1989

Coar Report; Series I; File 29

Juanita Hunter

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NEW YORK STATE NURSES ASSOCIATION
213 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371
January 16, 1989

TO: NYSNA Board of Directors
FROM: Juanita K. Hunter, EdD, RN
       President
       Elizabeth Carter, GrPH, RN
       Deputy Director

AGENDA #21(C)

CONSTITUENT OF THE AMERICAN NURSES ASSOCIATION

COAR

Summary of Recommendations

The following is a summary of the recommendations from the ANA Commission on Organizational Assessment and Renewal as presented to the ANA Board of Directors in December. The ANA Board of Directors unanimously accepted and endorsed the recommendations. They now will be sent to the Bylaws Committee and the House of Delegates.

The recommendations follow the eleven issues identified by COAR.

I. Organizational Mission

Core mission activities, growth activities and self-sustaining activities are identified. These activities are identical in the COAR Progress Report.

It further recommends that ANA provide some administrative support to the ANA, MAN-A, and ANP for the near future with the goal that they become self-sustaining activities.

II. On Maintenance of a Viable Constituent in Every State, COAR recommends that:

The ANA Bylaws be changed to allow for:

1. Multi-state constituents, and
2. A constituent or constituencies for U.S.A. nurses overseas

III. On Membership and Definition of ANA Member, COAR recommends that:

The ANA Bylaws be changed to allow for:

1. Organizational membership within SNAs;
2. National nursing specialty organizations to have input to the Congress of Nursing Practice;
3. A representative from the Federal Nursing Chiefs to hold a seat in the ANA House of Delegates;
4. And further that, ANA Bylaws be changed to allow for a new category of organizational membership at the national level that would be differentiated from constituent membership in the following ways:

   Membership A
   (Constituent Membership)
   1. SNAs, MSC(s) and USANOC(s) are ANA constituents.
   2. Constituent members have delegates at large, proportional delegate representation, and votes in the ANA House of Delegates.
   3. Individual members of constituent organizations are eligible to hold office in ANA.
   4. ANA delegates representing constituents are eligible to vote for ANA offices.
   5. Individual members of constituent organizations qualify for elected and appointed office, and for appointment to task forces and other ad hoc groups.
   6. Constituent organizations pay full dues assessment.
   7. The ANA Board of Directors grants constituent status.

   Membership B
   (Organizational Membership)
   1. Other national nursing organizations that meet NOLF criteria are organizational members.
   2. Organizational members have one representative (RN) and one vote per organization in ANA House of Delegates.
   3. Organizational representatives are not eligible to hold office in ANA.
   4. Organizational delegates are not eligible to vote for ANA offices.
   5. Organizations' representatives (WHO qualify for appointment to task forces and other ad hoc groups.
   6. Organizational members pay an organizational fee.
   7. The ANA Board of Directors grants organizational membership status.

The preceding recommendations have been revised to include comments and suggestions from the ANA Board of Directors and the ANA House of Delegates.
IV. On Criteria and Organizational Arrangements for Membership in SNAs, COAR recommends that:
   The ANA Bylaws be changed to define the individual membership of SNAs as PNs;
   The ANA Bylaws be changed to provide for a mechanism and specified criteria to permit organizational memberships within SNAs.

   The rights, privileges, and responsibilities of such organizational members will be prescribed by the SNA and limited to the state level of the association.

The national mission and program would focus on professional nursing.

V. On Control of Standards of Nursing Practice: Reference Groups (ANA Councils), COAR recommends that:
   The ANA Bylaws be changed to allow ANA councils that meet the NOLF criteria to be eligible for a seat and vote in the ANA House of Delegates and eligible to participate in NOLF.

   The Board should reassess guidelines for the establishment and maintenance of councils and review the existing councils accordingly.

VI. On Control of Standards of Nursing Practice: Reference Groups (National Specialty Nursing Organizations), COAR recommends that:
   The ANA Bylaws be changed to allow for a new category of organizational membership at the national level that would be differentiated from constituent membership as in III (Membership B);

   The ANA Board of Directors expand and accelerate efforts to establish contracts for service and joint ventures between ANA and national nursing specialty organizations.

VII. On Dues, Incentives, Other Revenues, COAR recommends that:
   The dues assessment be set at a level sufficient to fund the core mission activities and growth activities;  
   The ANA Board of Directors proceed to implement corporate structural changes that will enhance the generation of non-dues revenue; 
   A special task force be formed to determine incentive programs to enable SNAs to increase membership; 
   The ANA/ANA Business Arrangements Task Force assess and advise on a two-tier dues formula. One assessment would support core activities to fulfill the mission of ANA. The second assessment would facilitate the purchase of packages of individual member benefits or services.

VIII. On Governance, COAR recommends that:
   The ANA Bylaws be changed to allow for a Congress of Nursing Practice and a Congress on Nursing Economics to focus on long range policy development essential to the mission of the association, on the development and adoption of standards, and on the development and evaluation of programs in their functional areas of expertise; 
   The ANA Bylaws be changed to allow for a structural minimum with further detail encompassed in operating rules; 
   The ANA ballot for Board of Directors be constructed to guarantee regional representation and staff nurse representation on the ANA Board of Directors; 
   The ANA Board of Directors, Committee on Committees and SNAs ensure appointment of staff nurse representatives across the association; 
   The ANA Bylaws provide for biennial meetings of the House of Delegates; 
   The ANA House of Delegates be reduced in size by 10%.

IX. On Structure and Financing of ANA's Credentialing Programs, COAR recommends that:
   The ANA Board of Directors establish a separately incorporated center through which ANA would serve its own credentialing programs: 
   1) ANA will set standards for nursing education, nursing practice, and service. The credentialing center will be autonomous with respect to the development/implementation of operational and administrative credentialing policies and practices;  
   2) The center should be encouraged to work with other nursing organizations related to credentialing; 
   3) The credentialing activities of the center should be self-sustaining.

X. On Structure and Financing of Collective Bargaining, COAR recommends that:
   The ANA Bylaws be changed to create a Congress on Nursing Economics to focus on a) long range policy development essential to the mission of the association, and b) the development of standards and programs for economic and general welfare; and further, 
   The ANA Bylaws be changed to create an Institute of ANA Collective Bargaining Programs and a Commission on Economic and Professional Security to work through the Congress on Nursing Economics in order to address the profession's labor relations, economic and workplace concerns.

The members of ANA's Congress on Nursing Economics be composed of a combination of elected and appointed officials who collectively represent key areas of economic expertise and the common interests of education, regimen, service, human rights and ethics.
The members of the Institute of SNA Collective Bargaining Programs be one elected official from each of those SNAs with collective bargaining programs.

The members of the Commission on Economic and Professional Security be appointed by the ANA Board of Directors to collectively represent knowledge of workplace issues and strategies not covered by collective bargaining agreements.

XI. On Relationships/Linkages with Other National Organizations, COAR recommends that:

The ANA Board of Directors expand and accelerate implementation of joint projects, ventures, coalitions and liaisons between ANA and other nursing organizations.

The ANA Board of Directors, with the National Student Nurses Association (NSNA), provide for the representation of NSNA in the ANA House of Delegates without a vote.

The ANA Board of Directors plan for regular, concurrent and interactive meetings of the leadership of ANA and NSNA.

The ANA Board of Directors work jointly with NSNA to develop and implement new mechanisms to cultivate, socialize, and professionalize nursing students for active roles in the professional association.
COAR REPORT

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III. Governance

- rewrite budget to allow for a Congress of Chapters
- create a Congress of Coaching to train on long-range policy development
- The strategic plan driving the work of the organization

The ANA Wall be changed to allow for a structural reorganization

The ANA Wall be structured to enable regional segmentation and staff
- create new regions
- add new positions
- balance authority and staff
- create new teams
- provide for navigational support of all
- support across the organization

Prepare for biannual meeting to discuss

Follow up by in-person meeting
RESOLUTION ADOPTED BY THE NYSNA 1989 VOTING BODY
OCTOBER 17, 1988

Immediately following the 1989 ANA House of Delegates, the NYSNA Board of Directors shall evaluate the status of the membership issue as reflected in the COAR Report and any related action(s) of the ANA House of Delegates on membership requirements.

If the NYSNA Board of Directors determines that the COAR Report and/or House of Delegates action(s) does not preserve the previous membership base consisting exclusively of RNs for ANA and the SNAs, the NYSNA Board of Directors is authorized to present to the 1989 NYSNA Voting Body necessary resolutions and bylaw amendments as necessary for the NYSNA membership consideration.
Objective:
Analyze the concept of parity and its potential to increase the admission, retention and graduation of black Americans from health profession programs.

Problem:
Despite the disproportionately excess death and morbidity rate among blacks, in Michigan, this 14.5 percent of the population had only 7 percent representation among Michigan medical school graduates in 1986 and only 3 percent of its nurse graduates (40 schools reporting). Nationally, the percent of increase in the number of black physicians, from 1950-1986, was one tenth percent (0.1%). The representation of blacks in the general population over the 36 year period rose from 10 percent to 11.5 percent.

Parity Defined:
A measure of the degree to which equality of representation exists for various segments of the population in the health professions based on their corresponding presence in the general population.

Parity-Index for Health Profession Programs:
A measure of parity based on first year enrollment data:
\[
\text{% of group in minority group} \div \text{% of group in general population} \times 100
\]

Minority racial/ethnic groups admitted to the first year of enrollment at a parity index of less than 100 for a given academic year in a given program are defined as being "below parity".
Minority groups that have a history of being admitted to health profession programs below parity are said to be "underrepresented".

Proposal:
Pursue parity as stated in mission and goals statement of The National Center for the Advancement of Blacks in the Health Professions.
<table>
<thead>
<tr>
<th>Minorities</th>
<th>First Year Admission 85 - 86</th>
<th>Enrollment 85 - 86</th>
<th>Graduations 85 - 86</th>
<th>Employed Nurses 1984</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blacks</td>
<td>9.0</td>
<td>6.0</td>
<td>6.0</td>
<td>4.5</td>
<td>11.5</td>
</tr>
<tr>
<td>Hispanics</td>
<td>2.8</td>
<td>1.8</td>
<td>2.6</td>
<td>1.6</td>
<td>6.4</td>
</tr>
<tr>
<td>*Asians/Pacific Islanders</td>
<td>1.9</td>
<td>1.4</td>
<td>1.2</td>
<td>3.0</td>
<td>1.6</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0.6</td>
<td>0.4</td>
<td>0.6</td>
<td>0.3</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>13.3</strong></td>
<td><strong>9.6</strong></td>
<td><strong>10.4</strong></td>
<td><strong>9.4</strong></td>
<td><strong>20.1</strong></td>
</tr>
<tr>
<td>Men</td>
<td>6.0</td>
<td>4.4</td>
<td>5.5</td>
<td>3.3</td>
<td>49.4</td>
</tr>
</tbody>
</table>

**Representation of women and non-minorities**

<table>
<thead>
<tr>
<th>Gender</th>
<th>First Year Admission 85 - 86</th>
<th>Enrollment 85 - 86</th>
<th>Graduations 85 - 86</th>
<th>Employed Nurses 1984</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>94.0</td>
<td>95.6</td>
<td>94.5</td>
<td>96.7</td>
<td>50.6</td>
</tr>
<tr>
<td>White (Non-Hispanic)</td>
<td>86.7</td>
<td>90.4</td>
<td>89.6</td>
<td>89.5</td>
<td>79.9</td>
</tr>
</tbody>
</table>


* A racial/ethnic minority group that is not under-represented.
#29

COAR REPORT

[Text is not legible due to handwriting and image quality]
COAR REPORT

I organizational structure:

No substantive changes - one primary method
Self-sustaining activities - some advances reported to RCO.

SNR MRC PAR for emphasis with joint to

II Maintenance of a United Constituent in Every State

To allow for:

- Constituent status for SNR
- Constituent status for USA

Maintain a technical agreement should continue.
#29

**COAR REPORT**

### The Structure and Financing of ANA's Collective Bargaining

- Reform to create a Congress on Economic Affairs
  - (a) Long-range policy development in terms of the extent of the association
  - (b) Development of standards and programs for economic and general welfare
- Members to be comprised of a combination of elected and appointed officials who collectively represent regional areas of economic significance
- Plans to create an Institute of ANA Collective Bargaining programs
  - Members to be elected officials from each state with collective bargaining program
- Plans to create a Commission on Economic and Professional Security
  - Members to be appointed by the ANA to collectively represent knowledge of collective issues and strategies and counsel by collective bargaining agreements (for example, three or five-year contracts involving annual salary increases or revisions of...
COAR REPORT

The relationship: National & Other National Organizations

- Spend joint projects, continue working relationship.

- Work in any national Shared Program Area on 400
  without vote.

- Vote to remain 4 Special Funding Area on 400
  with vote.

- All other policies.

Policy review all org policy issues except:
- The date of appointment and that time
- Revisions that need to be returned to the originating policy making body for action.
1. Legal concerns on reporting mechanism for the creation of a new economic body.
2. Need for new SNA to be defined.
3. What is legal without implications.
5. Formation of relationships between NNA and NNA organization on the Board.
6. Relationship & Constituent line & BOD.
7. Definition of multi-state constituting.
10. What's the meaning? What's the meaning of the constituent?
11. What's the meaning? What's the meaning of the collective organization?
12. Need for new SNA to be defined.
13. Legal concerns on reporting mechanism.
14. Role of Constituent Assembly in the constitution.
15. Legal concerns on collective bargaining.
16. Relevant election of SNA members.
17. Need for new SNA to be defined.
COAF REPORT

1. Remarx Home
   - Habitat in a new section in part of it
   - 216A
   - 10 acres
   -reduce total homes by 10%

2. Multistate Coalition
   - Would be a new committee - get others
   - Rand into our current one
   - Serve as a new committee

3. Legal issues are different for structure - land court and regulatory
   - Have different rules for different areas/cities
   - Need common resolution

4. Observe how other agencies handle
   - Example - public health, education
   - Typical agreements are made

5. SAU-88 - 813's
   - Influence on policies
   - Hopefully, request for help
   - Informative programs
will SNP & SNA structures be parallel?
no - let SNP be an executive or provide
the model in regard to organization
membership

9) what does self-sustaining mean
keeping both direct and endowment earnings
and expanding membership
should develop a three-year plan to become self-sustaining

10) relationship of constituent assent to Board's decision
should be revisited

11) tax in a multi-state constituent council
whether they want - it's a new constituent?

12) for National SNA groups related to Congress
during elections
only through seat in FOB
and appointment to subcommittee

13) what kind of sanction for membership recruitment
inclusion - what are pressures, implications

14) will the reference group be continued

15) if SNP is to house organization, meeting
an organization for SNP is acceptable
SNP should decide

16) what about regional structure of SNA?

17) informed opinion - more than

18) any other questions or concerns

19) need urgent meeting, better guidance,

20) different questions, issues and

21) 80% of productive farming with prolonged time
Juanita K. Hunter, Ed.D., R.N., President
THE NEW YORK STATE NURSES ASSOCIATION
127 Shirley Avenue
Buffalo, NY 14215

TO: Board of Directors
FROM: Juanita Hunter, President
RE: COAR Progress Report - Stage I

I encourage all board members to review the COAR Report Stage I Report and to submit your comments to ANA before the July 26 meeting of the Commission on Organizational Assessment and Renewal. In order to facilitate this process, I am forwarding my response which may be helpful to use as a guide as you review the document.

Your involvement and familiarity with the content of this document will be essential when we address the membership issues in September. Please feel free to call me if you have any questions about how to proceed. We would appreciate having a copy of your response sent to NYSNA as well as ANA.
The following responses refer to COAR Progress Report State 1:

Pg. 13 - Organizational Culture and Values

Could this section be re-phrased and re-ordered to demonstrate a natural progression with less emphasis on blaming the victim?

Pg. 14 - Assumptions Related to the Future Environment

1. The major organizations are working together. This fact has been affirmed by the fight against RFIF proposal.
2. Should you assume that there will be a new MIA? Where does the statement that a refined mission statement should not be changed.

Pg. 16 - Statements made are not criteria.

Section Three:

Pg. 19 - It would be helpful to start with the current mission statement in total. The mission of an organization should not be tied to money. Also, activities flow from the mission statement. An additional point is whether alternative mission statements should be considered.

Pg. 21 - Evolution of the Federation

1. Where does the statement regarding anticipated flexibility in criteria for SHA membership etc... flow from?
2. It is not true that all SHA membership is not representative of RN's. Does this statement refer to those SHA's without collective bargaining?

Options:

3. Assessment of dues did not work with opt-out registration and would not work within SHA. This could mean the movement of revenue.
4. Individual membership is consistent with the federation.
5. Allowing SHA's to define their own membership involves the collective voice.
6. Mandating membership would be wonderful but how could it work?
Thi,; option would minic 1414 which has not worked. This model
would foster competition and consensus building would be
difficult to achieve.

pg. 21 - Options -
There are two viable counsils currently-psychiatric and research.
What can SNA offer these groups that will entice them to stay
in SNA? What return do they get for their efforts? Need to
look at the historical perspective on the role of councils.
This option would be problematic.

pg. 22 - Resources - The major problem is that the federation has not
been implemented. Roles and functions are not understood or
accepted. The growing disparity between large and small SNA's
should be understood. Further, there is an imbalance between
effort and reward for volunteers.
Options -
1. Regionalizing SNA's could achieve collaborative relationships
on some issues. Of necessity issues related to state laws,
nurse practice acts, collective bargaining must continue to
be addressed at state level.
2. Biennial meetings would not be acceptable in this nursing
shortage when decision making from a broad perspective is
more desirable and effective.

pg. 23 - Power and Authority
The issues raised therein are important and need thorough discussion.
The confusion around the accountability of the constituent forum
to the Board of Directors could ultimately destroy the role of the
board if not openly creatively addressed.
Options -
1. Reposition of the Committee on Bylaws as a committee of the
board could provide a check and balance for the authority of
the Bylaw Committee.
2. The Constituent Assembly is an idea generated after the decision
not to eliminate the constituent forum after the federation
was adopted. This decision is critical to the future role of
the board, poses concerns about competition and duplication
of effort. The critical question is what role would the
constituent forum play? The opportunity for SNA's involvement
should be within the house of delegates.

pg. 24 - Geographic Distribution
In large SNA a volunteer would divide into a smaller SNA and thereby
give up power, control and unity within the SNA.
Options -
Regionalization of constituent groups might be acceptable and appealing to small
NA. In addition, the establishment of a state level is also desirable.
This discussion is headed was the lack of such negative response
in the membership's sum.

pg. 25 - Identity Organizations
Should not have membership in SNA. Suggest more emphasis on work
with AN Councils would decrease proliferation of speciality organizations.
Options -
1. Options 4 and 5 are unacceptable.
Option 9 - Joint ventures would increase effectiveness and power
of both organizations.

pg. 26 - Option 2 - Some provisions should be made for representation for
those nurses who serve overseas. If those nurses travel to a COP
events it would seem logical that they would have a vote.

pg. 27 - Nursing Students
Option 2 - Unacceptable. There should be another vehicle developed
for meaningful and shared relationships between the respective bodies.
Option 4 - Only as an observer.
Option 5 - No.
Option 6 - This already occurs with some cabinets (i.e., Cabinet
on Human Rights).

pg. 28 - Other Nursing Organizations
Option 2 - problematical.
Option 3 - acceptable.
Option 4 - acceptable.
Option 5 - unclear
Option 8 -

pg. 29 - Non-Nursing Organizations
Options 1-5 - acceptable.
Option 6 - eliminate.
pg. 33 - Credentialing
Options - Consider liaison relationships, joint projects when appropriate, advisory and consultative relationships. ANA's credentialing programs should be governed by ANA.

pg. 34 - V. Issue - Structure and Finance of ANA's Credentialing Programs - Should include statement indicating if structure is correct as is.
Option 2 - is acceptable.
Option 3 and 4 - are unacceptable.
Option 6 - acceptable only if ANA maintains control.
Implications - as stated in column 3 could not be ensured if ANA gives credentialing away.

pg. 35 - A. Ask if Relationships/Linkages with other credentialing programs are correct.
Option 2 - with caution.
Option 3 - only if ANA maintains control.

pg. 36 - Option 2 - consistent with NYSNA position.
Option 3 - acceptable.

pg. 37 - Should ANA accredit nursing programs?
Option 1 - ANA should seek control of or consider merger with NCSBN.
Option 3 - Core mission activities are yet to be accepted.
Option 4 - unacceptable.
Option 5 - ANA should maintain control

pg. 38 - Certification must look at purpose of certification apart from revenue producing benefit.
Option 2 - is basically a business, management or fiscal issue.

pg. 39 - Governance of ANA's Credentialing Programs
Issue - agree that ANA's governance structure is appropriately autonomous.
Option if statement in Paragraph 3 that services be autonomously governed relates to free standing credentialing program, and if so this is in conflict with Option 1.
Option 3 - unacceptable.

pg. 40 - Option 2 - unacceptable.
Option 3 - accepted.

pg. 41 - Option 6 - bizarre.
Option 7 - concern about use of terms parallel and interlocking.
Option 9 - unacceptable.
Option 10 - status quo
Option 11 - acceptable.

pg. 42 - VIII. Structures and Financing of ANA's Collective Bargaining Programs
Need to see the analysis by labor counsel before comment. All options under this category are absolutely unacceptable and further these statements should not be put in print.

pg. 43 - Raise the question of why location of a corporate headquarters is being considered as a separate item.
Option 5 - acceptable.
Option 6 - would depend upon the structure.
JUANITA K. HUNTER, Ed.D., R.N., President
THE NEW YORK STATE NURSES ASSOCIATION
127 SHIRLEY AVENUE
BUFFALO, NY 14215

July 25, 1988

TO: Board of Directors

FROM: Juanita K. Hunter, President

SUBJECT: Membership Issue

The following is the COAR Report.

As I have stated on many occasions throughout the year my approach to the recommendation on membership which we will present to the Voting Board during the July 1988 convention will include a systematic review of the years events, the COAR Report and the current status of NYSNA. It has been so difficult that serious attention to those first two areas could not occur until after COAR convention and the July 25 COAR meeting.

At our last board meeting we were asked to outline our plan to review and develop the board’s responses to the COAR Report. We failed to do this. As I reflected on our inability to come to grips with this issue I began writing out the complexity of the question and the overlapping issues which are before us. I came out with the following questions which for me clarified the decisions to be made. The questions are:

1. Should the NYSNA Board of Directors recommend to the voting body that we withdraw from ANA?

2. Should the NYSNA Board of Directors recommend to the voting body that a decision on withdrawal from ANA be deferred until after the COAR Report is received and acted upon by the 1988 House of Delegates?

3. Should the NYSNA Board of Directors recommend to the voting body that the decision to withdraw from ANA be tabled?

In order to come to grips with the questions at hand I believe that the resolution to withdraw and the COAR report must be locked upon. In other words, the COAR process is a direct response of ANA to our resolution to withdraw. The decision of the NYSNA Board on the COAR report can be made in isolation of the resolution to withdraw. However, the resolution to withdraw is indeed tied to the outcome of the COAR report. As I view it, NYSNA confirmed its commitment to the professional model of membership in the organization at the 1987 convention. If that philosophy is maintained in the 1988 COAR report our need to withdraw would no longer exist.

On the other hand, the recommendation of the NYSNA Board to withdraw without benefit of the final COAR Report would be welcomed by some and determined by others to be shortsighted and irresponsible. Still another group would say that NYSNA took an important, controversial stand in 1987 and it paid off and now chooses to self-destruct in 1988.

And this leads me to my earlier comment about the status of NYSNA. I feel not elaborated on the demands on our association to address the challenges such as the recommendations of the Health Industry Labor Task Force, the PUC proposal and the recent loss with the passage of the nurse-standards bill. I believe the environment in which we made that decision to recommend withdrawal in July 1987 is much different than July 1988. This environment must also be considered in our decision making process.

In summary, I continue to believe and state that this board has the ability as well as the responsibility to protect the integrity of this association. While everyone did not agree with the compromise resolution last year, it was passed by a virtually unanimous vote. Our membership trusts that we will bring to them a recommendation which has been thoughtfully considered and determined. We will do just that.

May I invite you to share your thoughts, reactions and comments with me. These responses could then be shared with the full board prior to the September meeting. If I do not hear from you, you can expect a call from me.

Enjoy the rest of the summer!
As you know, the ANA Board of Directors has approved and I have appointed an ANA Commission on Organizational Assessment and Renewal (COAR).

The Commission is charged to:

- Identify health trends, professional issues and proposals relative to the mission, membership structure and functions of ANA through a variety of means, including consultation with SNAs and other units within ANA, representatives of other elements of organized nursing, and experts in organizational development, corporate structure and marketing, and in the health field.

- Make recommendations for the mission, membership, structure, and functions of the ANA in consideration of the analysis of these findings.

- Devise and implement a process for consensus building within ANA and, as appropriate, with other segments of organized nursing relative to these recommendations.

- Prepare and present an interim report to the ANA House of Delegates in 1988 and to external bodies as appropriate.

- Bring recommendations for change to the 1989 House of Delegates.
Because of time and resource constraints, the Commission will not collect primary data, but will build on existing internal studies of the ANA and on other available resource documents.

The ANA Commission will involve four levels of participation. The Commission itself will be composed of 1) a steering committee and 2) an advisory panel. (A roster of steering committee members and advisory panelists is attached.) A consensus building and an advisory panel will encompass SNAs, internal ANA structural units and other organizations, as appropriate. Finally, consultants would be used as the steering committee has need for outside resources.

The steering committee and advisory panel will meet prior to the 1988 House of Delegates to achieve consensus on the current situation, problems and issues confronting the American Nurses' Association and on broad membership and structural options to address these matters. An educational presentation on the present situation and future options will be prepared for the 1988 ANA House of Delegates. The presentation will be shared with the Constituent Forum and through a special forum to be held prior to the ANA House on June 10, 1988.

In the four months following the 1988 House of Delegates, consensus building on issues and solutions will proceed through the convening of special workshops and/or the use of regularly scheduled meetings. Thus, I'm asking that time be set aside at the time of the fall meetings of the SNA regional groups for discussion of the issues and options and urging SNAs to include time during their 1988 conventions for discussion of these matters as well.

Feedback mechanisms will be established to facilitate the input of SNAs and ANA's organizational units during the summer and fall of 1988. Feedback and consensus building will be the basis for the redefinition of the issues and options. The final Commission report and recommendations for implementation of those recommendations in the form of amendments to ANA bylaws will be issued in January, 1989. Ongoing feedback and consensus building will continue throughout the spring. The ANA House of Delegates will act on the Commission report and related bylaws provisions in June, 1989.

I believe we are off to a good start to strengthen the American Nurses' Association on behalf of its members, the nursing profession and the American people and I look forward to your participation in this process.

WM: 3/28/88

 cc: ANA Board of Directors
      ANA Commission on Organizational Assessment and Renewal
ANA COMMISSION ON
ORGANIZATIONAL ASSESSMENT AND RENEWAL

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