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Attachment 3

APPENDIX A.

AMERICAN NURSES' ASSOCIATION
CABINET ON HUMAN RIGHTS
REPORT TO THE BOARD OF DIRECTORS
March 1983

RECOMMENDATIONS TO THE BOARD OF DIRECTORS:

1. That the list of Minority Members Among Elected and Appointed Officials be refined to include all organizational units, indicating total number of members, ethnic/minority representation, and whether the individuals had been elected or appointed and by whom, and their terms of office and
2. That this list be sent to all SNAs, cabinets, and executive committees of the divisions on practice and the councils this spring so that they have a resource for nominations in the fall and
3. That the board's committee on unit assessment/affirmative action be charged with monitoring the affirmative action program for association staff.

Report of Subcommittee on Affirmative Action
Programming

The Cabinet on Human Rights charged the Subcommittee on Affirmative Action Programming to:

1. Review the publication Affirmative Action Programming for the Profession
2. Consider revisions in light of the 1984 House of Delegates report
3. Bring back recommendations to the Cabinet on Human Rights at its January 1985 meeting.

A number of documents served as the basis for the recommendations made. These are listed in Attachment A.

The subcommittee offers the following recommendations to the Cabinet on Human Rights:

1. That the cabinet retain the publication Affirmative Action Programming for the Nursing Profession.

On reviewing the document, the subcommittee concluded that the content continues to be pertinent. The affirmative action model provides guidelines that are relevant to current and potential efforts of SNAs.

No revision is indicated. Instead, a companion document is recommended which more directly addresses implementation of programmatic activities. (See below.)

2. That the cabinet evaluate the effectiveness of ANA's Affirmative Action Programming.

Evaluation of the organization's affirmative action program activities needs to be done for purposes of policy development and future activities (immediate and long-range) of the Cabinet on Human Rights. The data bases that will need to be reviewed are:

2.1 Currently available data

- 2.1.1 Review the 1984 SNA survey and previous surveys, if available for comparisons between 1976, 1980, and 1984. The survey instrument should also be reviewed to determine if other questions would be useful for the 1985 survey.

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Report of Subcommittee on Affirmative Action
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- 2.1.2 Review membership characteristics, total and state by state: race, race by position, race by age group, race by age group by position, race by deletions, race by deletions by position. These data should be compared, if possible, between 1976, 1980, and 1984.
- 2.1.3 Review the ethnic composition of the following ANA structural units: Board of Directors, Commissions/Cabinets, Executive Committees of Councils, and Standing Committees of the Board of Directors. These data should be compared between 1976, 1980, 1984, using biennial convention reports as sources.
- 2.1.4 Review the number and positions of minorities employed by ANA. (These data are collected and filed by the Human Resources Unit. Oversight responsibility rests with the Executive Director and the Employee Relations Committee of the Board of Directors.)
- 2.2 A larger data base will need to be acquired. Possible sources of available data should be explored. Where sources do not exist, the data will need to be generated through a proposal process seeking funding. The data needed are: recruitment, retention, and graduation of minority students (some data are available in NLN Nursing Data Book); recruitment and retention of minority nurse employees (American Hospital Association?); minority nurses in leadership positions in health care agencies (AHA?); minority nurses in faculty positions on tenure track; utilization of health services by ethnic/cultural/SES minority clients in relation to ethnicity of health care providers in agencies (literature review); and minority nurses holding office in SNAs in 1976, 1980, and 1984.
3. That the cabinet develop a policy statement on human rights, including what human rights encompasses.

This should result in a brochure on human rights.
4. That the cabinet develop a companion document to ANA Affirmative Action Programming directed to the how-to's of implementing program activities.
 - 4.1 Review currently available data and develop any indicated policy statement.
 - 4.2 Provide audio-visual materials as appropriate to accompany the document.
5. That the cabinet facilitate institutionalizing curriculum content on ethnic/cultural diversity through working collaboratively with the Cabinet on Nursing Education, the National League for Nursing, and the National Council of State Boards of Nursing.

Report of Subcommittee on Affirmative Action
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6. That the cabinet provide consultation to SNAs.

A positive, proactive approach should be instituted in relationships with SNAs concerning affirmative action programming. Services should be offered by cabinet members, each of whom would be obligated to assist a certain set of SNAs.
7. That the cabinet provide for biennial assessment of SNA Affirmative Action Programming.

This might be accomplished by exploring the incorporation of cabinet-identified questions into the annual SNA survey to ascertain effectiveness of affirmative action programming. If this is not possible, a biennial assessment with an appropriate, revised survey format might be instituted.
8. That the cabinet assess the relationship between ANA and the National Black Nurses Association and ANA and the Federation of Filipino Nurses in the U.S.

The cabinet should assess the effects, if any, of these two organizations' membership size on the decrease in Black and Filipino nurse membership in ANA, respectively, and determine approaches to fostering collaborative relationships with same.
9. That the cabinet consider the following additional recommendations
 - 9.1 That Contemporary Minority Leaders in Nursing may serve as a source for students as well as SNAs. Promotional efforts, however, are not indicated without clarifying the lack of systematic identification and selection of representative minority leaders.
 - 9.2 That the cabinet retire the one-page statement on Affirmative Action printed in 1979. The statements are contained in Affirmative Action Programming. Out of context, the statements are weakened in significance.
 - 9.3 That the cabinet should issue a call for papers on access to care for publication irrespective of the forthcoming decision on the request for a conference submitted by the Cabinet on Human Rights.

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Attachment E

Reference Documents
for the
Subcommittee on Affirmative Action

Affirmative Action Programming for the Nursing Profession, ANA, 1975

Filmstrip, "Strategy for Change"

Contemporary Minority Leaders in Nursing: Afro-American, Hispanic, Native American Perspectives

1984 House of Delegates report on Commitment and Action on Human Rights

Resolution #4 Social Responsibility for Health Care Services to At-Risk Populations

Excerpts from SNA Surveys 1976, 1983, 1984

Memo (January 13, 1983) to constituent nurses' associations and September 1983 memo regarding Affirmative Action/Unit Assessment Report with Summary of Responses

Definitions from the Civil Rights Act

Minor and Shaw. "ANA and Affirmative Action," AJN, October 1973, 1738-1739

"Gains By Blacks in Education Found Eroding" Chronicle of Higher Education, April 17, 1985, 1

"Minority Enrollments at More Than 3,100 Colleges and Universities" Chronicle of Higher Education, December 5, 1984

Comments from drafters of Affirmative Action Programming for Nursing Profession Through ANA in response to request for advice and recommendations for appropriate revision of the documents

Affirmative Action: Toward Quality Nursing Care for a Multiracial Society (Pub. ANA 1976, out of print)

Keithly memo to L. Eddy 3/28/85 with aggregate data on ANA minority candidates and officials

Facts About Nursing 82-83

A Strategy for Change (ANA Pub. 1979 - out of print)

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REPORT OF CABINET ON HUMAN RIGHTS

Report: B
(A-86)

Subject: Affirmative Action in the Nursing Profession

Introduced by: Juanita K. Hunter, Ed.D., R.N.
Chairperson, Cabinet on Human Rights

Referred to: Reference Hearing D
Jo Ann Appleyard Page, M.S.N., M.P.H., R.N.
Chairperson

1 The Cabinet on Human Rights, formerly known as the Commission on Human
2 Rights, was established in 1976 in direct response to a 1972 House of
3 Delegates resolution on an affirmative action program. Affirmative action
4 programming, as described in Affirmative Action Programming for the
5 Nursing Profession Through the American Nurses' Association, is a
6 positive, continuing effort that is directed toward achieving results and
7 is specifically designed to transcend neutrality. Not merely
8 nondiscriminatory programming, it vigorously works to correct past
9 inequities at all levels of the organization.
10
11 The Cabinet on Human Rights is continuing its attention to affirmative
12 action and has identified some progress within the American Nurses'
13 Association over the past 10 years, including an affirmative action
14 publication, establishment of biennial affirmative action awards for
15 organizational units and state nurses' associations (SNAs), and increased
16 participation of minority nurses in SNAs and at the national level.
17
18 In order to assess more systematically the progress of affirmative action
19 in nursing, the cabinet appointed a Subcommittee on Affirmative Action in
20 1984 to evaluate affirmative action efforts of the association over the
21 last 10 years. The committee considered three major areas dealing with
22 minorities: national data on minority representation, leadership at the
23 national level of ANA, and minority participation in the SNAs.
24
25 In the general population of the United States, as reported in 1984,
26 minorities represented 29.3 percent of a total population of 226,546,000.
27 The committee compared this to the percentage of minorities found in the
28 nursing profession in this country and to the percentage of minorities
29 found in the American Nurses' Association. Minorities in the nursing
30 profession, as reported in 1984, represented 7.2 percent of a total of
31 1,662,400 nurses. Minority nurses who pay dues to the professional
32 association constituted 6.3 percent of the total association membership of
33 184,800.

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1 In studying participation of minorities in leadership positions at the
2 national level of ANA, the committee examined data related to the
3 nomination, election, and appointment of officials at the national level
4 of the association. Attached to this paper are two figures presenting
5 these data. No reliable information exists about numbers of minority
6 nurses in official positions at ANA prior to 1983.
7

8 In 1984, there were 232 individuals suggested for nomination to the Board
9 of Directors, cabinets, and Nominating Committee. Of that number, 17.2
10 percent (40) were minority nurses. Sixty-nine of the 232 individuals were
11 placed on the slate; of that number 17.3 percent (12) were minorities.
12 Twenty-seven of the 69 individuals on the slate were subsequently elected;
13 18.5 percent (5) were minorities. In 1984, 184 individuals were suggested
14 for appointment by the Board of Directors to cabinets and committees. Of
15 that number, 14.0 percent (26) were minority nurses; of the 13 appointed,
16 31.0 percent (4) were minorities.
17

18 In 1985, 265 individuals were suggested for nomination to the Board of
19 Directors, cabinets, and Nominating Committee. Of that number, 18.9
20 percent (50) were minority nurses. Seventy-three individuals were placed
21 on the slate; of that number, 20.5 percent (15) were minorities. Thirty-
22 three of those placed on the slate were subsequently elected; 21.0 percent
23 (7) were minorities. In 1985, 115 individuals were suggested for appoint-
24 ment by the Board of Directors to cabinets and committees. Of that group,
25 2.0 percent (2) were minorities; of the 22 appointed, 9.0 percent (2) were
26 minorities.
27

28 From the available data the committee concluded that minorities are
29 underrepresented in the profession and in the nurses' association. A
30 particular concern is that the number of black nurses in younger age
31 groups seems to be decreasing. The committee also found that minority
32 representation in leadership positions at the national level of the
33 association has been positively influenced by the appointment authority of
34 the Board of Directors.
35

36 The third type of data examined by the committee concerned the number of
37 minority nurses who hold state nurses' association offices relative to the
38 number of minority nurses in the state, and the proportion they comprise
39 of the total SNA membership. The offices included in the review were
40 president, vice president, board member, treasurer, secretary, members of
41 groups analogous to cabinets, committee members or groups analogous to
42 councils, task force members, and others. The committee noted that 46
43 SNAs reported at least one minority nurse in a leadership position in
44 1984. In 1975 it was reported that 38 SNAs had minorities participating
45 in the work of the SNA. The committee reviewed the number of minority
46 nurses in leadership positions compared with the number of minority nurses
47 in the states and in the SNAs. The committee observed, based on an
48 incomplete data base, that there appears to be great variation among SNAs
49 in the participation of minorities in leadership positions. Minority
50 representation within some SNAs does not seem to reflect the ratio of

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1 minorities to the general populations in the respective states. Also, in
2 comparing SNAs with affirmative action programs with data on minority
3 representation in SNAs, it does not appear that some affirmative action
4 programs are having much impact. On the other hand, at least one SNA
5 known to have a very active affirmative action program has much more
6 minority participation than states with similar minority ratios. Based on
7 data available to the committee, the members observed that the publication
8 Affirmative Action Programming for the Nursing Profession Through the
9 American Nurses' Association and related affirmative action activities
10 probably had no discernible impact on SNAs' minority participation but may
11 have contributed to increased minority participation at the national level
12 of the association. (The Bibliography includes documents related to
13 minority representation in nursing.) It should also be noted that the
14 foregoing observations were drawn from an incomplete data base reflecting
15 bits of data from 1980 to the mid-1980s.
16

17 Although the charge to the committee was to review progress on affirmative
18 action since 1976, the committee found that lack of data required a shift
19 from a retrospective review to establishment of baseline status of present
20 minority representation and consideration for systematic data collection
21 in the future.
22

23 **Recommendations:**
24

25 **That ANA through collaboration of the Cabinet on Human Rights**
26 **and the Cabinet on Nursing Education develop a plan to encourage**
27 **recruitment and retention of minority students in nursing.**
28

29 **That ANA encourage SNAs to recruit minority nurses into the**
30 **association membership.**
31

32 **That ANA encourage SNAs to identify minority nurses with**
33 **leadership potential and provide the opportunity for development of**
34 **this skill.**
35

36 **That ANA encourage SNAs to suggest names of minority nurses**
37 **for nomination to SNA and national-level positions.**
38

39 **That ANA identify minority nurses with leadership potential**
40 **and provide the opportunity for development of this skill.**
41

42 **That ANA and the SNAs evaluate processes through which data**
43 **are systematically collected on characteristics of SNA members in**
44 **order to make information on affirmative action available.**

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- 1 Past House Action: 1970 Resolution on Nursing Education
- 2 1972 Resolution on Affirmative Action Program
- 3 1980 Resolution on Minority Representation in Nursing
- 4 Education
- 5 1984 Commitment and Action on Human Rights

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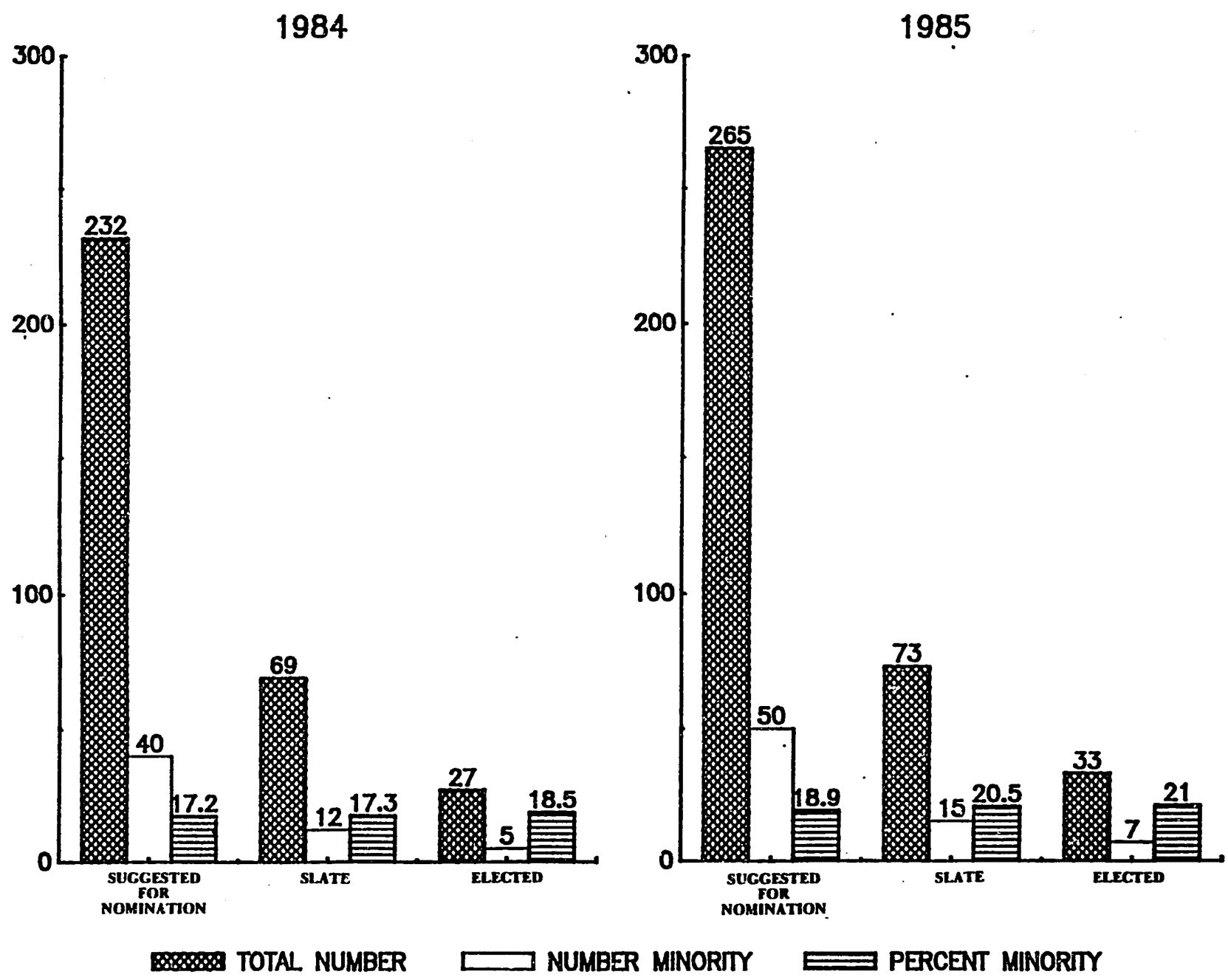
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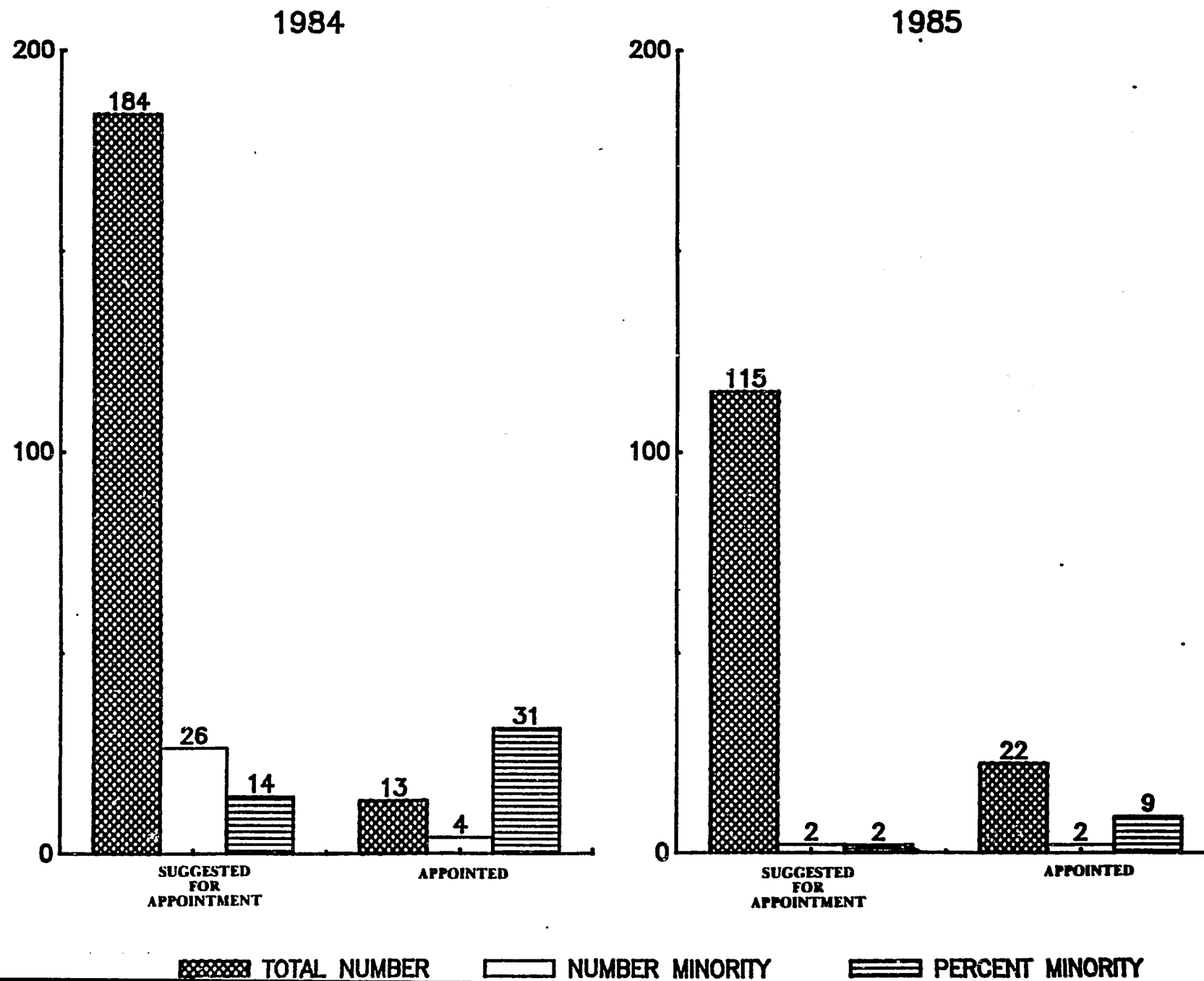
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PERCENTAGE OF MINORITY IN THE ELECTIC PROCESS FOR ANA BOARD OF DIRECTORS, CABINETS, AND NOMINATING COMMITTEE



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PERCENTAGE OF MINORITY IN THE APPOINTMENT PROCESS FOR
CABINETS AND COMMITTEES



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REPORT OF CABINET ON HUMAN RIGHTS

Report: A
(A-86)

Subject: Acquired Immune Deficiency Syndrome (AIDS)
Informational Report

Introduced by: Juanita K. Hunter, Ed.D., R.N.
Chairperson, Cabinet on Human Rights

Referred to: Reference Hearing D
Jo Ann Appleyard Page, M.S.N., M.P.H., R.N.
Chairperson

1 The "number one health priority" was how the Acquired Immune Deficiency
2 Syndrome (AIDS) was described by the Department of Health and Human
3 Services in June 1983. The American Nurses' Association reaffirmed its
4 commitment to assure access to health care services for victims of AIDS in
5 June 1984, with the ANA Statement on Health Care for a Population At
6 Risk. This statement was updated in September 1985 with a news release
7 urging the health care community to step up efforts on AIDS.
8
9 In November 1985, ANA issued a news release urging use of the Centers for
10 Disease Control guidelines for care of AIDS patients. The revised guide-
11 lines stressed the importance of education for all health care workers
12 about the epidemiology, modes of transmission, and prevention of AIDS. In
13 addition to education for health care workers, ANA has supported increased
14 public and private funding for AIDS research and national analysis of AIDS-
15 related questions.
16
17 The Cabinet on Human Rights submitted a recommendation to the Board of
18 Directors in December 1985 to establish a Task Force on AIDS with
19 representatives from the Cabinets on Human Rights, Nursing Research,
20 Nursing Practice, Nursing Services, Nursing Education, and Economic and
21 General Welfare, the Committee on Ethics, and the Council on Medical-
22 Surgical Nursing Practice. The Cabinet on Human Rights asked that the
23 board charge the task force (1) to develop a coordinated plan to educate
24 nurses and the public about AIDS; (2) to develop a policy statement on
25 nurses' rights and obligations in providing care to this population and to
26 collect data on the occurrence of problems in this area; (3) to identify
27 anticipated future ramifications for nursing and health policy posed by
28 this disease; and (4) to provide collaboration with other groups working
29 on this issue.

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1 The Board of Directors in its December 1985 meeting allocated sufficient
2 funding in the 1986 budget to provide coordination and/or consultation
3 related to ongoing work with organizational units and staff to coordinate
4 ANA program activities related to AIDS.

5
6 At its February 1986 meeting, the Cabinet on Human Rights reviewed action
7 of the board and decided to proceed with coordinating AIDS activities
8 mainly by mail. James Welch, B.A., R.N., will chair those AIDS
9 coordinating activities. All ANA cabinet chairpersons were invited to
10 submit information on their cabinet's work related to AIDS. Linkages are
11 being established with the Cabinet on Nursing Practice, the Cabinet on
12 Economic and General Welfare, the ANA representative to the Centers for
13 Disease Control, and the Committee on Ethics to assure coordination of
14 information on the various aspects of AIDS.

15
16 In November 1985, by request of the Cabinet on Economic and General
17 Welfare, an AIDS survey questionnaire was sent to state nurses'
18 associations and Nursing Organization Liaison Forum participants to obtain
19 a current overview of developments in employment issues related to AIDS.
20 The purposes of this information are to assist the cabinet and other
21 officials in addressing areas of policy, to assist staff in responding to
22 questions, to identify problem areas, and to facilitate discussion. A
23 total of 28 SNAs and 8 state affiliates of the Emergency Nurses
24 Association responded to the AIDS survey questionnaire. The majority of
25 the responses addressed the need to share information and resources,
26 receive updated guidelines, monitor legislative initiatives, and continue
27 education for the profession and the public on AIDS. There were a few
28 documented cases of registered nurses and other health care workers
29 refusing to care for AIDS patients.

30
31 ANA endorsed the participation of the American Red Cross in the National
32 Institutes of Health, Institute for Allergy and Infectious Disease,
33 proposal for the dissemination of AIDS information. Information approved
34 by ANA will be disseminated to constituents, ANA officials, and
35 participants in the Nursing Organization Liaison Forum.

36
37 ANA participated in an AIDS teleconference March 26, 1986, as a contrib-
38 uting organization. This teleconference was sponsored by the Bureau of
39 National Affairs, Inc., and the Public Broadcasting Service, and provided
40 a forum for a comprehensive investigation and discussion of the legal and
41 medical issues, public policy implications, and employer and employee
42 concerns about AIDS in the work-place.

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1 The Cabinet on Human Rights plans to continue its coordination efforts on
2 behalf of the association and communicate updated information to
3 constituents and others as appropriate. A subcommittee of the cabinet met
4 in February 1986 and developed a coordinated plan of action, and will
5 proceed with implementation of these activities. These activities include
6 developing a bibliography, assessing educational materials available at
7 ANA, developing a policy statement, establishing linkages, coordinating
8 with other organizations to share information and resources, encouraging
9 registered nurse representation on local and state AIDS task forces, and
10 distributing AIDS educational material to SNAs.