Minority; Series II; File 68

Juanita Hunter
I. CALL TO ORDER

The meeting was called to order at 2:20 p.m. by Kathleen Colling, Chairperson of the NYSNA Council on Human Rights. Dr. Colling welcomed the invited guests to the Council meeting and had the participants introduce themselves.

II. ATTENDANCE

NYSNA Council on Human Rights
Kathleen Colling, Chairperson
Barbara May
Juanita Taylor
Claude H.H. Willis

Invited Guests
Camille Bodden, President, Queens Black Nurses Association
Harriet Braithwaite, Legislative Committee, Queens Black Nurses Association
Consejo Gibson, President, NY Chapter, National Association of Hispanic Nurses
Adrian Harper, First Vice President, Trinidad and Tobago Nurses Association
Filipinas Lowery, President, Philippine Nurses Association of America
Eunice Roberts, President, Trinidad and Tobago Nurses Association
Marcia Skeete, President, NYC Chapter, Black Nurses Association
Mary Whelan, President, Irish Nurses Association

Staff
Elizabeth Carter, Deputy Director

III. PURPOSE OF THE MEETING

Dr. Colling stated the purposes of the meeting:
(a) to consider the development of a network of representatives of ethnic nursing organizations;
(b) to identify common concerns and objectives for collaborative efforts.

IV. GOALS OF THE COUNCIL ON HUMAN RIGHTS

Dr. Colling shared the NYSNA Council on Human Rights Goals for 1988-1989 (see attached) and briefly discussed each one.

The proposed brochure, "Assessing Your Nursing Practice Environment," was shared also.

The NYSNA Convention and the Council on Human Rights workshop were highlighted. The participants were urged to come to the Convention and to attend the workshop, "Nursing in a Pluralistic Society," to be presented on Friday, October 27, 1989, from 10:00 a.m. to 2:00 p.m.

V. ACTIVITY HIGHLIGHTS FROM INVITED GUESTS

A. Philippine Nurses Association (about 900 members)

Assertiveness training in institutions.
Assist nurses in adjustment to American society.
Support and resource group for Filipino nurses.

Ms. Lowery discussed that NYSNA had been helpful when unethical recruiters were working in the Philippines.

She also reported that the Philippine Nurses Association has been admitted to the National Organization Liaison Forum (NOLF) of the ANA.

B. Irish Nurses Association (membership about 200)

Ms. Whelan reported the key issues for the association to be (a) the systematic draining of nurses from Ireland, and (b) the increasing numbers of young people from Ireland who are living in the USA but are undocumented.

Irish nurses are being taken advantage of by unscrupulous recruiters who make unfounded promises. Further, NYC community colleges are recruiting undocumented individuals into nursing programs. Although the illegal status is protected by the schools, these individuals will not be permitted to sit for either the LPN or the RN state licensure examinations.

C. Trinidad and Tobago Nurses Association (membership about 110)

Ms. Roberts and Ms. Harper reported the following activities of their association:
(1) Coordinate ideas and activities of Trinidad and Tobago nurses residing in the United States.
(2) Provide professional services to sick members.
(3) Professional development.
(4) Provide assistance to the health care systems of Trinidad and Tobago.
(5) Make charitable contributions to organizations in Trinidad and Tobago.
(6) Assist with employment in the United States.
(7) Provide workshops related to cultural differences for their members.

D. New York City Chapter, Black Nurses Association (total membership 283, active membership 83)

Ms. Skeete reported activities related to both professional development and clinical interests. These included: advancement of the welfare of black nurses, leadership development, recruitment into nursing and assisting nursing students to navigate the system. Clinical interests include health care needs of the black community, especially maternal-child health issues and liaison development.

E. Queens Chapter, Black Nurses Association (active membership about 70)

Ms. Bodden and Ms. Braithwaite reported that their interests and goals were similar to those reported by the NYC Chapter. However, in addition they sponsor an annual research day and have adopted a home for unwed mothers. Workshops are provided at the home relating to AIDS, child development and parenting.

F. Hispanic Nurses Association (150 members in the New York Chapter)

Ms. Gibson informed the group that the NYS Chapter may separate from the national association. This relates to a difference in focus related to the culture of the nurse-members. The national association is located in San Antonio, Texas and focuses primarily on Mexican/American issues while the New York Chapter is oriented toward Puerto Rican/American issues.

The Hispanic Nurses Association also provides English classes for nurses and provides a support group for Hispanic nursing students.

VI. DISCUSSION

There was a great deal of discussion throughout the reports. Participants are frequently asked why a separate nursing association is necessary. The discussion focused on the cultural differences, socialization of the immigrants and increasing sensitivity in all relationships (student-faculty, clients-nurses, nurses-nurses).

VII. ANNOUNCEMENTS

A. NYSNA Minority Focus Group is trying to increase nursing presence at the Black-Puerto Rican Legislative Conference in February.

B. Irish Nurses Association will host a Celtic New Year's Eve party on Saturday, October 28, at the NYSNA Convention.

C. Some additional associations were identified. Contact persons and addresses are still needed.

VIII. FUTURE PLANS

All of the participants agreed that this was an interesting and helpful interchange. Another meeting should be scheduled in 4-6 months. The NYSNA Council on Human Rights will again arrange the meeting.

IX. ADJOURNMENT

The meeting adjourned at 4:10 p.m.

Kathleen Colling
Chairperson

KC:EC:k
Attachments
10-4-89
NYSNA COUNCIL ON HUMAN RIGHTS GOALS FOR 1988-1989

A. The Council will continue to work on recruitment and retention of ethnically diverse individuals into the nursing profession.

B. The Council will promote increased awareness of optimal nursing practice environments.

C. The Council will continue to influence the development of content related to cultural diversity.
   A Convention workshop will be sponsored to assist all nurses, regardless of position, highlighting attitudes, values and sensitivity in a diverse, pluralistic society, and will touch on such issues as race, culture, class, gender, and age. The focus will be on relationships such as nurses and clients, faculty and students, administration and staff.

D. The Council will collaborate with other NYSNA structural units to facilitate nursing and health care for the homeless, the elderly and the medically indigent.

E. The Council will develop liaison relationships with members of ethnic nursing organizations (e.g. Black Nurses Association, Hispanic Nurses Association and the Philippine Nurses Association).

F. The Council will contact the ANA Cabinet on Human Rights to ascertain their goals and interest and offer to assist or collaborate in national and international human rights concerns as appropriate.
CNO HONOR ROLL

"If you can keep your head when all about you are losing theirs and blaming it on you..." — Kipling, "IF"

...Dedicated to those women of "extraordinary stamina, the motivator, change agent, spokesperson, visionary, the advocate."

ELIZABETH FRANCIS .......... St. Croix
CONSTANCE BAPTISTE .......... Dominica
JOSEFA WOUTER (posthumously) .......... ODEAN
GERTRUDE SWABY .......... Jamaica
ESTELLE MASSEY RIDDLE .......... OSBOURNE (posthumously) .......... United States
SR. SUSANNE COOREVITTS .......... ICM, MBE .......... Belgium and Dominica
MARGUERITE HASTINGS .......... New Hampshire
IVY DARMAH .......... Trinidad & Tobago
VERNA CHRISTIAN GARCIA .......... St. Croix
ELISA CARPENA .......... Puerto Rico
VIOLET FINDLAY .......... Grenada/U.K.

PRESIDENTS OF CNO

Ms. Flora Blanchette
St. Croix, U.S.V.I. 1957 appointed
1959 - 1964 elected
Ms. Violet Findley
Carriacou, Grenada 1964 - 1966
Ms. Elisa Carpena
Puerto Rico 1966 - 1970
Ms. Mavis Harney
St. Thomas, U.S.V.I. 1970 - 1974
Ms. Josefa Wouter
Curacao 1974 - 1978
Ms. Verna C. Garcia, BSN, RN
Ms. Edna Tulloch
Jamaica 1982 - 1984
Ms. Laural McDowell
Trinidad & Tobago 1984 - 1986
Ms. Verna C. Garcia, BSN, RN
1986 - 1988
1988 -

THE CARIBBEAN NURSING CHRONICLE
— published yearly —

Caribbean Nurses’ Organization
P. O. Box 583
Christiansted, St. Croix
U. S. Virgin Islands 00821
(809) 778-8328 (Friday-Sunday)
The Caribbean Nurses' Organization (CNO) is a self-governing nurses organization formed by nurses for nurses of the Caribbean and adjoining islands and countries.

**FOUNDED**
CNO was founded in August 1957 on the island of Antigua, W.I. It is the oldest regional organization.

**MEMBERSHIP**
Geographically, it spans the wide range of Caribbean islands including a country which is part of an island in the Caribbean or part of the mainland of Central or South America bordering on the Caribbean Sea and neighboring ocean.

Twenty-three (23) island countries' and nations' national nurses' associations are in membership.

**AREAS GROUPING FOR ADMINISTRATION:**

I Bahamas, Bermuda, Cayman Islands, Belize, Jamaica

II Anguilla, St. Kitts-Nevis, Aruba, St. Thomas, St. Croix, Puerto Rico, British Virgin Islands, Netherlands Antilles, CANA

III Antigua, Dominica, Guadeloupe, St. Lucia, Haiti, Montserrat, Martinique

IV Barbados, Grenada, Guyana, St. Vincent, Suriname, Trinidad and Tobago

**PURPOSE**
To work toward improving the health of the people of the Caribbean, by promoting improvement of nursing care and advancing the educational, economic and professional welfare of all nurses.

**MAVIS HARNEY (BROWN) is the recognized FOUNDER of this organization.**

**WHAT CNO CAN OFFER ITS MEMBERS:**

- Facilitates visits to other areas of the region for observation, study tours for nursing students and exchange.
- Provides continuing education contact at biennial conferences. Certificates are given participants on completion of conference programs.
- Recognizes the contributions of nurses and individuals to nursing practice, nursing service and the organization. An award in recognition of these services is provided through its awards program.

**WHAT CNO HOPES TO DO:**

- Advance the status of nursing as a profession by promoting measures which provide for the administration of nursing affairs by nurses.
- Maintain and encourage high standards of professional service; influence public policy and initiate and/or support legislation to these ends.
- Stimulate educational development of nurses on the basic, post-basic and post-graduate levels and promote nursing research.
- Provide means and ways by which nurses of the Caribbean can meet and exchange knowledge and experiences.
- Promote and protect the economic and general welfare of nurses in the region.
- Foster regional and international relationships and affiliations and uphold the ethics of the nursing profession on an internationally accepted basis.

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**Caribbean Nurses' Organization**
If you're a black nurse or a student of nursing, you should know about the Association dedicated to your interests and needs.

New York Black Nurses Association, Inc.
A Chapter of the National Black Nurses Association
Registered nurses, licensed practical nurses and students in nursing, this is the
Association for you.

The New York Black Nurses Association is dedicated to advancing the welfare of black nurses, developing mutual strengths, and providing leadership in the development of more effective health care programs for the black community.

Working together we provide:

- Programs to recruit more black men and women into nursing
- Assistance to black men and women in securing financial aid
- Counseling and tutorial services for black nurses
- A Forum for black nurses to share job information and information on programs of interest to the black community
- A unified voice in demanding that the nursing profession be more accountable to its black members
- A unified voice in working toward improved health care for the black community
- A member directory

As a Member You Become an Active Participant

The Black Nurses' Association is as strong as its members are active. Founded in 1971, its many programs and accomplishments are thanks to member interest and volunteer committee work.

Members are encouraged to attend and participate in regular general membership meetings. In addition, work on two committees is request.

Ongoing committees include: nomination, membership, fund raising, aged/adolescent, legislative, recruitment and educational. Additional special committees may be formed to meet member interests and needs.

Your Talents are Needed

Much has been done already. But much remains to be done. Your special talents are needed. To lend your support by becoming a member, fill out the profile sheet and return it with your dues or contact us at:

New York Black Nurses Association, Inc.
P.O. Box 3635 • Grand Central Station
New York, N.Y. 10017
Telephone: 212/621-9931

The Minority Focus on Entry into Practice was conceived in 1985 as a vehicle to increase support of the Entry into Practice Legislation. The idea evolved from an awareness of the increased opposition of the bill by members of the Black and Puerto Rican Caucus. Specifically, these legislators were vehement in their belief that passage of the entry legislation would decrease access of minorities into nursing. Additionally, all viewed the legislation as elitist and not in the best interest of minority nurses.

Fifteen minority members of NYSNA were invited to attend the first meeting of this group in December 1985. Dr. Hunter, at that time president-elect of NYSNA, who had envisioned the idea, served as chair of the group. The original meeting focused on issues related to increasing minority enrollments into nursing schools, need for increased scholarships and review of status of the legislation.

Subsequent meetings focused on generating new strategies to educate minority legislators. It was determined that a lack of accurate information about the intent and purpose of the legislation seriously hampers effective dialogue about the merits of the bill. One specific strategy implemented was a special meeting held with members of the Minority Focus Group and Deputy Speaker Arthur O. Eve and his staff. The purpose of the meeting was to provide an opportunity for open dialogue with Assemblyman Eve with the goal of increasing his understanding of the benefits of the legislation.

Other activities of the Minority Focus Group included active lobbying with members of the Black and Puerto Rican Caucus, attendance at the Black and Puerto Rican Caucus annual workshop and development of a position paper on Entry into Practice.

An evaluation of its activities over the past two years have yielded the following insights which may assist in gaining acceptance of the Association's legislative agenda. First, the minority legislators generally view our legislative activities as self-serving.
MEMORANDUM

TO:       Dr. Janet Mance, Director, Legislative Affairs, NYSHA

FROM:     Pearl S. Bailey, Director, Nursing Program

SUBJECT: Entry into Practice Position Statement - Minority Focus Group

DATE: March 22, 1988

The first thought that came to my mind upon reviewing the revised position paper of the Minority Focus Group was that it did not focus on the Entry issue. The nursing shortage, recruitment and retention, and career mobility issues were addressed in detail, and then at the top of page 2 comes a statement of support without adequate rationale for the support.

Please note my comments on a copy of the Statement attached to this memorandum. I would like to see a statement which focuses on Entry and implications for ethnic minorities.

I'm committed to Entry, but I do not support the present Entry bill, therefore, I wish to have my name removed from this statement. Thank you for requesting my input in this matter.

cc: Dr. Juanita Hunter

att.

The New York State Nurses Association
Minority Focus Group

ENTRY INTO PRACTICE POSITION STATEMENT

The need for qualified professional nurses has increased steadily over the last several years. This increased need has resulted in part from advances in health care, science, and technology, the rising population of the elderly, the increased number of persons with acute and chronic illnesses. The results of these changes have been an increased demand for home-care services as well as the growing focus on health promotion and disease prevention.

Retention and recruitment efforts have thus far focused on seeking additional financial aid for nursing education, salary enhancement and improved working conditions. At the same time, the current shortage of nurses has been exacerbated by the decline in the number of college bound students, new career opportunities for recent graduates and the negative image of nursing. The United States Department of Health and Human Services has predicted a nationwide shortfall of 600,000 baccalaureate and master's prepared nurses by the year 2000. This crisis situation, therefore, is expected to continue.

Multiple groups have examined the causes of, and solutions to the decline in enrollment in schools of nursing. Individuals do not select nursing as a career because it is viewed as providing minimal advancement potential and economic rewards. (That view is directly related to the multiple entry levels into the profession.)

As a group of ethnic minority nurses we actively seek to increase ethnic minority participation in professional nursing. The increase of minority nurses in all aspects of professional nursing will positively affect the health care of minority populations. We are particularly concerned about the disproportionate number of ethnic minorities who are guided into non-academic health careers. This situation reinforces the myth that "minorities lack the ability to achieve academically." The current system of nursing education promotes and maintains most minorities in low-level, dead-end careers. This in and of itself is a discriminatory and self-defeating practice.

If nursing is to be promoted as a desirable career for minorities, certain changes must be made. First, financial aid must be made available in amounts that will allow pursuit of a professional degree. In addition, nursing must offer upward mobility and advancement potential, commensurate financial rewards and public recognition.

How will Entry impact on the above?

In the present system, those registered professional nurses who are diploma and ADN graduates must continue their education in baccalaureate programs in order to assure upward mobility. Career mobility is virtually non-existent for the LPN who does not receive academic credits or credentials for a completed course of study. As completely true of the LPN degree, an Associate degree level may accomplish this; the ADN or BSN degree. There, there is no articulation anywhere. The LPN/ADN education is in a junior college setting.
We strongly support the proposed New York State legislation which would require a baccalaureate degree for professional nursing practice and an associate degree for technical nursing practice. Contrary to the belief that the bill would limit minority access into nursing, the bill will actually provide two distinct career paths. The resulting technical and professional nurse careers would be marketable and would offer greater potential for career mobility. Hence, the proposed Entry bill differs from the previous version in terms of accessibility (see A801 H802). The New York State Nurses Association's Entry proposal includes a grandfather provision which would protect all nurses currently licensed. The grandfather provision ensures that all nurses holding a license as an RN or LPN prior to enactment of the legislation will continue to be licensed as RN or LPN.

As ethnic minority registered professional nurses, we therefore urge the support of NYSNA's efforts to standardize nursing education. We believe that standardization of nursing education will increase career opportunities for minorities and positively effect the health care of the minority population.

Minority Focus Group

Pearl Steete-Billey, EdD, RN
Director, Department of Nursing
SUNY College at Old Westbury

Harriet Brathwaite, RN, MS
Assistant Prof. of Nursing
Long Island University

Ms. Georgia Burnette, RN, MSN, Med
Asst. Administrator for Nursing
Roswell Park Memorial Institute
SUNY at Stony Brook

Lolita Connors, RN
Clinical Instructor, Education
Cabrini Medical Center

Miriam Gonzalez, BS, RN
Obstetrics Conference Nurse
Nursing Care Coordinator
Elmira Hospital

Wanda Mackney, RN
Staff Nurse
Erie County Medical Center

Juanita Hunter, EdD, RN
Clinical Assistant Professor
SUNY Buffalo

Maggie Jacobs, MS, RN
Nursing Care Coordinator
Kings County Hospital Center

Daphne Nelson, RN
Assistant Director of Nursing
University Hospitals

Dorothy Ramsey, EdD, RN
Prof./Coord. of Affirm.Action
Adelphi University

Kathleen Smith, EdD, RN
Professor and Director
Nursing Education
Elmira College

Kathleen Washington, RN, BSN
Nursing Care Coordinator
City Hospital Center at Elmhurst

Minority Nurses' Caucus Followup Meeting

DATE: Saturday, April 6, 1985
PLACE: ANA Headquarters, Washington Office
1101 14th Street, N.W.
Suite 200
Washington, D.C. 20005
TIME: 9 A.M. - 3 P.M.

PARTICIPANTS: See Attachment 4

I. Call to Order - the meeting was called to order by Dr. Juanita Hunter. Introductions followed.

II. Purpose of meeting was identified and discussed by Dr. Hunter. Dr. Hunter explained how the idea for the meeting originated and thanked those persons who assisted in helping to get the meeting organized. Many people not present had expressed an interest in attending this meeting but had circumstances that prevented their presence. A copy of the minutes will be mailed to each of them.

III. Major Issues

A. How and means of supporting minority candidates. Should we support each minority on the ballot? Some discussion related to the issue of developing a mechanism for supporting identified candidates followed. Pros and cons of each strategy were discussed.

B. Strategies to help minorities attain leadership roles in the professional association.

1. The possibility of an educational packet was discussed - the Cabinet on Human Rights was identified as the vehicle for implementation if this program.

C. Strategies to get minorities elected.

A discussion followed regarding fund raising, budgeting, and how to campaign effectively. Also discussed was how to assist candidates in gaining broad based support. It was pointed out that the informal networking to obtain delegate votes was often lacking due to the candidates putting most of their efforts into the scheduled convention time or House of Delegates Meeting.

D. Networking

It was emphasized that networking is an important vehicle to share information and to supporting each others efforts.
Minority Nurses' Caucus
Followup Meeting -2-

E. Planning for placing minorities on ballot for 1986.

Discussion included need to encourage minorities to run for elective office. This will be encouraged at the Minority Caucus which will be held at the House of Delegates meeting in July, 1985. It was also pointed out that the new structure of a modified federation increases the importance of minority nurse involvement within the state association and as delegates to ANA conventions. There will also be further discussion of the possible endorsement of an ANA presidential candidate by minority nurses.

IV. Strategies to support minorities in their leadership roles once attained. There was much discussion about support of each other and how to support each other. One strategy identified was to have leadership conferences centered on the process of mentoring and development of leadership skills.

V. Development of strategies to maintain viability of Associate Degree and Baccalaureate Degree.

This issue was discussed in relation to the Board of Directors' Report to the House of Delegates on "Titling for Licensure." There were concerns related to the recommendations on pg. 2. Suggestions made which might strengthen the statements included: (1) providing incentives for minorities, (b) increasing minority enrollment, (3) increasing outreach programs, (4) developing mechanisms to support associate degree programs, and (5) assuring that scope of practice of technical nursing be consistent with current nurse practice acts. Participants were encouraged to address these issues at the hearing during the House of Delegate Meeting.

VI. Working lunch groups were developed to continue discussion and to strategize on three major areas. They included:
1. Elections to National Office.
2. Leadership Development of Minority Nurses.
3. Education.

VII. Reports of Work Groups

A. Strategies for Election to National Positions (see attached report).

B. Leadership Development for Minority Nurses (see attached report)
1. Mentoring roles and development of relationships seen as very important.
2. Leadership conference identified as a positive, productive approach for development of leaders.
3. Suggestion was made to collaborate with formalized groups such as Chi Eta Phi and National Black Nurses Association, etc. in this endeavor.
4. Develop a minority nurses corner in the American Nurse for information sharing.

Minority Nurses' Caucus
Followup Meeting -3-

C. Education as it relates to minorities.

Specific recommendations included: (1) development of a position paper on the under-representation of minority nurses in the profession and the association, (2) request that ANA develop a program to increase minority participation, (3) request ANA to award incentives to those schools which recruit, retain, and successfully graduate minority students. (See attachment 3 for full report).

VIII. Convention program planning for 1986.

In response to an expressed concern about presentation of programs at convention which are unique to minorities a task group was developed to write at least one proposal by the May 1 deadline. This group consists of Barbara Holder, Eura Lennon and Dr. Ildaura Murillo-Rohde. Suggested topics include:

A. Health Problems of Minorities especially related to Mental Health and Access to Care.
B. Food and Shelter - current crisis of hunger and homelessness.
C. Election of Minorities.
D. Organ Transplants - Effect on Minorities.
E. DRG's - Potential Negative Impact on Minorities.

IX. Issues and Concerns which will be discussed at the 1985 House of Delegates.

Ten major areas were mentioned. There will be further discussion in the Minority Caucus before the 1985 House of Delegates.

Major areas include: (1) Titling and Licensure, (2) ANA Center for Credentialing, (3) the process for presidential endorsement, (4) Association priorities, (5) policies and procedures for ANA nominations and appointments.

X. Issues and Concerns for Cabinet on Human Rights

1. Protection of human rights in this time of cost conscious era and high technology.
2. Can cabinet get states to be concerned about giving help to black nurses pursuing degrees.
3. Health care as a right vs. a privilege.

XI. Next Meeting - Fall 1985.
April 6, 1985

Strategies for Election to National Positions

1. Encourage minority nurses to join state nurses associations. Become active at district and state levels. Encourage minority nurses to run for elective offices at all levels. Explain to these nurses it is important for them to be involved in the nursing association at all levels.

2. Encourage minority nurses to run for ANA delegate positions.

3. Teach minority nurses the election process, how to vote and how to make your vote count.

4. Develop strategies that will give support to minority elected leaders. Encourage individual nurses and support a certain number of minorities; articulate these choices to your state nurses' delegates in a positive manner. Do not speak negatively or downgrade those minorities that you are not supporting.

5. Encourage minority nurses to negotiate with each other so as not to cancel each other out when running for elected office.

6. Begin campaign early, gain support of your nursing association at all levels.

7. Develop a "How to Get Elected Kit."

Leadership Strategies

1. Ask minority organizations and groups to identify nurses with leadership potential and assist in grooming process.

2. Develop a mentoring group; identify ways this group can assist; use concept of each one teach one.

3. Plan and implement a leadership conference (Cabinet on Human Rights).

4. Develop a leadership development group - (Could this be legitimized?)

5. Look into Leadership Program at Spellman College--ask them to do a special program.

6. Those in leadership positions might invite potential nurse leaders to shadow them.

7. Identify a potential network system or people who would offer assistance in particular areas (resource persons).
ATTACHMENT 3

Minority Nurses Followup Caucus - April 6, 1985

Report of the Sub-Committee on Titling and Licensure

Participants:

Hazelon Blakeney, Della Goodwin, Gwendolyn Jones, Rosetta Sands
Rhetaugh G. Dumas

Division:

The sub-committee convened over lunch to discuss issues raised by the Board of Directors’ Report to the 1985 House of Delegates on “Titling for Licensure.” Recommendations of the Board of ANA served as a form for discussion. The sub-committee came to consensus in three areas as modified through discussion.

Consensus:

Recommendation No. 1 - Establish the Baccalaureate with a major in nursing as the minimum educational requirement for licensure to practice professional nursing and to retain the legal title, Registered Nurse, for that license.

- The ANA should adopt a position statement that acknowledges the under-representation of blacks and other minorities in university nursing programs.
- ANA should create and grant recognition awards that will motivate Baccalaureate nursing programs to increase the number of black nurses graduated annually. Such programs should be a part of the current awards program at biennial conventions.
- Recognize programs that can serve as national models for articulation with Associate Degree and practical nurse programs (2+2 or 1+3 programs).
- Increase recruitment strategies to attract high academic achievers to nursing in Baccalaureate programs.

Recommendation No. 2 - Establish the Associate Degree with a major in nursing as the minimum educational requirement for licensure to practice technical nursing.

- Discussion revealed consensus on the statement as it appears.
- There is lack of consensus on whether the licensing examination should continue as currently given with NCLEX for Registered Nurse.
- There was a recognition that Associate Degree graduates perform better on the Current NCLEX than the graduate of BSN Programs.
- There was discussion of the adequacy of the current NCLEX to test beyond the technical level.

Recommendation No. 3 - Assure that the educational preparation and scope of practice of those licensed to practice technical nursing are congruent. (Add: Consistent with Current State Practice Acts).

a) Consensus was sought on the need to protect the scope of practice of the ADN graduate as a practitioner with some areas of independent function.

b) It was recognized that ADN graduates have demonstrated their competence as Registered Nurses for more than twenty-five years. The work place may have over-utilized this graduate.

c) The phrase “consistent with the current state practice acts” was proposed as a closing to this recommendation. Eventually, each state could define the scope differently. This would disadvantage the graduate, especially minorities. Three of five model states have proposed a scope of practice that is at LPN assisting level.

Recommendation No. 4 - Continue efforts to develop consensus on the legal title for licensure to practice technical nursing.

- Consensus was not obtained.
- Discussion highlighted the alternatives of:
  a. retaining R.N. title for both levels.
  b. differentiate levels with hyphenated titles
     RN, BSN
     RN, ADN
     RN, Technical
     RN, Professional
  c. any new title for one group will create risk of LPN scope or loss of identity from RN ranks.
Minority Nurses' Caucus Followup Meeting

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       Suite 200
       Washington, D.C. 20005
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B. Strategies to help minorities attain leadership roles in the professional association.
   1. The possibility of an educational packet was discussed - the Cabinet on Human Rights was identified as the vehicle for implementation if this program was supported.

C. Strategies to get minorities elected.
   A discussion followed regarding fund raising, budgeting, and how to campaign effectively. Also discussed was how to assist candidates in gaining broad based support. It was pointed out that informal networking to obtain delegate votes was often lacking due to the candidates putting most of their efforts into the scheduled convention time or House of Delegates Meeting.

D. Networking
   It was emphasized that networking is an important vehicle to share information and to supporting each others efforts.

IV. Planning for placing minorities on ballot for 1986.
   Discussion included need to encourage minorities to run for elective office. This will be encouraged at the Minority Caucus which will be held at the House of Delegates meeting in July, 1985. It was also pointed out that the new structure of a modified federation increases the importance of minority nurse involvement within the state association and as delegates to ANA conventions. There will also be further discussion of the possible endorsement of an ANA presidential candidate by minority nurses.

V. Development of strategies to maintain viability of Associate Degree and Baccalaureate Degree.
   This issue was discussed in relation to the Board of Directors' Report to the House of Delegates on "Titling for Licensure." There were concerns related to the recommendations on pg. 2. Suggestions made which might strengthen the statements included: (1) providing incentives for minorities, (b) increasing minority enrollment, (3) increasing outreach programs, (4) developing mechanisms to support associate degree programs, and (5) assuring that scope of practice of technical nursing be consistent with current nurse practice acts. Participants were encouraged to address these issues at the hearing during the House of Delegate Meeting.

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A. Strategies for Election to National Positions (see attached report).

B. Leadership Development for Minority Nurses (see attached report).
   1. Recruitment roles and development of relationships seen as very important.
   2. Leadership conference identified as a positive, productive approach for development of leaders.
   3. Suggestion was made to collaborate with formalized groups such as Chi Eta Phi and National Black Nurses Association, etc. in this endeavor.
   4. Develop a minority nurses corner in the American Nurse for information sharing.
Minority Nurses' Caucus
Followup Meeting

-3-

C. Education as it relates to minorities.

Specific recommendations included: (1) development of a position paper on the under-representation of minority nurses in the profession and the association, (2) request that ANA develop a program to increase minority participation, (3) request ANA to award incentives to those schools which recruit, retain, and successfully graduate minority students. (See attachment 3 for full report).

VIII. Convention program planning for 1986.

In response to an expressed concern about presentation of programs at convention which are unique to minorities a task group was developed to write at least one proposal by the May 1 deadline. This group consists of Barbara Holder, Eura Lennon and Dr. Ildaura Murillo-Rohde. Suggested topics include:

A. Health Problems of Minorities especially related to Mental Health and Access to Care.
B. Food and Shelter - current crisis of hunger and homelessness.
C. Election of Minorities.
D. Organ Transplants - Effect on Minorities.
E. DRG's - Potential Negative Impact on Minorities.

IX. Issues and Concerns which will be discussed at the 1985 House of Delegates.

Ten major areas were mentioned. There will be further discussion in the Minority Caucus before the 1985 House of Delegates Meeting. Major areas include: (1) Titling and Licensure, (2) ANA Center for Credentialing, (3) the process for presidential endorsement, (4) Association priorities, (5) policies and procedures for ANA nominations and appointments.

X. Issues and Concerns for Cabinet on Human Rights

1. Protection of human rights in this time of cost conscious era and high technology.
2. Can cabinet get states to be concerned about giving help to black nurses pursuing degrees.
3. Health care as a right vs. a privilege.

XI. Next Meeting - Fall 1985.

ATTACHMENT 1

April 6, 1985

Strategies for Election to National Positions

1. Encourage minority nurses to join state nurses associations. Become active at district and state levels. Encourage minority nurses to run for elective offices at all levels. Explain to these nurses it is important for them to be involved in the nursing association at all levels.

2. Encourage minority nurses to run for ANA delegate positions.

3. Teach minority nurses the election process, how to vote and how to make your vote count.

4. Develop strategies that will give support to minority elected leaders. Encourage individual nurses and support a certain number of minorities; articulate these choices to your state nurses' delegates in a positive manner. Do not speak negatively or downgrade those minorities that you are not supporting.

5. Encourage minority nurses to negotiate with each other so as not to cancel each other out when running for elected office.

6. Begin campaign early, gain support of your nursing association at all levels.

7. Develop a "How to Get Elected Kit."
Leadership Strategies

1. Ask minority organizations and groups to identify nurses with leadership potential and assist in grooming process.
2. Develop a mentoring group; identify ways this group can assist; use concept of each one teach one.
3. Plan and implement a leadership conference (Cabinet on Human Rights).
4. Develop a leadership development group - (Could this be legitimized?)
5. Look into Leadership Program at Spellman College--ask them to do a special program.
6. Those in leadership positions might invite potential nurse leaders to shadow them.
7. Identify a potential network system or people who would offer assistance in particular areas (resource persons).

Minority Nurses Followup Caucus - April 6, 1985
Report of the Sub-Committee on Titling and Licensure

Participants:
Hazelon Blakeney, Della Goodwin, Gwendolyn Jones, Rosetta Sands Rhetaugh G. Dunas

Division:
The sub-committee convened over lunch to discuss issues raised by the Board of Directors' Report to the 1985 House of Delegates on 'Titling for Licensure.' Recommendations of the Board of ANA served as a form for discussion. The sub-committee came to consensus in three areas as modified through discussion.

Consensus:

Recommendation No. 1 - Establish the Baccalaureate with a major in nursing as the minimum educational requirement for licensure to practice professional nursing and to retain the legal title, Registered Nurse, for that license.

- The ANA should adopt a position statement that acknowledges the under-representation of blacks and other minorities in university nursing programs.
- ANA should create and grant recognition awards that will motivate Baccalaureate nursing programs to increase the number of black nurses graduated annually. Such awards should be a part of the current awards program at biennial conventions.
- Recognize programs that can serve as national models for articulation with Associate Degree and practical nurse programs (2+2 or 1+3 programs).
- Increase recruitment strategies to attract high academic achievers to nursing in Baccalaureate programs.

Recommendation No. 2 - Establish the Associate Degree with a major in nursing as the educational requirement for licensure to practice technical nursing.

- Discussion revealed consensus on the statement as it appears.
- There is lack of consensus on whether the licensing examination should continue as currently given with NCLEX for Registered Nurse.
- There was a recognition that Associate Degree graduates perform better on the Current NCLEX than the graduate of BSN Programs.
- There was discussion of the adequacy of the current NCLEX to test beyond the technical level.

Recommendation No. 3 - Assure that the educational preparation and scope of practice of those licensed to practice technical nursing are congruent. (Add: Consistent with Current State Practice Acts).

a) Consensus was sought on the need to protect the scope of practice of the ADN graduate as a practitioner with some areas of independent function.
b) It was recognized that ADN graduates have demonstrated their competence as Registered Nurses for more than twenty-five years. The workplace may have over-utilized this graduate.

c) The phrase "consistent with the current state practice acts" was proposed as a closing to this recommendation. Eventually, each state could define the scope differently. This would disadvantage the graduate, especially minorities. Three of five model states have proposed a scope of practice that is at LPN assisting level.

Recommendation No. 4 - Continue efforts to develop consensus on the legal title for licensure to practice technical nursing.

- consensus was not obtained.
- discussion highlighted the alternatives of:
  a. retaining R.N. title for both levels.
  b. differentiate levels with hyphenated titles
     RN, BSN
     RN, ADN
     RN, Technical
     RN, Professional
  c. any new title for one group will create risk of LPN scope or loss of identity from RN ranks.