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4
Affirmative
action
awards

CABINET ON HUMAN RIGHTS
SUBCOMMITTEE ON AFFIRMATIVE ACTION
NOVEMBER 30 - DECEMBER 1, 1984
AGENDA ITEM 3.3

AMERICAN NURSES' ASSOCIATION

Criteria for Selection of Affirmative Action Winner

The Commission on Human Rights awards, each biennium, the ANA Structural Unit and the Constituent Association demonstrating the following criteria for Human Rights Affirmative Action programming and policy:

1. Affirmative action policy which directs and emphasizes a continuing need for multicultural awareness, and equal treatment of ethnic minorities both consumer and provider of health care.
2. Affirmative action policy which has the potential for ultimately improving the quality of care provided to ethnic minorities.
3. Affirmative action programming which provides equal opportunity and equal access to career and educational opportunities to ethnic minorities.

MDW:LE:lh

2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-5720

Eunice R. Cole, R.N.
President

Judith A. Ryan, Ph.D., R.N.
Executive Director

January 7, 1986

Marian Davis Whiteside, M.P.H., R.N.
1415 Lord Foxley Drive
Greensboro, NC 27405

Dear Ms. Davis:

The ANA Cabinet on Human Rights and Board of Directors Committee on Unit Assessment/Affirmative Action are working together to develop criteria for the SNA Affirmative Action Award. Dr. Juanita Hunter, chairperson of the Cabinet on Human Rights, has suggested that you are a valuable source of historical information concerning this award.

The board committee agreed at its December 1985 meeting to administer this honorary award. In order to present the award at the convention in June, the call for nominations must go out to SNAs in January. We are, therefore, somewhat pressed for time, but would appreciate any comments or assistance you are able to offer the cabinet and board committee as we develop the criteria for this award.

I have attached a copy of the criteria used in 1984, when the award was last made. Thank you for any help you can offer.

Very truly yours,

Irene Trowell-Harris

Irene Trowell-Harris, Ed.D., R.N.
Senior Staff Specialist, Social & Economic Affairs
Policy Development and Strategic Planning

IT-H:PB:kc

Enclosure

cc: ✓ Juanita K. Hunter
Annie Carter
Pat Bast



Washington Office:
1101 14th Street, N.W.
Suite 200
Washington, D.C. 20005
(202) 789-1800

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AMERICAN NURSES' ASSOCIATION

Criteria for Selection of Affirmative Action Winner

The Board of Directors Committee on Unit Assessment/Affirmative Action awards, each biennium, the constituent state nurses' association demonstrating the following criteria for Human Rights Affirmative Action programming policy:

1. Affirmative action policy which directs and emphasizes a continuing need for multicultural awareness, and equal treatment of ethnic minorities both consumer and provider of health care.
2. Affirmative action policy which has the potential for ultimately improving the quality of care provided to ethnic minorities.
3. Affirmative action programming which provides equal opportunity and equal access to career and educational opportunities to ethnic minorities.

TO: Cabinet on Human Rights

FROM: Irene Trowell-Harris, Ed.D., R.N. *ETH*
Senior Staff Specialist, Social and Economic Affairs
Policy Development and Strategic Planning

DATE: January 6, 1986

RE: SNA Affirmative Action Award

The Board of Directors Committee on Unit Assessment/Affirmative Action has accepted the responsibility for administering the SNA Affirmative Action Award. The Cabinet on Human Rights has been asked to help develop criteria for this award.

Attached is a list of criteria used in 1984, when the award was last made. Please review and return to me with your comments no later than January 17. I will review your suggestions with the committee prior to mailing the call for nominations on January 24.

IT-H:PB:kc

Enclosure

4
Affirmative
action
awards

CRITERIA FOR SELECTION OF
AFFIRMATIVE ACTION WINNER

Abstract

The Commission on Human Rights gives recognition awards each biennium to the ANA Structural Unit and the Constituent Associations demonstrating the following criteria for Affirmative Action Programming and policy:

1. Affirmative action policy which directs and emphasizes a continuing need for multicultural awareness, and equal treatment of ethnic minorities both consumer and provider of health care.
2. Affirmative action policy which has the potential for ultimately improving the quality of care provided to ethnic minorities.
3. Affirmative action programming which provides equal opportunity and equal access to career and educational opportunities to ethnic minorities.

MDW:LE:lh

#4II
Affirmation
Action
Programs

Affirmative Action in the Federated Structure: An
Historical Perspective

Adoption of a new by-laws structure continues to create a multitude of concerns, anxieties and mixed reactions by a large segment of the membership of ANA. Positive and negative responses have been vividly expressed and especially by ethnic minorities. Within each organizational unit questions have begged for answers as roles and functions were and are being examined in light of this new organizational foci. One is reminded in all of this uncertainty of the biblical question of "Can we put new wine into old bottles?" This question has indeed been raised about the Cabinet on Human Rights. As Chairperson, I would like to respond to this question. However in order to do this I need to briefly reflect on the philosophy, origin and past history of the Cabinet on Human Rights within the ANA structure.

ANA historically has concerned itself with the social and political realities which have produced inequalities in the nursing profession, within the health care delivery system, and in society in general. That concern felt by the membership has been expressed and reflected in numerous resolutions adopted by the House of Delegates and through support of a variety of specific programs. Although these aspirations have not always been followed by definitive actions their intent has continually served as the conscience of the nursing profession.

The philosophy underlying those pronouncements has stated that:

- 1) justice is a cardinal principle which guides the nursing profession in the provision of human services; 2) justice mandates that all persons in need of nursing service receive services that are equitable; and 3) the structural entities of the association must work to demonstrate the

transformation of a commitment to human rights into a visible/concrete/operational reality. The Commission on Human Rights which was officially established by the 1976 House of Delegates and was preceded by the Affirmative Action Task Force. Both groups have been instrumental in operationalizing the stated philosophy of ANA.

The Affirmative Action Task Force was created as a result of the Resolution on Affirmative Action Program adopted by the 1972 House of Delegates. The resolution addressed the lack of participation by black nurses within ANA. This concern was to have received major promotional efforts after the 1951 merger of the National Association of Colored Graduate Nurses and the American Nurses' Association. The resolution further directed ANA to encourage and promote Affirmative Action Programs on the state and local levels.

Affirmative Action Programming is a positive, continuing effort that is directed toward achieving results of correcting past inequities at all levels of an organization. Affirmative action usually addresses non-discrimination, equal employment opportunity and social change. Plans are developed with the target of eliminating discrimination against those who might benefit from an organization's services and derive their impetus from Title VI of the Civil Rights Act. The work of ANA's Affirmative Action Task Force was guided by a conception of Affirmative Action for social change. These are actions directed toward the elimination of the widest range of ways that discrimination may be practiced by an organization.

The Affirmative Action Task Force developed a model for Affirmative Action Programming. Data were gathered utilizing a unit assessment tool in which the structural units identified problems and issues which minority nurses incurred in seeking and holding membership in elected

#4 II

Concomitant

3

and appointed positions within ANA. Suggestions for programmatic activities based upon this need assessment were outlined in Affirmative Action Programming for the Nursing Profession (1975). The Commission on Human Rights succeeded the Affirmative Action Task Force and expanded upon these activities by seeking out, identifying and making recommendations of qualified minorities for elective and appointed positions. Concomitant with this action, a system was developed to assist in tracking those recommended persons and to thereby evaluate the effectiveness of this referral process. Although positive results were not static some progress was made in increasing minority participation within the association.

The changeover to the federation model and the implementation of a new set of bylaws have brought several significant changes related to the selection of persons for appointed positions and chairpersons. Prior to 1982 each commission elected their own officers and appointed two members to the commission during one biennium and appointed one member in the next biennium. Article seven section three currently states that five members of each cabinet shall be elected by the House of Delegates and two shall be appointed by the ANA board from nominees submitted by constituent SNA's and ANA cabinets and councils. This change could have a definite impact on the participation of minorities and other disenfranchised members within the association. With the state now the member of the association the opportunity for individual members to be appointed or elected to office without that state's support is reduced.

During the 1984 ANA convention the entire membership will experience the impact of the federation model and the new bylaws structure on the elective and appointment process. The current slate as submitted by the Nominating Committee lacks equitable representation by all ethnic

4

minorities. This phenomenon is the first concrete sign that a philosophy of affirmative action is not pervasive within the organization and will lack implementation within the federated structure. This reality has every potential for continuing. The concern is further heightened by the fact that thirty-five states in the past have documented that they have no affirmative action or human rights activities.

I believe that the House of Delegates and Board of Directors have a joint responsibility in carrying out the stated purposes of the organization. Article one states that these purposes shall be unrestricted by consideration of nationality, race, creed, lifestyle, color, sex or age. Each delegate therefore should cast her/his ballot with this principle in mind. Thereafter the Board of Directors in making decisions about appointments and chairpersons should actively balance the numbers with the inclusion of qualified ethnic minority members. Without this accountability by these two bodies affirmative action will soon be forgotten within ANA.