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1989

### ICN Meeting-Notes; Series II; File 53

Juanita Hunter

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Notes  
ILN 89

From: 'The Bureau'

Internal and External Factors - has internal and external (proportions)

Internal - do not distinguish with external (proportions) and humanistic growth

Internal - should be more internal in relationships (policy making) but

Internal - should know human dimension - also related to humanistic

Internal - the effects of time, space, means

Internal - leads to the concept of (relations), affect on groups,

Internal - individuals or individuality

Internal - current focus in the approach (relationships)

Internal - humanistic approach to humanistic

Internal - leads to global, coming to other (humanistic)

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Autonomy of personal care <sup>companion</sup> contains low-

working in companionship - looks ahead, encourages, involves being with  
nursing contribution to health policy making

Nursing as skilled <sup>companion</sup> work

Educators - Professors must be good assisted - Students need to  
be prepared to provide essential services as well as preparations  
for future education must be scientific base

Concept of companionship - mandatory knowledge of advocates role  
and incident policy. Clear thinking needed on ethical issues  
of 21st century

Current working & expectations - medicine has little to offer  
nursing ability to give nurses more control of their jobs.  
Nursing beds vs medical beds

Community care inadequate policies may lead to isolation,  
inpatient care which nurses must challenge

Force public should have option to choose nurse, not as first entry into  
health care system

Structure & effort needed - nurses can develop prevention programs  
structure - what are deteriorating due to + life expectancies and  
pollution of environment (water & pesticides)

Nursing Council

Policy - shared same time as political - politics seen as dirty word  
politics cannot be separated from nursing agenda -

Lord Pilling will take leadership role @ every level - must discard  
notions that politics is only used for personal gain rather than to  
further cause for those we serve. Believe that as we mature  
we will assume these responsibilities

Structure - nurses must be prepared to meet challenges

Change in positions to exert influence

Policy making - must be involved in politics

Dr. Paul Hines - Economist

Need to have nurse economist telling nurses what they need to know  
"Seeing Eye" Ability to see beneath the surface (Churchill)

Current Problems

Emerging Issues

Unions of Future

Today -

Suppenditures are growing - 4% p.p. growth, 7% p.p. growth (nurses - 4% p.p.)  
30% changes in use rate. Certainty of technology sweeping used & lost control  
nurses challenged to do something try story about cost

Central goals

Nurses enter

Business

Have diffie r-raising their share

Able of incident to under 5.

Nurses of

Issues: speaks not on aging - consequences on care based maintenance  
need to restore care

Just. regulations are cost of health care - different areas

40% increase toward, common brand share

New change in - new market place can be developed (Hines)

not enough is done health insurance funds can change risk

factor being economic incentives forces of competitive

cutting reduce costs use of new changes - some new

planned set to lower costs - will + health care costs

Privatization - new recurring (?) just. willing to

liberalized restrictions of business community self financing

employees asked to contribute to health of employees

Nurses - must be fully aware of costs & benefits

Primary health care - concerns of absence of nurses in discussion

nurses must involve themselves in areas of this program

cost - int. granted no related opportunities  
community financing - must supply credibility  
to form such new venture

orderly growth group or franchise - deliver results of the case  
missed needs study and growth strategy  
consequence of direct funding - more direct on terms - no standards  
finishes - appear to be possible, impact mortality, child assessment and  
transition into growth

reduction of risk factors  
technology - measures funding deep front from  
fundable, disperse risks factors of T-B, A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UY, UV, UW, UX, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ

sources of technology of factors - government, which factors should  
remain, address of technology assessment - assess must be  
directly  
of form that show vision in which they actually  
invest the resources in business of health care of future

③ some that communities that vision  
② some treatment must have + self systems  
① must believe that must be converted to pay

Dr. Oshikubo discuss requires  
Factors: water, power, education, medicine

① Agriculture  
② Competition  
③ Technology  
④ Disinfectant - just as virus must - medicine, vaccination  
⑤ must take note of this v. long medication

③ Technology - will increase, new diagnostic tools - 3 of other of medicine  
access to an AIDS diagnostic kit  
difficult to market

Running will survive if it is willing to make significant change in  
for areas where needs are being held, more resources  
cannot be following business models  
Central factors: making progress, investment, risk, which (structure  
and family members cannot meet

Elements of financing - financing  
① Low interest - financing  
② High appreciation  
③ Low inflation in the market  
using total factor

Dr. Blomberg - part of business model  
reusing equipment may be different  
reusing services and infrastructure  
factor growth - financing of  
no clear future outlook  
Almanac

reg. firm by state - 70% of market  
market @ public way, 50% of market of NCS - especially some  
followed line of market 50% of market in primary care  
non-physical investment by market  
structure of key organizations  
carry out reg. administrative  
April by financing  
Private investment of market  
Private sharing of reg. program

Learning has been a major point of entry into the industry

From the missing force future what are prevailing winds  
market situations, what are winds, what are your goals

support regions  
state qualified board members

Ronnie Leibovitz

HIV/AIDS Epidemics: An Educational & Practice Challenge  
AIDS

USA = 90,990 (24% from NY) 88% from NY

NY = 21,459

NYC = 18,860

Trends by 1992

Cumulative Cases = 245,000

" deaths 263,000

Cost Range 5-13 billions for yrs of care

Response AIDS - Education and Training Project

Common Fears

Personal exposure of family members to HIV

Occupational exposure to HIV

Concern Regarding Teaching About AIDS

motivating negative audience

having current information

being consid. on report

dealing with problem learners