



Volume 13, Number 2, Summer 2019

ABNF, INC

SEE PAGE 24 - CALL FOR MANUSCRIPTS

The ABNF Journal, the official journal of the Association of Black Nursing Faculty, Inc. (ABNF) invites members and others to submit papers, ideas, experiences, case studies and book reviews.

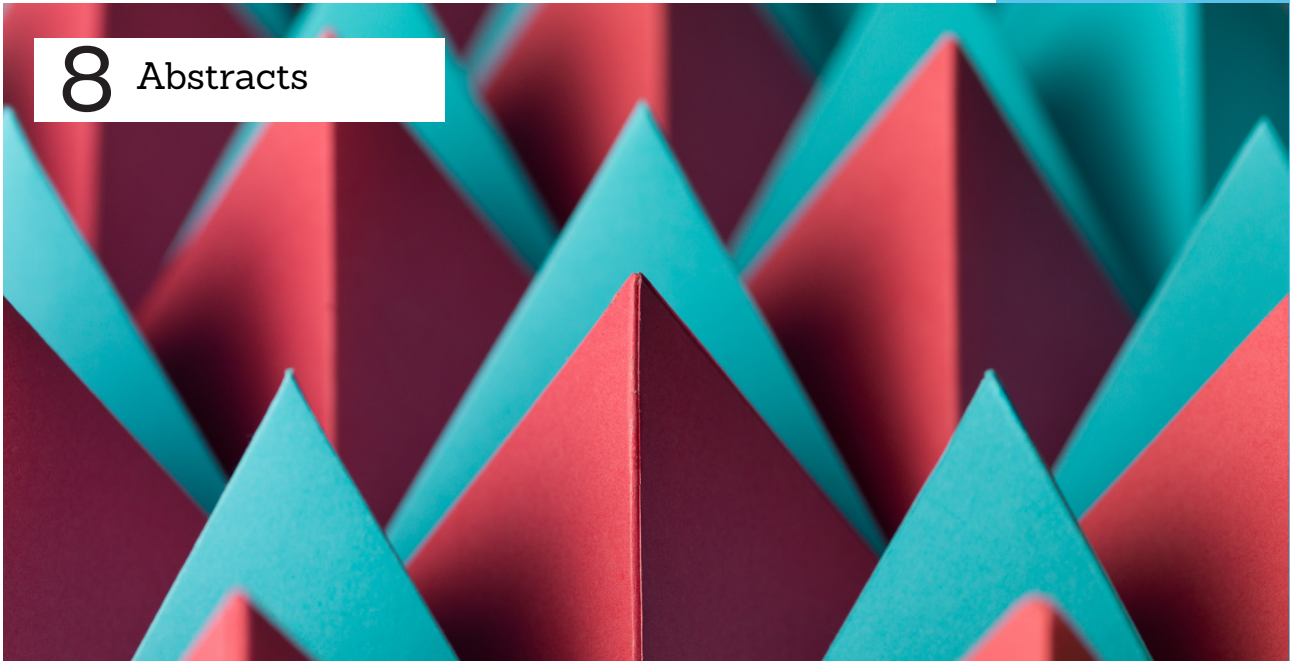
What a dynamic year it has been!!!! We are still making strides. The 32nd annual conference was an absolute success – and it was all because of you, the members.



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The ABNF Electronic Newsletter is the official electronic newsletter of the Association of Black Nursing Faculty, Inc. (ABNF). Members are invited to submit articles, ideas, experiences, passages, comments and updates to the editor or one of the following members:

Editor: Audwin Fletcher, PhD, APRN, FNP-BC, FAAN

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Editor's

NOTES



Happy summer to you!!

I hope you are staying cool, enjoying family and getting a little leisure traveling time in. The end of the summer break is upon us for most; so I pray you get off to a great academic year. ABNF is as strong or as weak as the sum total of its parts...The degree to which we are willing to be guided by our historical development; the amount of time we are willing to put in; the enthusiasm we wish to show; the problems we are willing to personally tackle; and, the proposals we are willing to generate, will all collectively shape the course that the organization will inevitably take. The course we take, the things we do, and the examples we set, will tell the world what we do!!!!"

I am excited to release the summer 2019 edition of our peer reviewed newsletter. This edition has the following inclusions:

- President's message from Dr. Audwin Fletcher
- Current List of Elected officers and Board of Directors
- Podium and Poster abstracts from the 32nd Annual ABNF Meeting and Scientific Conference
- Award Winners from 32nd Annual ABNF Meeting
- Members on the Move
- Member Benefits
- Call for Journal manuscripts
- 33rd Annual Conference Information
- Call for abstracts
- Updated Membership application

If you have news or announcements to share about yourself or your colleagues or manuscripts to submit, please send them to afletcher@umc.edu.

Respectfully,

Audwin

President's Address

Message from Audwin Fletcher,
PhD, APRN, FNP-BC, FAAN
PRESIDENT, ABNF, INC.

What a dynamic year it has been!!!! We are still making strides. The 32nd annual conference was an absolute success – and it was all because of you, the members. Highlights of the 32nd annual conference are: we had our inaugural preconference workshop. The workshop, “Writing for Funding”, was led by Dr. Loretta Sweet Jemmott; Dr. Sandra Underwood served as our keynote speaker and reminded us of the importance of documenting the historical research of ABNF; Dr. Barbara Broome was our leadership speaker and had everyone in the room wiping tears as she shared her journey from a humble beginning. She emphasized the importance of reaching back and carrying the load for others. Dr. Wrenetha Julion was our awards speaker and she encouraged the attendees to build relationships that will propel their careers. Dr. Linda Washington Brown spearheaded our inaugural NCLEX review for the area students; and Dr. Tina Cuellar provided the attendees with the tools of becoming a NCLEX instructor. We had the largest registration attendance rate ever of 60 (as voiced by our Founder Dr. Sallie Tucker Allen); we awarded 13.41 CEUs and great time was had by all!!!

While strides are ongoing, the mission of ABNF,





Inc. is “To form and maintain a group whereby Black professional nurses with similar credentials, interests and concerns may work to promote health-related issues and educational interests to benefit themselves and the Black community” is just as relevant today as it was 32 years ago. Sadly, the reality is: many fronts have been invaded; many battles have been won; yet the revolution continues!!! A personal thank you is extended to my mentor, Dr. Sallie Tucker-Allen and the founding members.

In brief, my presidential platform for my final year as president remains unchanged and is multi-fold. The focus remains on: membership; mentoring; and marketing.

Membership

Our goal is not only recruit new students, advanced practice professionals, and faculty but to sustain current membership numbers with enhanced engagement. Let's continue to recruit those new members!!! Our membership number is currently at 80.

Mentoring

At the 2018 conference, all first

time attendees [8] were paired with a faculty mentor. This year ten (10) new members were paired. The goal is to afford all members a pairing option with seasoned faculty members. If interested in being paired with a mentor or if you would like to serve as a mentor, please send your name, email address, cell number, and research interest to afletcher@umc.edu. Remember to specify if you are seeking a mentor or if you are available to develop a strong mentor relationship with a new member!!!!

Marketing

The communication & publication committee will be making a larger footprint in the world of social medial for ABNF by enhancing our Facebook and LinkedIn presence as well as launching our Instagram and Twitter pages..

I welcome your support and ideas as we move ABNF forward. Thanking you advance!!!

Audwin Fletcher,
PhD, APRN, FNP-BC, FAAN
President, ABNF, Inc. (2018-2020)



Businesswoman Sitting Working at Office by Rawpixel

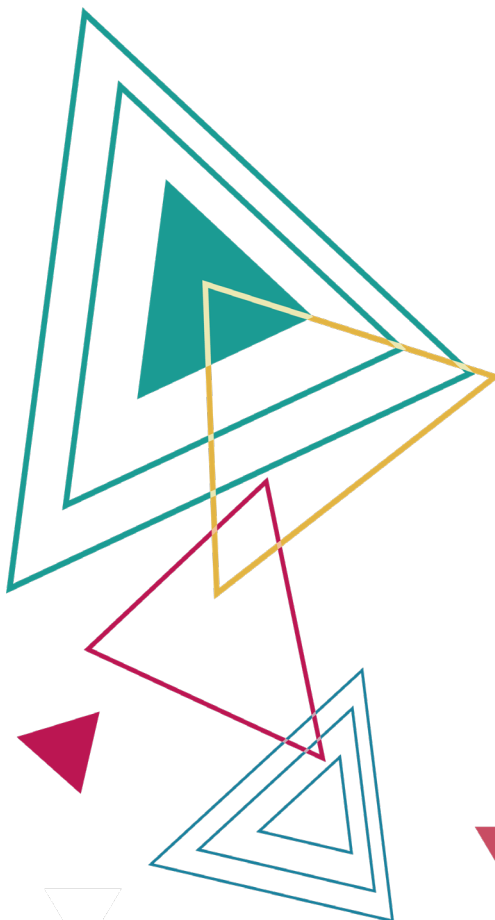
ABNF Members attend the Annual Meeting and Scientific Conference; contribute to and review the ABNF Newsletter and ABNF Journal; apply for and learn from grants, awards, scholarships, and development opportunities; and establish a united voice on Public Policy.

Fees: \$125 regular membership or \$25 student membership

An application is available in this newsletter or you may visit our website (www.abnf.net) to complete a member application and submit annual membership dues securely using a credit card.

Contact Dr. Ronnie Ursin, Treasurer, as needed for more information at DrUrsin@live.com

ABNF Membership



ABNF Elected Officers & Board Members

President	Dr. Audwin Fletcher	2018-2020
President Elect	Dr. Patsy Smith	2018-2020
Vice President	Dr. Kathleen Parker	2019-2021
Secretary	Dr. Patricia Humbles-Peques	2018-2020
Treasurer	Dr. Ronnie Ursin	2019-2021
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Parliamentarian	Dr. LaDonna Northington	2019-2021
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Board of Directors	Dr. Lucindra Campbell-Law	2018-2020
Board of Directors	Dr. Rosie Calvin	2019-2021
Board of Directors	Dr. Florence Okoro	2019-2021
Nominating Committee	Dr. Linda Amankwaa	2018-2020
Nominating Committee	Dr. Patricia Humbles-Pegues	2018-2020
Nominating Committee	Dr. Tina Cuellar	2019-2021
Nominating Committee	Ms. Barbara Washington	2019-2021

Committee Chairs

Dr. Patsy Smith, Bylaws
 Dr. Kaye Edwards, FAAN, Education
 Dr. Ronnie Ursin, Finance
 Dr. Linda Amankwaa, FAAN, Nominations
 Dr. Gloria McNeal, FAAN, Public Policy
 Dr. Audwin Fletcher, FAAN, Publications and Communications
 Dr. Patricia Humbles-Pegues, Research
 Dr. Linda Washington-Brown, FAANP, FAAN, States Coordinator

ABNF Foundation President

Ms. Barbara Washington

ABNF Founder

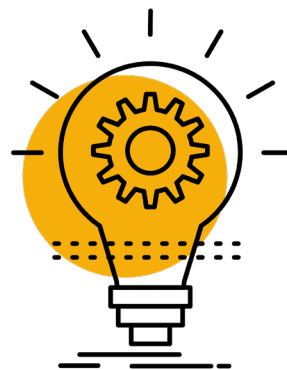
Dr. Sallie Tucker-Allen, FAAN

Annual Meeting (2020)

Dr. Kathleen Parker, Chair
 Dr. Kaye Edwards, FAAN, Vice-Chair
 Ms. Barbara Washington, Vice-Chair



ABSTRACTS



ALTERNATIVE CLINICAL LEARNING EXPERIENCES FOR UNDERGRADUATE STUDENTS: LESSONS LEARNED

LaDonna Northington, DNS, RN, BC

Clinical education is just as vital to the prelicensure nursing student as the didactic classroom experience. The clinical setting is where the student learns to integrate and implement mental, psychological, and psychomotor skills that have been learned in the classroom. Finding the optimal clinical experience for students can be a challenge. Staff shortages, alternate staffing patterns, increased patient acuity, increased competition for clinical sites (from various school) and aging nursing faculty are just a few of the challenges facing nursing education today.

Additionally, the projected nursing shortage has placed greater demands on schools of nursing to increase enrollment. Increased enrollment places an even greater demand on the required number of faculty to teach and provide appropriate clinical sites for student rotations. Clinical areas such as maternal newborn and pediatrics present even more of a challenge because of the limited number of inpatient units available as compared to medical surgical units. As a result, faculty have to identify alternative clinical experiences (other than acute care) to provide sufficient and meaningful clinical rotations for students.

The purpose of this presentation is to identify challenges in undergraduate education for clinical placement and discuss alternative learning strategies to provide optimal clinical experiences for students. Implementation and evaluation of learning outcomes will also be discussed.

CITATION ANALYSIS ON NURSING FACULTY RESEARCH: POSTPARTUM DEPRESSION AMONG AFRICAN-AMERICAN WOMEN

Linda Amankwaa, Ph.D., RN, FAAN

The promotion and tenure process for nursing faculty contains the accumulation of many scholarly activities. One major content of the portfolio for P and T is publication. Much discussion about journals for which faculty submit publications abound. Impact factor is one criterion used to gauge the value of the submission for the portfolio. While journal impact submission is important, citation number is a criterion also used to gauge the usefulness of the publication. The purpose of this study is to examine references, citation number, journal impact factor and number of countries referencing documents related postpartum depression and this author. Literature suggests that citation analysis is an important area for the evaluation of research.

Methods included an extensive google scholar search of references containing postpartum depression and the author's last name. A seven-step method was used to collect references and complete the citation analysis process. The reference population total of 30 plus primary and secondary articles is contained in the final analysis.

Findings revealed an extraordinary number of citations of both primary and secondary types that would not be revealed in a listing of publications on CV. The final number of citations and types are presented as well as directions for future examination of other research areas within the researchers' portfolio. A map pinning different countries using the authors' postpartum work is presented based on the county of citation. This information could be useful to nursing faculty as a means of strengthening the global impact of their publications within the portfolio.

AN EVALUATION OF THE PREVALENCE OF CARDIOVASCULAR DISEASE IN AFRICAN-AMERICAN COLLEGE STUDENTS

Keri Barron, PhD, RN and Cassandra D. Ford, PhD, RN

Cardiovascular disease affects a myriad of individuals, and it is not limited to older populations. Recent statistics from the American Heart Association show that cardiovascular disease has a significant impact on individuals as early as 20 years old. Furthermore, cardiovascular disease is the number one killer of African Americans. The purpose of this review is to describe the prevalence of risk factors for cardiovascular disease in African American college students.

A literature review was conducted to explore the prevalence of risk factors for cardiovascular disease in African American college students.

Discussion: Research shows that the transition from high-school to college causes a major transition in the health of college students, placing these students at increased risk for developing cardiovascular disease. Findings from these studies add to the premise that cardiovascular disease interventions should not be limited to middle-aged to older adult populations, but that prevention strategies should start with young adults and maybe even as early as school-age.

This review provides rudimentary data on the prevalence of risk factors for cardiovascular disease in African American college students. The researchers plan to further the study by collecting primary data to assess the risk factors for cardiovascular disease in African American college students, their social determinants of health, and their knowledge of cardiovascular disease and strategies to prevent cardiovascular disease.

UNDERREPRESENTATION OF RACIAL DIVERSITY IN SIMULATION

Cynthia Foronda, PhD, RN, CNE, CHSE, ANEF; Susan L. Prather, EdD, RN, CNE; Diana Baptiste, DNP, RN; Colette Townsend-Chambers, MSN, RN; Linda Mays, DNP, PMHNP-BC; & Crystal Graham, PhD, RN, CHSE

Research suggests a lack of diversity in simulation-based education with the presence of mostly white manikins. Recent studies indicate that students who identify as a racial minority have felt discrimination and pressure to perform in simulation-based education. The purpose of this study was to 1) examine the presence of racial diversity in simulation centers across the globe and 2) determine the opinion of the simulation community related to incorporation of a diversity component into the INACSL Standards.

This study employed a mixed-methods approach including a quantitative, descriptive design and a qualitative, content analysis. One hundred sixty-one individuals representing nine countries participated in the survey. When asked about what percentage of the manikins were of color, the most frequent answers were 1-20% (36.88%; n=59) and no manikins of color (30%; n=48). When asked about what percentage of standardized patients identified as of color, the most frequent answers were none of our SP's identify as of color (38.13%; n=61) and 1-20% (37.50%; n=60). Most respondents (40.63%; n=65) indicated that none of their simulation educators/facilitators identified as of color. Sixty-six percent of respondents indicated the INACSL Standards should recommend a diversity component. Qualitative data revealed categories of 1) Challenges of purchasing and availability, 2) Importance of diversity in simulation, 3) Representation of the regional population, 4) More diversity considerations needed, and 5) Presence of Diversity.

The topic of racial diversity may invoke a politically-charged and polarized discussion possibly due to historical precedent. Continued advocacy efforts and revision to the INACSL Standards is recommended.

EFFECTIVE TEACHING STRATEGIES THAT ENHANCE SUCCESSFUL NCLEX-RN OUTCOMES FOR A DIVERSE STUDENT POPULATION

Faye Postell, MSN-Ed, RN and Kyndall Pritchard, MSN-Ed, RN, LHRM

The purpose of this presentation is to describe the effectiveness of teaching strategies for NCLEX-RN preparation for diverse student populations.

The Undergraduate Program Committee met to analyze trends in NCLEX-RN scores, mean scores for each course with a standardized assessment, student and faculty feedback, and existing nursing program policies. The committee determined that student use of remediation strategies was inconsistent. Faculty were applying assessment and remediation strategies inconsistently. The committee decided to revise policies regarding remediation, educate all undergraduate faculty concerning assessment tools, and hire a dedicated assessment coordinator. The assessment coordinator identifies at-risk students and provides individualized coordination of remediation for each undergraduate student.

Educational challenges among diverse populations can interfere with students' success by causing poor academic performance. It takes a holistic approach underpinned by caring science to integrate best practices which support a diverse student population. Each of the strategies implemented by the Christine E. Lynn College of Nursing supports the academic success of our nursing students.

OCCUPATION AND RECREATION PHYSICAL ACTIVITY PREDICT LESS WHITE MATTER HYPERINTENSITIES IN COGNITIVELY-INTACT WOMEN

Elisa R. Torres, PhD, RN and Barbara B. Bendlin, PhD

White matter hyperintensities (WMHs) observed on magnetic resonance images are associated with depression and increase risk of stroke, dementia and death. WMHs likely develop over the span of decades. The association between physical activity and WMHs in cognitively-intact adults is inconsistent, perhaps because studies don't often account for physical activity across the lifespan or depression. In addition, more women than men develop depression and Alzheimer's disease. However, no studies have examined the association between physical activity and WMHs in women-only samples. The purpose of this study was to examine the association between physical activity across the lifespan and WMHs in cognitively-intact women while accounting for depression.

Face-to-face interviews were conducted with the Lifetime Total Physical Activity Questionnaire where the metabolic equivalent of task hours per week per year was calculated across school-age, adolescence, young adult, middle adult, and the year preceding the interview/reference year. Cognitively-intact women ($n = 45$, \bar{x} age = 61.6) also underwent magnetic resonance imaging where WMHs as a percentage of intracranial volume was obtained. Bivariate correlations were performed between predictors of WMHs and WMHs. Multiple linear regression was subsequently performed to examine the association between physical activity across the lifespan and WMHs while accounting for potential confounders. $\text{Alpha} < .05$.

There was no statistically significant correlation between physical activity during school-age ($r = -.03$), adolescence ($r = -.16$), young ($r = -.10$) or middle-adult ($r = -.19$) and WMHs. There was a statistically significant association between reference year physical activity and WMHs ($r = -.32$, $p = .03$). Subsequent correlations found reference year moderate ($r = -.34$, $p = .02$) but not vigorous ($r = .04$) physical activity was associated with WMHs. Subsequent correlations found reference year occupation ($r = -.31$, $p = .04$) and recreation ($r = -.37$, $p = .01$) but not transportation ($r = -.05$) or household ($r = -.12$) physical activity were associated with WMHs. Reference year moderate occupation and recreation physical activity predicted WMHs ($B = -.29$, $p = .045$) while accounting for age ($B = -.18$, $p > .05$) and depression ($B = -.27$, $p > .05$), explaining 16% of the variance in WMHs.

More recent amounts of moderate physical activity during work and recreation may protect against age-related increases in WMHs in women.

ANALYSIS OF THE JOURNEY: A CASE STUDY OF A STUDENT OF COLOR'S JOURNEY

Jenna E. Reyes MSN, RN, PHN and Paul Tontz, PhD

The purpose of this study was multidimensional 1) to investigate and describe the challenges and successes of the male former military student of color 2) the role of the nurse mentor in the success of the student 3) the transfer of knowledge from military medicine to the civilian nurse role that one male student of color experienced in a predominantly Caucasian nursing school. The former serviceman experienced a unique set of challenges and possesses a unique set of skills that both inhibit and strengthen his transition from military medic to civilian nursing.

Using mentoring activity logs, instructor commentaries, and individual interviews, a qualitative case study of one military corpsman of colors journey into nursing school revealed an in-depth understanding of the complex nature of a corpsman/military nursing student of color's daily life and the challenges and successes. The study revealed that the challenges faced by the former military male student of color are unique to the learner, requiring careful development of the mentor relationship. The findings of this study suggest that there are many parallels between the skills acquired while serving in military medicine and success in the transition to nursing experience. There are unique challenges that many students of color may face that are difficult to address in the established university system, mentoring is one pathway to success for former military students of color. Common themes that appear to transfer to the classroom will be shared.

ASSOCIATION OF EATING BEHAVIORS AND FOOD INSECURITY IN ACADEMICALLY AT-RISK HOUSTON ADOLESCENTS: NURSES CALL TO ACTION

Karen E. Alexander, PhD

Food insecurity remains a problem in the United States. Specifically, in Texas, the child food-insecurity rate exceeds the national average in more than 50 Texas counties by 30 percent or greater (Camp, 2015). Moreover, there is a paucity of research exploring relationships among eating behaviors (meal frequencies, environmental factors), food security and/or insecurity, and/or deviant behavior in "at risk" adolescents. This relationship was studied in Houston, Texas high school adolescent students, in the Teen and Police Service (TAPS) Academy who were deemed to have "at risk" behaviors (low academic performance and/or criminal). The aim of this study was: 1) To explore the possible prevalence of food insecurity and its association between food intake, among at-risk high school adolescents. 2) To explore eating behaviors (meal patterns and food intake) of these at-risk adolescents in relationship to food insecurity. 3) To determine if assessment, surveillance, and education by community health nurses (such as school-based nurses) about nutrition (eating behaviors) and its effect on adolescent health may be warranted.

The nutrition aspect of eating behaviors and food security was measured using a brief questionnaire from The Child Food Security Survey (CFSS) Module and the Youth Risk Behavior Surveillance System (YRBSS), which is a component of The Youth Physical Activity and Nutrition Survey (YPANS). Convenience sampling was used.

Findings of skipping meals, not eating dinner with at least one parent, and the lack of knowledge about the 5-food groups related to negative eating behaviors and the presence of food insecurity.

Nurses are at the forefront of providing health care during all stages of the life span. Furthermore, community health nurses and those nurses specifically working in schools are in a key position to identify food insecurity in both children and families. Additionally, these nurses are essential in assessing client needs and are well positioned to inform patients about referral resources.

UNIVERSAL DESIGN FOR LEARNING IN GRADUATE NURSING EDUCATION

Natacha Pierre, DNP, APRN, FNP-BC

The Universal Design for Learning (UDL) framework is essential to create equitable and inclusive environments in the classroom. Students' diverse preferences in how they navigate new concepts and express newly acquired findings are the tipping points of learning. Faculty can provide flexible opportunities for assessment that allows students to operationalize learning in ways customized to their unique capacities to engage with advanced nursing practice. Mastery of course content can be demonstrated through multiple means of representation, multiple means of action and expression and multiple means of engagement, which are key tenets in Universal Design for Learning (UDL). Enhanced executive function may result when faculty integrate traditional, experiential, kinetic, and tactile modes of engagement with key concepts and then allow students to share learning outcomes in a variety of expressive forms. This provides faculty with the opportunity for meaningful assessment of student understanding and application of concepts.

The purpose of this presentation is to explore the three principles of universal design for learning in graduate nursing education. Three methods for providing multiple means of representation, action and expressions and engagement in graduate nursing education will be discussed. The results of an investigation of the use of UDL in online graduate nursing courses will also be shared.

DEVELOPMENT OF A TRANSFORMATIONAL, RELATIONSHIP-BASED CHARGE NURSE PROGRAM

Kimetha D. Broussard DNP, APRN-BC, GCNS-BC

Organizational leaders of a rural Southwest Oklahoma hospital requested the development of an evidence-based program that could transform unit charge nurses into effective leaders in order to positively impact direct care nurses. Nursing executive leadership discovered staff members were demonstrating high levels of stress, dissatisfaction, and burnout. Press-Ganey survey results revealed that staff felt they were not supported and did not believe nurses cared for patients' or other co-workers' well-being or safety. The Hospital Consumer Assessment of Healthcare Providers and Systems outcome scores reflected patients were not satisfied with provision of care received and scores were below organizational and national desired benchmarks. As a result, the goal of this project was to use evidence to craft a program and evaluation plan that can be used by the facility which results in stronger charge nurse leaders. A detailed examination of evidence supported the development of a program based on the Relationship-Based Care (RBC) model. The RBC model is a transformational leadership development program that increases leadership skills and positive interaction between people. A full program was adapted from the RBC model and designed for the rural facility. An evaluation plan measuring short and long-term objective was developed. Implementation will create social change through empowerment of charge nurses by imparting leadership and relationship skills that will support and nurture the direct care nurse. Benner's Novice to Expert and Watson's Theory of Caring models serve as the foundation of the RBC model. Dissemination of results is planned to occur at the organizational level and locally at professional nursing leadership conferences.

MINDFULNESS ADVISEMENT IN PROMOTING NURSING STUDENTS' ACADEMIC SUCCESS: AN EMERGING MODEL

Rose Wimbish-Cirilo, PhD, RN; Rehana Saleem, MS, LMHC, MCAP;

Linda Simunek, PhD, RN, JD & Pierrela Gerdes, MSN-Ed

Understanding of mindfulness advisement in promoting nursing students academic success is essential. Students pursuing Associate of Science in Nursing or Bachelor of Science in Nursing degrees are subject to the stressors of balancing their academic studies, family life, employment, and finances. During challenging times, nursing students often withdraw from courses or drop out of nursing school. Research findings indicate that mindful advisement among educators and advisors starts with promoting students'

unitary awareness. Emergence of a conceptual model can illuminate the nursing student-educator- adviser insight, cultivate holistic academic guidance and lead to academic success among nursing students.

The purpose was to develop a conceptual model of affective regulation to guide mindfulness academic advisement and academic success among nursing students. We used Consensual Qualitative Research (CQR) approach with a descriptive meta-synthesis design. Findings from this study reveal the value of providing a conceptual model for mindfulness academic advisement that is practical for nursing students.

The efficacy of the model can be supported by further qualitative studies that explore the interrelationships of the Mindful Engagement of Academic Success Model constructs and concepts. Subsequent use of a quantitative experimental study could enhance the scientific rigor of the model and validate its use to guide further academic advisement type studies.

BUILDING HEALTH EQUITY THROUGH ACADEMIC/PRACTICE PARTNERSHIPS

Karen Wisdom-Chambers, APRN, DNP

The purpose of this study was to describe an innovative partnership between academia and community health centers in preparing DNP students to be ready and willing to serve as primary care providers to better meet the health care needs of medically underserved and disadvantaged populations in Florida.

Improvement science strategies were employed using rapid cycle quality improvement methods for data collection and analysis. A continuous feedback loop was created with practice partners to elicit and respond to feedback about preceptor satisfaction and nurse practitioner student progress. Measurements included student and preceptor competencies, preceptor satisfaction, willingness to practice with underserved populations, caring ability, and student journaling.

In the past several decades, there has been an increase in the urban Afro-Caribbean population and rural transient migrant workers in South Florida. The rapid growth of these populations and existing populations of low-income families in South Florida has highlighted the call for access to culturally competent health care. Nurse practitioners are uniquely positioned to respond to this call with cultural humility and caring-based strategies. Because of the enormous burden of disease on underserved minority and low-income populations, primary care DNP graduates must be ready to provide the complexity of care required for these populations. By improving access to better quality care, DNP graduates will have the knowledge, skill, and competency necessary to significantly impact health outcomes for our most vulnerable populations.

Data demonstrates student success in developing cultural humility, forming caring relationships, and impacting health outcomes with vulnerable and disenfranchised patients with complex needs.

BEREAVED MOTHERS SELF-MANAGEMENT OF AFFECTIVE SYMPTOMS

Dawn Hawthorne, PhD, RN

The death of an infant is a devastating experience for families. Bereaved mothers have higher rates of mental distress and other health problems. While some learn to cope, others remain consumed by grief, unable to function, with persistent affective, cognitive and physical symptoms. For bereaved mothers the grief experience is an ongoing evolving condition. There is a lack of inquiry into how bereaved mothers self-manage symptoms associated to trauma and grief. The purpose of this study was to first describe the health difficulties (physical, emotional, social and spiritual) of mothers who have lost an infant; and secondly to explore how bereaved parents manage their health difficulties 13 to 36 months after the death of their infant.

A qualitative approach using an open-ended, semi-structured interview was conducted using story inquiry method (Smith and Liehr, 2014), asking mothers to answer questions dealing with first the present, then the past, and finally the future. Looking at each time periods, mothers were asked to describe their health difficulties and what was helpful for them. Purposive sampling was used to recruit 7 mothers (two Caucasian, five Hispanic and one Black non-Hispanic) whose infants had died in the hospital or at home.

Many mothers spoke of dealing with insomnia, depression, anger, weight gain or loss and feeling “easily overwhelmed.” They turned to a variety of places for support: family, church, community, online forums. Crying was an important step for many mothers. Only one of the mothers went to a support group with other bereaved parents, but almost all of them said it would have been helpful to talk to other parents who had experienced the same loss. When talking about the future, all of them wanted to honor their baby’s memory by celebrating them. Most mothers had another child within a year of their infant’s death. This was important for helping them move forward.

Bereaved mothers identified several health difficulties they experienced following the death of their infant and what helped them to cope. They also offered some interesting insights into the feelings and emotions they were dealing with after their loss.

THE EFFECTIVENESS OF HIGH-STAKES AND LOW-STAKES STRATEGIES IN PRELICENSURE NURSING PROGRAM: A LITERATURE REVIEW

Enest Richards Wilson, MPH, MS, RN

The purpose of this research was to determine if implementing low-stakes testing strategies early in the curriculum of a nursing program would improve student outcomes. In discussing the relationship between high-stakes and low-stakes testing in correlation to passing the National Council of Licensure Exam (NCLEX) on the first attempt researchers have suggested an increase focus on testing strategies. This literature review had two objectives: First to examine the scientific literature for current evidence on the impact of low stakes and testing on student learning and second to investigate the extent schools of nursing are applying high and low-stakes testing throughout the nursing program of study.

A review of the literature was conducted using databases from OVID and CINAHL for the period of 2006-2018. The key words used in the review included high-stakes testing, low-stakes testing, quizzing, nursing and NCLEX pass rates.

Literature indicate testing has a positive effect on learning in programs of study. These studies were not conducted in nursing programs. Frequent testing is a useful strategy to help students progress and succeed through a nursing program.

The literature indicates additional research is needed to determine the impact of frequent testing and its implication on first time NCLEX pass rates.

PUBLIC POLICY ADVOCACY: AN ESSENTIAL COMPONENT OF NURSING

Vanessa Althea Johnson, Ph.D., MS (N) RN

Nursing is the largest group among all health care professions, and nurses are the frontline of health care delivery and health promotion. Black /African-American registered nurses make up approximately 10% of all RNs (McMenamin, 2015). Research indicates that African American Black patients respond more positively to nurses and other health care professionals with whom they identify racially and culturally. Therefore, nurse educators must be equipped to ensure that nurses internalize and exemplify the knowledge and skills to have consistent and effective interchange with policymakers. These skills are especially important as it relates to African American communities.

The Nurse in Washington Internship March 24-26, 2019, builds on previous participation in public policy advocacy programs in which the focus has been various health and social issues relevant to individuals with intellectual and developmental disabilities. I am eager to interact with other nurse educators, clinicians, scientists, and hopefully also nurse congresswomen.

Congresswoman Diane Black (R-TN-06), and especially, of color, Congresswoman Eddie Bernice Johnson (D-TX-30), Congresswoman Diane Black (R-TN-06), Congresswoman Karen Bass (D-CA-33) and newly elected Congresswoman Lauren Underwood who is just aged 32 years. Additionally, I would

appreciate having an opportunity to interface with the physician and other health care professions member of the United States House and Senate. Finally, the importance of building relationships with staffers cannot be ignored. I anticipate receiving information about the basics of interacting with policymakers as well as discussing specific healthcare-related bills that are in various phases of the lawmaking process, and touring Capitol Hill

Knowledge will be gained by not only strategically taking notes but also by highlighting potential policy actions that nurse academicians should take to inform nursing curricula, interdisciplinary curricula, and public health education. Furthermore, the knowledge and skills acquired will help to inform the Association of Black Nursing Faculty, Inc.'s Policy Committee chair and members' ideas for positions statements that may enhance awareness and motivation to act on "hot topics" that impact African American communities.

THE EFFECTS OF A FAITH-BASED HEALTH DEVOTIONAL ON ILLNESS REPRESENTATION OF HIGH BLOOD PRESSURE IN AFRICAN AMERICANS

Gina Daye, PhD, APRN, FNP-C

African Americans (AAs) make up only 13% of the U.S. population but account for 42% of the high blood pressure (HBP) cases, and suffer greater related morbidity and mortality rates. Decades of efforts to reduce this health disparity has produced little change. Since AAs are very religious and incorporate the church and faith practices into their health decisions, the purpose of this study was to evaluate the effects of a faith-based health devotional on illness representation of high blood pressure. Illness representation is how patients conceptualize disease, and based on their perceived threat to well-being from the condition, will determine if they adhere to treatment.

Quantitative, quasi-experimental, pre/post testing on 100 male and female AAs, diagnosed with HBP, English speaking, between the ages of 35-80 years, recruited from five African American Churches (AACs) in Southeast Florida. A daily faith-based health devotional booklet was developed by the researcher, which incorporates HBP education in the form of stories paired with Bible messages. The intervention involved reading the devotional for five days, and participants were tested before and after. Knowledge of high blood pressure and how to prevent it was evaluated using the High Blood Pressure Prevention IQ (HBPP-IQ) and illness representation of high blood pressure with the Revised Illness Perception Questionnaire (IPQ-R). Data analysis was accomplished with SPSS simple descriptive for the demographics, and paired samples t tests for the within-subjects changes, pre/ post intervention.

There were statistically significant increases in four out of the five hypotheses tested (caveat for timeline). High blood pressure knowledge (HBPP-IQ): $p < .000$; Illness Representation (IPQ-R): Timeline acute/chronic: $p = .003$. Timeline cyclical: $p = .20$. Consequences: $p = .024$. Personal control: $p = .0005$. Treatment control: $p = .002$.

Results support using faith-based methods to teach AAs about HBP in order to improve illness representation. Enhancing illness representation about HBP theoretically should improve patients understanding of HBP and adherence to treatment. The AAC is integral in the lives of this population who suffers greater morbidity and mortality from uncontrolled HBP, and efforts to reduce this health disparity through partnering with AACs are warranted.

HEALTHY HEARTS AND HEALTHY MINDS: ONE BEAT AT A TIME

Darylnet Lyttle, Ph.D., RN, FNP-BC; Regina D. McKinney, MS, RN, CRNA;

Terry Guyton-Smith, DNP, RN, FNP-BC; & Sherri Saunders-Goldson, DNP, RN, WHNP-BC, FAANP

The Million Hearts Campaign was initiated to keep people healthy in the community through reducing the burden of chronic disease. The program is an initiative led by the American Heart Association and co-led by the U.S. Centers for Disease Control to address the reduction of cardiovascular events in African Americans African American priority population ages 35-64.

The program participants were 21 African American adults aged 45 and above and majority female (90%). The study was descriptive and the Nola Pender Model of Health Promotion tenets of interpersonal influences of family, community, and providers in engaging in health promotion activities were implemented.

The participants completed a researcher developed pre-test. The questions addressed knowledge of chronic disease and health behaviors related sodium intake, diet, exercise, smoking, and medication management. Participants then listened to a thirty-minute heart disease lecture from a local cardiologist and nutrition education from a registered dietician/certified diabetes educator. Following the lecture, they were divided into four groups and each group rotated through areas addressing physical fitness, medication education and stress reduction. The physical fitness and yoga sessions were led by a certified yoga instructor and certified fitness instructor, brown bag medication education was provided by local HBCU pharmacy students, and massages were provided by licensed massage therapists. Participants completed the author developed survey at completion of the program.

Pre and posttest surveys participants were used to measure knowledge of chronic disease and healthy behaviors before and after participating in the program. The pretest mean score was (77%) and posttest was (71%).

The use of a community-based health education model in African Americans can influence knowledge and healthy behaviors which can lead to the reduction of adverse event in those with a diagnosed chronic disease. Future programming for reduction of adverse events should target this population and include the use of providers, community, family, and providers.

AFRICAN-AMERICAN SURVIVORS OF LOCALIZED PROSTATE CANCER: A METASYNTHESIS AND LITERATURE REVIEW

**Florence Okoro, PhD, RN; Beth Auten, MSLIS, MA, AHIP; J. Murrey; &
Charlene Whitaker-Brown, DNP, MSN, FNP-BC**

African-American men have about a 15 percent chance of developing prostate cancer, compared to about a 10 percent chance for white men and are more likely to die from the disease than white men are – 4 percent versus 2 percent respectively. African American men, who are already in a high-risk group for prostate cancer than their white counterparts are also at higher risk for poor post-treatment symptom distress and poor quality of life, with lower survival rates. The aim of this review was to summarize the current literature on the post-treatment survivorship experiences of African-American men with localized prostate cancer. A full analysis of the current research will provide a comprehensive guide to the current knowledge base and make recommendations for future studies.

A health sciences librarian developed and ran extensive literature search in five databases in September 2018: PubMed, CINAHL Plus with Full Text, PsycINFO (EBSCO), Web of Science, and Social Services Abstracts (ProQuest). Searches in PubMed, CINAHL, and PsycINFO used keywords and controlled vocabulary terms (MeSH in PubMed, CINAHL Headings in CINAHL, Thesaurus of Psychological Index Terms in PsycINFO) for the following concepts: African-Americans, prostate cancer survivors, localized disease, and marital/relationship status. Searches in Web of Science and Social Services Abstracts used keywords only. We identified 12 relevant studies published from 2008 to 2018 and did the quality appraisal using the validated Critical Appraisal Skills Program. We used Noblit and Hare's meta-ethnographic approach to analyze and synthesize the qualitative studies. We also analyzed quantitative studies that validated the findings in qualitative studies.

Nine subthemes emerged from the synthesis. The nine subthemes were merged into 4 major themes by appropriately aligning related constructs – Coping strategies (spirituality/Use of CAM, spouse/family support, Non-disclosure) psychophysical impacts (physical well-being, masculinity and self-esteem) health system influence (treatment decision making, healthcare provider influence), and economic impact (economic distress,

health insurance issue).

Our findings reveal that the experiences of African American prostate cancer survivors are multiplex, related to their culture and socioeconomic context. This review highlights the need for studies with unpartnered African American Prostate cancer survivors to specifically explore their experiences and identify their unmet needs.

STUDENT-CENTERED LEARNING DELIVERING EVIDENCED-BASED CLIENT-CENTERED HEALTHCARE IN UNDERSERVED COMMUNITIES: A FACULTY AND STUDENT COLLABORATIVE APPROACH

**Sylvia Jones, MSN/Ed, RN, PHN; Patricia Humbles-Pegues, PhD, RN;
Donalee Waschak, MSN, RN, PHN, & Ricardo Parker, PhD**

Student-centered learning utilizing evidenced-based modalities entails Faculty and student collaboration to deliver client-centered care in underserved communities. Various disciplines participated in an Inter-Professional Collaborative and Education academic model to deliver comprehensive primary care.

The purpose is to assist students in gaining awareness of their role in the Health Care team by 1.) incorporating innovative client-centered care in nursing and other health professions education and curriculum, and 2.) providing culturally competent and sensitive care as a team.

Many disciplines participated in a nationally grant-funded project to develop protocols for a National Nurse Managed Clinic (NUNMC) in the Greater Watts-Willowbrook community. Participants interacted in eight weekly small group workshops that consisted of didactic, simulation, clinical components. The disciplines included Nursing, Healthcare Administration, Clinical Laboratory Science, Community Health, Informatics, Integrative Health, and Public Health. Based on their respective field of study, students addressed the healthcare needs for clients enrolled at the NUNMC sites that experiences high rates of health problems and chronic diseases with notable poor healthcare outcomes. Students were mentored and encouraged by their respective faculty to disseminate information and jointly present at conferences. Protocols were developed based on a needs assessment and student interest.

Three projects were implemented at clinic sites. Seven projects were selected for presentations at conferences. Working within an IPCPE academic model assists students to gain awareness of their role within the health care team, understand the roles of others, practice and improve communication skills, and apply evidenced-based practice to real world health problems.

COMMUNITY/FAITH-BASED COLORECTAL EDUCATIONAL PROGRAM FOR BLACK MEN AND WOMEN IN PRINCE WILLIAM AND STAFFORD COUNTIES

Phyllis D. Morgan, PhD, FNP-BC, CNE, FAANP; Joshua Fogel, PhD; & Alice Howard, EdD

Colorectal cancer (CRC) is the third leading cause of cancer deaths for both black males and females (American Cancer Society (2019). In 2019, it is estimated that 19,740 cases of CRC will occur in blacks. Also, an estimated 7,110 blacks are expected to die from CRC in 2019. Death rates for CRC are 47% higher in black men and 34% higher in black women when compared to the CRC death rate for white men and women. A colonoscopy is the most reliable test method used to detect and remove precancerous polyps to prevent CRC.

Community/faith-based educational programs have proven beneficial to educate blacks about cancer prevention, screening and treatment. More community/faith-based projects are needed in the black community that focus on CRC awareness and prevention, as well as to increase screening behaviors for CRC by having a colonoscopy. A community/faith-based educational program using pre and post-test questionnaires was used to raise awareness about CRC, increase knowledge about CRC, and increase screening behaviors for CRC by obtaining a colonoscopy among black men and women in Prince William County (PWC) and Stafford County.

Also, few community/faith-based projects have been implemented to determine an outcome of CRC screening with a colonoscopy. To our knowledge, no community/faith-based projects have been implemented of this nature in PWC and Stafford County for blacks. PWC is the second largest and fourth fastest growing county in the state of Virginia, and Stafford is a neighboring county.

The sample consisted of 460 black men and women. The CRC educational program was presented in 11 churches during 2016 and 2017. The community/faith-based CRC educational program had a duration ranging from 2 to 2.5 hours. The program consisted of a physician lecture, 2.5 minutes video on preventing CRC, personal testimonies about CRC, and participants were asked to proclaim they would share information learned with relatives and friends. The proclamation was a unique aspect of this project as compared to other CRC community/faith-based programs conducted in black churches.

The mean age for participants was 58 years old ($SD=8.71$). The majority (60.7%) of project participants were women. The majority (70.4%) of participants reported religious affiliation as Baptist. All the CRC knowledge items on the questionnaire increased from pre-program to post-program. There were 61.5% participants receiving a colonoscopy three months after completion of the educational program.

CRC knowledge increase and a high percentage of participants received colonoscopy screening. This project demonstrated the benefits of a culturally targeted community/faith-based CRC educational program for blacks in PWC and Stafford County. These findings are consistent with other culturally targeted cancer screening programs utilizing black churches as a conduit to increase cancer awareness, prevention, and screening behaviors. This project was implemented with an interprofessional approach of nurses, physicians, ministers, and other community leaders and health advocates. Nurses should seek opportunities to collaborate on projects that build community partnerships and improve the health and well-being of individuals, families, and communities. Many of the participants attended the program with a spouse, significant other, and/or friend. More projects of this magnitude should be implemented with an intergenerational focus, as well as other supportive networks. This project was funded by Potomac Health Foundation and supported by Sentara Northern Virginia Medical Center in Woodbridge, VA.

LPN-BSN: INNOVATIVE PATHWAYS FOR ACADEMIC PROGRESSION AT ONE HBCU

Kimya D. Nance, PhD, RN & Crystal Cody-Connor, PhD, RN

In 2010, the Institute of Medicine's Future of Nursing report indicated by 2020 eighty percent of the nursing workforce should be minimally educated at the baccalaureate level. Several national bodies have called for more flexibility and educational mobility to address the IOM recommendations and national nursing shortage. Recent reports indicate that by 2025, North Carolina will rank second in the nation for the largest shortage of nurses. Several initiatives within the state have been implemented to address this crisis. However, progression pathways for associate degree prepared nurses to the BSN degree have been the primary focus. Academic models for LPN progression to the BSN degree were non-existent in four year state-supported institutions in NC as recent as 2016. LPNs have been an underutilized resource pool for increasing the number of baccalaureate-prepared nurses in the state.

In an effort to address the RN shortage and promote baccalaureate degree attainment for licensed practical nurses in NC, the nursing faculty at Winston-Salem State University developed three, unique pathways for academic progression. The first pathway is a dual enrollment initiative that fosters seamless transition in the BSN-completion program; the second path incorporates a competency-based model for selected courses; and the third path provides an early admission option for qualified LPNs.

This presentation provides an overview of each pathway, the collaborative models developed for implementation, and strategies employed to address the academic needs of the LPN-BSN student population at the university.

LPNs are a diverse group of healthcare providers who have a wealth of clinical experiences. Implementation of timely, flexible, and affordable academic progression models that result in BSN obtainment for this population may help alleviate regional nursing shortages in the country.



32nd Annual Meeting and Scientific Conference Awardees

Living Legend Award

Sallie Tucker-Allen, PhD, RN, FAAN, Founder ABNF

Lifetime Achievement in Education and Research Award

Audwin Fletcher, PhD, APRN, FNP-BC, FAAN

Excellence in Community in Service and Engagement

Gloria McNeal, PhD, ACNS-BC, FAAN

The Sallie Tucker Allen Graduate Nursing Student Research Scholarship Award

Shatoi King, MSN-Ed, RN-BC, PhD

Excellence in Innovation in Teaching Award

Sharron Crowder, PhD, RN

The Johnella Banks Member Achievement Award

Kathleen Parker, PhD, APRN-CNP



Members On The Move

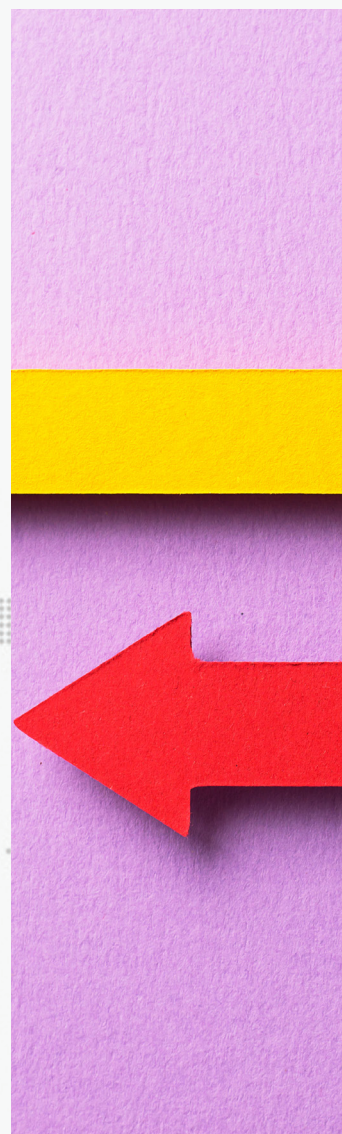


Linda Washington-Brown, PhD, EJD, FNP, ARNP-C, FAANP

will be inducted into American Academy of Nursing at the annual conference in October 2019. Fellow status acknowledges exemplary work and achievements in the neurosciences, the clinical practice of neurology or academic/administrative neurology, in the AAN, and in your community. Additionally, Dr. Brown was tapped with the health care heroes award. A Health Care Hero is an individual institution, professional, student, volunteer or program who through their individual or collective actions have made an extraordinary impact in the Miami health care community. Their acts of heroism represent a display of dedication to excellence in their area of expertise beyond the scope of their jobs. Through their commitment to their professional and South Florida community, they serve as an inspiration to others in an effort to improve the quality of health care and discover new ways to assist those in need.

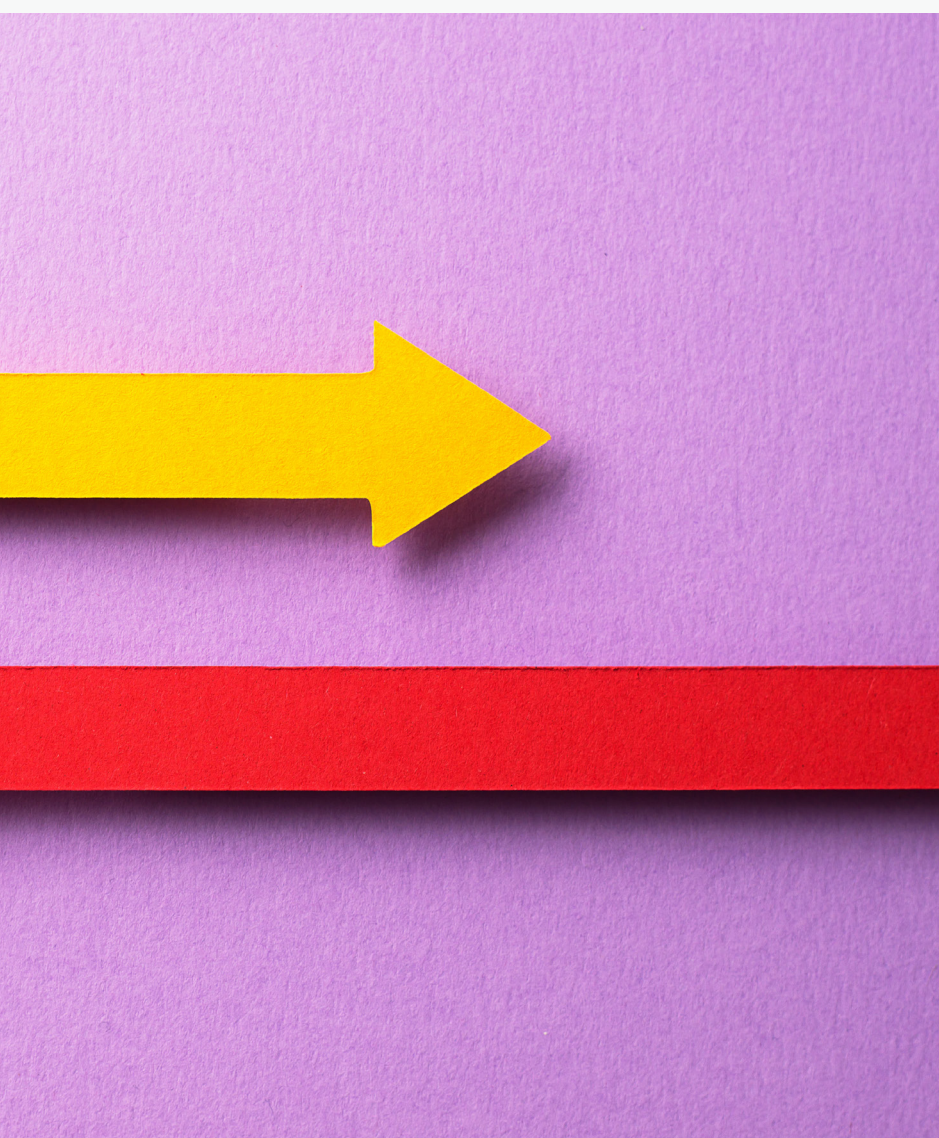


Karethy Edwards, DrPH, FNP-BC, FAAN is Professor and Associate Dean for Academic Programs, Director of the Christine E. Lynn College of Nursing Health Equity Initiative, and Executive Director of the Florida Atlantic University Community Health Center. Dr. Edwards is inspired by her commitment to creating health equity for rural and underserved populations. Key to the achievement of health equity is improving access to high quality primary and mental health care for these populations through strategic academic practice partnerships. Over the past three years, Dr. Edwards and her colleagues have received approximately \$6.4 million in funding from Health Resources Services Administration (HRSA) for innovative, evidence informed practice partnerships aimed at creating healthier communities. Recently, Dr. Edwards received funding for a \$2.8 million HRSA Nurse Education, Practice, Quality and Retention (NEPQR)-Registered Nurses in Primary Care Training Program grant entitled Caring-Based Academic Partnerships in Excellence (CAPE) RNs in Primary Care. This project will co-create and implement, with clinical practice partners, evidence-based, relevant learning experiences for BSN students grounded in a compassionate, caring curriculum to enhance their readiness and willingness to practice in community-based primary care settings working with veterans, rural and underserved populations.





Vanessa Johnson, PhD, RN-BC was recently tapped for the 2019 recipient of the ABNF Nurse in Washington Internship Award is Dr Vanessa Johnson. Dr Johnson earned her BSN at Oral Roberts University Ann Vaughn School of Nursing, her MSN at the University of Oklahoma, and her PhD in Human Environmental Sciences at Oklahoma State University. She completed a post-doctoral fellowship in clinical genetics research at the University Of Iowa School Of Nursing. She is currently the Director of Research and associate professor at Nova Southeastern University. Her passion for involvement in public policy was ignited during her early childhood, having been born and raised in the Mississippi Delta Region during the unrest of the Civil Rights Era. Her parents were both long-term public school educators and community activists, who often hosted political leaders in their home. As a young adult she began her quest to make positive changes in underserved communities, serving as Nurse of the Day for the Oklahoma legislature in 2004 and again in 2012. It was during her participation in the National Fragile X Foundation Advocacy in Washington DC in 2006 and in 2010, where she was introduced to members of Congress and their staff, which prepared her for opportunities to attend healthcare related committee meetings at the Oklahoma State Capital.



Dr Johnson has a distinguished career having served as a member of the CDC and the National Fragile X Foundation Collaborative Clinical Advisory Committee, and has held appointments on several Review Panels for Fragile X Syndrome sponsored by the US Department of Defense Peer Reviewed Medical Research, American Institute of Biological Sciences Scientific Peer Advisory and Review Services, and the CDC Scientific and Review Services for Health Equity among Adults with Intellectual Disabilities Panel. She is the Founder of EAGLES View Inc, which is a community environment and engagement organization providing services for high school students and adults with intellectual, developmental, behavioral, or cognitive challenges. She is truly at the forefront of issues and matters related to public policy.





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- A semi-annual newsletter focused on member activities and upcoming events
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The purpose of **The ABNF Journal** is to: (a) serve as a vehicle for publication of original research, and other health related manuscripts, materials and reviews written by minority and non-minority nursing faculty members in higher education; (b) communicate these research and other findings to the membership of **ABNF** and interested others; (c) serve as a linchpin for Black nursing faculty members with similar research interests; and (d) aid Black nursing faculty members in keeping current on research related to Black health care issues long neglected by other nursing publications.

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