

# West Virginia Nurse



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**“Nurses working together for a healthy West Virginia”**

Quarterly circulation approximately 35,000 to all RNs, LPNs, and Student Nurses in West Virginia.



**West Virginia Association of School Nurses, Inc.**

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**Unity Day**  
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## President's Message

**Aila Accad, MSN, RN**  
WVNA President



**Aila Accad**

Dear WVNA Members and Future Members,

I am delighted and honored to follow in the footsteps of Beth Baldwin as your new President of WVNA. Beth did a wonderful job leading our association through some difficult economic times. We all owe her our gratitude and applause!

It's my intention to continue to grow and advance nursing's influence within the healthcare system in WV with a great team of colleagues in the WVNA Board and leadership. Our vision is *“strengthening and empowering the nursing profession through linking the diverse contributions of each nurse toward a brighter future for the health of West Virginians.”*

We have a diverse group of strong leaders at the top and throughout WVNA. On the Executive Board we have a nurse midwife, nurse educator, staff nurse, family nurse practitioner and health promotion/wellness nurse. In our committees and congresses we also have nurse anesthetists, a military nurse, student nurses, a hospice nurse, pediatric nurse practitioner, school nurse and many more. This diversity allows us to hear multiple sides of every issue and arrive at decisions that serve the whole profession.

Speaking of valuing diversity, we applaud all the nurses and students who participated in presenting posters on the diverse roles of nurses for Unity Day! This issue of the *WVNurse* is devoted to sharing their brilliant abstracts with you. The posters were informative, creative and impressive for our legislators, members and the public. Please take time to look through these

abstracts and get a feel for the vast talent in our profession.

Unity Day kicked off the legislative season as 500 white coated nurses filled the Capitol on the first day of session. Our legislators were so impressed with the nurses who attended that Senator Kessler, President of the Senate, offered to help sponsor our bill to remove restrictions on APRN practice. This is a huge recognition of the influence of nursing to the health of West Virginians. I want to acknowledge the talented efforts of our two nurse lobbyists, Angy Nixon (nurse midwife) and Lori McComas (staff nurse), in building the foundation of relationships with legislators over the past year that supported this recognition.

In this time of great change in healthcare, it is vital that we stay vigilant to bills that have an impact on our profession and our patients. I want to recognize and applaud our WVNAANA members whose dues provide the financial support to continue this important work on both a state and national!

If you are a paid member of WVNA you receive Legislative Updates to keep you current on the local and national issues. If you want to participate in our strategic decision-making about these issues please contact the WVNA office. Our Health Policy and Legislative Committee (HP&L) hosts conference calls weekly to discuss and guide the actions we need to take.

Thanks also to our WVNurse Political Action Committee (PAC), chaired by Sam Cotton (nurse practitioner & military nurse), for hosting a very successful Legislative Reception attended by a record turnout of legislators! The Nurse PAC is a separate organization that accepts donations to support candidates favorable to nursing issues.

WVNA is the *Voice of All Nurses in WV*. Your paid membership works to assure your professional future and your involvement makes our voice more powerful!

Add the power of your voice ... Join Today!

Warm Regards,  
Aila



**Delivering Quality & Innovation in patient care**

## National Nurses Week: RNs as Leaders

The Article can be found at [www.nursingworld.org](http://www.nursingworld.org)

National Nurses Week 2013, ANA is calling attention to registered nurses (RNs) and their contributions to the health care system, both in the role they play as expert clinicians in diverse care settings and as leaders who can dramatically influence the quality of care and overall performance of the system into the future.

Now more than ever, RNs are positioned to assume leadership roles in health care, provide primary care services to meet increased demand, implement strategies to improve the quality of care, and play a key role in innovative, patient-centered care delivery models. The nursing profession plays an essential role in improving patient outcomes, increasing access, coordinating care, and reducing health care costs. That is why both the Affordable Care Act and the Institute of Medicine's (IOM) Future of Nursing report place nurses at the center of health care transformation in the United States.

The public wants leaders they can trust – and nurses consistently rank at the top of a respected annual poll as the most trusted profession.

Here we outline the history of National Nurses Week and the characteristics, opportunities, and challenges of the nursing profession.

**National Nurses Week continued on page 3**

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[www.wvnurses.org](http://www.wvnurses.org)

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## West Virginia Association of School Nurses, Inc.

### Position Statement

On the  
Education Efficiency Audit of  
West Virginia's Primary and  
Secondary Education System  
June 13, 2012

#### Purpose:

The purpose of this position statement is to clarify the West Virginia Association of School Nurse's position in regards to the recommendations that were made in the Education Efficiency Audit of West Virginia's Primary and Secondary Education System. Recommendations that were made under Ancillary Services concerning school health services are of a great significance and if implemented would be detrimental to the health and wellbeing of our school community, students and staff. Our position to these recommendations is outlined below.

#### Position Statement:

**Response to Audit Recommendation #1:**  
Amend Section 18 of the WV Code to allow counties to use nurses and other appropriate professionals in all health care agencies

Contracting services to provide health services within the school system has proven to be inefficient and ineffective and would only provide a "temporary band aid" to those counties who lack funds to hire an appropriate number of school nurses to deliver health care. The state and the local counties who lack funding to hire qualified school nurses need to work towards a solution that provides sufficient funding to hire an adequate number of certified school nurses.

School nursing is a unique and specialized profession that requires the education, training and certification to deliver health care in the school setting. When nurses are brought into the school system without the appropriate training, the quality and the efficiency of the care delivered, deteriorates. School nurses are a vital part of the education system and should continue to maintain the highest level of competency. Collaboration with other community health agencies should continue, as it benefits the health and well being of the students, but it cannot effectively replace the certified school nurse.

**Response to Audit Recommendation #2:**  
Amend West Virginia Code to require that these health care centers perform the duties of a school

nurse, free of charge, as payment for the use of school facilities

The role of the school nurse is different than the role of the staff nurse that works within the school based health center. The school nurse is providing specialized nursing services in an educational setting whereas the school based health center is providing primary care services based on a clinical or medical model setting; a fee for service delivery of health care. The nurse in the school based health center may be an Associate Degree RN or a Licensed Practical Nurse. Neither of these levels of nursing provides the community component or advanced assessment skills that are essential to the school nurse. Licensed Practical Nurses, are not allowed to work independently or make independent nursing assessments and must practice under the supervision of a Registered Nurse.

As for requiring School Based Health Centers to perform duties free of charge; this would be equivalent to asking a physician or other healthcare provider to provide care free of charge. SBHC's bill third party insurers for the services that they provide and the services that school health nurses provide are essentially, non billable for third party reimbursement. School based health centers provide clinical services only to those students whose parents have given written consent for the services to be performed. School nurses are an integral part of the education system and as such provide school health services to all students.

#### Conclusion:

Every child deserves to be healthy and successful. The school nurse is in a unique, specialized position within the educational system to promote health. They are acquainted with the students, parents and the staff in the school community. They work as the liaison between the school, students, parents and the School Based Health Center.

Having a SBHC in the school facilities or near the school facilities has been positive in that medical care provided by an advanced licensed provider is much more accessible to the students, staff and parents. School nurses have collaborated with the SBHC in referring students for acute care, and other health needs such as mental and dental health issues. It has been for the most part, a win, win situation for the school system and the SBHC. An amendment that would require these health centers to perform the duties of a school nurse would not only cause enmity between the school nurses and the SBHC but would instigate a decline in the school health arena. It is vital that the laws of West Virginia protect our children, our school nurses, and our School Based Health Centers as the future of our state depends on our healthy children.



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The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Association.

WV Nurse reserves the right to edit all materials to its style and space requirements and to clarify presentations.

#### WVNA Mission Statement

To ensure a unified and powerful voice for all nurses, to advocate for enhancement and access to quality, professional, healthcare services for all citizens of West Virginia, and to promote the professional development of nurses to ensure the forward progress of our profession.

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Ruth Blevins, Managing Editor

#### West Virginia Nurse Copy Submission Guidelines

All WVNA members are encouraged to submit material for publication that is of interest to nurses (especially in the following sections: Nightingale Tribute, District News and Members in the News). The material will be reviewed and may be edited for publication. There is no payment for articles published in the *West Virginia Nurse*.

Article submission is preferred in Word Perfect or MS Word format. When sending pictures, please remember to label pictures clearly since the editors have no way of knowing who persons in the photos might be.

**Copy Submission via email:** Only use MS Word for text submission. Please do not embed photos in Word files, send photos as separate jpg files.

**Approximately 1,600 words equal a full page in the paper. This does not account for headlines, photos, special graphics, pull quotes, etc.**

#### Submit material to:

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National Nurses Week continued from page 1

**How a recognition week was established**

A “National Nurse Week” was first observed in 1954, based on a bill introduced in Congress by Rep. Frances Payne Bolton of Ohio, an advocate for nursing and public health. The year marked the 100th anniversary of nursing profession pioneer Florence Nightingale’s mission to treat wounded soldiers during the Crimean War. The International Council of Nurses (ICN) established May 12, Nightingale’s birthday, as an annual “International Nurse Day” in 1974. But it wasn’t until the early 1990’s, based on an American Nurses Association Board of Directors action, that recognition of nurses’ contributions to community and national health was expanded to a week-long event each year: May 6-12.

**Nursing: The nation’s most trusted profession**

In 2012, Americans again voted nurses the most trusted profession in America for the 13th time in 14 years in the annual Gallup poll that ranks professions for their honesty and ethical standards. Nurses’ honesty and ethics were rated “very high” or “high” by 85 percent of poll respondents.

**The nursing workforce**

RN survey and projections – Nursing is the largest of the health care professions, and continues to grow. More job growth is projected in nursing than in any other occupation between 2008 and 2018. But a convergence of demographics – an aging population of nurses who will soon leave the workforce coupled with the demands of an overall aging nation – will widen the gap between the supply of nurses and the growing demand for health care services.

Despite growth in the proportion of younger nurses for the first time since 1980, the nursing workforce still features a disproportionate number of nurses nearing retirement age.

Other trends show that nurses’ educational level has increased significantly over three decades, and that the workforce has become more racially and ethnically diverse. In addition, more men are choosing nursing as a career.

**Key facts from the most recent U.S. Health Resources and Services Administration’s National Sample Survey of Registered Nurses (2008), an every-four-years snapshot of the nursing workforce, include the following:**

- The U.S. has 3.1 million licensed RNs, of whom 2.6 million are actively employed in nursing.
- The profession has grown by 5.3 percent since 2004, a net growth of more than 150,000 RNs.
- Nearly 450,000 RNs, 14.5 percent of the RN population, received their first U.S. license after 2003.
- The average age of employed RNs is 45.5.
- The proportion of RNs under age 40 increased for the first time since 1980, to 29.5 percent.
- About 250,000, or 8 percent of all RNs, are advanced practice registered nurses (APRNs) – nurses who have met advanced educational and clinical practice guidelines. Common APRN titles include nurse practitioner, certified nurse midwife, certified registered nurse anesthetist and clinical nurse specialist.

**Significant events occurred in 2010 that set the stage to optimize nurses’ contributions, including the following:**

*Health reform* – The Patient Protection and Affordable Care Act of 2010 expanded opportunities for nurses to provide primary care and wellness services and serve as key participants in new and innovative patient-

centered care systems. The law also spurs movement toward the goal outlined in ANA’s Health System Reform Agenda: a redesigned health care system that provides high-quality, affordable, accessible health care for all. And it makes strides toward improving what ANA has identified as the four most critical elements of reform: access to care, quality of care, health care costs, and a workforce that can meet demand.

*The Future of Nursing report* – The Future of Nursing: Leading Change, Advancing Health provides a blueprint to transform nursing so the profession can meet future health care demands and contribute fully to improve the quality of health care. The recommendations from the joint Robert Wood Johnson Foundation and Institute of Medicine initiative include removing barriers that prevent RNs from practicing to the full scope of their education and training and ensuring that RNs are full partners with physicians and other health care professionals in a redesigned health care system.

**Nurse shortage and safe nurse staffing**

Numerous studies have shown that patients fare worse when there is inadequate nurse staffing on a care unit – problems include poorer health outcomes, more complications, less satisfaction, and greater chance of death. A current study on nurse staffing, published in the New England Journal of Medicine in March 2011, links inadequate staffing with increased patient mortality.

Nurse shortages contribute to higher error rates, diminish time for bedside care and patient education, and lead to fatigue and burnout that decrease nurse job satisfaction and prompt nurses to leave the profession.

One recent estimate by prominent nursing workforce researchers pegged the shortage of nurses at 260,000 by 2025, primarily the result of a wave of impending nurse retirements. A shortage of nursing faculty at teaching institutions, which restricts capacity and results in qualified applicants being turned away, also compounds the problem.

To help ensure patient safety, ANA helped craft and supported a bill in Congress (S. 58/H.R. 876) that was intended to require hospitals to establish flexible staffing plans for each nursing unit and shift, based on varying unit conditions and with direct-care nurse input.

See this ANA website for more information on its Safe Staffing Saves Lives campaign.

For more information about National Nurses Week and the profession, go to: [www.nursingworld.org/NationalNursesWeek](http://www.nursingworld.org/NationalNursesWeek). Or contact the following ANA staff members:

- Sheila Lindsay, 301-628-5197, [Sheila.Lindsay@ana.org](mailto:Sheila.Lindsay@ana.org)
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# Abstracts

## Use of Interactive Tools to Facilitate Diabetes Education and Discussion

*Kristen Bertha and Samantha Copeland  
West Virginia University School of Nursing*

Diabetes, Type I and II, is a disease that almost seems epidemic in the state of West Virginia. The veteran population mirrors that of West Virginia in that many are diabetics. West Virginia is ranked fourth in prevalence when compared to the United States and its territories. It is estimated that around 229,000 people have been diagnosed with diabetes and 62,000 are undiagnosed in the state of West Virginia. The population this project was focused on, veterans (majority being Vietnam War) at the Martinsburg Veteran Affairs Medical Center, are also at a particular risk. It has been proven that Agent Orange, a war tactic used in the Vietnam War, is linked to causing diabetes and is fully covered financially by the United States as a service related health issue.

The literature review indicated that self management courses and groups in community settings were effective in increasing knowledge about diabetes and creating positive lifestyle changes in diabetes self management. Peer-to-peer interaction is also seen as a successful educational tool in environments where participants can share their own experiences and answer other participant's questions. The Martinsburg Veterans Affairs Medical Center offers a six week course for those wanting to prevent diabetes and delay the need for insulin through better control. The course is taught in a small group environment, with a multidisciplinary approach. Nurses, physical therapists, dietitians, and diabetic educators teach the class that correlates with their specialty. For this project the presenters used an interactive tool as a modality to increase peer-to-peer interaction. This was done during the first course session in the six week series where participants were introduced to basic information regarding diabetes.

At the end of the session the presenters observed that all participants became more interactive suggesting that knowledge about diabetes was shared and increased for new participants. The objectives for this project included participants answering each other's questions, sharing personal stories about diabetes, and increasing knowledge for new participants. As the first session the interactive tool was a good way to establish group rapport, making it a more comfortable environment to learn in for the following five weeks. Nurses developing educational programs should consider multiple types of educational approaches. Including peer-to-peer to formal instruction has the potential to increase knowledge within the participants.

## Prediabetes Education for Patients at a Local Clinic

*Abigail Harden  
West Virginia University School of Nursing*

Approximately 229,379 people in WV have diabetes. This equates to about 12% of adults compared to only 8.7% nationwide. Because of this chronic illness and specifically the mismanagement of it, people are experiencing more co-morbidities such as hyperlipidemia, hypertension, obesity, neuropathies, nephropathy, and retinopathy. The more health problems that a patient has, the more expensive it is to pay for the care of that person. Diabetes is the 6th or 7th leading cause of death in the state and over half of adults are disabled or rate their health as poor/fair. 33% of those diagnosed with type II diabetes were first diagnosed with prediabetes, so focusing on the treatment and cure of this reversible disease could exponentially decrease diagnoses of type II diabetes and therefore its aforementioned complications.

There were several unifying themes in the research such as the importance of using community group-style interventions for effective management of type II diabetes in adults. This is largely due to the camaraderie and support that adults can gain from a group of people with like conditions and experiences. Studies suggest that the largest decrease in HbA1c occurred when groups focused on diet and exercise.

The project was presented in Spencer, WV with a group of individuals who were diagnosed with prediabetes and diabetes. Families were also invited to attend. Local businesses were contacted to donate refreshments. A diabetes educator provided information and led a question and answer session. Healthy eating options were introduced by a local chef who was on site to do cooking demonstrations.

Although this event was planned and advertised in the local newspaper, on the radio, and on flyers in the community, the attendance was poor. This could have potentially been avoided by advertising the food and cooking demonstration rather than using the term "diabetes education" to make the event more appealing. Those in attendance praised the cooking tips and tricks most. Although patient turnout was quite low, the participants demonstrated an increase in knowledge regarding diet and exercise. Additionally, they had the opportunity to meet others in the community living with diabetes and pre-diabetes. Hopefully these relationships will provide support and accountability for each other so that they have a higher likelihood of successfully managing their disease.

## Using Reminiscence as a Form of Therapy for Patients Suffering with Mild to Moderate Dementia

*Samantha Cress  
West Virginia University School Of Nursing*

The health concern for this project is dementia in West Virginia. Nationally, there are 5.4 million people living with dementia. Each year in West Virginia, Alzheimer's disease alone affects an estimated 44,000 people. This rate is expected to rise 25% by 2015, which means measures need to be taken to help reduce this risk. Since there is no cure for dementia, reducing exposure to risk factors and alleviating symptoms is key to treatment. The object of the project was to use reminiscence as a form of therapy for patients suffering with mild to moderate dementia to reduce the symptoms of dementia.

The literature suggests that participation in cognitive leisure activities might help to improve dementia symptoms and potentially reduce the onset of dementia. Additionally, reminiscence therapy was associated with maintaining and improving emotional function, ADLs and memory in patients. The objectives of the project focused on reducing symptoms and providing cognitive stimulation to the patients at St. Barbara's Nursing Home in Monongah, WV, who suffered from mild to moderate dementia.

Implementation of the project relied first on identifying seniors with dementia who would be willing to participate. Participants were assisted with identifying their mood status before the presentation. After the seniors were selected, the group was shown 7 photos dated from the 1940's to the 1960's and were asked to identify who or what the photos were, what they were used for and share one memory associated with a photo. At the end of the project, 100% of the patients showed an improvement of mood (as observed by presenter and participant). Additionally, 86% were able to identify 5 of the 7 photos and 100% were able to share a memory associated with one of the photos identified. Nursing implications for this project include respecting the patient's autonomy, recognizing that memories are personal by reminding patient to only share what they feel comfortable in doing and making sure the environment in the activity is calm and friendly.

## Communication Is Critical

*Kelly J. Browning, Carla Sarver,  
West Virginia University School of Nursing*

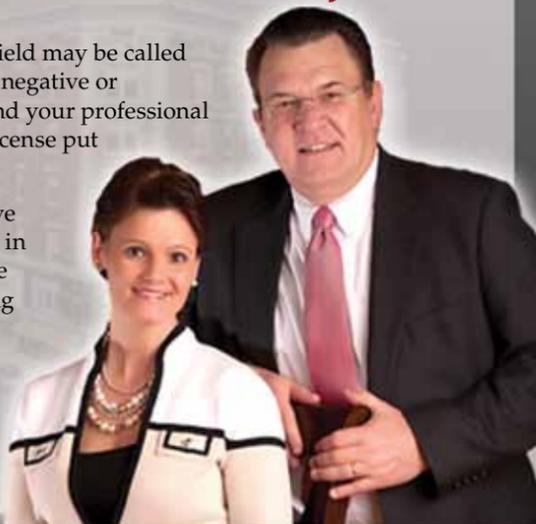
Communication is a critical component of patient safety. In the United States an estimated 120,000 people die from medical errors in hospitals. It is safe to say that there is a major concern for patient safety. A recent hospital survey on patient safety culture demonstrated a need for increased unity and flow in the exchange of information across the hospital setting. Bringing report to the bedside has improved the effectiveness of communication during change of shift, but challenges remain when transferring or receiving a patient from one unit to another. Too often reports are vague which can lead to adverse events. These findings suggest effective communication is fundamental and has a direct effect on patient care.

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# Abstracts

## Health Promotion Education for Prenatal Providers of Appalachia (HEPPA)

Dr. Ilana Chertok & Kimberly Greenfield  
West Virginia University School of Nursing

The Appalachian region faces high rates of health disparities and limited health resources, especially in distressed counties, with higher risk for negative birth outcomes. West Virginia has the highest prenatal smoking prevalence rate in the US at 32% compared to the national rate of 12% and one of the lowest breastfeeding rates in the nation. Modifiable perinatal health behaviors such as smoking in pregnancy and lack of breastfeeding are associated with increased infant morbidity and mortality, in a dose dependent manner. Unfortunately, distressed counties in West Virginia face a shortage of health care providers and limited health resources.

The HEPPA program targets various providers of community and health services for pregnant women to teach them an adapted 5As prenatal smoking cessation and reduction program and breastfeeding promotion. The approach enables inclusiveness in outreach to a broad range of providers who work with pregnant women, to promote a consistent and persistent message about healthy lifestyle behaviors in pregnancy and to inform the provision of information and resources. To date, 50 providers who work with pregnant women in 4 distressed counties have participated in the training program. Preliminary evaluation of the program suggests effectiveness in training these various providers in improving their knowledge and confidence in reducing prenatal smoking exposure and promoting breastfeeding.

## Diabetes: A Health Fair and Screen Approach

Kayla Pomp  
West Virginia University School Of Nursing

The Community Risk Assessment performed for 2012 by the Grafton-Taylor County Health Department identified diabetes mellitus as a primary health concern for both Taylor County and throughout West Virginia. As many as 229,379, or 11.7 percent of people in West Virginia have diabetes and this overwhelming number costs the state of West Virginia \$330,400,000 in both medical and indirect costs a year.

Literature reveals that direct patient education is a beneficial intervention that can be utilized by nurses in the community setting to decrease precedence and complications of the disease. Further review indicates that a community wide screening and health fair setting was most advantageous for learning. This project focused on educating

individuals in the community on risks, disease process, and lifestyle maintenance of diabetes mellitus through a health fair setting.

Health related goals of this capstone were to increase knowledge and awareness of the diabetes disease process, by actions such as identifying the safe ranges for blood glucose. Other goals were focused on lifestyle modification such as identifying interventions to increase daily exercise and selecting carbohydrate replacements through diet modification. All goals were met and patient knowledge was assessed by verbal testing and content review at the end of the fair.

## Type Two Diabetes Education for the Elderly Population in Harrison County, WV

Rebecca Cain and Melanie Williams  
WVU School of Nursing

The goal of the project was to further educate diabetic patients at the Veteran's Hospital in Harrison County on the importance of complying with their disease regimen to prevent complications. The American Diabetes Association reports that diabetes affects 25.8 million people, which is about 8.3% of the U.S. population. Also, according to Centers for Disease Control and Prevention, diabetes is the seventh leading cause of death in the United States. The war against diabetes has not only been an issue in the nation, but has also become a huge issue in the state of West Virginia. According to the West Virginia Diabetes Control website, West Virginia is the leading state in the nation for diabetes. All of this information led to why the topic of diabetes education was chosen. As nursing students, there were frequent interactions with patients who had questions and concerns related to diabetes which indicated the need for the topic to be addressed. It became clear that quite a few diabetic patients in the area were not aware of everything that needed care, including: eye care, foot care, skin care and keeping up on their medications/appointments.

The project was implemented during the first session of a previously scheduled diabetes education class offered at the VA Hospital in Clarksburg.

There were twenty participants enrolled in the class. Current level of knowledge was assessed at the beginning of the presentation with the use of a pretest. The presenters shared information focusing on self care for diabetics and showed a YouTube video to help reinforce the content. Additionally, an information fact sheet was provided. Group discussion along with a question & answer session followed the video. Participants completed a post test at the end of the session to evaluate the effectiveness of the presentation.

All of the participants answered each of the post-test questions correctly. Although many of the participants had diabetes for years and already felt comfortable about their knowledge on the disease, they saw the presentation as a "refresher" on information for facts that they had forgotten. Many of the participants asked to take home the fact sheet and took notes throughout the presentation. Overall, the capstone project was a success.

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# Abstracts

## Work Related Injuries: Back Injury Prevention

**Elizabeth Savilla**  
WVU School of Nursing

The magnitude of work-related injuries in the Nation and in West Virginia is mind-boggling. West Virginia Healthy People 2010 states every five seconds a worker is injured; and every 10 seconds a worker is temporarily or permanently disabled (Greenwood, Bailey, Boggs, Burgess, Conaway, Ducatman, et al., 2001). According to United States Division of Labor Bureau of Labor Statistics (2011), in 2010 nearly 3.1 million nonfatal workplace injuries and illnesses were reported among private industry employers, resulting in an incidence rate of 3.5 cases per 100 equivalent full-time workers. West Virginia, in general, has higher rates of occupational fatalities, injuries, and illnesses than the nation as a whole, according to WV Healthy People 2010 (Greenwood, et al., 2001). West Virginia is known to many high risk industries including coal mining, chemical manufacturing, steel manufacturing, and timbering, to name a few. According to the Bureau of Labor Statistics (2011), as of 2010, there were an average of 666,900 employed workers in all industries, including state and local government in WV. In that year, there were 44,000 recordable cases of occupational injury and illness (Bureau of Labor Statistics, 2011). These injured workers are missing days from work, causing individual stress, physically, mentally, and financially. Not only are the injuries and illnesses inconvenient for the individuals, it affects their family and it is costly for the individuals and the employers. Among all of the potential workplace injuries, back injuries are the nation's number one safety problem.

Three big risk factors found in the literature that affect workplace injuries include the quality of on-the-job training, knowledge of one's limitations, and high physical strain and chronic stressful environments. The focus of the presentation was back injuries, one of the nation's biggest problems. The activity was implemented at Monongalia County Technical Center in Morgantown, WV. The presentation was a fifteen-minute demonstration of 3 back injury prevention activities: proper posture, body mechanics, and lifting. The demonstration was provided for a total of 60 students of varying age and cognitive ability. In order to evaluate the effectiveness of the teaching, the teach-back method was used and 75% or more of the students were able to correctly demonstrate each back injury prevention activity. The presentation was simple, easy to understand, and very effective. With this simple activity, nurses have the ability of educating proper body mechanics and lifting techniques to workers in the community of all trades.

## Living with Hypertension

**Whitney Rhoades**  
West Virginia University School of Nursing

Hypertension is the most prevalent health concern in Harrison County, 32.1% of the population is currently living with high blood pressure. Many do not understand the severity of hypertension. Chronic health problems that can result from sustained high blood pressure include; strokes, heart failure, heart attack, and kidney failure. There is evidence to support that lifestyle changes can have a drastic impact on lowering blood pressure readings. Interventions such as walking, yoga, relaxation exercises, and naturopathy have been associated with a decrease in blood pressure and anxiety levels among individuals living with hypertension. Additionally, education regarding medication adherence and diet provided by nurse practitioners is also associated with lower readings.

This project offered at the free Health Access Clinic in Harrison County, West Virginia focused on a concise education session about living with hypertension and ways to reduce the risk of developing hypertension. The target population included individuals who were receiving care at the clinic. Each participant was offered a patient planner to use as a tool to record blood pressure readings, medications, diet, and exercise for each day. Many of the individuals found this to be a great way to stay organized and become more aware of their overall health. The health care providers also liked the idea of a planner because it provided a clear picture of how medication regimens and/or lifestyle changes impacted their patient's blood pressure.

Participant's level of knowledge regarding complications of hypertension, lifestyle changes and dietary modifications to manage hypertension was assessed before and after the presentation. Short term results demonstrated that the intervention was effective suggesting that ongoing follow-up and reinforcement was indicated.

## Nurse Anesthesia Marshall University/CAMC School of Nurse Anesthesia

**Summer Chapman BSN, RN**  
**Kelly Fiack BSN, RN**  
**K. Mike Knapp BSN, RN**

Nurses have been administering anesthesia since the Civil War and are generally regarded as the first nursing specialty. As the specialty evolved, nurse anesthetists maintained a strong association with the military and have been the primary anesthesia providers in every war in which the United States has been involved. Nurse anesthetists play an important role in health care access, as they are the only anesthesia providers in 2/3 of the country's rural hospitals, including 12 facilities in West Virginia.

Certified Registered Nurse Anesthetists (CRNAs) are classified as advanced practice registered nurses, indicating they have training and skills beyond basic nursing preparation. CRNAs earn graduate degrees and must pass a national certification examination. CRNAs take care of patients' anesthesia needs during obstetrical delivery, surgery and diagnostic procedures. They provide this care in hospitals, ambulatory surgical centers, dentist/podiatrist/ophthalmologist offices and pain management clinics. CRNAs provide all aspects of anesthesia care including preparatory assessment, planning care, selecting and inserting invasive monitoring devices, general anesthesia, spinal/epidural anesthesia, peripheral nerve blocks, intravenous sedation, tracheal intubation, ventilatory assistance, drug dosage adjustment, identification and response to emergencies and post operative follow up. In all of these situations one important thing remains the same throughout-the constant vigilance of the nurse anesthetist, who remains in attendance at all times to keep the patient safe.

## Increasing Hospice Awareness in the Aging Population

**Mary Arose**  
WVU SON

Although the Morgantown, WV area is served by three different hospice providers many people are dying in hospitals and their homes without any end-of-life services. According to the National Hospice and Palliative Care Association, for approximately every one patient who dies on hospice, two more die without these services. Many people are unaware that hospice is a Medicare benefit; covering medications and home health associated with the terminal diagnosis. Classified as health promotion due to its focus on quality of life, this project addressed the Healthy People 2020 objective 9 for older adults which aims to "reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services."

The goal for this capstone project was for the aging population in Morgantown (>65 years old) to be able to teach back the basics of hospice and feel more comfortable talking to their loved ones about end-of-life decision making. After working over 150 clinical hours with Amedysis hospice, a one-on-one poster counseling session was set up at the local Senior Monongalians senior center. By utilizing resources from Amedysis, hand-outs were made and brochures were available at the end of each counseling session. Over 20 people were educated in the hour and a half session and all participants were able to verbalize 3-4 hospice services back by the end of their counseling.

Knowledge is power and the more people know about their options for end of life care, the more likely they are to utilize services such as hospice. As healthcare providers it is our duty to make sure everyone dies with dignity and by educating them about specific services offered by hospice and covered by Medicare, we are making this last journey in their lives a comfortable one. This project proved that private teaching encourages the aging population to speak with their families about end of life wishes.

## Dietary Education for Seniors Living with Cardiac Disease in Monongalia County, WV

**Anissa Dorrien & Maggie Graham**  
West Virginia University School of Nursing,  
Morgantown, West Virginia

West Virginia ranks among the top five states in the nation for number of residents currently living with cardiovascular disease. Heart disease accounts for more than one in four deaths in the state of West Virginia. Research suggests that educating individuals currently living with cardiovascular complications, focusing on nutritional management and dietary alterations such as lowering cholesterol and sodium levels helps to motivate lifestyle changes and decrease risk factors associated with heart disease.

This project offered interactive educational sessions to elders living in a rehabilitation setting. With a focus on tertiary prevention rooted in education, the presenters developed a creative, hands-on approach to facilitate learning about appropriate dietary modifications for elders living with cardiac disease. The presentation was done in a small group setting and messages were reinforced with visual demonstrations, verbal cueing and question and answer. The presenters used question and answer participant feedback to evaluate the effectiveness of the presentation. A wide variation in the cognitive functioning of the participants limited the presenters' ability to fully evaluate the effectiveness of the presentation.

Furthermore, when preparing for an educational presentation, it is vital to assess the level of clients' previous knowledge in the content area to ensure understanding. Hands-on,

*Dietary Education continued on page 7*

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# Abstracts

## Dietary Education continued from page 6

participatory educational styles proved beneficial for elder clients in the rehabilitation facility, engaging them in active tactile learning. Providing visual cues and interactive presentations reinforced educational material.

Retrospectively, community dwelling elders making independent food choices would be a more appropriate target population for future presentations, as long-term residents of rehabilitation facilities have limited control over dietary choices. Implications for community nursing practice would include: the importance of identifying the most appropriate client population, the effectiveness of utilizing visual aids with elders and the value of the teach-back method of comprehension evaluation. As a result of this experience, it was concluded that many elders living with heart disease desire and accept nutritional education measures regarding food choices to support heart wellness, promoting tertiary prevention for cardiac disease in West Virginia.

### Putting Your Best Foot Forward: Diabetic Foot Care in Morgantown, WV

Lauren Eggerud  
WVU SON

In West Virginia, 62,162 people are at risk of developing diabetes and 229,379 residents are considered diabetic. Literature shows that both foot exams and education are successful interventions and, when used together, are even more effective. This project focused on diabetic foot care, specifically foot exams, and took place at Sarah's Table, which is a free meal program offered on Sundays at St. John's Parish of Morgantown, WV. Participants received a monofilament foot exam, brief education regarding measures to protect their feet, and referral to a WVU Family Medicine physician if necessary. Clients could also take advantage of services provided by other medical, nursing, and pharmacy students that day. These included blood pressure readings, blood glucose screenings, and diabetic nutrition education.

The objectives included: 100% of participants receiving a foot exam, 75% identifying two measures to protect their feet, and 50% demonstrating how to visually inspect their feet using a mirror. All of these objectives were met. Choosing a location familiar to the target population and offering a variety of services, including a free meal, promoted participation. However, recruitment for the actual foot exams was difficult at times due to the sensitive, private topic. Overall, it was found that decreased sensation during the monofilament exam was often due to the calloused nature of the target population's feet, as most of them were transient and unsheltered, and not necessarily living with diabetes. The foot exams provided an opportunity to assess a portion of the population that typically does not take advantage of health care services on a regular, preventative basis.



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## Tobacco Health Promotion

Amanda Wakim RN, MSN, BC-FNP  
Doris Burkey RN, MSN, BC-FNP  
Mary Sizemore RN, MSN, BC-FNP  
West Virginia University, School of Nursing,  
Morgantown, WV

The United States Congress has failed to enact any nationwide federal smoking ban. The burden for smoking bans, therefore, is handed down to both state and local criminal/occupational safety laws. As of November 2011, 27 states have enacted statewide bans on smoking in all enclosed public places, including bars and restaurants. West Virginia is one state that has not established a statewide ban on smoking in public places. In 2003, the Supreme Court of Appeals of West Virginia ruled that county health boards may regulate smoking more stringently than the state, except in bingo halls and retirement homes. As of April 2009, 44 counties and one city in West Virginia have enacted local smoking bans to varying degrees. There is still an enormous need to enact legislation to protect society from the harmful effects of tobacco use in public places. The issue becomes even more important for West Virginians when you factor in the high rates of Asthma, Coronary Heart Disease, COPD, Low Birth weights and the increase morbidity and mortality. In 2008, a proposed statewide smoking ban failed in the West Virginia Legislature. The main focus of the poster presentation is to educate the legislators and encourage them to pass state wide anti-tobacco regulations in the state of West Virginia.

## Cardiovascular Health in Hampshire County

Lindsay Boyer

West Virginia University School of Nursing

Each year about 950,000 lives are claimed by cardiovascular disease in the United States. That is more than the next 7 leading causes of death combined. West Virginia is the number one state for cardiovascular diseases in all of America. Evidence suggests that food services, physical education, risk factor assessment, and classroom teaching greatly reduces a child's risk for developing heart disease.

The participants received information regarding heart function and how daily exercise can improve cardiovascular health. Dietary choices were also discussed. The material was presented using visual aids and verbal reinforcement to all gym classes in Romney Middle School. The goals for this capstone were to have students identify at least two ways cardiovascular disease could be prevented, two "heart healthy" foods, and at least two risk factors of cardiovascular disease. All of the established goals were met.

After participating in the presentation, the children seemed to have a better understanding of cardiovascular health and why they should want to be healthy. The kids had fun learning about their health, and they always had lots of questions at the end of the presentation. This was a good learning opportunity for all involved because the impact of healthy choices will follow them as they grow.

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### New Clinical Research Contrary to conventional wisdom, beef can be good for heart health

A new study called BOLD (Beef in an Optimal Lean Diet) shows that adding lean beef to the most recommended heart-healthy diet can lower heart disease risk by reducing levels of total and LDL cholesterol. This is just the latest addition to a robust body of evidence that shows nutrient-rich lean beef can be enjoyed every day as part of a diet recommended for improved heart health.



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# Unity Day 2013

This year nurses celebrated Nurses Unity Day at the WV State Capitol on February 13. We listened to advances in the nursing profession, marched up the steps of the capitol, presented posters detailing what nursing is, and visited with our elected officials. The day was proclaimed West Virginia Nurses Day in the Senate and House of Delegates, what an honor! With the rain dampening our hair and clothing during our march our spirits were proud that we were part of the most trusted profession in the United States. Nursing has come a long way from our beginnings on a battlefield far away from our home state but our mission has stayed the same, to provide care and comfort to those in need. One such nurse kept a list of things nurses were responsible for in the year 1887. Her list is as follows:



**Barbara Fowler**

## PIONEERS OF NURSING

*From the Journal of Barbara Eileen (Ferrell) Fowler, R.N.*

1887 – Definitely before my time. In addition to caring for fifty patients, nurses were expected to:

1. Daily sweep and mop the floors of your ward, dust the patient's furniture and windowsills.
2. Maintain an even temperature in your ward by bringing in a scuttle of coal for the days business.
3. Light is important to observe the patient's condition. Therefore, each day, fill kerosene lamps, clean chimneys and trim wicks. Wash windows once a week.
4. The nurse's notes are important to aiding the physician in his work. Mark your pens carefully; you may whittle nibs to your individual tastes.
5. Each nurse on duty will report every day at 7:00 a.m. and leave at 8:00 p.m., except for the Sabbath, on which day you will be off from 12:00 noon to 2:00 p.m.
6. Graduate nurses in good standing with the director of nurses will be given an evening off each week for courting or two evenings if you go regularly to church.
7. Each nurse should lay aside a goodly sum for her declining years so that she will not become a burden to her family. For example, if you earn \$30 a month, you should set aside \$15.
8. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop or frequents dance halls will give the director of nurses good reason to suspect her worthy intentions and integrity.
9. The nurse who performs her labors and serve her patients and doctors without fault, for five years will be given an increase of five cents a day providing there are no hospital debts which are outstanding.

"They say – those were the good old days. I don't want to hear it – but back in 1950 when I started nursing – so many things paralleled what I went through."

Mrs. Fowler graduated from Kanawha Valley School of Nursing in 1955, and worked in the nursing profession for over forty years. She passed away on January 23, 2013. Her family has graciously provided WVNA with her writings.



**Aaron Seldon and Shane Brost**



**Lindsay Boyer**



**Robin Keyser and Bonnie Sutton**



**Whitney Rhoades**



**CAMC School of Nurse Anesthesia, Summer Chapman, Mike Knapp, Dr. Mike Frame & Kelly Fiack**



**Mary Arose**



**Samantha Cress**



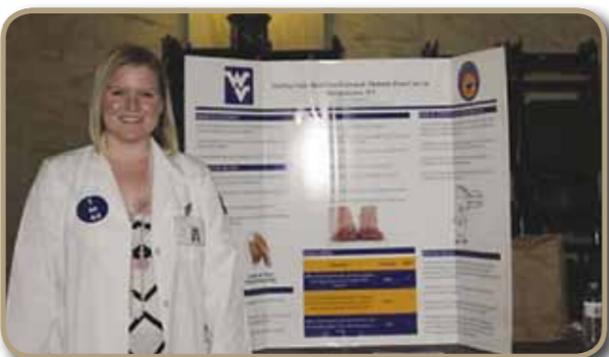
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# Unity Day 2013



Amanda Wakim



Marshall University, from left to right Alexandra White, Katelynn Alley, Ashleigh Daniel, Megan Bryant, Molly Kirkland, and Bethany Frame



Delegate Denise Campbell is with students from Davis and Elkins College School of Nursing



Kelly Browning



Summer Chapman, Kelly Fiack & Mike Knapp



Hospice Care



Rebecca Cain, left and Melanie Williams, right



WV Midwives Alliance, Dorothy Kaeck and Pia Long



Elizabeth Savilla



Katelynn Alley, Alexandra White, Ashleigh Daniel, Megan Bryant, Bethany Frame, Molly Kirkland from Marshall University



Dr. Ilana Chertok and Kimberly Greenfield, MPH



# 2013 Health Policy and Legislative Position Statement



The West Virginia Nurses Association (WVNA) goal is to support enactment and implementation of policy that will benefit the health and welfare of all citizens. The WVNA strives to provide information, advocacy, representation and protection for the state's professional nurses. As part of the American Nurses Association (ANA), the organization establishes policies and goals for the profession that form the basis for nursing's contribution to the advancement of health care policy.

## I. PROFESSIONAL ISSUES

### WVNA supports regulatory legislation that:

1. Assures the continued autonomy and full scope of authority of the West Virginia Board of Examiners for Registered Professional Nurses (WVRNB);
2. Recognizes an advanced practice registered nurse (APRN) as a nurse who has completed an accredited graduate-level program preparing him/her for one of the recognized APRN roles (i.e., certified registered nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist), passes a national certification examination that measures APRN role, has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, is one whose practice builds on the competencies of registered nurses (RNs), is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems which includes the use and prescription of pharmacologic and non-pharmacologic interventions, has clinical experience of sufficient depth and breadth, and who has attained a license to practice as an APRN (ANA, 2011; NCSBN, 2008);
3. Promotes APRNs as licensed independent practitioners, promotes full compensation for APRNs, prevents the use of professional liability carriers from limiting coverage that restricts the full APRN scope of practice, and prevents restraint of trade through collaborative requirements (ACNM, 2011; NCSBN, 2008);
4. Improves health care access through easing restrictions on APRN prescriptive authority including, but not limited to, restrictions on drug classes, quantity, refills, and routes of administration;
5. Recognizes the full scope of practice and autonomy of RNs as established by professional licensure and delineated by professional organizations;
6. Promotes the exclusive use of appropriate medically and scientifically correct terminology in proposed legislation;
7. Promote unrestricted scope of practice for APRNs within their educational standards of practice specific to the national credentialing standards (NCSBN, 2008);
8. Supports the licensure, accreditation, certification and education (LACE) consensus model for APRNs and innovative educational pathways that facilitate practicing nurses to meet the requirements of advance practice (NCSBN, 2008).

### WVNA supports workplace initiatives that:

1. Uphold individual nurse's right to make moral-ethical decisions (ANA Code of Ethics, 2010);
2. Recognize the RN as the coordinator for patient care;
3. Improve patient and staff safety with supplied devices to protect the patient and staff from injury;

4. Provide flexible work schedules that lessen the risk of fatigue-related errors;
5. Prohibit forced overtime and fairly compensate RNs and other health care providers who choose to work additional hours, utilizing traditional payment scales for overtime hours (ANA Code of Ethics, 2010);
6. Standardize policies and procedures, equipment and medication delivery systems, including but not limited to information technology, to provide seamless care to rural distance populations;
7. Support unrestricted use of titles appropriate to educational degrees and credentials (e.g., Doctor of Nursing Practice, DNP);
8. Expand the Mandatory Overtime Bill to include all healthcare facilities that provide nursing care.

## II. HEALTH CARE DELIVERY

### WVNA supports a health care delivery system that:

1. Encourages wellness through education, public awareness and utilizing the full impact of the media (e.g., RN license plate);
2. Aggressively addresses leading health indicators including physical activity, obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care (Healthy People, 2020);
3. Provides interdisciplinary patient-centered care, employs evidence-based practice, applies quality improvement, and utilizes informatics (IOM, 2010);
4. Supports professional nurses practicing to the full extent of their education and training. Review existing and proposed state regulations concerning professional nurses to identify those that have anticompetitive effects without contributing to the health and safety of the public (IOM, 2010; FTC, 2012);
5. Supports patient safety through adequate staffing patterns with RN supervision and appropriate delegation of licensed and unlicensed assistive nursing personnel;
6. Supports safety devices and workplace implementation that promotes safe delivery of care by all health care delivery personnel;
7. Encourages expedited patient care with increased patient safety and error prevention through the implementation and expansion of secure electronic information infrastructure (IOM, 2010).

### WVNA supports public policies that:

1. Promote equal access to quality, comprehensive health care for all West Virginians;
2. Promote a commitment to the principle that all persons are entitled to affordable, readily accessible, high quality health care services (AHRQ, 2008; ACA, 2010);
3. Promote reimbursement parity for all health care services including, but not limited to medications, complementary care, reproductive services, and mental health services (ACA, 2010);
4. Assure that high quality, palliative, end-of-life care, including effective symptom control and psychosocial and spiritual support, is accessible to all people;
5. Maintain current West Virginia (WV) immunization mandates and ongoing immunization guideline modifications as outlined by the U.S. Centers for Disease Control (CDC, 2012);
6. Encourage senior West Virginians to maintain active, healthy, and independent lifestyles and when desired and needed, have access to quality long-term care.
7. Identify, prevent, and report elder abuse and neglect including physical mental and financial abuse (WV State Auditor's Office, 2012).
8. Decrease substance abuse, including drug diversion.
9. Promote provider equality with seamless efficient health care delivery through recognition of endorsement by an APRN any

WV law or regulation requiring a signature, certification, stamp, verification, affidavit or endorsement by a physician.

10. Recognize the importance of understanding the impact of social media on professional practice and following secure guidelines for patient confidentiality (ANA, 2012).

### WVNA supports school health initiatives that:

1. Establish school-based clinics delivering nurse-directed health care services;
2. Recognize the certified school nurse as the coordinator of health care intervention with the authority to make appropriate health care task delegations within the educational setting and the RN's scope and ability;
3. Target and promote the funding of a minimum ratio of one RN to a maximum of 750 students;
4. Recognize the RN as the professional who provides health care instruction for pre-K through 12th grade students, including comprehensive age-appropriate human sexuality education;
5. Support school nurses' pay parity within educational funding formula for teachers;
6. Promote exclusive use of nutritious food and healthy choices during school hours.

## III. PATIENT RIGHTS

### WVNA supports patients' rights to:

1. Health care as a basic human right;
2. Safe, error-free health care environments;
3. Choice of sources, methods, services, and providers of health care;
4. Privacy and confidentiality;
5. Access to all medical records pertaining to their own care;
6. Participation in informed decision making about personal health care, including end-of-life care and reproductive health choices;
7. Information about all treatment options, including the comparative risks and benefits of each presented at the appropriate literacy-level;
8. Information regarding the ratio-based acuity levels of RNs to patients;
9. Access to quality healthcare providers of their choice.
10. Designate APRNs as their primary licensed independent healthcare provider.

## IV. NURSING RETENTION AND RECRUITMENT

### WVNA supports strategies for retention and recruitment including:

1. Practices that promote a safe, professional work environment;
2. Support The Center for Nursing and other statewide organizations that promote nursing recruitment and retention;
3. Support efforts to secure sources and amounts of funding for: undergraduate and graduate nursing education, continued educational opportunities for promoting qualified faculty, nursing workforce redevelopment programs (ANA, 2010);
4. Initiatives to retain currently practicing nurses and recruit others into the profession;
5. Promoting proposals that enhance and recruit nurse educators to attract and retain qualified nursing faculty such as tax credits and educational loan repayment plans (ANA, 2010);
6. Promote parity of reimbursement for APRN services to encourage and establish health care services for all West Virginians;
7. Impaired nurse programs that include confidential peer monitoring and counseling to protect the public and promote retention of recovering nurses in the workforce (ANA, 2010).

# Membership News



Please complete and return to:  
West Virginia Nurses Association  
PO Box 1946  
Charleston, West Virginia 25327  
(t) 304-414-3369

## WVNA/ANA Membership Application

### Contact Information

Full Name	Credentials	Today's Date
<b>Personal Information</b>		
Mailing Address		
City	State	Zip
Phone	E-mail	
County of Residence		
NOTE: Please indicate the WVNA member who helped with your decision to become a member.		
<b>Membership Categories</b>		
Check One:		
<input type="checkbox"/> <b>Full</b> Employed Full Time Employed Part Time Full Payment** \$278.00 Electronic Dues Transfer* \$23.67		
<input type="checkbox"/> <b>Special</b> 62 years of age Totally Disabled Unemployed Special Payment \$69.50 Electronic Dues Transfer* \$6.30		
<input type="checkbox"/> <b>WVNA ONLY</b> RN's who work or live in WV may join WVNA at the state level only. This does not entitle RN to receive national benefits. Full Payment** \$149.00 Electronic Dues Transfer* \$12.91		
<b>Payment Plans</b>		
Check One:		
<input type="checkbox"/> <b>Annual</b> Complete form in it's entirety and send check or money order in the amount of \$278. Checks should be made payable to WVNA and submitted to the above address.		
<input type="checkbox"/> <b>Electronic Dues Payment Plan (EDPP)</b> Read, sign the authorization, and enclose a check for first month's EDPP payment (contact your 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. *Monthly Service charge .50 (Please sign below)		
Signature _____		Date _____
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 fee from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.		
<b>Additional Membership Opportunities</b>		
<b>ADVANCED PRACTICE COUNCIL</b>		
Join the WVNA APN Council. For an additional \$25 you can join this WVNA specialty group; An additional check should be included made payable to WVNA with APN Council listed in the memo. <input type="checkbox"/> I would like to join the APN Council		
<b>WV NURSES-POLITICAL ACTION COMMITTEE</b>		
Join the external political action committee for nurses. An additional check should be included made payable to WVNA-PAC <input type="checkbox"/> I would like to join the WVNA-PAC		
<b>PAYMENT DETAILS</b>		
Annual Membership Cost \$278.00 (Full) \$149.00 (State Only)		
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (Visa or MC)		
Credit Card#	Expiration Date	CVC#

## Membership Has Its Rewards

Are you a member of WVNA? When asked most nurses say "Well yes, after all I get the WV Nurse, the Board of Nursing magazine, and I have a license to practice as an RN." Unfortunately that does not make you a member. To be a member you have to submit an application and pay for your membership via check or credit card for monthly or one-time payment. With so many misconceptions about membership it is easy to understand how many nurses feel they already belong to WVNA. However for WVNA to be effective in protecting the nursing profession it needs its member's voices to be heard. WE can only do that with membership dues, donations and grants. WVNA provides advocacy to all West Virginia nurses in the form of lobbying bills that favor nursing, watching for hostile bills that would negatively impact nursing and educating our law makers what nursing is. There are no other organizations in our state that serve in such a role. Help keep WVNA the voice for nurses by joining today!



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2013 Health Policy continued from page 10

## V. SOCIAL ISSUES

### WVNA supports the following:

1. Professional and lay education focusing on prevention and intervention initiatives regarding social justice issues;
2. Hate crime legislation that encompasses all minorities regardless of their respective affiliation in cases of violence against vulnerable populations;
3. Legislation focused on prevention of violence, particularly the protection of vulnerable populations (e.g. domestic and intimate partners);
4. Initiatives to screen, educate and reduce public health risks, including but not limited to unclean air and water, harmful health additives and toxins (e.g., lead), drug and alcohol impaired driving, sexually transmitted infections, and ATV/motorcycle helmet use;
5. Public disclosure and education of environmental health risks in home, work, school, and other public settings (ANA, 2010);
6. Adequate funding, including a tobacco excise tax, to provide smoking prevention, cessation, and educational programs to eliminate tobacco use and environmental tobacco smoke exposure;
7. A mother's right to breastfeed as an important, basic act of nutritional nurturing and a child's right to be breastfed in any venue as a basic human need. Support the establishment of a state law that would protect a mother who breastfeeds her child in any location, public or private(WVBA, 2012);
8. Ongoing recognition and support of WV nurse veterans;
9. Programs developed to identify and treat the high incidence of Post-traumatic stress disorder (PTSD) and post-concussive head injuries in the post-war veteran population(e.g., traumatic brain injury or TBI) (AANP, 2012);
10. Mental health services as necessary for all post-war veterans with support of opportunities for the highest quality of independent living arrangements for disabled post-war veterans (AANP, 2012);
11. Full veteran healthcare services inclusive of comprehensive female healthcare including the implementation of a women's veterans coordinator position within the West Virginia Veterans Affairs Commission (Veterans Administration, 2010);
12. Promotion of an "all hands approach" to disaster planning with a documented proposal of rapid response directions implemented by an interdisciplinary team approach focused on prevention, containment and treatment of local or pandemic disasters with anticipated readiness to support current communities and potential influx of populations.

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