource	410-601-6740 mfloyd@life-bridgehealth.org

New Nursing Program at Morgan State: An Interview with Director Dr. Kathleen Galbraith

Why did Morgan State University decide to start a nursing program?

The Morgan State Administration was aware of the current crisis in the health care caused by the nursing shortage, as well as the health disparities in the urban community. One of the best ways to address the health disparities is by increasing the diversity of the nursing workforce.

The needs of society for a highly trained nursing workforce will dominate all others for the next 15-20 years. Nursing is one of the few professions where, shortly after graduation and passing the National Council Licensure examination for registered Nurses (NCLEX-RN), a graduate can be employed immediately with a bachelor's degree. The undergraduate nursing program is a realistic means for students from vulnerable communities to achieve access to a better life. Graduate education will open the door to many management, administrative and teaching positions. It will allow for career advancement.

Let me comment on the background for this program. Morgan used to provide the general education courses for Provident Hospital Nursing Program. When Provident closed, Morgan had hopes of one day having its own school, and continued to offer the pre-requisite courses for nursing. Unfortunately, after two years the students had to transfer to complete a nursing degree.

At a Maryland Higher Education Council (MHEC) meeting, the MHEC chair, Keiffer O'Keefe, remarked that the nursing shortage was here again, and wanted to know when we were ever going to be able to address this problem adequately? The problem was a block in the education pipeline, with more and more students trying to get into a limited number of nursing slots. Dr. O'Keefe commented that several public universities had stepped up to the plate, and he wondered when were the others going to do so? With such a severe shortage looming on the horizon and with a marked under-representation of minorities in nursing, Morgan was given encouragement to precede with a proposal.

Why did the nursing program begin with a master's degree and not the BSN?

The MHEC proposal was submitted with the goal of a School of Nursing with a BSN, a MSN, and a Doctorate program. This was approved in September of 2007, but the BSN still required approval from the Board of Nursing. However, the Master's was ready to start.

I am very excited about the MSN program. The focus of the master's program is leadership and management courses, emphasizing executive management skills. Many nurses have worked for years at the bedside and are unable to get promotions because of the lack of an advanced degree. Having observed hospital and health settings operations for years, they are ready to take their turn at the helm. The lack of advanced degrees often holds them back. The new MSN program also offers a concentration in teaching.

When we started working on this proposal, it was important to Morgan's president, Dr. Richardson, that we not duplicate efforts of other institutions, but particularly not that of our nearby sister HBCU, Coppin State University. Coppin has an excellent Master of Science in Nursing (MSN) and a Post-Masters Certification program for Family Nurse Practitioner (FNP) certification. We selected management and administration in part to compliment the graduate courses offered by Coppin. In addition, most graduate programs are offering a concentration in teaching because of the nursing faculty shortage.

Morgan admitted the first cohort of eight full time MSN students in Fall 2007. Seven received full scholarships. The students will graduate summer 2009. The program is tailored for the mature learner.

How is the graduate program tailored for the mature student?

For this program, we are using a cohort model which is advantageous in promoting retention. Cohorts form strong communities, which helps a great deal with student retention and graduation rates.

The model also provides a reasonable format that works for adults with full time jobs and families. Registering for three to four courses at a time is stressful for those with jobs. Doing two courses at a

time may be more manageable. The two internships that students complete are individually arranged.

The other attractive feature is the length of time. I tell students "you can do anything for ten Saturdays." Then there is a nice break before back to the next term. The program is completed in seven to eight terms.

I believe that the best degree is a well-done and completed degree. So often, it seems that nursing professionals spend the better years of their lives getting their education. Once I asked a class of RNs who were getting their Bachelor's degree, how long did it take you to get your associate degree, from the first to the last class—not just the nursing courses but also general education requirements? The students had high GPAs, but not one had finished the ADN program in less than five years, and several had taken seven years. And these were the students who had persevered and completed their degrees. These years are important years of a student's life, and they do not get them back again. You cannot play a family life again as if it were a video. My mantra for the class became "no more 7 year degrees!" I wanted a format that would work and would support completion without a breakdown.

When will the BSN program begin?

Morgan admitted pre-nursing students in September 2008.

How do you think that it is important to increase diversity in the nursing workforce?

Diversity in the nursing workforce is important from the perspective of both the nurse and the patient. The Sullivan Commission's Report on Healthcare Diversity indicated that "health disparities resulting from the lack of a diverse and culturally competent workforce may be as great a problem for minorities as is the lack of health insurance for more than 44 million Americans. We know that minority physicians, dentists and nurses are more likely to serve minority and medically underserved populations, yet there continues to be a severe shortage of minorities in the health professions. Without more diversity in the health workforce our nation's minority populations will continue to suffer."

Health Care Reform: A Vital Issue For Maryland's Nurses

Anne S. Kasper, Ph.D.
Organizer and Chair, Maryland Women's
Coalition for Health Care Reform
and Leni Preston
Vice Chair, Maryland Women's Coalition for
Health Care Reform

Health Care Reform is for Everyone

Maryland ranks 24th in the nation in the number of uninsured residents, with 15% of the population uninsured¹—nearly 800,000—and an equal number underinsured. Everyone is affected by and every one of us is paying for an inefficient and extraordinarily expensive system. The U.S. now spends more than twice as much per capita as countries that provide health care for all their citizens. Indeed, we are the only industrialized country that does not have a universal health care system.

The harsh effects of these statistics are evident to nurses across Maryland who are on the front lines of caring for patients in a failing health care system. Now there is a growing urgency in our state to put in place effective reforms in our health care system.

The Maryland Women's Coalition for Health Care Reform was organized to provide a voice to those in our state who lack the health care they need to lead happy and productive lives.

Health Care Reform and Women

Health care reform has been a women's issue for some time, although women have been relatively quiet about their advocacy for changes in our patchwork

quilt health care system. We know that women, and men, have long compiled their grievances with the health system as providers of health care and as parents with a sick, uninsured child. Some of the main reasons that women, and nurses in particular, have an abiding interest in reforming our health system are:

- Women are the majority of the uninsured and the underinsured.
- Women are the majority of health care providers, as nurses and other health care providers.
- We are experts on our health, the health of our families, and the health of our communities.

Women know that we need a health care system that must be a part of changes in other spheres of our lives—work, housing, poverty, inequality, and education—since good health care results from more than access to medical services.

An added concern for women is that the number of uninsured women continues to grow. In 2005 women and girls nationwide without health insurance rose to 21.7 million according to the National Women's Law Center. This is an increase of 2.7 million more uninsured women and girls since 2000². And, the number of uninsured women increased again, by more than half a million, just from 2005 to 2006³. Moreover, African American, Hispanic, and other minority women are far more likely to be uninsured than white women.

Women are disproportionately hurt by our current health care system in some of the following ways:

- Women are more often in low-paying, service sector jobs that do not offer health benefits.
- Women are more often part-time workers and single moms with dependent children.
- We work in small businesses and we are small business owners where health insurance costs are prohibitive.
- Some 334,000 women in Maryland are uninsured⁴.
- Minority women are at greatest risk in our health care system. Among Maryland women, 13.4% of whites, 17.5% of African Americans, and 38 % of Latinas are uninsured⁵.
- Women have lower incomes than men and face more poverty, making health insurance further out of reach.
- The National Women's Law Center's Report Card on Women's Health ranks Maryland as 22nd among all states, giving the state an F or failing grade on meeting the needs of women and their health.⁶

Evidence of the precariousness of Maryland Medicaid for low income women became clear in spring 2005 when \$1.5 million was cut from our Medicaid program for services to low-income pregnant women and children. Study after study has shown that cutting health care services for those in need is not only a cruel and wasteful economy but, runs counter to the majority of Marylanders

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who, in every poll, have indicated their support of comprehensive health care for all.

Important Reform Legislation in Maryland

In January 2008, legislation passed by the Maryland General Assembly, the *Family Coverage Expansion Act*, took effect. This new law enables young adults up to age 25 to remain on their parents' health insurance. These young people do not have to be full-time students but they do have to be unmarried, living at home at least half the year, and receive support from the plan holder. Since so many young people find jobs that are low wage as well as temporary, and that do not offer health benefits, this law will assure that many of the 30% of the state's uninsured young adults will now have coverage. This law will make it possible for young people just starting out in life to be able to take care of their health as they begin to make their way in the world.

During the special session of the General Assembly held in the fall of 2007, the *Working Families and Small Business Coverage Act* became law. This legislation, which went into effect in July 2008, expands Maryland Medicaid to low income adults. Previously, Maryland ranked among the lowest in the nation in Medicaid eligibility for low income adults, a shameful position for the wealthiest state in the country. Now Maryland will cover these individuals up to 116% of the federal poverty level beginning with parents and caretakers of dependent children. Over the next five years, as budget projections permit, this law will effectively provide health insurance coverage to some 100,000 previously uninsured Marylanders, including childless adults, making a significant reduction in the numbers of uninsured in our state. And, as it should be, the law reaches some of our most underserved, Marylanders both rural and urban, who have not seen a provider when they are sick, who have waited in emergency rooms for limited care, and whose health has deteriorated because they simply could not afford health insurance premiums or out of pocket health costs.

In the 2008 General Assembly Maryland legislators passed the *Kids First Act*, a law that enables the state to identify and enroll 90,000 children who are eligible but not enrolled in Medicaid or the Maryland Children's Health Insurance Program (MCHP). Approximately 10% of Maryland children or 140,000 kids are without health insurance, a vulnerable population for whom lack of immunizations and developmental assessments, as well as playground accidents and childhood illnesses can begin a lifetime of compromised health. This law requires the state to send eligibility notices to families with annual incomes up to 300% of poverty or about \$63,000 for a family of four. Next year families will be able to report on their income tax returns whether or not their children have health insurance. In return those families who are deemed eligible will receive applications and enrollment forms for their children. Additionally, the state will study affordable options for middle class families who are struggling to insure their kids.

Cover All Kids Campaign

Cover All Kids is the campaign begun in 2007 by the *Maryland Women's Coalition for Health Care Reform* with the goal of seeing every child in Maryland assured of health care coverage and access. We chose this for several reasons.

Because, as nurses know well, it makes good sense:

- Americans guarantee a basic education to all our children. Shouldn't we do the same with health care for kids?
- Healthy children learn better and become more productive adults.
- Providing health care to children reduces infant mortality and childhood deaths.
- Health care for all children is a public health measure that limits the spread of communicable diseases, assures timely tests and vaccinations, promotes primary and preventive care, and provides vision and dental care to kids.

Because it is economically sound:

- The cost of providing health care to children is much lower than for adults, about \$1,700 a child per year.
- Public insurance for children costs less than private plans.
- Covering kids reduces long term health care costs to taxpayers.
- Parental productivity increases and their levels of stress decline when their children are healthy.

There is one other reason for the *Cover All Kids Campaign*. We know that if Maryland can muster the political will to do the morally right thing and cover *all* our children, we have created a road map for covering everyone. The *Maryland Women's Coalition for Health Care Reform* will support 2009 legislation to extend coverage to children aging out of the foster care system as well as to streamline enrollment and retention of children in public programs. We will also be looking at the next steps and the next campaigns on the road map to comprehensive, affordable, accessible, and high quality care for *everyone* in our state.

Become a Health Care Reformer

To achieve our goal to ensure that every resident in Maryland has comprehensive, high-quality, affordable and accessible health care we need you! The *Maryland Women's Coalition for Health Care Reform* is gratified that its 140,000 individual members and more than 40 organizations have played a role in our successes to date. With the help of the Coalition's Legislative Action Team, our members have responded to our Action Alerts, written and called legislators in the General Assembly, and made visits to their delegates and senators in Annapolis. The Maryland Nurses Association has played a key role by participating in our Steering Committee, testifying along side us in the General Assembly, and much more.

We look forward to continuing and expanding our partnership. Nurses are on the front line in the delivery of health care and, as such, you can play an invaluable role in our future efforts. Here's how:

- With implementation of the *Kids First Act* we will be working with others to see that 90,000 kids eligible for public programs are actually enrolled. You can play an important role by identifying these children and providing their parents with the information they need. Go to: www.dhmf.state.md.us/ma4families/html/applicants.htm
- Become a member of our Advocacy Action Team—this means signing on to send emails and make phone calls to your legislators to urge them to support appropriate legislation.

And, if you have the time, you can join us in Annapolis as we meet with key legislators. For more information contact our Vice Chair, Leni Preston—lenipreston@verizon.net.

- Share your stories with us—every day you see the impact of inadequate health care on individuals and families. Your voices bring a sense of urgency to the issues that can both inform and persuade our legislators. Send your stories to Anne Kasper, Maryland Women's Coalition Chair at askasper@comcast.net.
- Join our cause—we value the membership of the Maryland Nurses Association in our Coalition, but we also encourage you to join as an individual member. You can sign up on our website—www.mdhealthcarereform.org. Membership is free and we will keep you informed of our progress in Annapolis and alert you to upcoming legislation and proposed policies that you can advocate for as a health care reformer.

The more voices we raise, the stronger we are, and the more successful we will be.

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Welcome New & Reinstated Members

District 2—Carroll, Baltimore, Howard Counties & Baltimore City
 Virginia C. Alinsao Richard J. Henderson
 Caroline I. Bell Inez E. Hinshaw
 Penny S. Bouis Julia Hymer
 Rebecca Lane Cecelia Isaacs
 Colt-Ferguson Lisa S. Kelemen
 Ivy J. Dorsey Mueni Nzambu
 Colleen Finnegan Joyce W. Ordun
 Verna R. Gaskins Patricia A. Smith

District 3—Anne Arundel County
 Sandra Orsulak Vicky Y. Tallerico
 Eva M. Popp

District 4—Ken, Queen Anne's, Caroline, Talbot, Dorchester, Wicomico, Somerset, Worcester Counties
 Amanda E. Andrew Jo-Anna B. Schanno

District 5—Montgomery & Prince George's Counties
 Stephanie Addabbo Clarissa Kist
 Kimberly J. Elenberg

District 7—Harford & Cecil Counties
 Lori M. Pagliaro

District 8—Washington & Frederick Counties
 Marty Amore Jo Lynn T. Minnema
 Gwendolyn K. Frey Ashley N. Mumpower
 Erin Gollogly Mary M. Spurgeon
 Ashley A. Jordan Leisle Weaver

District 9—Charles, Calvert, St. Mary's Counties
 Sarah L. Hill Nicole Prete
 Joan H. Nolan

Maryland Nurses Association Membership Application

21 Governor's Court • Suite 195 • Baltimore, MD 21244 • 410-944-5800 • Fax 410-944-5802

Last Name/First Name/Middle Initial		Basic School of Nursing
Credentials	Home Phone	Graduation (Month/Year)
Home Address	Work Phone	RN License Number
Home Address	Home Fax Number	License State
City/State	Work Fax Number	
County	Zip Code	
Employer Name	E-mail address	
Employer Address		
Employer City/State/Zip Code		

MEMBERSHIP DUES VARY BY STATE

MEMBERSHIP CATEGORY (check one box)

M Full Membership Dues
 Employed—Full Time
 Employed—Part Time

R Reduced Membership Dues
 Not Employed
 Full Time Student
 New Graduate from basic nursing education program within six months after graduation (first membership year only)
 62 years of age or over and not earning more than Social Security allows.

S Special Membership Dues
 62 years of age or over and not employed
 Totally Disabled

Note: \$7.50 of the SNA member dues is for subscription to *The American Nurse*.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

Payment Plan (check one box)
 Full Amount Payment
 Check
 Mastercard or VISA Bank Card (Available for annual payment only)

Payment Plan (continued)
 Electronic Dues Payment Plan (EDPP)-\$16.16
 Read, sign the authorization and enclose a check for first month's EDPP payment (contact the SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

Bank Card Number and Expiration Date _____

Signature for Bank Card _____

Mail with payment to MNA at the above address

Payroll Deduction—This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

Signature for Payroll Deduction _____

Signature for EDPP Authorization _____

AUTHORIZATION to provide monthly electronic payments to American Nurses Association (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 or written notification of termination (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.

DO NOT SUBMIT THIS APPLICATION WITH YOUR ANCC APPLICATION

TO BE COMPLETED BY SNA		Employer Code _____	If applicable, Sponsor
STATE _____	DISTRICT _____	Approved By _____	
Expiration Date _____ / _____	_____ / _____	\$ _____	SNA membership # _____
Month	Year	AMOUNT ENCLOSED CHECK # _____	

MEMBERSHIP APPLICATION

There are currently 8 districts in MNA. You may select membership in only one district, either where you live or where you work. Each district sets its own district dues.

<p>District 1: Allegany County Garrett County</p>	<p>District 3: Anne Arundel County</p>	<p>District 5: Montgomery County Prince Georges County</p>	<p>District 8: Frederick County Washington County</p>
<p>District 2: Baltimore City Baltimore County Howard County Carroll County</p>	<p>District 4: Eastern Shore Except Cecil County</p>	<p>District 7: Harford County Cecil County</p>	<p>District 9: St. Mary's County Charles County Calvert County</p>

All membership dues are apportioned to the American Nurses Association, the Maryland Nurses Association, and the District. All membership category dues may be paid either annually, or through monthly electronic dues payment plans (EDPP). A service charge applies to the monthly electronic dues membership payment plan except annual membership paid in full at the time of application.

Please choose your district and payment plan from the following chart:

District	Full Membership Dues		Reduced Membership Dues		Special Membership dues	
	Annual	EDPP	Annual	EDPP	Annual	EDPP
1	\$234.00	\$20.00	\$117.00	\$10.25	\$58.50	\$5.37
2	\$234.00	\$20.00	\$117.00	\$10.25	\$58.50	\$5.37
3	\$224.00	\$19.17	\$112.00	\$9.83	\$56.00	\$5.16
4	\$221.00	\$18.92	\$110.50	\$9.70	\$55.25	\$5.10
5	\$229.00	\$19.58	\$114.50	\$10.04	\$57.25	\$5.27
7	\$229.00	\$19.58	\$114.50	\$10.04	\$57.25	\$5.27
8	\$225.00	\$19.25	\$112.50	\$9.87	\$56.25	\$5.19
9	\$224.00	\$19.17	\$112.00	\$9.83	\$56.00	\$5.16

Make checks payable to:
 Send complete application and check to:

American Nurses Association
 Maryland Nurses Association
 21 Governors Court, Suite 195
 Baltimore, Maryland 21244-2721