



ABNF, Inc.

A Newsletter for the Members of the Association of Black Nursing Faculty, Inc.



ABNF's Editor Note

*Audwin B. Fletcher,
PhD, APRN, FNP-BC, FAAN*

Whew! Where has the time gone? This has been a busy and fast summer. "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 2018 edition of our peer reviewed newsletter. This edition has the following inclusions:

- President's message from newly elected president, Dr. Audwin Fletcher
- Current List of Elected officers and Board of Directors
- Featured Brief
 - Reflections of the 31st Annual ABNF Meeting and Scientific Conference: "Community Engagement: Building Healthier Communities through Education, Practice and Research to Create Health Equity"
- Podium and Poster abstracts from the 31st Annual ABNF Meeting and Scientific Conference
- Award Winners from 31st Annual ABNF Meeting
- Members on the Move
- Member Benefits
- Call for Journal manuscripts
- 32nd 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

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

ASSISTANT EDITORS:

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PhD, RN, FAAN

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PhD, FNP-BC, CNE, FAANP

Florence Okoro
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Lola Prince,
PhD, ARRN, RN

ABNF Membership -

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

Message from Audwin Fletcher, PhD, APRN, FNP-BC, FAAN
President
ABNF, Inc.

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”.

Who would have fathomed this premise would be as relevant today as it was 31 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.

My presidential platform for 2018-2020 is multi-fold: **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. Beginning with the active membership recruitment date of November 1, 2018 through March 31, 2019, the sole member who recruits 20 or more new members to ABNF, will have one night's hotel stay paid at the 2019 ABNF conference; and the sole member who recruits 10 or more new members to ABNF during this time frame, will have 2019 membership dues to ABNF paid. Let's get busy recruiting those new members!!!

Mentoring

At the 2018 conference, all first time attendees were paired with a faculty mentor. 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

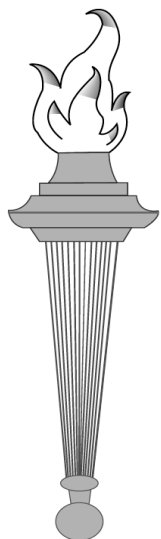
I have charged our social media and communications committees to proceed with moving ABNF, Inc. to a 21st century model for social media and other communications and marketing. If you have media expertise and would like to serve with either of these committees please send your name, email address and cell number to afletcher@umc.edu.

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)



ABNF Executive Board Members



President	Dr. Audwin Fletcher	2018-2020
Vice President	Dr. Patsy Smith	2018-2020
President Elect	Dr. Kathleen Parker	2017-2019
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 Dr. P. Renee Williams, Education
 Dr. Ronnie Ursin, Finance
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ABNF FOUNDATION CHAIR

TBA

ABNF FOUNDER

Dr. Sallie Tucker-Allen, FAAN

ANNUAL MEETING (2019)

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EX-OFFICIO MEMBERS:

Dr. Patsy Smith, Immediate Past President, 2018-2020
 Dr. Sallie Tucker-Allen, ABNF Founder
 ABNF Foundation Chair, TBA

Featured Brief -

Reflections of the 31st Annual ABNF Meeting and Scientific Conference: “Community Engagement: Building Healthier Communities through Education, Practice and Research to Create Health Equity”

Crystal Lane-Tillerson, Ph.D., M.Ed., MS, RN, CNE, Trina L. Gipson-Jones, PhD, RN, Phyllis D. Morgan, PhD, FNP-BC, CNE, FAANP, Darylnet Lyttle, Ph.D., RN, FNP-BC

The Association of Black Nursing Faculty, Inc. (ABNF) 2018 Meeting and Scientific Conference held in London, England was a phenomenal experience. Pre-conference communications were timely and provided sufficient conference preparatory information to attendees. The leadership team responsible for disseminating conference information did an excellent job with posting information on the Internet and keeping ABNF members abreast of the conference agenda and activities. For those applying to be presenters, the process was simplistic and completed with ease. We give high accolades to Dr. Renee Williams (ABNF Education Chairperson) and her committee for their professionalism, prompt responses and for providing the necessary technological assistance during the conference. We would also like to recognize the Immediate Past President, Dr. Patsy Smith for her leadership in the organization and assuring a successful conference.

The evening reception and registration was a warm and welcoming atmosphere and provided opportunity for informal networking among the attendees and the members of ABNF. It was a welcomed event for overseas travelers and an opportunity to relax and meet everyone in a comfortable environment.

For most of us, this was our first ABNF conference; and, we did not know what to expect, however our expectations were exceeded. The theme entitled Community Engagement: Building Healthier Communities Through Education, Practice, and Research to Create Health Equity was of great interest to us as clinicians, researchers and educators. The ABNF members were friendly and passionate about their research. The educational sessions included various topics that addressed major health disparities addressing racial/ethnic minorities. Dr. Phyllis Morgan attended her first ABNF conference in Las Vegas in 2002. During that conference she had her first encounter with the founder and Hamptonian, Dr. Sallie Tucker-Allen—an amazing visionary leader. Looking back at that experience she stated the experience, “made me realize that this is the organization I needed to be a part of as a young black nurse educator, clinician and researcher.” After attending this year’s conference, the authors of this brief share Dr. Morgan’s sentiment.

The writers were particularly excited to spend time with our long-time mentor Bertha L. Davis, PhD, RN, ANEF, FAAN who has always supported and encouraged us to make a difference in the nursing profession as well as to enhance our research, clinical and education skill sets. We were also excited to spend time with another one of our mentors and Hamptonians, Loretta Sweet Jemmott, PhD, RN, FAAN. Both of these women have inspired us for many years. We were very proud to have them both in attendance during our presentations—it was surreal to have their support. We were particularly proud of Dr. Jemmott for receiving the Lifetime Achievement Award!

There is nothing better than seeing fellow PhD pirates provide scholarly presentations. Lastly, we were all proud of Dr. Darylnet Lyttle who was awarded the Young Researcher Award at the awards luncheon at the conference.

With the purpose of this conference being to promote and enhance the key attributes African American nursing faculty need to thrive in nursing academia, we found the presentations to be contributory to the purpose. This year’s conference was filled with amazing speakers. It was an honor to have Dr. Loretta Sweet-Jemmott present at the conference. She is a phenomenal speaker and a well-respected world-

renowned researcher. We were most interested in Dr. Sweet-Jemmott's research that implements programs in local communities to address health equity. We commend the conference planners on having a guest from the Royal College of Nursing, Dame Professor Kinnair speak to us as she reflected on the nursing experience in the United Kingdom—giving the attendees a glance at the state of nursing and health for the countries served.

It was great to reconnect with Hampton University faculty and doctoral graduates. Also, it was wonderful to hear about the scholarly work that black nurse clinicians are engaged in around the globe. What we really appreciated about the ABNF conference is the level of networking and comradery that occurs among attendees. The level of respect for each other's work, and the sharing of ideas of how to advance your research and improve educational outcomes of minority nursing students is priceless.

The conference venue was conducive for a learning and living environment. The London Marriott in Kensington was in London proper and provided easy access to the local transit systems, restaurants, stores, major attractions, and a safe environment. As we checked into the hotel our needs were immediately met by the hotel staff, they were personable and genuinely warm and friendly. Although the rooms were smaller than hotels in the U.S., we were able to adapt to the size of the room. The conference registration included lunch, snacks, and an award luncheon ticket. The breakfast buffet was tasty and presented with various stations to include continental breakfast, hot and cold bar, and omelet stations. Kudos to the ABNF Education and Program Committees for a job well done!

The overall experience of the conference was friendly, motivating, and energizing. Our experience will forever remain in our hearts and minds, especially those of us who were first-time attendees. From the meet and greet on the first night to the closing session, everyone was supportive and generously gave of their time, resources and knowledge. Throughout the whole conference, we felt this group of nurse educators understood that junior faculty need an outlet to disseminate their work, gain mentorship and have the ability to occupy leadership roles. To this end, everyone attending the conference was paired with an ABNF board member to serve as their dedicated mentor. The authors of this summary have the privilege of having the newly elected president, Audwin Fletcher, PhD, APRN, FNP-BC, FAAN, as our mentor and are appreciative of the opportunity to write our reflections.

Students, faculty or advanced practice nurses, if you have not joined ABNF why are you waiting? Join today you will not regret it. We highly recommend attending the conference. No matter the roles you occupy (i.e., nurse educator, researcher, or clinician); all attendees can gain new knowledge, network, and have a pleasurable experience in a welcoming environment. Also, you get to travel and visit different cities and countries with your colleagues and learn about different health care systems and health care challenges in those areas. You will not leave the same way you came! We look forward to seeing everyone in Chicago for the 32nd ABNF Annual Meeting and Scientific Conference.



Abstracts -

A COMMUNITY e-HEALTH PROMOTION PROGRAM ADDRESSING OKLAHOMA'S URBAN DISPARITIES

Patsy Smith, PhD, RN, CNE, Kathleen Dwyer, PhD, RN, and
Voncella McCleary-Jones, PhD, RN-BC, CNE, ANEF

Introduction (Purpose/Aims): Few studies have examined the feasibility, acceptability, and impact of consumer eHealth technologies in non-clinical community settings, particularly in underserved populations. People in underserved communities often have difficulty connecting with services from traditional care settings but benefit from local efforts to provide services. This pilot demonstrated feasibility, acceptability and impact of an enhanced, web-based health risk appraisal (HRA) coupled with personalized lay health coaching. Collaboration with ten churches with predominantly African American congregations helped to maximize culturally appropriate reach into the community.

Methods: The study design was developed with substantial and meaningful input from community partners. A staggered eHealth study was conducted with three groups of congregations. Each group hosted a health festival, tailored to congregational needs, allowing enrollment of adults from the broader community as participants. Church members were enrolled at scheduled enrollment sessions at each church. Participants completed the HRA and other measures at enrollment and met with an assigned health coach. Over 4 months, participants received health coaching by telephone. Follow-up data were collected after 4 months. Focus groups provided additional feedback post-intervention.

Findings/Results: N = 143 adults enrolled; 100 completed the program (mean age = 56.8 years, 76% female, 94% African American). Participants enrolled at church were significantly more likely to complete. Mean number of coaching visits was 6.1 (range of 2-16 visits). Paired t-tests showed significant improvements in wellness scores, estimated life expectancy, estimated health expectancy, general health rating, patient activation level and generalized self-efficacy ($p < .05$). More than 90% of completers approved of the HRA, and the helpfulness and frequency of coaching sessions.

Discussion/Conclusion: Results from our study demonstrated that individuals in underserved areas will participate in a 4 month intervention program to work on improving health. Participants in the program demonstrated increased confidence in managing health and wellness along with increased activation. Facilitating the development of goal setting skills in participants provides a life-long skill that can be used repeatedly to manage one's health and wellness.

HEALTH CARE PROVIDERS IN COLLABORATIVE PARTNERSHIP: IDENTIFYING GAPS IN PROPER NASOGASTRIC TUBE PLACEMENT IN THE HOME SETTING

LaDonna Northington, DNS, RN, BC

Introduction: There is limited literature on the safest way to verify nasogastric tube (NGT) placement in the pediatric population in the acute care settings. The literature reveals morbidity and mortality in children from misplaced NGTs. The literature related to NGT placement and verification in the home setting is even more limited.

Methods: This descriptive study was conducted to ascertain baseline data as to how parents /health care providers check NGT placement in the home. Data was collected via volunteer surveys using SurveyMonkey®. The surveys were made available to home health agencies and hospital agencies that are affiliated with children's hospital across the USA.

Findings: There was a lot of variation on how health care providers and parents inserted NGT's and verified placement. Additionally, the signs/symptoms reported by the parents of misplaced tube raised serious concerns about the safety of this procedure being conducted in the home setting.

Conclusion: The findings of this study provided baseline data. There was confirmation that the inconsistency that occurs in the acute setting are also occurring in the home setting, except in the home setting there are less resources at hand. The variation in what parents are taught can place children at risk for complications, up to and including death. This study highlights the need for standardized guidelines for best practices in verification of NGT placement in the pediatric population.

PATIENT CARE IMPACTED BY INCIVILITY

Ernestine (Tina) Cuellar, PhD, RN, PMHCNS-BC

In the United States both the Joint Commission and the American Nurses Association clearly advocate focusing on the serious problem of incivility among nurses and healthcare workers. Furthermore this incivility has a profound impact on patient care. Changing these behaviors requires nursing commitment, promotion, and the enforcement of meaningful evidenced-based interventional solutions. However, the impact of incivility on patient care has received limited attention. It is imperative for nursing to assume a leadership position that confronts incivility as a health care issue by addressing the status quo with meaningful interventions and sanctions for unacceptable behavior to protect patients from the inadvertent outcomes of bullying tactics, such as deliberately failing to share patient information with peers that results in delayed treatments, medication errors, and longer patient stays.

Nurses can play a pivotal role in implementing educational opportunities that socialize nurses and nursing students to promote patient safety. To achieve patient safety it is necessary to address incivility by providing the appropriate training and coping skills within the nursing community at large. It has been reported that better organizational structure promoted lower incivility and bullying. In addition others also report that emotional and organizational support buffer the effects of incivility. The ultimate goal is for nurses, nursing faculty, and nursing students to employ the benefits of teamwork and positive behavior as part of the solution to incivility. It has been stated that better organizational structure promoted lower incivility and bullying. Nursing literature also indicates that emotional and organizational support buffer the effects of incivility. By embracing the skills of personal accountability, problem solving, conflict resolution, and respectful communication nurses will identify and replicate positive behaviors that address negative actions. The purpose of this presentation is to examine strategies and interventions for confronting incivility. Educational strategies include communication skills and recommendations for nurses to confront and report uncivil behaviors. This presentation addresses patient safety, teamwork, and collaboration guided by conflict resolution, negotiation, appropriate assertiveness, and personal accountability.

In the past few years efforts to address the problem have focused on identifying and defining perpetrators and behaviors that characterize incivility as well as providing recommendations for improvement. Additional attention needs to focus on the impact of incivility on patient safety. The purpose of this presentation is to develop awareness among nurses of the impact that incivility has on patient safety. Developing awareness will require widespread educational opportunities addressing the implications of incivility associated with poor patient outcomes. Educational efforts should be provided to ensure that nursing leadership, clinicians, nurse educators, and nursing students implement interventions to promote patient safety.

HEALTH PROMOTION AND PREVENTION IN THE OLDER ADULT POPULATION: A FOCUS ON CHRONIC KIDNEY DISEASE

Rowena W. Elliott, PhD, RN, CNN, AGNP-BC, FAAN

Purpose: The purpose of this descriptive study was to explore the effectiveness of an education program

for older adults in a small town in the state of Mississippi. The focus was to investigate the level of awareness of chronic kidney disease among the African-American older adult population (55+). A pre-test and post-test was administered to determine the current knowledge level before and after an education workshop was implemented.

Methods: Older Adults who were 50 years of age and older that served as Foster Grandparents in a small town in central Mississippi through the Administration on Aging in Mississippi were recruited to participate in a study that determined their awareness and knowledge level related to risk factors, etiology, treatment modalities, and prevention of chronic kidney disease (CKD). Mississippi has a high rate of hypertension, diabetes mellitus Type 2, and obesity, all of which are primary risk factors for development of chronic kidney disease.

Results: According to the data, there was an overall increase in the raw scores (pre-test to post-test). As a group the participants averaged 45.2% on the pretest. The results from the pretest indicated a need for further teaching on chronic kidney disease. The posttest results were quite different. The participants' scores showed improvement with a 22.4% increase for the average of the group from pre-test to post-test. The results from the pre-test to post-test indicated that there was an improvement in scores after the chronic kidney disease seminar. Although there was an increase in the raw scores, the T-Test results showed no statistical significance between the pre-test and post-test scores.

Discussion: Based on raw scores, statistical analysis, and input from the participants, there is a need for a community-based education program with a focus on chronic kidney disease and the older adult population. The primary objective of the study (to investigate the knowledge level related to chronic kidney disease) was met. This study also provided the participants with an opportunity to increase their knowledge of chronic kidney disease, and its related etiology, risk factors, complications, treatment modalities, and prevention strategies.

This research is vital because awareness of chronic kidney disease is very important, especially for older adults. Since older adults are more at risk for developing chronic kidney disease, it is imperative that they are aware of what it is, other co-morbid conditions associated with the disease, and how it can negatively affect the body.

A PILOT STUDY OF PROSTATE CANCER KNOWLEDGE AMONG AFRICAN AMERICAN MEN AND THEIR HEALTH CARE ADVOCATE: IMPLICATIONS FOR SCREENING DECISIONS

JoAnn S. Oliver, PhD, MSN, ANP-BC, CNE

Introduction (Purpose/Aims) Prostate cancer (PCa) is the second leading cause of cancer death in U.S. men (American Cancer Society [ACS]), most often affecting men age 50 and older. The study provides information about factors that influence rural AA men in their decision to undergo screening for PCa with a specific focus on PCa knowledge among AA men and their health care advocates.

Methods: A longitudinal quantitative study that included AA males and their health care advocates. Participants were from three Alabama rural counties. Measures included demographics, prostate cancer knowledge, decisional conflict and health literacy scales.

Findings/Results (if applicable) Thirty-three men with a mean age of 54.61 and 35 health care advocates were included in the study. PROCASE Knowledge Index measure results indicate a lack of prostate cancer knowledge among both male primary participants and their advocates. The knowledge of AA men in the study was somewhat low, with individuals correctly answering approximately 6 questions out of 10 at multiple time points (Baseline Total M = 6.42, SD= 1.52). Decisional conflict responses at 12-months (38.64) were lower than at baseline (M = 62.88) and at 6-months (M = 58.33), $p < .005$.

Discussion/Conclusion Health care advocates of the 33 male participants were usually women, spouses or significant others, supporting the vital role women play in men's health specifically in rural underserved communities. Low overall prostate cancer knowledge, including their risk for prostate cancer, among these

participants indicate a need for prostate cancer and screening educational interventions and dialogue that include males and their significant others.

EMPOWERING AND INFORMING THE COMMUNITY: COPPIN STATE UNIVERSITY'S DOCTOR OF NURSING PRACTICE

Joan Tilghman, PhD, RN, CRNP, WHNP-BC, CNE

Introduction (Purpose/Aims): A leading initiative of Coppin State University is community engagement. The Helene Fuld School of Nursing Doctor of Nursing Practice (DNP) Program integrates didactic and practicum curriculum activities aimed at community engagement. The DNP program emphasizes and promotes practice initiatives to promote an optimal level of health and well-being. Didactic and practicum experiences include an integration of the social determinates of health as critical to enhancing and improving the well-being of community residents.

Methods: Students are immersed in practicum experiences at agencies that provide primary health care, behavioral health, and social well-being. Integrated throughout their studies is the development and implementation of a DNP Project that addresses a need in the community, and provides the opportunity to link policy making with clinical systems, translate research into practice, and/or serve as change agents for health care and health equity.

Findings/Results: (if applicable) From entry into the DNP program students are immersed in plans of study that culminates in a final project that addresses a community need based in part on an assessment of community needs and health status information about the community.

Discussion/Conclusion: DNP Project Students have completed DNP projects aimed at promoting an optimal level of health and well-being for individuals, families, and groups across the life span. All DNP projects include the integration of technology such as webinars, video conferences, and other types of media.

HOMELESS, VACCINATIONS, PNEUMONIA

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

Introduction: Each year in the United States, about 1 million people seek care in a hospital due to pneumonia, and about 50,000 people die from the disease. Most of the people affected by pneumonia in the United States are adults and a large population of homeless persons. Many of these deaths—both globally and in the United States—could be prevented with vaccines and appropriate treatment (like antibiotics and antivirals) (CDC, 2016). Pneumonia is ranked number eight (8) among the top fifteen leading causes of death in the United States (U.S.) (Kochanek, Murphy, Xu, & Tejada-Vera, 2016). The goal of this project is to reduce the morbidity and mortality associated with streptococcus pneumonia bacteria among disparate homeless groups in South Florida by: (1) improving nurse clinicians' ability to administer timely and appropriate vaccinations to adult homeless persons; (2) effectively and respectfully educating recipients of the benefits and risks associated with vaccines, and (3) responding to missed opportunities by providers for their patients.

Methods: Quarterly vaccinations are provided to homeless men and women registered with the Patient Assistant Programs for leading pharmaceutical companies providing the pneumonia vaccine. Residents of three local homeless shelters are presented with information and education on vaccine preventable illnesses and offered the opportunity to participate in the vaccination project. Consents are signed, and forms submitted to the pharmaceutical companies for approvals and replenishment of the pneumonia vaccines. Once approvals are received, vaccines are administered by a team of ARNPs, RNs and post-licensure nursing students.

Findings: The Healthy Me-Healthy Community Project has provided Pneumovax 23 vaccines to over 350 homeless men and women over the past three years. The goal is to vaccinate 1000 homeless persons living in South Florida. In 2017, we included vaccination of homeless persons with Prevnar 13, registered over 70 persons for this opportunity and successfully vaccinated 48 homeless men and women with PCV 13. These vaccines will provide 5 to 10-years of coverage for pneumonia, blood infections, meningitis, and brain and ear infections associated with meningitis. In addition, it provides protection to individuals with diabetes, HIV/AIDS, kidney disease, lymphomas, and many other compromising illnesses.

Discussion: By providing vaccinations to men and women living in and around homeless shelters, nurses are ensuring that these individuals are protected against vaccine-preventable diseases in accordance with current recommendations. These vaccinations will help to reduce the likelihood of outbreaks of vaccine-preventable diseases in large crowded sheltered and shelter-less group settings by influencing herd immunity.

RISKY SEXUAL BEHAVIORS AMONG AFRICAN AMERICAN COLLEGE STUDENTS: AN EXPLORATION USING THE NEUMAN SYSTEMS MODEL

Darylnet Lyttle, PhD, RN, FNP-BC, Joshua Fogel, PhD, Arlene J. Montgomery, PhD, RN, Bertha L. Davis, PhD, RN, ANEF, FAAN, Dorothy Burns, PhD, RN, and Zina T. McGee, PhD

Introduction (Purpose/Aims): The incidence of new cases of HIV are higher among African Americans (AA) than Caucasians. Additionally, the overall rate of sexually transmitted infections among youth and young adults is highest among African Americans as compared to Caucasians. The risk of HIV exposure is greater among those diagnosed with a sexually transmitted infection. We study among AA college students the relationship of the Neuman Systems Model client system variables and stressors with participation in the risky sexual behavior of having sex without a condom.

Methods: A total of 292 AA college students attending a historically black college/university in southeastern Virginia that participated in a HIV observance day HIV screening event were surveyed. Variables measured included demographics (age, sex), sociocultural (household income), developmental (college level), physiological and psychological (Short Form Health Survey v12 physical and mental health status), spirituality, and stressors (interpersonal and intrapersonal influences, intrapersonal attitude). Multivariate logistic regression analyses were conducted for the outcome variable of participating in vaginal sex without using a condom (no/yes).

Findings/Results: Participant mean age was 19.8 years (SD=1.35). Increased spirituality (OR=0.93, 95% CI: 0.86, 1.00, p=0.049) and increased intrapersonal attitude (OR=0.56, 95% CI: 0.41, 0.77, p<0.001) were each significantly associated with decreased odds for participating in vaginal sex without using a condom.

Discussion/Conclusion: The development of HIV risk reduction programming among college campuses should include understanding and if necessary encouraging changes in individual attitudes and spirituality. This may result in reducing the risk behavior of participating in vaginal sex without using a condom. This type of education program may impact the HIV prevention challenges faced in AA communities.

BEING AND BECOMING A NEW NURSE EDITOR: A SCHOLARLY ROLE

Linda Amankwaa, PhD, RN, FAAN, Wanda Allen, DNP, RN, CNE, and Donyale Childs, PhD, RN

Nursing is a grand profession with many important roles. Being and becoming a nurse editor must be one of the most challenging. This new role encompasses many skills that nurses are taught but must now employ in a different way--editorship. A nurse editor's skill set includes, written communication, coordination, leadership, scholarship, mentorship, collaboration, networking, collegiality, research, ethics, nursing, research and others. Garnering these skills together, with the publisher and reviewers to bring the scientific work nursing faculty scholars alive in print is the work of the nurse editor. Being and becoming a nurse

editor requires patience, dedication, time and a firm belief in the value of publication. Experience of nurse editors includes a history of publication as well as experience in research processes. Nurse editors have a prowess of the language of publication and participate in organizations related to nursing publication. Mentorship of the new nurse editor is essential as well as the accumulation of meaningful texts such as a publication text, a style booklet, and a copyright manual. Being and becoming a nurse editor is an exciting role, however, the ultimate satisfaction is to receive submissions from authors, to support authors in their goal to publish and to participate in the finished quarterly product of the Association of Black Nursing Faculty, The Journal.

EVALUATING THE EFFICACY OF A BEHAVIOR MODIFICATION PROGRAM FOR OVERWEIGHT AFRICAN AMERICAN ADOLESCENTS: REVISITING THE LITERATURE

Crystal Lane-Tillerson M.Ed, MS, PhD, RN, CNE

Introduction - At the time of the study, the most recent statistics indicated the percentage of overweight adolescent girls 12 to 19 years old was 15.5%. Current statistics (2014) reported by the National Center for Health Statistics indicate the overall incidence of overweight girls at 16%. A pilot, experimental, descriptive study of 18 overweight African-American adolescent females (M = 15 years) took place that evaluated the efficacy of a goal-directed behavior modification program.

Methods - A 16-week intervention was completed and differences in outcomes were compared over three experimental groups that encompassed different levels of maternal support. The quantitative data collection and analysis included pre and post intervention measurements (Beck Depression Scale, Rosenberg Self Esteem Scale, Body Image States Scale, Blood Pressure, Cholesterol, Weight and BMI). In addition, the qualitative data collection and analysis included focus groups conducted with mothers of the participants. Imogene King's theory of goal attainment served as the theoretical base for this study.

Findings/Results- Findings from the quantitative data indicated favorable outcomes in weight, blood pressure, cholesterol, body mass index, self-esteem, and body image indicating progress had been made over the course of the program. Also, the data established that maternal participation in the program did not result in a significant difference in outcomes. Qualitative data indicated there were positive behavioral changes related to eating and exercise patterns observed by mothers of the participants and perceived by the participants as well.

Discussion/Conclusion - The data established that maternal participation in the program was not significant. This finding suggested that having mothers participate with their daughters did not result in more positive outcomes for the participants. This was also the finding from the similar, preceding study from which this study was derived. The reasoning may be related to the developmental level of the participants. It is noted that adolescence is the time for youth to begin gaining independence and making their own decisions.

COMMUNITY/FAITH-BASED EDUCATION PROGRAM TO INCREASE PROSTATE CANCER KNOWLEDGE AND SHARED DECISION MAKING AMONG BLACK MEN IN NORTHEASTERN VIRGINIA

Phyllis Morgan, PhD, FNP-BC, CNE, FAANP, Joshua Fogel, PhD, Alice Howard, EdD, Nilay Gandhi, MD, John B. Klein, MD, Shelia D. Coleman, MAT, Mary R. Lively, CSA, Roxie B. Curtis, AA, Teresa A. Polk, MSA, BSN, RN, Kimmonique A. Roberson, BS, Edna D. Simmons MS, Cynthia R. Brown, MSW, LaBrenda Haynes, BSN, RN, Erma H. Richardson, BS, and Deborah H. Withers, BS

Introduction (Purpose/Aims): Prostate cancer is the second leading cause of male cancer incidence. Early diagnosis and treatment is key to survival from prostate cancer. Black men are less likely to receive information for shared decision making (SDM) about the risks and benefits of the prostate-specific antigen

(PSA) as compared to White men. Little is known about follow-up for SDM with a physician among Black men after participating in a community/faith-based prostate education program. The purpose of this project was to 1) increase knowledge about prostate cancer, 2) increase intentions to have a SDM conversation with a physician about prostate cancer within 12 months, and 3) promote the behavior of having a SDM conversation with a physician about prostate cancer screening within three months after completing the educational program.

Methods: A total of 438 Black men from northeastern Virginia participated in this community/faith-based prostate education program. Prostate education programs were implemented in 12 Black churches during the years of 2015 and 2016. The prostate education program was 2-hours in duration and included a five-minute video clip, male physicians who specialized in urology to present lecture material, live personal testimonies of Black prostate cancer survivors, and a question/answer period. Pre and post-test questionnaires were administered. Three months later, participants were contacted via phone to determine if they had a SDM conversation with a physician about prostate cancer screening.

Findings/Results: Mean age was slightly above 56 years. There was an increase in knowledge and intentions from pre-test to post-test. Of the 389 participants contacted after three months, 80.2% had the behavior of having a SDM conversation with a physician for prostate cancer screening.

Discussion/Conclusion: Community/faith-based prostate cancer education programs can be successful in increasing SDM with a physician. This project is a demonstration of how community partnerships can be developed to promote positive social change.

MINORITY WOMEN AND BREAST CANCER GENETIC RESEARCH

Karen Reifstein, PhD, RN, Matt Asare, PhD, CHES, and Sandra Millon-Underwood, PhD, RN

Introduction: Lack of adequate participation by African American and Hispanic women in breast cancer genetic research studies sustains a knowledge gap in our understanding of new and innovative scientific advances and outcomes in breast cancer research/genomics. The purpose of this study is to suggest strategies to increase African American and Hispanic women's participation in breast cancer genetic research.

Methods: A comprehensive literature review of published studies between 2006 and 2017.

Findings/Results: Breast cancer (BC) is a life -threatening illness for many African American and Hispanic women and is often more aggressive and more resistant to treatment in these populations. BC mortality for Caucasian women (CW) had a substantial decline from 1975-2014 (decreasing from 31.8 per 100, 000 to 20.0 per 100, 000), but African American Women's (AAW) BC mortality rates changed little during this same period (29.5 per 100,000 compared to 28.1 per 100,000). For Hispanic women (HW), breast cancer mortality declined significantly from 1992-2013, decreasing from 18.9 per 100,000 to 14.6 per 100,000. Some breast cancer racial disparities (e.g., mortality rates), may be further reduced as a result of current genetic research. However, in order to take advantage of potential medical/genetic benefits, individuals from under-represented groups must participate in breast cancer genetic research. Historically, women and minorities have been underrepresented in clinical trials, and this underrepresentation has perpetuated health disparities in racial/ethnic minorities and continues to widen the chasm between minorities and the majority population. In 2016, only about 3% of genetic research participants were African descent and Hispanic descent participants were even less represented at only 0.54%.

Discussion/Conclusion: Historical concerns, community involvement, cultural beliefs, discrimination/stigmatizations concerns, and economic factors may impact participation in breast cancer genetic research investigations. Future research investigations should involve members of the minority community as recruiters, include underrepresented groups as team members, acknowledge anticipated historical concerns up-front, and address anticipated concerns of discrimination/stigmatizations. Future research investigations also should recognize and respect a person's culture and try to work within it when

attempting to recruit minority women for breast cancer genetic research. Nurses are in key positions to recruit and retain diverse individuals in research, as they are on the front-lines of patient care.

PROMOTING HEALTH EQUITY THROUGH ENGAGEMENT OF MINORITY LEARNERS: STRATEGIES FOR THE ONLINE COMMUNITY

Jamil Norman, PhD, RN, CNE

Enhancing diversity in nursing is needed to reduce health disparities and increase health equity. Data from the National Nurse Workforce Study (2015) indicates that minorities comprise only 19.5% of the RN nursing workforce. Nursing education programs play a pivotal role in producing a more diverse workforce that is a true reflection of the current population. Schools of nursing must continue to focus on recruitment efforts, retaining strategies, and graduating a more diverse student population. Recruitment efforts across the country have been implemented to increase diversity of the student population; however, retaining minority students is still a major concern. There has been a noticeable increase in online RN to BSN programs, yet minority student enrollment for 2014 was a mere 26.3%. Nurse educators must focus on innovative teaching strategies that enhance the online student experience. This presentation will focus on teaching strategies including humor through memes, engagement through music, faculty presence using Skype, and qualitative feedback using Kaltura video. These strategies focus on faculty-student engagement which is a critical component of student success and retention of minority nursing students.

THE EFFECTS OF A COGNITIVE TEST TAKING ANXIETY REDUCTION INTERVENTION ON ACADEMIC PERFORMANCE AND COGNITIVE TEST TAKING ANXIETY IN PRE-LICENSURE BACCALAUREATE NURSING STUDENTS

LaDonna L. Christian PhD, MS, BSN, APHN-BC

Background: The pressures of successfully navigating the challenging academic curricula of a nursing program can cause increase anxiety. High stakes standardized multiple choice testing is used as a means of assessment and evaluation of academic knowledge. These exams are one of the major reasons that nursing students fail to progress in nursing programs. Some students effectively manage the increase pressure, while many students develop cognitive test anxiety and it can negatively impact nursing student's academic progress (Damer, et.al 2011). Research has shown that cognitive test anxiety reduction interventions that include both a cognitive and skill component, yields the best performance outcomes (Beggs et.al, 2011, Zimmerman, 2000).

Methods: A randomized control design was used to test the effectiveness of a multimodality intervention (Cognitive Restructuring Mind Body Stress Reduction modules and a test taking skills acquisition) compared to test taking skills acquisition alone. The data was gathered and analyzed using a paired Independent T-test and Pearson's Correlation.

Results: The data suggest those students who had the multimodality approach had a significant reduction in CTA, which was considerably lower than those students who had Test Taking Skills alone.

Conclusion: Indicators such poor test taking strategies and ineffective methods of reducing CTA, can lead to the significant underestimation of a student's academic ability, higher attrition rates and a reduction in access to educational opportunities. Nursing programs that provide academic remedial support, which include test taking skills and cognitive test anxiety reduction, may see outcomes of reduce attrition rates and higher NCLEX passing rates.

BINGE EATING IN AFRICAN AMERICAN WOMEN: CULTURAL CONSIDERATIONS

Trina L. Gipson-Jones, PhD, RN

Introduction (Purpose/Aims). Obesity, while declining in some geographic areas and for some groups, continues to pose a significant health risk for African American women. Obesity can lead to chronic conditions and life-threatening diseases such as hypertension, diabetes, depression and other cardiovascular illnesses; and, African Americans carry an increased risk for these diseases. Stress has been suggested as a potential environmental factor which can influence the way some women perceive excess weight, dietary behaviors, and exercise practices. Specifically, acculturative stress may play a vital role in binge eating behaviors which can also lead to obesity. Using the Transactional Model of Stress and Coping and the Acculturative Stress Model as interlocking frameworks guiding the research, the purpose of this study was to examine the relationship between binge eating behaviors and obesity in 101 African American women recruited from urban businesses and organizations in the northeastern United States. This presentation will also discuss the role of culture when developing obesity reduction plans for African American women.

Methods. Using a descriptive correlational design, the researchers investigated the relationship between binge eating and acculturative stress. Demographic data were analyzed to characterize the sample, and Pearson's bivariate correlations were performed to test the strength and direction of the association between the Binge Eating Scale (BES) and Social, Attitudinal, Familial, and Environmental Acculturative Stress scale SAFE scores and key variables. Regression models were fit to examine the association between height, weight, BMI, SAFE, and BES. All statistical analyses were conducted with SPSS V24.0.

Findings/Results. Findings suggest that African American women in this group who reported increased acculturative stress also experience increased binge eating behaviors. Results of the model summary for the regression analysis resulted in SAFE having a significant predictive ability on BES. Six percent of the variance in the BES scores were explained by the participant's SAFE scores ($R^2 = .063$, $p = .011$).

Discussion/Conclusion. At times the stressors African American women face, including acculturative stress, can cause maladaptive coping behaviors such as binge eating. In this sample of African American women, there was a relationship between increased acculturative stress and binge eating behaviors. The nature of this relationship is complicated and warrants further investigation, because this may assist researchers and clinicians with identifying and developing effective acculturative stress management techniques that can be implemented to decrease binge eating behaviors and improve nutrition-related outcomes in this group.

DIAGNOSING AND TREATING RACIAL & ETHNIC MINORITIES WITH ANXIETY DISORDERS THAT PRESENT AS ANGER & AGGRESSION

Teresa Combs, PhD, APRN, BC

Introduction (Purpose/Aims): The purpose is twofold: first to present differences in symptom presentation for anxiety between various racial and ethnic groups. The second is to highlight the importance of employing Leininger's model of Culture Care when presented with a person that is from a different racial, ethnic or cultural background.

Methods: The evidence associated with this presentation was an extensive review of the literature (ROL) using search terms: African American, Hispanic, anxiety, anger and aggression. Inclusion criteria articles include: anxiety diagnosis, symptoms, treatment, ages 5-65 years old. In addition my experience in my current practice.

Discussion/Conclusion: Current diagnostic practice involves a clinical assessment, collateral information and evaluation of diagnostic tools. While these are vital baseline measures Madeline Leininger's theory of Culture Care reaches for practices that include attending to the beliefs values and meanings from

populations that a provider may be unfamiliar. This approach can be useful to bridge the cultural gap between providers and patients. Strategies for change consist of: self-reflection, acceptance of the population you are treating, use of the cultural formulation of the DSM5 reaching out to collaborate with racial or ethnic colleagues and whenever possible matching patients with like providers.

Future Implications: There is a critical need for racial and ethnic diversity among mental health and primary care providers. However as these disciplines await the number to meet the need, current providers will benefit by making a deliberate effort to address cultural specific symptoms of anxiety disorders when working with racial/ethnic minorities. The benefit will be accurate diagnosis and treatment.

A SYSTEMATIC REVIEW OF NURSES' ATTITUDES AND BEHAVIORS REGARDING HOSPITALIZED ADULTS WITH DEVELOPMENTAL DISABILITIES

Vanessa A. Johnson, PhD, RN, Nicole Laing, DNP, & Margaret Jackson, MA, Ron Assaf and Kathy Assaf

Background: Intellectual and developmental disabilities (IDD) are a broad range of problems related to learning and adaptive behaviors usually present at birth and can last throughout a person's lifetime. Individuals who have IDD are hospitalized 6 times more often than the general population and often face higher costs associated with medical care supportive service needs. Furthermore, the number of individuals having IDD is increasing in the United States. An estimated 15% of children between the ages of three and 17 have one or more learning disabilities. **PURPOSE.** The purpose of this systematic review was to elucidate knowledge to provide guidance and justification for the design and the implementation of interventions to improve the attitude and emotions toward adults with developmental disabilities among nurses employed in acute care facilities.

Methods: A six-person team consisting of faculty and doctoral students conducted extensive literature search strategies to locate and appraise relevant literature reporting original data studies. The data were appraised using PRISMA guidelines.

Findings/Results: Four articles published up to February 2018 met the inclusion criteria. No study featured a randomized control trial.

Discussion/Conclusion: This Systematic Review illuminates the critical gaps in the scientific body of knowledge regarding effective interventions to address the persistent disparity in attitudes of nursing students and registered nurses regarding caring for patients with IDD. Research data to inform implementation of interventions to improve the attitude and emotions toward adults with IDD among nurses employed in acute care facilities is lacking. This dearth hinders the quality of life for both the provider and the patient and efficient and effective healthcare delivery.

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 which 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.

OLDER ADULTS PERSPECTIVE OF AUTONOMY IN RESIDENTIAL CARE, GUIDES TRANSFORMATIVE SERVICE DESIGN PROTOTYPE FOR CREATING A HEALTHIER COMMUNITY

Valeria Ramdin, PhD, MS, BSN

Introduction: In the USA life expectancy is approximately 78.7 years and is expected to increase over the next decade. With longevity there is an increase prevalence of chronic disease, and associated disease burden. With the chronicity of disease which occurs in over 80% of US adults 65 years and older, plus the associated disease burden, comes the challenges of how best to remain healthy. A growing segment of the population are these older adults (elders), who in their quest to maintain health, finds it difficult to independently care for self in their own homes. Moving into 'residential care' or 'assisted living' communities is a viable alternative to independent home living. Several policy makers, social enterprise and healthcare thinktanks call for creating healthier communities. However, this transition from home to residential communities relies on a level of dependency; which challenges the elder's ability to remain autonomous. Remaining autonomous is an important aspect of health, as autonomy is linked to reduced quality of life and negative health outcomes. In an effort to determine how the elders' autonomy are maximized in these residential communities, we conducted a two-phase study. The purpose of the research was to first conceptualize the meaning of autonomy in this population, then to utilize the data generated from the conceptual model of autonomy in residential care settings, to inform the development of a service design prototype to mitigate selected areas of deficit. This interdisciplinary qualitative study brought together researchers from nursing, service design and marketing to work on building a healthier community for this population of older adults living with chronic illness. Our aims were 1) to determine facilitators and barriers to autonomy among elders living with chronic illness and residing in residential care communities; 2) To identify the priorities for the development of a service prototype focused on mitigating autonomy challenges within this vulnerable population.

Methods: The Socioecological Model (SEM) and the Chronic Care Model (CCM) were used to guide the research. With IRB approval, we recruited participants who met the study criteria; aged 65 years and older, had at least one chronic disease, lived in a residential care community, had no significant cognitive impairment and could read and write English. We also assessed their health literacy using REALM-SF. A triangulated approach was used to collect data on the concept of autonomy: using individualized semi structured interviews, participant two-week journaling and observation of participants in their residential home. Dedoose App was used for content analysis and thematic formations to help group content under the various SEM and CCM domains.

Results: Ten participants completed the study, with outcomes that supported the concept of autonomy in the literature and its pragmatic importance on their health and well-being. They identified autonomy as being able to maintain control over all the aspects of their lives, sustain meaningful relationships and health behaviors. They also Indicated barriers to autonomy across all model domains; highlighted as access to services, communication and technology, financial resources, friends and family, transportation, decision making, scheduling and dependency as potential aspects of hindrances to their autonomy.

Discussion: The measures of health in adults 65 and over must take into account those with chronic illness and the degree to which they may lose autonomy in residential settings. There was some limitation in the study in that only women consented to the study, and although women live on average 6 years longer than men, it begs the questions, are men's view of autonomy similar in context. Additionally, there was minimal diversity of ethnicity and culture among the participants. Creating communities of health must include all vulnerable populations if we are to be successful in advancing health in communities across the globe. Because residential setting and assistive living are levelled services, the results are limited to the population in which the study was conducted, but it does contribute to the science on autonomy and its impact on health. The service design phase is under development and will be reported out at the conference.

REDUCING STIGMA TO IMPROVE HIV/AIDS PREVENTION, TREATMENT AND CARE IN JAMAICA

Cynthia Archibald, PhD

Introduction: The specific aims of this study focus on tailoring and then pilot testing the a Stigma Scale to include religious intolerance.

Methods This exploratory, community-based participatory research study will be conducted in two Jamaican faith-based communities: Christian and Rastafari. This study will be conducted in two phases. In phase 1, we will recruit 64 young people, ages 18-24 years, from both faith-based communities. They will participate in focus group discussions to elucidate attitudes and their subjective experiences toward stigma and religious intolerance among young people at risk for or living with HIV. We will also examine actual or perceived religious intolerance of males and females in their respective groups. Trained peer facilitators will conduct eight focus group discussions. In phase II, our community stakeholders will participate in similar discussions as we generate and refine items which are culturally sensitive and which address religious intolerance and stigma in HIV. We intend to add to the current HIV stigma science by modifying a well-established HIV stigma measure to include religious intolerance, an additional barrier within faith communities to effective HIV care and management in Jamaica.

Discussion/Conclusion: This work is significant to public health because of the high incidence of HIV among Jamaican young people and the influence of stigma, largely due to religious intolerance, on HIV care uptake. This research will facilitate the important work and build capacity to address HIV prevention, care and management in one island in the Caribbean, a region with the highest rate of HIV outside of Sub-Saharan Africa.

STORIES OF BEREAVED PARENTS USE OF RELIGION/SPIRITUAL PRACTICES AND DEPRESSION AND POSTTRAUMATIC STRESS DISORDER OUTCOME FOLLOWING THEIR INFANT'S/CHILD'S DEATH

Dawn Hawthorne, PhD, JoAnne Youngblut, PhD, and Dorothy Brooten, PhD

Introduction: In the United States 51,000 infants and children under the age of 18 years die annually; of those 52% represent infant deaths. The loss of an infant/child is an event that severely taxes the parents' and family's ability to cope with the death, possibly leading to depression and posttraumatic stress disorder (PTSD). Bereaved parents use a variety of resources to cope with grief. Some parents identify a reliance on faith while others find help in spiritual activities. Religious/spiritual activities can assist persons to make sense of their circumstances, instill hope and provide comfort. Despite the death rate for infants of Black non-Hispanic mothers being more than twice that for infants of White non-Hispanic mothers, few studies have examined the role of religion/spiritual practices of a diverse racial/ethnic population and its impact on depression and PTSD outcomes. The purpose of this study is to explore the role of religion/spiritual practices used by parents from a diverse racial/ethnic population and depression and PTS outcomes following the death of their infant/child.

Methods: One hundred and sixty-five parents completed the standardize questionnaires measuring depression and PTSD at one, three, six, nine and thirteen months. A qualitative approach was used to capture 35 parent (Black, White, Hispanic) stories. Open-ended semi-structured interviews related to specific bereavement questions were recorded at 7 and 13 months. Depression and PTSD scores were compared to the bereaved parents' stories.

Results: More Black non-Hispanic mothers used religious practices to cope with their infant's/child's death than White non-Hispanic mothers. Parents who described using religious practices to cope with the death of their infant/child had lower depression and PTSD scores. Additional factors; sudden death and decision to withdraw life support affected bereaved parents' depression and PTSD scores.

Discussion/Conclusion: Bereaved parents' stories demonstrated a strong link between the use of religion/spirituality practices and depression and PTSD outcome. Religious/spiritual activities offer a meaningful way to address the symptoms of depression and PTSD that arise after death.

AN EXAMINATION OF THE DEMOGRAPHIC, SOCIAL AND ENVIRONMENTAL PREDICTORS OF RISI FOR SCHIZOPHRENIA IN AFRO-CARRIBEAN IMMIGRANTS LIVING IN THE UNITED STATES

Sandra Gall-Ojurongbe PhD, RN

Aims: This study examined demographic, social and environmental factors to determine how well they predict risk for schizophrenia as a consequence of migration.

Background: From the mid-1960s European studies, predominantly the United Kingdom, reported elevated rates of psychotic disorders, particularly schizophrenia, in Afro-Caribbean immigrants. In the United States however, the mental health of Afro-Caribbeans has been obscured under the label of African American. There is evidence to supported migration as a significant risks factor for psychotic disorders in immigrants. Social and environmental factors associated with acculturation in the post-migration phase have been implicated. Risk increases the darker the skin color and with tenure of residency.

Methods. A correlational/predictive design using data from the National Survey of American Life (NSAL) measured the following predictors: demographic characteristics, racism, social support, goal striving stress, and urbanicity as risk for schizophrenia.

Findings. Eighty-one participants (5.8%) of the sample (1438) were at risk for schizophrenia. Discrimination, material hardship, number of children and growing up in the United States were the predictors identified as having a direct relationship to risk for schizophrenia in Afro-Caribbean immigrants in the United States. Social support and goal striving stress had an indirect relationship to risk for schizophrenia, while urbanicity was not statistically significant.

Conclusion. The majority of the predictors were empirically identified in the literature as factors that predispose immigrants to psychotic disorders such as schizophrenia. The effects of racism and discrimination can dampen aspirations and dreams of Afro-Caribbean immigrants. Material hardship, amplified by the number of dependent children, were identified in this study but not specifically discussed in the literature as risk factors for schizophrenia in immigrants. Adequate social support can have a buffering effect, hence the indirect relationship to risk. The mental health of vulnerable Afro-Caribbean immigrants is compromised by the marginalized label of Black minority as well as the stressors associated with migration. Special attention to this population, separate from African Americans, is warranted to reduce mental health disparities and identify individuals at risk.

PSYCHOSOCIAL STRESS AND PREGNANCY

Marlene Brennen, DNP

Purpose: The purpose of this presentation is to provide a review of the current evidence of the association

between psychosocial stress and preterm birth. The focus of nursing is on individuals within their environment, which includes the impact of the psychosocial environment on physiology of pregnant women. The prevalence of infants born preterm in 2015 was 1.5 % higher for non-Hispanic black women as compared to non-Hispanic white women (Martin et al, 2017). A multi-state survey of the pregnancy risk assessment monitoring system found that African American women reported the highest number of stressful life events in the 12 months before delivery (Lu & Chen, 2004). Some of the environmental stressor included: adequate housing, workplaces safety, access to health care services, the nature of our social interactions and relationships. Therefore, this review seeks to expound on physiological process of chronic activation of the hypothalamic pituitary adrenal (HPA) axis (the pathway of psychosocial stress), and its effect on preterm birth.

Methods: This review was developed doing a search of the literature using several key words. I began the search using word such as: chronic stress and preterm birth and obtained several articles on role of stress in the lives of women. I later expanded the search term to include the hypothalamic pituitary adrenal activation, and the role of glucocorticoid in preterm birth. I found various articles on HPA axis dysfunction and autonomic regulation of cellular immunity. I explored the references of these publication for other research on the subject.

Discussion/Conclusion: The review of the literature revealed that, glucocorticoids, produced locally in the intrauterine tissues may play a role in preterm birth. There was evidence to support that stress-induced levels of glucocorticoids function in a cell-specific manner. The glucocorticoid receptor was actively involved in regulating the process of birthing labor (Wang et al, 2015).



31st Annual Meeting and Scientific Conference Awardees

Lifetime Achievement in Education and Research Award

- Dr. Loretta Sweet Jemmott, Drexel University & Professor Emeritus University of Pennsylvania

Excellence in Community in Service and Engagement

- Dr. Henry Talley, Florida A&M University
- Dr. JoAnn Oliver, University of Alabama
- Dr. Marie Etienne, Miami Dade College

The Young Researcher Award

- Dr. Darylnet Lyttle, Virginia State University
- Dr. Tarsha Jones, Florida Atlantic University

The Sallie Tucker Allen Graduate Nursing Student Research Scholarship Award

- Gina Day, Florida Atlantic University

Presidential Award for Service

- Dr. Rosie L. Calvin
- Dr. Karethy Edwards
- Dr. Alice Hill





Linda Washington-Brown, PhD, EJD, MSN, CNS, ARNP-C, FAANP, was recently inducted into American Association of Nurse Practitioners (AANP). The Fellows of the American Association of Nurse Practitioners (FAANP) inducted 64 nurse practitioner (NP) leaders into the FAANP in June 2018. The new FAANP members will continue the tradition of impacting national and global health through their outstanding contributions. The FAANP program was established in 2000 to recognize nurse practitioner leaders who have made outstanding contributions to health care through clinical practice, research, education or policy. Fellows of AANP are visionaries and, as such, hold an annual think tank to strategize about the future of nurse practitioners and health care. The new Fellows will continue to demonstrate leadership and contribute to the mission of AANP. The AANP is the largest professional membership organization for nurse practitioners (NPs) of all specialties. It represents the interests of the more than 248,000 licensed NPs in the U.S. AANP provides legislative leadership at the local, state and national levels, advancing health policy; promoting excellence in practice, education and research; and establishing standards that best serve NP patients and other health care consumers. As The Voice of the Nurse Practitioner®, AANP represents the interests of NPs as providers of high-quality, cost-effective, comprehensive, patient-centered health care.



Voncella McCleary-Jones PhD, RN-BC, CNE, ANEF was recently named Associate Dean & Chair of School of Nursing, Wichita State University. Prior to becoming Associate Dean and Chair of the School of Nursing, Dr. McCleary-Jones was Associate Professor at the Fran and Earl Ziegler College of Nursing at the University of Oklahoma Health Sciences Center in Oklahoma City, Oklahoma. Dr. McCleary-Jones also served as the Director of the Master's Nurse Education Program for eight years, and as Interim Assistant Dean for Educational Excellence. Dr. McCleary-Jones holds a master's degree in nursing education, and a Ph.D. in adult and higher education administration. Dr. McCleary-Jones' clinical specialties include Adult Intensive and Post-Anesthesia Care. Dr. McCleary-Jones is a Harvard Macy Scholar, certification as a Certified Nurse Educator, and a Fellow of the NLN Academy of Nursing Education.



Patsy Smith, PhD, RN, CNE, immediate past president for ABNF, Inc., recently received the Faculty Governance award at the University of Oklahoma Health Sciences Center (OUHSC). Each year the Faculty Senate may select a deserving individual as recipient of the Faculty Governance award. This Academic Year, by unanimous vote, the OUHSC Faculty Senate determined that the highest award offered by Faculty Senate would be re-named in honor of retiring President of The University of Oklahoma, David L. Boren, for his unending support of and advocacy for higher education, and for his service to the State of Oklahoma as Governor, United States Senator, and President of the University of Oklahoma. The award was given to Dr. Patsy R. Smith for her service as Chair, Faculty Senate, during which she met

challenges with grace, dignity, and professionalism. Dr. Smith provided valuable input to the Academic Programs Council for curricular input that had a campus-wide impact; she served on the Faculty Advisory Council to the State Regents for Higher Education, and spoke to Regents on behalf of faculty to assure voice and vote on The University of Oklahoma presidential search committee. Dr. Smith participates in community-based research seeking to improve the lives of community-dwelling adults with chronic conditions, engaging students and faculty from multiple Health Sciences Center colleges. These and other contributions led Faculty Senate to name her a recipient of the David L. Boren Faculty Governance Award.



Ronnie Ursin, DNP, MBA, RN, NEA-BC, FACHE was recently recognized by Modern Healthcare among the Top 25 Minority Executives in Healthcare – Minority Executives to Watch. The Top 25 Minority Executives in Healthcare biennial recognition program takes great pride in honoring the top minority healthcare executives who are influencing the policy and care delivery models across the country. In doing so, executives are highlighting the continued need to nurture diversity in their organizations. Additionally, in January of this year, Dr. Ursin became the first nurse executive to lead Jennersville Hospital in West Grove, PA, as President and Chief Executive Officer. Jennersville Hospital, an entity of Tower Health, is a 63-bed, full service, acute care facility. Prior to becoming President and CEO, Dr. Ursin functioned for two years in his first chief nursing officer role at Northern Louisiana Medical Center. Dr. Ursin is currently adjunct at the University of Maryland University College and Lincoln University



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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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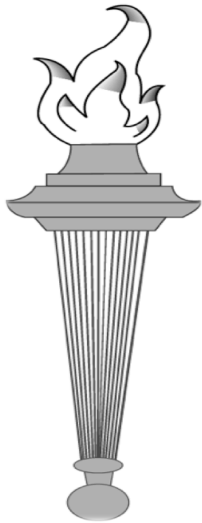
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