

SPRING  
2021

# NBNA NEWS

NBNA SPECIAL EDITION ON  
MENTAL HEALTH AND RESILIENCY

*UAB School  
of Nursing  
Visionary  
Leaders*



# In this Issue

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- 4** Letter From the Co-Editor-in-Chief
- 5** History Speaks
- 6** NBNA President's Letter
- 8** NBNA Black Nurses and Mental Health Resilience
- 10** Leadership: Mental Health and Resilience
- 12** The Magic of Resiliency, Our Precious Gift
- 14** Seven Steps to Build Resilience and Stay Mentally Strong During a Pandemic
- 16** Give from the Overflow
- 18** Keys to Resilience
- 20** Stress Management: Lessons in Resilience and Self Compassion
- 22** Mental Health and Resilience
- 23** Building Resiliency is Key to Nurses Mental Health
- 25** Challenging Times Met with Resilience and the Fight for Stabilized Mental Health
- 27** We Are Resilient and Vulnerable Too, Who's Taking Care of You? #NBNAForever
- 29** Three Tips for Building Resiliency
- 31** Mental Health Resiliency: The Need for Repair
- 33** Black Nurses Call to Duty: Mental Health for Ourselves and Our Communities
- 35** Strengthening Your Mental Health with Developing Effective Coping Skills
- 36** Managing Mental Health and Self Care During COVID-19
- 38** Strong Black Women, It's Time to Rest
- 40** Population Stress, Emotional Wellbeing and Nursing's Future
- 42** Encouraging BIPOC Individuals to Seek Mental Healthcare
- 44** Supporting Vulnerable Communities During the COVID-19 Pandemic
- 47** Racism as a Public Health Crisis
- 49** Leading Through Stress
- 50** Hot off the Press – Scientific Statement for a Brain Health Agenda
- 52** Understanding and Addressing the Social Determinants of Brain Health
- 54** What is the Connection Between Stress and Obesity?
- 56** Obesity: Let's End It
- 57** What Does Mental Health Mean to You?
- 58** NBNA Chapter Presidents

## On the Cover

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**UAB School  
of Nursing  
Visionary  
Leaders**

Top Row: Dr. Martha Dawson, FACHE, Dr. Lindsey Harris

Center Row: Carthenia Jefferson, JD, Dr. Jennifer Coleman, Dr. Melanie Gibbons Hallman

Bottom Row: Dr. Loretta Lee, Deborah Grimes, JD, Dr. Tonya Moore

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## NBNA NEWS

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Millicent Gorham, PhD (Hon), MBA, FAAN, Editor-in Chief

Jennifer Coleman, PhD, RN, CNE, COI, Co-Editor-in Chief

# Continuing to Navigate Care During a Pandemic

**N**ational Nurses Month 2021 is a great time to reflect and appreciate extension of the *International Year of the Nurse*. As the world continues to live through the coronavirus pandemic, the contributions of nurses remain on full display. While researchers have provided us with increased information related to COVID-19, the health crisis continues to negatively impact all of us, particularly communities of color. The year 2020, with emergence of the novel coronavirus, provided a tremendous challenge and a great opportunity for nurses to live out the true meaning of our collective commitment. NBNA nurses, through the local chapters, continue to exhibit the ultimate caring nature of the profession. As the unprecedented effects of the pandemic continue, the significant influence of nurses is needed now more than ever. Even though some members of our communities have begun to experience fatigue, with relaxation of the necessary restrictions and precautions that are in place, we must encourage our population to remain vigilant and protect their health. We are still in the midst of a pandemic, and the numbers of affected individuals continue to increase. Nurses are raising our collective voice as we educate the public on the importance of continued safety precautions and on the value of vaccines in the fight against infection with COVID-19. Local NBNA chapter members are volunteering at vaccine clinics, are providing education on the vaccines, and are leading by example when they themselves are vaccinated. Our voices are powerful, and the general population listens to us.

Unfortunately, the stress of living and working during a pandemic can have a negative effect on each of us. Small doses of stress can be helpful to stimulate thinking and may have a positive influence on productivity. Long-term stress, however, can lead to serious mental and physical health challenges. Feelings of being overwhelmed, low energy levels, unexplained headaches, change in sleep habits, inability to concentrate, and constant fear and worrying may be symptoms of stress overload. Recognition of these deleterious effects of persistent symptoms is critical as we summon our ability to exhibit resilience in the ongoing battle against the pandemic. Resilience is the ability to adapt well to difficult events. To be resilient is to be hopeful, to learn from experience, to have a positive attitude, and to remain focused. NBNA – We must remain focused on our commitment to our communities. In recognition of the magnitude of the ongoing challenge, may we use National Nurses Month 2021 to strengthen our resolve and renew our efforts on behalf of the general population and ourselves.

Be reminded, also, that our national organization has made resources available to us to address our ongoing mental health needs as we care for the nation's citizens. Visit NBNA's website to take advantage of the myriad of free opportunities to ensure your optimal health. Plan, also, to join us in Dallas in August 2021 for the celebration of the 50th anniversary of the founding of NBNA. The 2021 NBNA Annual Institute & Conference is sure to be a shining example of our collective commitment to service, practice, education, and research

**Jennifer J. Coleman, PhD, RN, CNE, COI**  
**Co-Editor**





## NBNA Presidential Moments

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In this issue of *NBNA News*, we continue our look at the NBNA past presidents.

### **12th NBNA President – Eric J. Williams, DNP, RN, CNE, ANEF, FAAN (2015-2019)**

In 2015, Dr. Eric J. Williams of California assumed the NBNA presidency, becoming the first male to hold the office since inception of the organization. Dr. Williams earned his BSN from William Carey University in Hattiesburg, MS and his master's in nursing from the University of South Alabama in Mobile. Dr. Williams holds a DNP from Case Western Reserve University in Ohio. He is assistant director and faculty chair and professor of nursing at Santa Monica College in California, where he was the first African American male faculty member when he began his appointment in 2001. He was also the first male to be hired as a nursing faculty member at Dillard University in New Orleans.

As the 12th president of NBNA, Dr. Williams began initiatives devoted to violence reduction, mentorship, substance misuse, and global health. The NBNA *Collaborative Mentorship Program* includes three levels: beginner, intermediate, and advanced; and offers career development opportunities to all nurses and nursing students.

Dr. Williams' research interests are the provision of culturally competent health care through equity, diversity, and inclusion in nursing. He is the current co-lead of the *Future of Nursing: Campaign for Action's* Equity, Diversity and Inclusion Steering Committee. He has served on the Steering Committee for several years. In 2018 Dr. Williams was selected by the Afram Global Organization, Inc. as a Villager Award honoree, an award that recognizes African Americans for their impact on reducing health, education, or socio-economic disparities. In 2017 he was inducted as a Fellow in the American Academy of Nursing. He has been featured in a CNN segment on health care reform and in *Minority Nurse* magazine for the NBNA 40th anniversary.

### **13th NBNA President – Martha A. Dawson, DNP, RN, FACHE (2019-present)**

Dr. Martha Dawson, current president of NBNA, is associate professor at the University of Alabama at Birmingham School of Nursing (UABSON). She earned her BSN and MSN from UABSON, and her Doctor of Nursing Practice from Case Western Reserve University in Cleveland, OH. Dr. Dawson

coordinates the Nursing and Health Systems Leadership Division in the graduate program at UABSON.

In her role as the 13th president of NBNA, Dr. Dawson is focusing on increasing the presence of NBNA and in expanding its advocacy efforts for traditionally underrepresented groups. Strategies in relation to diversity, inclusion, and equity in nursing and equal access to quality health care for African Americans and other minorities are focal areas. She is a sought-after speaker on radio, local and national television, social media, and print media for her expertise on current health care issues, technological advances, and infrastructure needs. Dr. Dawson's leadership during the current COVID-19 pandemic is exemplary. She is a featured presenter on numerous interdisciplinary health care panels focusing on the pandemic, COVID-19 vaccines, and equitable distribution and access among the population. She has spoken on national television educating the public and policy makers.

Dr. Dawson's leadership experience expands from the bedside to the boardroom. She has served in senior level leadership positions in academic medical centers, community hospitals, and in academia. She is a scholar in the Sparkman Global Health Center at UAB, a Fellow in the American College of Healthcare Executives, a Robert Wood Johnson Nurse Executive Fellow, and a Johnson & Johnson Wharton Nurse Administrative Fellow. She received the American Organization of Nurse Executives Prism Award for Diversity. The Frances Payne Bolton School of Nursing at Case Western Reserve University presented Dr. Dawson with the Madeline Zaworski Award for Outstanding Leadership in 2010. A small sampling of her honors and awards at UABSON includes the President's Teaching Award, the Graduate Dean's Mentorship Award, and the Nursing Innovation in Teaching Award. Dr. Dawson was a member of the Alabama Health Action Coalition to implement the Institute of Medicine, Future of Nursing goal to increase the number and diversity of BSN prepared nurses in the state of Alabama.

In 2019, Dr. Dawson was inducted into the Alabama Nurses Hall of Fame, and most recently UABSON recognized her with the 2021 Visionary Leader Award.

# Professional-Based Mental Issues Among Nurses

Martha A. Dawson, DNP, RN, FACHE  
President, National Black Nurses Association

**M**ay is National Mental Health Awareness Month, and we are in a space where mental well-being is so important to our nation and to the profession. A world pandemic, social injustice, environmental disasters, and wars have the world on edge. Unfortunately, these global issues are directly adding to the stress and distress that nurses are living. Before, during and after the COVID-19 pandemic nurses will continue to try to live up to the image of being the most noble, trusted, and caring profession; this is a heavy burden and weight to carry. The pandemic, social disturbances, economic uncertainties, and unrest within the society and the profession are unmasking the mental health turmoil that many of our nurses face every day. For too long, many of our nursing colleagues have suffered in silence. [Many nurses are thinking of leaving the profession due to increase demands, heavy workload, workplace violence, colleague bullying, disrespect, sexism, racism, and discrimination.](#)

The [World Health Organization](#) (WHO) includes several key descriptors related to mental health. These descriptors include emotional, social, psychological well-being that affects how we respond to stress, interact with others, how we feel, and handle life stresses. Mental health does not mean an absence of mental illness. It is important for society to accept that seeking help from mental health providers does not mean a person has a mental illness problem. It is getting beyond this stigma and the fear of labeling that prevent many nurses from seeking help. In addition, nurses may worry about the potential negative job impact, or if this could be a barrier to their career progression.

The May 2021 release of the National Academy of Medicine (NAM) [2020-2030 Future of Nursing Report: Charting a path to achieve health equity](#) addresses many of the moral stressors nurses face and the need to focus on mental health



and wellness in the nursing profession. Recommendation #3 of this report focuses on health and well-being of nurses and specifically addresses stigma associated with mental and behavior health, protecting students that are most at risk of experiencing behavior health challenges, and collecting data to help inform the health and being of the nursing workforce. During this pandemic and prior to it, the National Black Nurses Association has been concerned about the health and welfare of Black nurses and nursing students because we understand that the professional of nursing work and school environments mirror that of our larger society and institutions.

The NAM is to be commended for addressing the mental health needs of nurses and racism and discrimination within the profession; the word racism is mentioned 194 times throughout the report. This is important for nurses of color, those of different ethnicity, indigenous people, and those with different gender identifications because of the stresses they experience from being different and not a part of the majority nursing population. In recommendation #1, 1:1 the report call for assessment and elimination of “racist and discriminatory policies.” This agenda item suggests that nurses reach across practice sites, education institutions,

nursing associations, and it identified the National Coalition of Ethnic Minority Nurse Association as a key player in leading this charge. This nursing organization was founded by one of our founders and past president Dr. Betty Smith Williams and the current president is Dr. Debra A. Toney, NBNA's 10th President.

The world and the profession can rest assured that NBNA will continue to lead the way to ensure the physical and mental health of all nurses, but especially Black and color nurses. We are here to help you [RE:SET](#), stay strong and know you matter. This is more than just a [conversation; it is a commitment](#).

**Martha A. Dawson**, DNP, MSN, RN, FACHE | Associate Professor  
President/CEO, National Black Nurses Association  
RWJ Nurse Administrative Fellow, Alumna  
J&J Wharton Nurse Administrative Fellow, Alumna  
Scholar UAB Sparkman Global Health Center

# NBNA Black Nurses and Mental Health Resilience

Patricia K. Bradley, PhD, RN, FAAN

Freida Hopkins Outlaw, PhD, RN, APRN, FAAN

*You may write me down in history*

*With your bitter, twisted lies,*

*You may trod me in the very dirt*

*But still, like dust, I'll rise.*

MAYA ANGELOU AND STILL I RISE: A BOOK OF POEMS.  
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**F**rom the very beginning of professional nursing in the US in the late nineteenth and early twentieth century, the discipline reflected the practices and social norms of the times. These norms were based on the white supremacy belief that white people constitute a superior race and should therefore dominate society including all people that were considered not white. Nurses and the profession of nursing were highly influenced by the customs and practices of the times including believing in the inferiority of black nurses. This tenant has been pervasive throughout the history of nursing as evidenced by professional nursing organizations prohibiting black nurses to join them initially and for a number of years thereafter. Presently, if you do an inventory of leadership in these same predominately white nursing organizations, there remains very few minority nurses in leadership positions.

Over the years, there has been some improvement in decreasing racism and invidious discrimination in nursing, but progress has been very slow and gravely inadequate. Black nurses continue to have to work in non-inclusive environments no matter the setting, in order to advance their careers. The challenging profession of nursing, the nature of our work and the racism embedded within our society leads us to have to manage many situations of stress. We have a historical legacy that calls us to be strong and silent as we cope with adversity. And we have a history of taking care of others, including our friends, family, church members, community members,

colleagues and patients with minimal care for ourselves. How is it that we manage to still be here after all this time? To paraphrase Maya Angelou “and still we rise”.

In essence black nurses have been rising since we became professional nurses although very often at a price both physically and mentally. We can learn to rise in a different way by taking care of our mental health. This is called mental health resilience. Resilience is a process<sup>1</sup> of managing stress and functioning well even when faced with challenges, adversity and trauma and we know that black nurses have had plenty of experience with all of these. It's important to know that resilience can be developed. Whether a child or an adult, we can learn to recognize the warning signs of stress, become aware of positive actions to take and learn how to replenish ourselves. We can let go of the notion that we must be in control of our circumstances and that resilience is based on our being strong.

## ***Building Resilience***

What does it take to be resilient? What do people who successfully manage stress have in common? [Ken Ginsburg, MD](#), a pediatrician who specializes in adolescent medicine has developed a 7 Cs model of resilience<sup>2</sup> to help build skills to be more resilient. Addressed to kids and teens, the strategies of the model can be used by adults as well. In fact, many black nurses have these attributes of character, control, competence, confidence, contribution, coping, and connection and can harness them to our advantage.

Often we may find our character being called into question in our work environments. Relying on our principle beliefs of right and wrong allows us to develop an understanding of our ability to problem-solve and learn how to manage situations effectively. Honing that inner sense of control of our choices helps us to build our competence and confidence to trust our own judgment and make decisions that include care for ourselves, in addition to others. One of the largest contributing factor to building resilience is social support. Having the support of others can lighten our stress load enough to manage our challenges without using negative ways of coping that are detrimental to our health such as excessive eating, smoking, and drinking. Connection to others allows us a sense of security and belonging and the ability to talk it out, to think it out, and to adopt healthy ways of coping. Contributing to our community reinforces positive reciprocal relationships and can fulfill our sense of purpose in life.

Successful techniques for building resilience involve ways to bring balance into our life.<sup>3</sup> Mindfulness meditation apps can be used to strengthen the relaxation response. It's important to calm our body and our mind. We can improve our physical health and mental health by getting good sleep,



nutrition, hydration, and exercise. Remember to practice self-compassion, be kind to yourself and engage in positive self-talk. To combat fatigue and burnout consider professional help and/or joining a listening group of black nurses who can share personal and professional stories of coping. Whatever you choose to do to build your resilience, we encourage you to have fun doing it.

## References

1. Center on the Developing Child-Harvard University-Resilience (n.d.a). <https://developingchild.harvard.edu/science/key-concepts/resilience>
2. Reaching Teens: Strength-Based Communication Strategies to Build Resilience and Support Healthy Adolescent Development. (2014). <https://ebooks.aappublications.org/content/reaching-teens>
3. Building Your Resilience. (2012) <https://www.apa.org/topics/resilience>



**Patricia K. Bradley** is an Associate Professor and Associate Dean of Inclusive Excellence at Villanova University.



**Freida Hopkins Outlaw** is the Executive Academic Consultant for the SAM-HSA Minority Fellowship Program at the American Nurses Association.

# Leadership: Mental Health and Resilience

Jacqueline Payne-Borden, PhD, NEA-BC, PMHCNS-BC,  
RN

Ronald Anderson, MSN, PMHNP, RN

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*“It’s not the load that breaks you down,  
it’s the way you carry it.”*

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LENA HORNE

Over the last twelve months, due to the global pandemic caused by the corona virus, many healthcare workers have been pushed to their limits and beyond. The unconventional conditions to include lockdowns that were imposed upon the nation and healthcare workers in an effort to decrease the spread of the corona virus wreaked havoc on both the physical and mental health status whether directly or indirectly. The COVID-19 disease has affected not only patients and their families but also health care workers such as nurses. In terms of mental health, each nurse including nurse leaders had to personally and professionally deal with the pandemic while leading in the face the invisible enemy; this became a daily fight. Studies have shown that despite external circumstances and adversities, persons who demonstrate resilience are able to rise above circumstances and function in healthy ways (Yaxin, et. al. 2018).

Beginning in early February 2020; a local hospital’s Executives, like most other hospital’s executives in the country, were preparing for a possible influx of patients COVID-19 positive in need of emergent treatment. Preparation included creating a specialty unit, retraining on proper use of Personal Protective Equipment (PPE), the arduous task of procuring items, modifying relevant policies, conducting town hall meetings to dispel anxiety, reworking budgets, while obtaining briefings from the local Department of Health and the national Center for Disease Control and Prevention. There was no escape from learning about the devastation caused by COVID-19 as negative news was constantly broadcast through diverse media and technology on a global platform. Almost simultaneously, was the emergence and constant changes in guidelines from the scientists as a plethora of related activities ensued within hospitals.

On a day in March 2020, one of the first healthcare workers; a nurses in New York died from the disease (Nurse.org, 2020). This became a different threat and a multifaceted reason to fight; a fight that not only focused on a patients’ survival, but also the safety and survival of healthcare workers. The fight “was on” and continues to be relentless. Leaders and particularly nurse leaders’ resiliency were put to the ultimate test during these unprecedented times. According to the American Psychological Association, resilience is defined as, “The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant source of stress,” (American Psychological Association, 2014). There are many similar concepts that are associated with resilience, as an example, resilience is frequently used interchangeably with mental toughness. However, Strycharczyk and Clough (2015), postulates mental toughness is a personality trait which determines how individuals deal with stress, pressure, and challenges irrespective of circumstances. Mental toughness is part hardiness and part confidence; it allows people to take whatever comes in stride, with a focus on what they can learn and gain from the experience. Resilience is what helps people recover from a setback, but mental toughness can help people avoid experiencing a setback in the first place. According to Strycharczyk and Clough (2015), mentally tough individuals are resilient, but not all resilient individuals are mentally tough.

Nurse leaders and healthcare workers faced tragedy and experienced trauma in novel ways. There was a strain on hospitals nationwide, hospital beds were overrun with COVID-19 positive patients who were dying by the thousands (US News 2020, NPR 2020). Would the nurse leaders surrender emotionally during this time of uncertainty with a virus that was unknown to the medical society? How would they lead staff who were frightened, had heightened anxiety if they themselves were frightened? There were nurse leaders and staff at a local hospital who contracted the disease, there was an employee from a department within the same hospital who died from the virus at the onset of the pandemic. Naturally, this sent simultaneous shockwaves throughout the hospital. Despite these distressing events, leaders were able to display resiliency by staying on task, remaining optimistic and functioning at a high level.

Part of the ability to build resilience comes from exposure to very difficult but manageable experiences. In general, nurses are familiar with change and uncertainty. How leaders cope depends on what is in their resilience toolkit. The tools common to resilient people are realistic optimism, a moral compass, religious or spiritual beliefs, cognitive and emotional flexibility and social connectedness. Overall, the most resilient people are ones who generally do not dwell on the negative but who look for opportunities during the most difficult times. During the pandemic, for example, a resilient leader might decide it is a good time to prepare for a certification, take an online

course or learn to play an instrument. According to Southwick and Charney (2018), most resilient people learn to cautiously accept what they can't change about their circumstance and then ask themselves what they can actually change.

The global coronavirus pandemic is one of the largest public health challenges in recent times. Even when immunity is acquired there may be after effects not only related to physical health but mental health. The wellbeing of healthcare workers including nurses and their leaders is paramount for their professional effectiveness, and resilience is optimal for their health and happiness. Resilience may minimize the likelihood of psychological disorders such as anxiety, depression and post-traumatic stress disorder. The loss of resilience in nurses not only compromise health but also leads to burn out and resignations (Yaxin, et.al., 2018). It is imperative that healthcare workers including nurses and nurse leaders focus on building resilience. The pandemic has taught us not to underestimate ourselves; healthcare workers are survivors; in time we will overcome the pandemic.

## References

1. American Psychological Association. *The road to resilience*. Washington DC: American Psychological Association; 2014. Retrieved from <https://www.apa.org/topics/resilience> [Google Scholar] March 19, 2021.
2. Brusie, S. (2020). *Nurse at Mount Sinai Hospital in New York Dies of COVID-19*. Nurse.org. Retrieved from <https://nurse.org/articles/nurse-kious-kelly-dies-of-covid19-nyc/>. March 25, 2021
3. National Public Radio (2020). *COVID-19 Hospitalizations hit record highs. Where are hospitals reaching capacity?* Retrieved from <http://www.npr.org/sections/health> March 17, 2021.
4. Southwick, S., Charney, D. (2018). *Resilience: The science of mastering life's greatest challenges*. 2nd Ed. Cambridge, United Kingdom University Press
5. Strycharczyk, D., Clough, P. (2015). *Developing mental toughness: Coaching strategies to improve performance, resilience and wellbeing*. 2nd Ed. London, UK. Kogan Page Ltd.
6. U.S. News and World Report (2020). *U.S. hospitals running out of ICU beds for covid patients*. Retrieved from <https://www.usnews.com/news/health>. March 17, 2021.
7. Yaxin, R., Ying, Z. Shaojing, w., Taizhen, L. Meiling, H., Yingchun, Z. (2018). Exploration study on resilience and its influencing factors among hospital nurses in Guangzhou, China. *International Journal of Nursing Science*, Volume 5 (1).

**Dr. Payne-Borden** is the Chief Nurse Officer at the United Medical Center, Washington, D.C. She is Board certified through the ANCC. Her experience includes faculty member, retired military officer, Field Surveyor for The Joint Commission, and an exceptional orator. Jacquie is an Alumni Minority Fellow of the American Nurses Association (MFP/ANA) and Substance Abuse and Mental Health Services Administration and is an advisor on the MPF/ANA National Advisory Committee.



**Ronald Anderson** is the Director of Behavioral Health at the United Medical Center, Washington, D.C and he has held various Behavioral Health leadership and faculty positions both in the United States Navy (USN) as well as in the private sector. Ronald is a Lansing, Michigan native. He graduated with a Bachelor's of Science degree in Nursing from Tennessee State University in 2002 and later completed his APRN-PMHNP degree at Walden University. He also is an Alumni of the USN Officer Candidate School, Direct Commission Officer School in Newport, Rhode Island. Ronald is a member of the American Nursing Association (ANA) and the American Psychiatric Nurses Association (APNA).



# The Magic of Resiliency, Our Precious Gift

Imana “MO” Minard, MSN, RN, CENP, EMT-P

**D**o you ever wonder how many times you may have been asked the question “How do you stay so resilient?” or maybe even “You are the strongest person I know!” These statements can go on and on however; when you pause, is your response authentic? How often do you say, “This is who I am”, “I don’t know how else to be”, “I am ok”, “I have to be strong for”? Resiliency according to [www.merriam-webster.com](http://www.merriam-webster.com) is defined as “an ability to recover from or adjust easily to [adversity](#) or change.” The truth of the matter is the magic in resiliency is your gift to yourself. A gift? Absolutely! Self-resiliency is a gift we give ourselves daily when we pull up the courage of fire within us to push through whatever we may be up against.

In these times in healthcare, we find ourselves consistently in a world of the unknown. I am sure you all can reflect on the uninvited guest who dropped in on nursing in early 2020. You may also remember 2020 was identified by the World Health Organization as the Year of the Nurse. This horrific disease no one knew anything about came on the scene with a vengeance. We never seen anything of this magnitude and its name is COVID-19. As a nurse leader, I was afraid of what was to come. The absence of knowledge began to frighten me even more. The information came at lightning speed causing an overload in my brain. I knew I needed to figure out how to move forward since COVID-19 was not leaving us. My team needed me, my family needed me, the community needed me and most importantly I needed me.

I recognized early on I would need to tap into my magician skills going deep to nurture my resilience. I am sure you didn’t know nurses are magicians, but the way we skillfully settle things is nothing short of magic. Fuchs 2020 writes “Although it is frightening, there is no profession better equipped than nursing to lead through this pandemic.” How would I maintain my spirit of energy and passion, when I myself am afraid? I identified strategies to keep me mentally strong.

**Step 1:** I had to tune out the noise. Focus on what is immediate and not get lost in the “What if, What’s Next, What About Tomorrow?” I told myself, “why can’t you stay in the moment right now”? You will get lost in unnecessary worry which surely won’t keep you strong.



**Imana “MO” Minard** is a Director of Nursing for Beaumont Farmington Hills in Southeast MI. She is Certified in Executive Nursing Practice through the American Organization of Nursing Leadership, an award-winning radio host and prominent nurse influencer in Metro Detroit.

**Step 2:** Lean into your faith. Faith looks different for everyone, not a specific religion but the inner voice inside of you who consistently believes you are durable. The quiet self-conversations of motivation which provide the relief you need to signal; this will all be ok. I leaned into my faith harder than I ever have.

**Step 3:** Protect your mental health. Don’t be afraid to care for your sick brain. We neglect our brains when they are ill as we can’t see the evidence of our mental health in need. We ignore our own inner cries to feed our souls with self-care that is necessary, not selfish. A very wise therapist colleague told me, “Don’t hesitate to get therapy, you can dump all your frustrations and fears you may be carrying in a safe nonjudgmental space.” I quickly said, I am in and I go every 2 weeks.

My last and final step I implemented was speaking gratitude. Even if I just wrote the words down “I am grateful” I realized the entire time I was in pandemic overflow. I was not ill, I was gainfully employed, my family was safe, our mortgage was paid, and I am alive. Gratitude was the attitude. In contrast to everything I was seeing, isn’t there always something to be grateful for? This approach towards the journey landed me right on stage to practice my gift as a resilience magician.

You too are a resiliency magician currently in your show.  
Tap into the inner talent knowing your personal evolution to  
endure is waiting to spark!

**References:**

1. (<https://www.merriam-webster.com>, n.d.)
2. Fuchs, M.A. (2020). Best Practices in Pandemic Response. Voice of Nursing Leadership, Volume 18, pg. 4





# Seven Steps to Build Resilience and Stay Mentally Strong During a Pandemic

Rasheda Hatchett, MN, RN

**C** OVID-19 thrust the world into a state of panic, fear, and instability. As the world reopens and we are able to see the light of our new normal, we are wondering what's next for our country, our city, our businesses, our jobs, and most importantly our families. As we begin to heal from the traumas of isolation and grief, it's important that we protect our mental health with the same vigilance as we have protected our physical health and safety.

So, how do we find resilience during this time? Some say that resilience is something you're born with and if you don't have it, you are destined to falter when tough times and trauma come your way. In actuality, resilience can be learned, practiced, and it can be nurtured; however, it does require some intention and work. Resilience is as much about bouncing back as it is personal growth and development and requires action to build.

On the road to resilience there's not one way to get there, there's no right way to practice resilience, nor is there a correct way to build resilience; In fact, there are multiple small shifts you can implement to help cultivate resilience.

## *Resilience is cultivated when we practice:*

1. **Be gentle with yourself.** Give yourself room to feel the emotions of the time. For many, this is the worst trauma they've experienced and it's important that you allow yourself to feel frustrated, scared, angry, or even helpless. The key to practicing resilience is that you can't stay there, you have to actively choose to move forward and practice optimism.
2. **Go off the grid.** It is O.K. to unplug, to turn off the news, not check-in on social media, and not answer phone calls. Unplugging can help diminish the sensory overload we have become accustomed in today's world. During this time, the news is constantly changing and can produce negative feelings, so limiting what you let in helps to make resilience a priority by choosing to protect your peace.



**Rasheda** is a Seattle Native and Registered Nurse working with the area's geriatric population. She is also a resilience coach and burnout prevention strategist helping nurses and healthcare organizations build resilience and thrive.

3. **Build meaningful support systems.** Connections are the backbone of resilience. We're meant to connect and support one another. No one is an island, and we cannot successfully navigate life alone. During uncertain times, it is even more essential to our mental health to find support from people who are in our corner, want to see us win, and be healthiest versions of ourselves. Try Zoom chats, virtual parties, and other apps that allow you to see your loved ones, counselor, coach, or therapist.
4. **Affirm your decisions.** When you decide to put yourself first, seek support, disconnect, or make other positive changes, affirm that you have made a good decision for yourself and it is okay to put your mental health first. Your voice is the most powerful voice you will hear, use it to speak life into yourself and your decisions.
5. **Realize only small change is necessary.** Like any change we make, it must come in small bite sized portions. If we go too big too fast, it will not last. We want to build resilient habits that last us a lifetime and are the foundation of a resilient life. Choose to make small incremental change and be consistent.

6. **Keep an open mind.** Be open to different perspectives, often we are married to an idea and instead need to practice resilience by committing to being openminded, we should exercise being more flexible and creative in our thoughts. There are always many ways to look at a situation and this pandemic is no different; as things change, our perspective must be flexible as well.
7. **Remain optimistic.** Focus on what you can control and let go of anything that no longer serves you and is not in your control. Much of this pandemic is outside of our

personal control; However, we can control the way we react, how well we follow the health and safety guidelines, and how we spend our time. Focus on those things and resist the need to control what is outside of that.

<https://www.linkedin.com/in/rasheda-hatchett-mn-rn-b50521196/>

<http://www.RashedaHatchettMedia.com>

<https://www.facebook.com/RashedaHatchettMedia>

# Give from the Overflow

Dawn Bounds, PhD, PMHNP-BC

**W**e live in challenging times. We have been faced with a pandemic and as nurses many of us have had to be on the front lines caring for patients infected with COVID-19 while balancing the demands of our personal lives. As Black people, we continue to live in a country riddled with racism, discrimination, and police violence. We have witnessed tremendous grief and loss in our professional, personal, and digital lives. Times like these make me think back to my time in nursing school. A period of high stress focused on learning how to care for others. I will never forget my public health nursing instructor saying, “Give from the overflow.” As nurses, we become experts at caring for others and can easily forget about the need to take care of ourselves. We often hear the airplane oxygen mask example to put your oxygen mask on first. During times like this, we need to be reminded that self-care is a prerequisite to sustainability in our field. Not only is self-care necessary to our survival as nurses but it is crucial to the health of our patients and to our own health. [Clinician well-being](#) is connected to costly impacts on patient care leading to medical errors and clinician turnover. Burnout is associated with a multitude of physical and psychological consequences ([Salvagioni, et al., 2017](#)).

Resilience on the other hand is a combination of characteristics that allow us to thrive despite adversity. These internal and external assets can be curated to foster resilience in individuals, families, teams, communities, and organizations. To combat clinician burnout, The National Academy of Medicine has created a [Clinician Well-Being Knowledge Hub](#) discussing [individual strategies](#) for building resilience in more detail.

And building this resilience is important because not doing so is [costly](#). In fact, some organizations have begun creating new roles called Chief Wellness Officers (CWO); leveling up the importance of their employees’ health with finances, technology, and diversity. The [Health Affairs Blog](#) makes the case for CWOs by stating, “To successfully develop and lead a robust program designed to improve the well-being of clinicians, it should also be the standard to have a designated and empowered senior leader overseeing clinician well-being efforts on behalf of an organization.” Nurse leader and CWO, Bernadette Melnyk, is paving the way for clinician well-being and resilience with the MINDSTRONG™ AND MINDBODYSTRONG™ Programs. This evidence-based manualized content offers facilitator training, online course content, and courses for nursing students.



**Dawn Bounds** is an assistant professor at the University of California, Irvine in the Sue and Bill Gross School of Nursing. Dr. Bounds’ research and practice focuses on building resilience to reduce risk behaviors and other sequelae associated with trauma and adversity.

The number of resources to promote health care professionals’ self-care are increasing. One campaign that I encourage you to join is the American Nurses Association’s Healthy Nurse, Healthy Nation™ Grand Challenge. With this challenge you can take action steps towards resilience by focusing on your activity, sleep, nutrition, quality of life, and safety. The National Institutes of Health has a Center for Complementary and Integrative Health full of [evidence based resources](#) for health care providers.

Another movement focused on self-care is being led by the HeartMath Institute. [HeartMath](#) brings our physical, mental, and emotional systems into coherent alignment creating profound shifts in our capacity for self-regulation and resilience. Many [healthcare organizations](#) have partnered with HeartMath to teach their employees coherence building techniques. To learn more, take the free online [HeartMath Experience](#) course.

There are many self-care practices (e.g., mindfulness, gratitude, sleep hygiene, peer support) to help us build resilience. Despite this, mental illness can still occur. In fact, depression is the leading cause of disability worldwide ([WHO, 2017](#)). Mental illness has been predicted to be the next pandemic ([Choi et al., 2020](#)). Whether you’re concerned about your mental health or not, therapy is a valuable tool that anyone can benefit from. You don’t have to wait for mental illness to impair your ability to function from day to day before you seek help. Consider being

proactive and seeking professional help before you need it. I implore you to talk more about mental health so that others feel comfortable taking care of their emotional well-being. Our lives depend on it. Mental illness can be deadly with suicide being the second leading cause of death amongst 15-29 year olds worldwide in 2015 (WHO, 2017). The [National Suicide Prevention Lifeline](#) is available to talk or chat at 1-800-273-8255 for those struggling with thoughts of suicide. In conclusion, resilience and mental health are crucial to our survival as nurses. While taking care of the world, I encourage you to start with self-care and then give from the overflow.

## References

1. Choi, K. R., Heilemann, M. V., Fauer, A., & Mead, M. (2020). A second pandemic: mental health spillover from the novel coronavirus (COVID-19). *Journal of the American Psychiatric Nurses Association*, 26(4), 340-343.
2. Health Policy Institute of Ohio (2020). A call to action: Improving clinician well-being and patient care and safety. Retrieved from: [https://www.healthpolicyohio.org/wp-content/uploads/2020/02/CallToAction\\_Brief.pdf](https://www.healthpolicyohio.org/wp-content/uploads/2020/02/CallToAction_Brief.pdf).
3. Kishore, S., Ripp, J., Shanafelt, T., Melnyk, B., Rogers, D., Brigham, T., ... & Dzau, V. (2018). Making the case for the chief wellness officer in America's health systems: A call to action. *Health Affairs Blog*, 10.
4. Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. D. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS one*, 12(10), e0185781.
5. World Health Organization. (2017). *Depression and other common mental disorders: global health estimates* (No. WHO/MSD/MER/2017.2). World Health Organization.

# Keys to Resilience

Broderick Sawyer, PhD

**R**esilience is typically simplified as “toughness”, but resilience is actually much more. Resilience has everything to do with mental health, and we can build resilience like a muscle by using the weight of everyday life. Let’s simplify resilience by unpacking 2 specific mental health competencies I always teach my psychotherapy patients, consultation clients, and educational workshop attendees. To make yourself more resilient, I recommend practicing these 2 skills in your everyday life.

## ***Step 1: Treat Yourself with Unconditional Kindness***

Unconditional kindness is severely lacking in this world, and this is deeply reflected in how we talk to ourselves. To become resilient, we need to be our own biggest cheerleaders, not our biggest critics. When we are forced into situations that require our resilience, the last thing we want to do is discourage ourselves. Many think self-criticism is the best way to motivate ourselves. Psychology research found the opposite of this to be true: Positive support, as opposed to critical support, is much more effective in motivating behavior change.<sup>1,2</sup>

Research also shows that self-criticism causes feelings of fear and shame. Fear and shame keep us stuck and reduce our feelings of self-love and confidence. Being kind to ourselves keeps us looking for something better. If we treat ourselves with kindness, we begin to feel deserving, and our struggle for a better life gains momentum. We become more resilient if we have hope. If we feed ourselves a critical narrative, we chip away at our self-esteem, making it harder to imagine a better life.

What does self-kindness look like? It looks like acknowledging the stressful day you had, and having a movie night instead of burning the midnight oil. It means setting boundaries with that difficult family member. It means saying NO to responsibilities you don’t have capacity for. It means improving your nutrition. It means spending time with people that uplift and inspire you.

Self-kindness allows us to have a realistic view of what we can and cannot do, depending on what we find when we check in with ourselves. Kindness is not some “rule” or “skill” or “law”, kindness is a reflex. A reflex that comes about when we SEE pain, fatigue, or discomfort. Many never extend kindness to their pain because they are too busy judging

**Dr. Broderick Sawyer** is a clinical psychologist in New York/CT with a specialty in race-based trauma, mindfulness, and compassion. In terms of daily activities, Dr. Sawyer provides diversity and mental health consultation to organizations, sees individual therapy clients, teaches mindfulness and compassion-based meditation, gives lectures, keynotes, workshops, and a variety of customizable trainings. For more information go to [Brodericksawyer.com](http://Brodericksawyer.com)



or avoiding their pain. Self-kindness works when we can see our pain clearly, and once we do, we see that we are all worthy of soothing and relief. To see clearly, we need balanced emotional intelligence.

## ***Step 2: Acknowledging Pain with Balanced Emotional Intelligence***

Can you solve math problems without acknowledging certain numbers on the page? NO. Can you solve math problems if you acknowledge difficult numbers but sit there and fixate/complain about how difficult the math problem is? NO. Psychology research has found that ignoring difficult emotional experiences, as well as over-fixating on emotional experiences, leads to emotions becoming more intense, and can even lead to mental illness.<sup>3,4</sup>

To ignore what is difficult is not resilience. To fixate on what is difficult without action is not resilience. Things aren’t all good or all bad. It may seem like we are stuck in between a rock and a hard place, we only need to practice the art of balance when acknowledging pain, NOT black or white, this OR that thinking. Balanced emotional intelligence is a common issue I help people resolve in psychotherapy and workshops I run. Long story short, you can’t attempt to work with your emotions if you don’t understand how to process them. The good news is that it’s a relatively simple skill to practice once explained. Let’s use an example I often use



with students and patients to describe balanced emotional intelligence:

You bump your knee on a coffee table. There are 2 typical responses, with the 3rd being an example of balanced emotional intelligence.

- **Response 1:** You pretend it doesn't hurt, but there is blood running down your leg, the small scratch gets infected, and now several months later you need your leg amputated. This is an example of avoidance.
- **Response 2:** You focus on the scratch and how badly it burns, take off from work, and wait in the emergency room for hours playing out the worst possible scenarios in your head, only to find out that you need to wash the wound and put a band-aid on. You avoid coffee tables for the rest of your life. This is an example of catastrophizing.
- **Response 3:** You acknowledge the pain, take a deep breath, go to your medicine cabinet, wash the wound and apply a band-aid. You then change the band-aid a few hours later to make sure its okay. This is an example of doing both 1 and 2: Soothing pain without over- or under-doing things.

When we accept our difficulties as they are, without catastrophizing or pretending the problems aren't there, we can begin to solve our problems and move through life. This process of balanced emotional intelligence can literally be practiced with ANY emotional discomfort, big or small. Accepting reality as it is, is NOT the same as us approving of or liking a troubling situation. We don't like complicated math problems, but we start by accepting the discomfort that there is a problem to be solved, then we solve it.

## Conclusion

To become resilient, kindness is key. We cannot always prevent pain, but if we can learn to extend self-kindness, speak to ourselves with dignity, and recharge our batteries when we are feeling burnt out or in pain, life becomes a workable situation. When we practice experiencing pain with balance, this also gives us confidence that we can handle life. If we never practice, we never get this confidence. Rather than avoiding pain or catastrophizing, practice balance.

When we are truly resilient, anything becomes possible, we can take things as they come, and if we cannot see what is possible, we trust that the answer is there and we just haven't found it yet.

## References:

1. Neff, K., & Germer, C. (2019). Kind to me. *Excerpt in Mindful, vol.6.*
2. Sirois, F. M., Molnar, D. S., & Hirsch, J. K. (2015). Self-compassion, stress, and coping in the context of chronic illness. *Self and Identity, 14*(3), 334-347.
3. Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology, 85*, 348-362.
4. Segerstrom, S. C., Tsao, J. C. I., Alden, L. E., & Craske, M. G. (2000). Worry and rumination: Repetitive thought as a concomitant and predictor of negative mood. *Cognitive Therapy and Research, 24*, 671-688.

Twitter: @BroderickA88

Clubhouse: @blackjoy

# Stress Management: Lessons in Resilience and Self Compassion

Alma Y. Dixon, EdD, MPH, RN

**A**s nurses, we all raised our hands to some form of the Nightingale pledge when we entered the helping profession, promising to devote ourselves to the well-being of those committed to our care. Remaining true to that commitment means staying the course at different stages of our careers, despite stress caused by events beyond our control.

During the 1980s–1990s, for example, the AIDS epidemic challenged us to continue to care despite facing an unknown threat. More recently, COVID-19 posed the same test to our physical and emotional well-being, often resulting in stress. Learning to cope with stress and grow through complex challenges provides the opportunity to adopt strategies to build resilient bodies and minds. These tools strengthen our mental capacity to recover from present difficulties and to develop the ability to face future challenges. Strategies for well-being are exercises in self-compassion.

## *Stress*

Stress comes in many forms, such as anxiety, worry or fear, uncertainty about the future, anger, guilt, frustration, sadness, grief, and loss. Some people experience insomnia and exhaustion, both of which interfere with focus and performance at work. Others may face aggravations of pre-existing medical or psychological conditions. Still others may experience secondary traumatic stress (STS), which can be caused by exposure to traumatic events, including watching so many patients die from COVID-19 or supporting colleagues who are also coping with trauma.

## *Strategies for Well-being*

Strategies for well-being must be intentional; they require self-awareness, self-care, avoidance of triggers, and knowledge.

### **#1: Self-awareness is the beginning of managing stress.**

#### **Strategies include:**

- Get the support you need from family friends and colleagues.
- Avoid “what if?” thoughts and worst-case-scenario thinking; neither are good reflections of reality.
- Stay in the present. Remind yourself to take one day at a time.



**Dr. Dixon** is president of the Volusia Flagler Putnam Chapter of the National Black Nurses Association and caregiver advocate for VITAS Healthcare.

- Do activities outside of work that fulfill you and distract you.
- Monitor and pace yourself.
- Focus your efforts on what is within your power.
- Accept the situations you cannot change.

### **#2. Self-care includes activities.**

- Engage in relaxation techniques, such as meditation, yoga, books, movies, or hobbies.
- Pace yourself at work and take breaks.
- Stay in touch with your colleagues and support one another.
- Eat well and exercise when you can.
- Regularly check in with family and friends.
- Utilize your spiritual resources.

### **#3. Avoid stress triggers, a strategy that is essential for well-being. Limit activities and behaviors that can contribute to or increase stress levels, such as:**

- Watching, reading, or listening to news that causes you to feel anxious or distressed.
- Using tobacco, alcohol, or other drugs to cope

- Working around the clock with few breaks.
- Feeling that you are not doing enough.
- Nonhelpful self-talk, such as “Only I can do it,” or “If only I did it,” or “I should have done...”

**#4: Arm yourself with knowledge. Stay informed and updated about existing organizational strategies and all efforts to keep you safe.**

- Pursue education and training to keep yourself healthy.
- Be responsible for your own learning and knowledge; stay updated about latest information, data, and recommendations.
- Know and discuss ethical decision-making processes.
- Learn through your employer or other trusted resources.
- Understand the actual risk of any procedure to yourself and the people you care about.
- Do not listen to anecdotal horror stories.

Practicing strategies that sustain and improve your well-being will enable you to stay the course during difficult times, gain resilient muscles to prepare for the next challenge, and reaffirm the initial commitment to care that you made when you began your nursing career.

If you’re looking for new career opportunities or a mid-career change, consider becoming a hospice nurse, just as I did. As hospice nurses, we turn our passion into compassionate care, one patient and one family at a time. Bring your true self to work every day as we specialize in comfort-focused end-of-life care and enhanced quality of life. Hospice nurses are respected members of each interdisciplinary team... the eyes and ears on each patient, and the heart of each individualized care plan. Explore openings near you at [www.VITAS.jobs](http://www.VITAS.jobs).

### ***Reference***

1. Managing Healthcare Workers' Stress Associated with the COVID-19 Virus Outbreak Last Updated: March 25, 2020  
[https://www.ptsd.va.gov/covid/COVID\\_healthcare\\_workers.asp](https://www.ptsd.va.gov/covid/COVID_healthcare_workers.asp)

# Mental Health and Resilience

Stephanie T. Wynn, DNP, RN-BC, PMHNP-BC, FNP-BC, COI

**T**he COVID-19 pandemic brought crisis management to the forefront of society. Experts and physicians have focused on life essentials such as health care, employment, and school and business operations. The crisis revealed societies' abilities to join forces and take care of physical issues, resulting in innovative strategies to overcome shortcomings. Although these activities contribute significantly to resilience during this stressful time, the necessity of good mental health of individuals has frequently been overlooked.

As resilience builds skills to endure hardships, it enables individuals to adapt to life's misfortunes and setbacks (Choi et al, 2019). As mental health is centered on coping skills, problem solving, and facing adversity without disintegration, it goes hand and hand with resilience. Resilience does not banish problems; however, it allows a person the ability to see past the issues and better handle and overcome stressful situations.

Perceptions of mental health include perceived self-efficacy, competence, and recognition of the ability to realize one's intellectual and emotional potential, as well as subjective well-being. It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively, and make contributions to their communities (World Health Organization, 2018). Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Many behavioral, social, and psychological components can protect and sustain positive mental health. These protective factors abate the development of disabilities, promote recovery from disease, and facilitate resilience in the face of adversity, trauma, threats, or stress.

Suggestions to increasing mental health resilience include:

- **Find meaning within each day:** Find significance in everyday actions and interactions. This can be accomplished through the utilization of mindfulness and/or spirituality.
- **Build relationships:** Positive relationships with friends and families can provide you with needed support during uncertain times. Other important relationships can be established by volunteering within your community.
- **Learn from the past:** Reflect on your past hardships and remember the skills and strategies that assisted

**Dr. Stephanie T. Wynn** is a Professor and the Assistant Dean for Scholarly Activity in the Moffett & Sanders School of Nursing at Samford University. Her research focuses on improving health outcomes for individuals with behavioral health disorders. She has provided integrated behavioral health education, counseling, and treatment to underrepresented minority and disadvantaged patients in various settings.



you through those challenging times. Redefine the experiences to help lead to some type of growth.

- **Practice self-care:** Eat healthy foods, get adequate sleep, exercise regularly, practice good hygiene, and avoid drugs and alcohol. Participate relaxation techniques, such as meditation, yoga, guided imagery, walking, deep breathing, and/or prayer. Maintain a healthy relationship with yourself so that you can transmit good feelings to others.
- **Stay positive:** Undoing the past is impossible. However, anticipating a brighter future facilitates the ability to adapt to new encounters with less anxiety.

Becoming more resilient takes time and practice. At times, the consultation of a mental health professional is essential. The level of subjective distress, ability to function at home and work, and any other debilitating symptoms should be evaluated when deciding to seek treatment. With guidance, resilience and mental well-being can be improved. Overall, resilience assists in living a more satisfied and controlled life.

## References

1. Choi, K. W., Stein, M. B., Dunn, E. C., Koenen, K. C., & Smoller, J. W. (2019). Genomics and psychological resilience: A research agenda. *Molecular Psychiatry*, 24(12), 1770–1778. <https://doi.org/10.1038/s41380-019-0457-6>
2. World Health Organization. (2018). Mental health: Strengthening our response. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

# Building Resiliency is Key to Nurses Mental Health

Erica Joseph, PhD, DNP, APRN, PMHNP-BC, NP-C

**T**he need to provide healthcare during the coronavirus (COVID-19) pandemic has placed nurses on the frontlines to care for those who have been diagnosed with this illness. Nurses working on the frontlines face unprecedented measures as it pertains to providing care. Nurses are known to wear many hats, but this pandemic has shined the light into numerous situations and conditions that extended this even further. The stressful stories and interviews of nurses showing extreme courage at the bedside of their patients with COVID-19 has been witnessed by all. It is no secret that in addition to their role of staff nurse, other roles have included standing in for families who couldn't be at the bedside with loved ones, praying for patients, holding their hands during the scariest of times and being with them during the end-of life. In addition to, nurses had to watch their nursing colleagues and loved ones become ill due to this deadly virus. Nursing care during the pandemic has led to a need of focus on the emotional well-being and mental health of all nurses who have experienced significant trauma during this time.

The Mental Health and Wellness Survey #2 conducted by American Nurses Foundation in December 2020, indicated that nurses continue to experience increased feelings of exhaustion, feelings of being overwhelmed, and feelings of anxiety and irritability. The focus on emotional support and building resiliency is key to helping nurses work through such uncertain times. The American Psychological Association defined resilience as the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. Components of building resiliency includes building connections, fostering wellness, finding purpose, embracing healthy thoughts and seeking professional help as needed (APA, 2012).

It is important for nurses to build resilience and manage their stress levels in order to thrive during this time of caring for patients and loved ones through this global pandemic. Stress management is key to helping nurses to continue thriving in the workplace. Strategies to managing stress includes being self-aware of stressors, having a balanced lifestyle and a commitment to implementing self-care.



**Dr. Erica Joseph** is a board certified Psychiatric Mental Health Nurse Practitioner and Family Nurse Practitioner. Dr. Joseph's clinical practice and focus has been in the specialty area of psychiatry/mental health the past twelve years. She is a chapter member of the Acadiana Black Nurses Association.

If nurses are to build resiliency and protect their mental health well-being, it is important to recognize the need to give themselves space and compassion during this time. In the workplace, it is more important than ever for employers to foster a supportive environment in which nurses can prioritize their mental health.

Building resiliency starts with prioritizing self and building supportive connections at work, at home and within the community. Self-care is important and can include those activities which create a sense wellness and renewal in energy. Physical exercise, mindfulness practice, journaling and yoga can be helpful strategies to help foster management of stress and help to build resiliency among nursing professionals. It is important to surround self with positive support groups and individuals.

Lastly, mental health professionals are available to allow a safe place to process feelings, thoughts and emotions that nurses are dealing with on a daily basis in caring for patients during such a critical time. There is no need to suffer in silence, nurses must be kind and show compassion to themselves by seeking help as needed.

It is time that nurses give attention to their mental health and emotional well-being as they would give to their physical health.



## **References**

1. American Nurses Foundation (2020). Pulse on the Nation's Nurses COVID-19 Survey Series: Mental Health and Wellness #2. Retrieved from <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/mental-health-and-wellness-survey-2/>
2. American Psychological Association (2012). Building your resilience. Retrieved from <https://www.apa.org/topics/resilience>
3. Delgado, C., Dominic, U., Ranse, K., Furness, T., & Foster, K. (2017). Nurses resilience and emotional labour of nursing work: an integrative review of empirical literature. *International Journal of Studies*, 70: 71-88. DOI: [10.1016/j.ijnurstu.2017.02.008](https://doi.org/10.1016/j.ijnurstu.2017.02.008)

# Challenging Times Met with Resilience and the Fight for Stabilized Mental Health

Demetra Hutchinson, PhD

**W**hen considering mental health, it is common to include the act of being resilient (Srivastava, 2011). In particular, the challenges of the last 12-15 months have caused the world to face the deadly coronavirus and life altering scenarios that most people could not have imagined. Even the most optimistic and well-prepared person has likely had a day over the last year where their mental health has been tested. On those days, resilience was likely the force that helped manage the enormity of the situation. While the United States and countries around the world continue to grapple with the changed land scape, it is important to note that mental health and resilience are not new. Hence, the light that shines on mental health because of this time has arguably brought about awareness and solutions that are making a difference in the lives of many.

May is mental health awareness month which was established in 1949 to amplify the prominence of mental health in America and increased mindfulness for overall mental, physical, and emotional well-being (ACA, 2021). Having a dedicated month whereby mental health is the focus speaks to the importance of the topic. Particularly within the past year, mental health has become a more vocal part of mainstream conversations (SAMHSA, 2021). According to Dictionary.com mental health is described as the “psychological well-being and satisfactory adjustment to society and to the ordinary demands of life.” In the simplest terms, mental health is how we think, what we feel, and our emotional welfare. How we manage stress is impacted by our mental health ([www.psychonline.com](http://www.psychonline.com), ND). Many factors can contribute to one’s mental health and the resilience that helps steer us through adversity (NAMI, 2021). We recognize that our physical health is a natural part of existence. Likewise, our mental health is a regular part of who we are as human beings. Despite this fact, mental health and more specifically, mental illness has a stigma that keeps many people from seeking the help they may need. The National Alliance on Mental Illness suggests several ways to fight mental health stigma. These ideas include talking plainly and honestly about mental health and treatment, educating yourself and others, being conscious of language, normalizing mental health as we do physical health, fostering compassion for those with mental



**Rev. Dr. Demetra K-M. Hutchinson** is a graduate of Walden University’s School of Behavioral Science. Her doctoral research focus was the Resolve and Resilience of African American Female Clergy in Dual Clergy Marriage. She is a Counselor and an Associate Minister at the Metropolitan Baptist Church in Largo, MD.

illness, alleviating self-stigma, and speaking out when media outlets use stigmatizing language (NAMI, 2021). Employing such steps is an example of resilience and these simple but bold actions can make the difference in the lives of those combatting mental illness.

Resiliency and mental health are commonly linked. “Resilience [is] the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors (APA, 2020, para. 3).” Our emotional stability is informed by the capacity to bounce back and push forward through difficulty. According to the Mayo Clinic (2020), in the current environment, stress and anxiety have become a very real part of daily life for many people. While the difficulties of life can weigh heavy and cause stress and anxiety, many people overcome these and other challenges through resilience. In fact, a part of resiliency can increase one’s ability to grow and become stronger in the face of adversity.

Ask yourself, “What am I doing to manage my mental health? Asking this specific question can help you assess your needs related to your emotional and psychological well-being

bringing awareness to how you cope with the stress and anxiety in current times. Using strategies such as self-care, mindfulness, prayer, being proactive, exercising, and staying connected with friends and loved ones are just a few of the ways to combat the challenges of adversity today. While engaging in these strategies will not elevate the mental ills that are prevalent in life, such actions can positively impact your mental health.

## References

1. American Counseling Association. (2021). <https://www.counseling.org>
2. American Psychological. (2020). *Association building your resistance*. Washington, DC: Author. Retrieved from <https://www.apa.org/topics/resilience>
3. [www.dictionary.com](http://www.dictionary.com). (2021).
4. Mayo Clinic. (2020). *Resilience: Build skills to endure hardship*. Retrieved from <https://www.mayoclinic.org/tests-procedures/resilience-training/in-depth/resilience/art-20046311?p=1>
5. National Alliance on Mental Illness. (2021). Retrieved from <https://www.nami.org>
6. [www.psychonline.com](http://www.psychonline.com) (ND)
7. Srivastava, K. (2011). Positive mental health and its relationship with resilience. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3530291/>
8. Substance Abuse and Mental Health Services Administration. (2021). Retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4763.pdf>

### Social Media Handles:

Facebook: DrDeme Hutch

Instagram: Drdemehutch

Email: drdemehutch@gmail.com

### Social Media Messages:

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*“Like building a muscle, increasing your resilience takes time and intentionality. Focusing on four core components—connection, wellness, healthy thinking, and meaning—can empower you to withstand and learn from difficult and traumatic experiences.”*

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WWW.APA.ORG

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*Do not judge me by my success, judge me by how many times I fell down and got back up again.”*

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NELSON MANDELA

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*“Grief and resilience live together.”*

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MICHELLE OBAMA, BECOMING

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*“Although the world is full of suffering, it is also full of the overcoming of it.”*

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HELEN KELLER

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*“When we learn how to become resilient, we learn how to embrace the beautifully broad spectrum of the human experience.”*

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JAEDA DEWALT

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*“No one escapes pain, fear, and suffering. Yet from pain can come wisdom, from fear can come courage, from suffering can come strength - if we have the virtue of resilience.”*

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ERIC GREITENS, RESILIENCE

# We Are Resilient and Vulnerable Too, Who's Taking Care of You?

#NBNAForever

Cheryl Taylor, PhD, RN, MN, FAAN

Long before the internet or the proliferation of social media, NBNA's beloved Founders were visionary influencers and brilliant innovative nurses who cared deeply about the mental health and well-being of future generations of Black Nurses. In the heat of segregation, white supremacy, poverty, and health disparities, our Founders organized and resolved to use their collective resources to build a safe nurturing network for Black nurses to be recognized, grow, and thrive. Their determination to unite Black Nurses across intergenerational, denominational, and nursing licensure differences was built on a foundation that has sustained our organizational, and individual well-being through 50 years of exemplary service for vulnerable populations. Given, NBNA's history, mission, and sustainability as an organization, let's honor our Founders by ensuring and promoting our mental health and well-being as persons, professionals and family role models.

## We are resilient and vulnerable too.

While I am grateful for the health and healing factors that we bring to patients' health care environments and communities, we have a professional responsibility to access resources to maintain our mental health and overall well-being. The American Nurses Association Code of Ethics provision 5 states that "The Nurse owes the same duties to self as others, including provision for the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence and continue personal professional growth." Pandemic or no pandemic our founders knew the challenges we would face and the way to better mental health.

Stressors related to the recent global pandemic has contributed to burnout, compassion fatigue, grief and traumatic stress among nurses. Compassion fatigue is a state of emotional distress in which one feels isolated, confused, exhausted and helpless in caring for others. (Nimmo & Huggard 2013.)

Hafiz poem below "I Know The Way You Can Get" sums up what others may notice during tough times.

### *I Know The Way You Can Get*

I know the way you can get  
When you have not had a drink of Love:

Your face hardens,  
Your sweet muscles cramp.  
Children become concerned  
About a strange look that appears in your eyes  
Which even begins to worry your own mirror and nose.

Squirrels and birds sense your sadness  
And call an important conference in a tall tree.  
They decide which sacred code to chant  
To help your mind and soul.

Even angels fear that brand of madness  
That arrays itself against the world  
And throws sharp stones and spears into  
The innocent  
And into one's self.

O I know the way you can get  
If you have not been out drinking Love:

You might rip apart  
Every sentence your friends and teachers say,  
Looking for hidden clauses.

You might weigh every word on a scale Like a dead fish.

You might pull out a ruler to measure  
From every angle in your darkness  
The beautiful dimensions of a heart you once Trusted.

That is why all the Great Ones speak of The vital need  
To keep Remembering God,  
So you will come to know and see Him  
As being so Playful And Wanting,  
Just Wanting to help.

That is why Hafiz says:  
Bring your cup near me,  
For I am a Sweet Old Vagabond  
With an Infinite Leaking Barrel  
Of Light and Laughter and Truth  
That the Beloved has tied to my back.

Dear one, Indeed, please bring your heart near me.  
For all I care about  
Is quenching your thirst for freedom!  
All a Sane man can ever care about is giving Love!

HAFIZ (C.1320-1389) QUOTE BY HAFIZ:  
"I KNOW THE WAY YOU CAN GET I KNOW THE WAY YOU ..."  
(GOODREADS.COM)

Therefore, being aware of our own thoughts / emotional health and accessible available behavioral health support for ourselves as nurses is imperative in order to be sane for effectively helping others.

I, like many of our ancestors prefer to use a proactive and holistic approach to maintaining emotional balance and self-care practices to support personal resiliency. Here are 7

practical guidelines worthy of your implementation, along with evidence based resources, for easy access to monitor, maintain, nourish, and honor yourself. Celebrate the vision of the Founders of NBNA as we continue the legacy.

1. Monitor, listen, and pay attention to your thoughts , emotions, and physical body daily .
2. Practice honesty and trustworthiness with yourself and others
3. Allow and plan time for play and leisure
4. Plan and engage in rest and sleep without distractions i.e., that device (see poem)
5. Become increasingly aware of what is helpful and what is not helpful in terms of your thinking
6. Identify and Practice your preferred methods of relaxation, meditation, yoga, or self-pampering, that does not include excessive use of alcohol, drugs or overeating .
7. Ask for professional help or treatment as needed. i.e. Medication, counseling, spiritual guidance or all of the above. NBNA RESET is a accessible, viable cost effective option for your use.

Identify two resources from Dr. Taylor's first aid kit listed below, and access them by exploring possibilities for their use on your mental health wellness journey.

We are spiritually resilient and vulnerable. The beloved NBNA founders established this amazing organization with you in mind . They reserved a seat for you in NBNA 50 years ago . Leaders , honor their trailblazing efforts by taking care of the members and supporting all staff and volunteers . Members honor their Love and sacrifices by taking care of our mental health and promoting holistic health for all. We are resilient and vulnerable too.

Let's preserve their legacy of care for Black Nurses by taking care of ourselves Mind, Body and Spirit. #NBNAForever

### References and Resources from Dr. Taylor's emotional First Aid kit for your mental health wellness journey

1. Bedford, Blair A (2020). What Meditation means to Black Women. July 15, 2020 Living Well. As seen in <https://theeverygirl.com/what-meditation-means-to-black-women/>.
2. Black Women's Health Imperative (bwhi.org)
3. Counseling Services — NBNA RE:SET (nbnareset.com)
4. International Listening Association - Listening is a 10 Part Skill
5. Nimmo, A. & Huggard, Peter. (2013). A systematic review of the measurement of compassion fatigue, and vicarious trauma, and secondary traumatic stress in physicians. *Australasian Journal of Disaster and Trauma Studies*, 2013 (1). 37-44
6. NursingWorld | Code of Ethics (bc.edu)

7. Prayer Academy Global | Raising Elite Praying Warriors
8. Queen Afua & SupaNova Slom On Ultimate Healing Of The Mind, Body & Spirit, Feminine Wellness + More - VoxDope
9. Quote by Hafiz: "I KNOW THE WAY YOU CAN GET I know the way you ..." (goodreads.com)
10. Telos Healing Center > Home (teloscenter.com)

### *Wishing Upon a Device*

I wish I were your device, then you would...touch me,  
look at me,

Hold me close and share your thoughts and feelings with me.

I wish I were your device, then you would keep me

Updated, and situated...day and night and near by

Because I am not your device

I have no choice, but to patiently wait, until you

lift up your head in my direction

And open your eyes to see the

tears and joy in mines

Your device has become your Vice

Consequently, you treat me like ice

So...all I can say,

all I can pray is that...

I wish I were your device,

I long to be your device

If I were your device,

I would send you a suicide note that says

# "Please learn how to live without me"

CHERYL TAYLOR PHD RN MN FAAN

*This poem was written at the NBNA 2018 Conference in St. Louis Missouri and inspired by persons sitting at a crowded table who were more focused on their devices than human interaction.*



**Cheryl Taylor**, is Associate Professor of Nursing, Southern University School of Nursing. She is the National League for Nursing Consultant to the National Student Nurses' Association Inc. She is the National Institute of Nursing Research Ambassador and a Jonas Scholar Mentor.



# Three Tips for Building Resiliency

Tena Brown, CeraVe® Empathy Educator & Patient Advocate

**A**s a health care professional who served so selflessly through the last year, you know what resilience looks like because it has become such a requirement for showing up to work.

The brand of resilience you're experiencing on a day-to-day basis is what I call "raw resilience," or the ability to cope with extreme adversity. It's the fight-or-flight kind, the kind summoned in moments of crisis to help you stay in the game, get you through the week, or in many cases, get you through your next shift. It's the ability to put your head down and keep moving regardless of what is happening around you. If you've developed this "raw" resilience, kudos. It proves that your body and brain are incredibly good at adapting to crises, and that is something to be proud of.

But as time goes on and the world changes, raw resilience will need to be replaced with something longer-lasting, more nourishing for the soul, and better for the body. To experience longevity in our careers, create harmony in our spirits, and reduce the potential for burnout, we have to move from simply managing crises to letting them prepare us for the future.

This is where the building of true resilience begins. True resilience adds a bit of critical information to our definition: "the ability to cope with adversity and **use it to propel you forward.**" That last bit makes all the difference. Getting through a crisis is vital. But then what? Resilience gives you the ability to convert today's difficult circumstances into fuel for tomorrow's mission. Here's how:

## ***Acknowledge Adversity***

An inconvenient truth is that adversity is real, it is common, and it doesn't care if you are prepared or not. Unexpected situations have a way of blindsiding you and can even crush your spirit. What separates those who simply react from those who develop resilience is how they perceive hard situations. Resilient people are not afraid to **acknowledge** adversity. The truth is, when you are truly resilient, you can learn to **expect** and even **welcome** adversity the same way you welcome the rising of the sun each day. Learning to **not resist** adversity when it arrives is just as important. There are many inevitabilities in the human experience. Resisting these is not only denying yourself the truth, it's causing **more**



**Tena Brown** is a passionate and unforgettable empathy educator, inspirational speaker, patient advocate, and psoriasis consultant. For more than 20 years she has motivated professionals and individuals alike with her insightful approach to the patient experience. Tena's personal experiences living with chronic conditions give her a unique perspective on health care and patient care.

**suffering** to exist in your mind and heart due to the added stress. Acknowledge what you're facing so you can cope with it effectively.

## ***Appreciate Yourself***

Appreciation is the act of adding value to someone or something. One way you can add value to your life is by noticing how your existing coping mechanisms rely on negative energy. For example, picture a bouncing ball. When you throw a rubber ball down on the ground, it springs back up toward you. Why does this happen? The ball is compressed when it hits the ground, creating energy that is released through the ascension of the ball to its original height. Picture your adversity crisis as the instance of impact when the ball hits the ground. The compression (stress event) of the ball creates energy (feelings of anxiety, exhaustion, and depletion) that must be displaced. Imagine if you could replace these with feelings of gratitude, self-acceptance, and confidence? Resilience helps us make this conversion, releasing negative thought cycles and replacing them with positive, self-healing thoughts and feelings.

## ***Allow Yourself to Be Vulnerable***

In a world that desperately needs compassion and empathy,

it's important to realize the influence you have. If you think you have any influence, the truth is you likely have much more than you realize. If you don't think you influence anyone, chances are, you're mistaken. Think of those on the perimeter of your world who silently watch as you bravely serve others every day. Once you've become a pupil of resiliency, your improved quality of life and ability to "show up" to life more equipped, better prepared, and with less resistance will impact those around you. Don't resist the opportunity to share the changes that are happening in yourself with your circle of influence. You could start a revival of resilience in your world just by committing yourself to develop a new way of thinking!

If you want to build resilience, you have to create a new habit. It requires attention, effort, and determination over time.

Take this opportunity to reflect on how building resilience could change your life. You never know what could be on the other side of your new mindset!

# Mental Health Resiliency: The Need for Repair

Chandra Brown Stewart, MS

**W**hile researching for this article, I looked up the work resilience (*the capacity to recover quickly from difficulties, Oxford Languages*). I also did a literature review on building resiliency, creating resiliency, the core skills of resiliency, and all I could think of is...but wait...we are resilient. This past year, our first responders (YOU!) have faced COVID, social unrest, COVID, racialized fear, loss of loved ones and patients, community weather disasters, etc. It was nonstop... and you are here. All while going to work, providing excellent care, coming home to care for our families, deal with the issues life brings our way...

You are resilient.

What we don't discuss enough. You deserve rest. You deserve peace...a good night's sleep...a quiet mind and home. What makes us resilient is repair. Repair to our minds, bodies and souls, after the grief and trauma of last year. Repair is self-care. So, how do we repair?

- Create moments of quiet in your day.
  - Take 5-10 minutes, turn off all devices and just breather. An easy breathing exercise is to breathe in for the count of 6. Hold you breather for 3 count. Then, breathe out for 6 count. Repeat this 3-5 times.
  - Eat a meal alone and take time to enjoy your food. Think about what you're eating – how does it taste? do you feel healthy eating it? if not, what does your body need to feel energized.
  - Walk the long way (wherever you are).
- Journal – Journaling helps you release thoughts and emotions. It can give you insight to patterns that you have created, in life. It's also a written history in your life. It gives you an opportunity to look back on your growth during difficult times and provides perspective.
- Boundaries – Set boundaries for you. Work has been overwhelming for you, over the pat year. Are there other relationships in your life that is taking up too much emotional or physical space? Are there relationships that no longer support you? That are damaging to you? It's time to let go. What I've learned through 2020 is that my life and time are too precious to spend in



**Chandra Brown Stewart**, Executive Director of Life-lines Counseling Services in Mobile, AL, is a regional leader in creating healing spaces for women and children. Although her foundation is mental health, she utilizes a cross-sector approach to holistically serve their needs.

relationships that are not valued by the other parties. You can walk away quietly or not...AND it's time to walk away.

- Take care of you – When you start walking the long way, being more thoughtful about your food, you'll start sleeping better. It's a process to release the layers of coping skills used to get us through last year. Be gentle with yourself.

If you find yourself in a space where you can't pull your self out of feeling sad, lonely, defeated, crying, anxious before you go to work, unable to stop your mind when you come home, drinking too much, not sleeping enough, etc., it's time to talk to someone. Find someone you trust (that will truly listen and support you), a therapist and/or spiritual advisor, to talk/cry/scream to. Black women often hold on tightly to the story that we need to be strong. So we can't let go. Or if we let go, we'll crumble. Maybe. And that's where the repair will begin.

For additional mental health resources –

1. For NBNA members - <https://www.nbna.org/re%20set> – RE:SET program, resources for mental wellness
2. Black Therapists Rock - <https://www.blacktherapistsrock.com/#>

3. Therapy for Black Girls - <https://therapyforblackgirls.com/>
4. The Shine App - <https://www.theshineapp.com/>  
- Meditate, Reflect, Journal
5. Girl Trek - <https://www.girltrek.org/> - Walking Movement for Black Women
6. Society of Clotilda - <https://www.societyofclotilda.com/> - Society of Clotilda is a community of Black Women radically transforming their lives by healing past trauma, giving Black women money for their ideas and innovations and making an impact on policies and perceptions of Black Women through art and celebrations of joy.

# Black Nurses Call to Duty: Mental Health for Ourselves and Our Communities

Shaquita Starks, PhD, RN, APRN, FNP-BC, PMHNP-BC

Freida Outlaw, PhD, RN, APRN, FAAN

**T**here has been a societal stigma about mental illness throughout history. The stigma has been more pervasive in Black communities where mental illness is often associated with shame, weakness, and embarrassment. Black people have been socialized within their communities to be strong and to “handle their business” by not exhibiting vulnerability if they are to survive. As a result of white supremacy beliefs weaved into the fabric of the United States, Black people have struggled to rise above negative racial stereotypes. Many Blacks hide mental illness since people diagnosed with these conditions have historically been labeled as violent and dangerous. The misperception of Black people being violent and dangerous continues to be a negative belief held by mainstream white society - reinforcing the stigma about mental illness in Black communities. So, many Black people have a real fear of being viewed as mentally deficient, weak, or naturally pathological.

In addition to the COVID-19 pandemic, the economic and racial injustices—the other two pandemics—were exemplified by the unjustified murders of George Floyd and Breonna Taylor by police. The disproportionate loss of jobs in minority communities whose workers are considered essential, but are usually under paid, have had a destructive and destabilizing impact on Black communities. A very bright light is being shone on what Dr. David Williams coined “*the pandemic of stress*” because of racism and oppression that Black Americans have experienced since arriving on the Virginia shores in 1619. Chester Pierce—a Black psychiatrist—described stress experienced by Black Americans as extreme because racism and oppression are

harsh, ubiquitous, mundane, and inclusive of their day-to-day environment. Stress can be a normal reaction to life events—however extreme and mundane environmental stress experienced daily is detrimental to health. It negatively impacts both physical and mental health resulting in illnesses such as high blood pressure, diabetes, and depression—which are found disproportionately in Black communities. It is within this culture that Black nurses are expected to be strong. Ultimately, this means the possibility of suppressing their emotions even when suffering, and not coping very well as it becomes a new normal way of their life.

All nurses need to be mentally healthy in the fast-paced, demanding healthcare system, now more complex because of the COVID-19 pandemic. There is an extra burden personally and professionally placed on Black nurses as members of communities that experience enormous health inequities that are profoundly challenging to their mental health. Black nurses have become the healers for their people while needing healing themselves.

From the beginning of professional nursing, Black nurses have had to work in non-inclusive environments to advance their careers. Working in racist environments contributes to their emotional distress and has a devastating impact on their physical and mental health. From recent interviews with Black nurses and other sources, we are highlighting stressful issues that have impacted their mental health, as well as their strategies for coping.

As one nurse said, “The greatest professional challenge which has also impacted my personal life would be burnout. I sleep more and exercise less because I have no energy. As a Black woman, I find that I will often vent to those close to me but prefer not to seek professional counseling because I don’t have the time, don’t want to speak with a stranger, or appear weak. I just keep moving.”

Another nurse talked about taking care of a patient who made racist remarks, “What are you doing here? How did you become a nurse? I don’t want you as my nurse.” These remarks baffled her that people can be ill and still have a racist spirit. She noted that she had more education than the white nurse that they replaced her with, but she still wasn’t good enough because of her skin color.

Finally, a nurse shared, “What hurt me this year was George Floyd, all the racial uprisings and then me having to show up to work like nothing happened while I was crying and enraged inside.”

Each of these nurses talked about the intersection of personal and professional stressors that caused them emotional pain, and one nurse talked about how her method of coping was to “keep moving,” as she did not want to get professional help for several reasons. This is not surprising as there is



evidence that health care providers, including nurses, have deeply held stigma related beliefs about mental illness. Black nurses experience negative beliefs about mental illness in the workplace, and the stigma is reinforced in their communities. We have offered some suggestions about recognizing warning signs when they, their families, or nurse colleagues need help with mental health issues and breaking the stigma that is a barrier to seeking care for themselves, their families, nurse colleagues, and their communities.

Therefore, nurses should:

- Accept that mental health issues are real and can be treated successfully.
- Accept that you are worthy of care and what it means to care for your mind and your body.
- Use resources created to address Black nurses' mental health. The National Black Nurses Association (NBNA) RE:SET (<https://www.nbnareset.com/>) is designed to help Black nurses who are on the front lines, as they continue to work through the pandemic.
  - The RE:SET campaign offers free comprehensive counseling services for NBNA members, inspiring wellness podcasts, and webinars covering mental wellness topics. These resources were created to help Black nurses to become more aware of their own mental health issues and how to effectively use

mental health services to eliminate their emotional pain.

- Using RE:SET is a first step to eliminate their own stigma about their mental health so they can become ambassadors in their communities.
- As NBNA president Dr. Martha Dawson suggested, think of the tools provided by the RE:SET campaign as PPE for mental health.
- Become transparent about your own mental health journey by busting myths in the community and workplace about mental illness.
- Be empowered to stand up and to speak out when professional colleagues and others make disparaging remarks about mental illness.
- Consider a career in psychiatric mental health nursing to become an expert in mental health stigma reduction.
- Become engaged in community education that focuses on anti-stigma training.
- Become engaged in a policy that focuses on eliminating stigma about mental illness in healthcare as health disparities and health equity matters.

*In ending, “Let’s heal ourselves so we can heal our communities.”*



**Dr. Shaquita Starks** joined Emory School of Nursing as an Assistant Clinical Professor in May 2020. She is dually certified as a Family Psychiatric Mental Health Nurse Practitioner (NP) and Family NP.



**Freida Hopkins Outlaw** is the Executive Academic Consultant for the SAM-HSA Minority Fellowship Program at the American Nurses Association.

# Strengthening Your Mental Health with Developing Effective Coping Skills

Javier V. Davis, BSN, RN

**R**esilience and multitasking are a force of nature for nurses. However, juggling home and work life tasks can be overwhelming. According to Kuribayashi et al. (2019), two U. S. surveys reported that the prevalence rate of depression among nurses was 18–35% greater than the general population. During the pandemic, we all have experienced triggers such as decreased sleep, increased workloads, as well as increased death and dying. Therefore, now more than ever, it is essential to protect your mental health.

As nurses work with the mental health population, the coping skills of patients are evaluated daily. Practical coping skills determine the ability of a patient to return to their normal state during a crisis without damaging progression or making impulsive decisions. Effective coping skills are important to combat feelings of depression and anxiety when they arise in day-to-day operations. Depressive symptoms include sadness, negativity, suicidal thoughts, tiredness or fatigue, loss of energy, and loss of pleasure. Acknowledging and recognizing these symptoms is crucial for patients, nurses, coworkers, and family members to remain safe from harm.

Finding time and space can be a key barrier to developing coping skills. Therefore, creating time for yourself is necessary to create successful coping mechanisms. The skills you develop should be individualized to your personality as everyone copes with stressors differently. To create a healthier representation of individualization, I asked six colleagues to share their coping strategies during a routine shift. My colleagues reported that social support, exercise, yoga, mindfulness, and positive self-talk were all utilized as effective coping strategies.

During this time of uncertainty, depression and anxiety have entered the minds of health care workers at an alarming



**Javier Davis** earned a BSN from Southern University in Louisiana in 2005. She currently works as a mental health nurse at the University of Alabama at Birmingham, while pursuing her master's degree as a psychiatric mental health nurse practitioner from Walden University. She is assistant treasurer of the Birmingham Black Nurses Association.

rate. However, many have sustained a positive work and home life by developing and applying effective coping skills. Because of this, health care organizations all over the world have incorporated webinars encouraging staff to participate in mental health awareness. Nurses are encouraged to take advantage of these opportunities to strengthen their mental wellbeing. As always, while creating your peace and developing the essential coping skills; be kind to your mind.

## References

1. Kuribayashi, K., Imamura, K., Watanabe, K., Miyamoto, Y., Takano, A., Sawada, U., Sasaki, N., Suga, M., Sugino, A., Hidaka, Y., Iida, M., Sudo, M., Tokita, M., & Kawakami, N. (2019). Effects of an internet-based cognitive behavioral therapy (iCBT) intervention on improving depressive symptoms and work-related outcomes among nurses in Japan: A protocol for a randomized controlled trial. *BMC Psychiatry, 19*(1), 245.

# Managing Mental Health and Self Care During COVID-19

Sharon Rogers, MSN Ed, NEC, MSM

## Introduction

The coronavirus disease (COVID-19) has taken the lives of over 419,827 deaths persons world-wide and approximately 25,152,433 people in America by February 1, 2020 (Centers for Disease Control and Prevention [CDC], 2020a; World Health Organization [WHO], 2020a). This article will address the impact on mental health resulting from COVID-19 pandemic in America.

The COVID-19 pandemic has affected the mental health of the entire population and poses a unique challenge to the delivery of psychiatric services (Thomas et al., 2020). Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like diabetes, cancer, cardiovascular and respiratory diseases are more likely to develop a serious illness when contracting COVID-19 (Thomas et al., 2020).

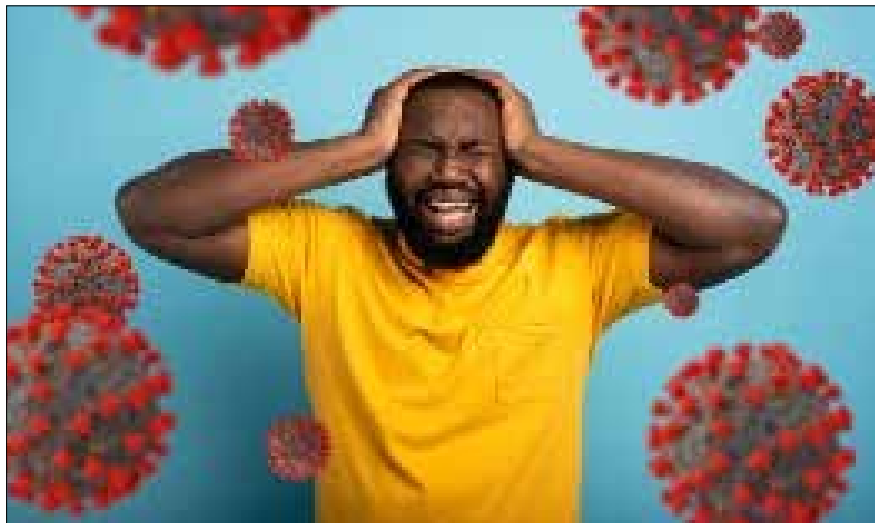
## Mental Health Issues

COVID-19 has caused physical and psychological trauma to many Americans, including health care workers. Mental health issues tend to be under-addressed and overlooked in society and are strongly associated with deadly disease outbreaks, such as seen with COVID-19 [American Psychiatric Nurse Association, 2020; CDC, 2020a, 2020b; WHO, 2017, WHO, 2020a, 2020b].



**Sharon Rogers** is the Second Vice President, Black Nurses Association, Miami. She is the Chair of Health Policy & Legislation and Program Committees.

During the COVID-19 pandemic, nurses experienced pressure, fear, exhaustion, isolation and ongoing emotional trauma (American Psychiatric Nurse Association, 2020). This ongoing stress and trauma impact mental health, safety, and the ability to provide the best possible patient or self-care. Taking steps to manage stress is just as important as taking care of one's physical health.



## ***Mental Health Consequences***

Amidst the COVID-19 pandemic, an individual's life goals are upset due to lock-down of movement to avoid transmission of COVID-19, chaos may result if there is no active intervention (Naqvi, 2020). According to Naqvi (2020). Deep insights can direct the person to restore his peace of mind as the body attempts to contain an infection through its immune response.

Physical symptoms of anxiety disorders can manifest as shortness of breath, hyperventilation, suffocation, muscle tightness, fatigue, tremors, palpitations, chest pain, excessive sweating, cold extremities, and frequent urination (American Psychiatric Nurse Association, 2020; APA, 2013). Stress can manifest in physical symptoms as well, such as muscular aches, pain, neurological affects drinking alcohol, substance abuse, and appetite changes (American Psychiatric Nurse Association, 2020; APA, 2013; Naqvi, 2020).

## ***The Economics Of Racial And Ethnic Disparities***

According to Moreno et. al. (2020), racial and ethnic disparities with increased mortality rates have become more pronounced since the COVID-19 pandemic.

The economic downturn has disproportionately affected socially disadvantaged people, including those from ethnic minorities, who have worse access to health care and receive poorer quality care than white populations (Moreno et al., 2020). In addition, the downed economy has led to increased unemployment, financial insecurity, and worsening poverty, which hinders access to health services, thereby having deleterious effects on physical and mental health and quality of life. These economic factors can induce mental health problems in previously healthy people and negatively affect those already disadvantaged and with pre-existing mental disorders.

## ***Mitigating Factors***

Mental health problems are commonly seen during periods of uncertainty and heightened fears related to the unknowns of COVID-19. Other common measures to combat mental health problems include lifestyle modifications to deal with the stress during lock-down periods, such as regulating sleep-wake cycle, balanced and healthy diet plans which help to build the immune system, and regular exercise. The media can also play an important role in mitigating stress and anxiety.

Healthcare providers are encouraged to create for themselves emotional well-being, which is an empowerment in mindfulness, reinforcing their ability to practice stress-management techniques, resilience, and to generate the emotions that lead positive thinking (American Psychiatric Nurse Association, 2020; Naqvi, 2020).

## ***Conclusion***

In conclusion, the COVID-19 pandemic with its subsequent mental health consequences has challenged the world as it was once known. The social isolation after the lock-down has led to an increase in known risk factors for mental health problems (American Psychiatric Nurse Association, 2020; CDC, 2020a, 2020b; WHO, 2020a, 2020b). People react differently to stressful situations, especially when there is increased unpredictability and uncertainty due to lockdown and physical distancing leading to social isolation, loss of income, loneliness, inactivity, limited access to basic services, and decreased family and social support. However, lifestyle modifications to deal with the stress are available and should be used to increase emotional and physical well-being.

## ***References***

1. American Psychiatric Nurse Association. (2020). Managing Stress & Self-Care During COVID-19: Information for Nurses. Retrieved from <https://www.apna.org/m/pages.cfm?pageID=6685>
2. American Psychiatric Association (APA). (2013). Diagnostic and statistical manual of mental disorders (5th Ed). Washington: D.C.
3. Centers for Disease Control and Prevention (2020a). Cases, data, & surveillance: Cases and deaths. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/us-cases-deaths.html>
4. CDC. (2020b). Coronavirus disease 2019 (Covid-19): Your health, Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
5. Moreno, C., Wykes, T., Galderisi, S., Nordentoft, M., Crossley, N., Jones, N., Cannon, M., Correll, C. U., Byrne, L., Carr, S., Chen, E., Gorwood, P., Johnson, S., Kärkkäinen, H., Krystal, J. H., Lee, J., Lieberman, J., López-Jaramillo, C., Männikkö, M., Phillips, M. R., Arango, C. (2020). How mental health care should change as a consequence of the COVID-19 pandemic. *The Lancet. Psychiatry*, Advance online publication. Retrieved from: [https://doi.org/10.1016/S2215-0366\(20\)30307-2](https://doi.org/10.1016/S2215-0366(20)30307-2)
6. Naqvi, H. (2020, May 31). Mental health in the aftermath of COVID-19: A new normal. *Journal of Pakistan Medical Association*, 70(5), S-141. Retrieved from [https://linkgalecom.libezproxy.broward.org/apps/doc/A626844\\_853/HRCA?u=broward29&sid=HRCA&xid=fd9ff6bd](https://linkgalecom.libezproxy.broward.org/apps/doc/A626844_853/HRCA?u=broward29&sid=HRCA&xid=fd9ff6bd)

# Strong Black Women, It's Time to Rest

Kalisha Bonds Johnson, PhD, RN, PMHNP-BC

**A**frican American/Black women have been referred to as strong, resilient, and even superwomen. The Strong Black Woman schema is characterized by both liabilities (e.g., negative health outcomes, self-silencing, difficulties in relationships) and benefits (e.g., increased self-efficacy, perseverance of the African American/Black family) (Watson & Hunter, 2015; Woods-Giscombe, 2010) and may be a detrimental risk factor to the mental and physical health of African American/Black women (Woods-Giscombe, 2010). Historically, African American/Black women's strength was highlighted to justify their enslavement (Abrams et al., 2014; Woods-Giscombe, 2010). More recently African American/Black women have often been portrayed negatively as a mammy, Jezebel, or welfare queen (Abrams et al., 2014; Woods-Giscombe, 2010). To combat these negative stereotypes, there was a shift and a focus on the strength and resiliency of African American/Black women (Abrams et al., 2014; Woods-Giscombe, 2010). While the pendulum shifted to a more positive framing of African American/Black women, was there a cost associated with the mental health of African American/Black women? This editorial describes how the Strong Black Woman schema has shaped the mental health and quality of life of African American/Black women caregivers of persons living with Alzheimer's disease and related dementias and provides potential self-care strategies to improve and/or maintain mental health.

In the broader caregiving research, African American/Black caregivers tend to report better mental health but have worse physical health when compared to non-Hispanic white caregivers (Dilworth-Anderson et al., 2002; Pinquart & Sorensen, 2005). In my research, I focused on understanding the interpersonal factors that influence the quality of life of both African American persons living with Alzheimer's disease and related dementias and African American family caregivers. The results of my study highlighted that African American non-spouse family caregivers and the African American persons living with Alzheimer's disease and related dementias for whom they cared both experienced worse quality of life when compared to those who were cared for by a spouse caregiver (Bonds et al., 2020). This finding was novel in that most Alzheimer's disease and related dementia research—conducted with predominantly non-Hispanic white persons living with Alzheimer's disease and related dementias and their family caregivers—suggests



**Dr. Kalisha Bonds Johnson** is a doctorally-prepared psychiatric mental health nurse practitioner. She obtained her MSN as a psychiatric mental health nurse practitioner in 2012 from Vanderbilt University and received her PhD in Nursing in 2019 from Oregon Health & Science University. Dr. Bonds Johnson became a member of NBNA in 2020.

that spouse caregivers experience worse quality of life. My finding was important because most family caregivers of African American persons living with Alzheimer's disease and related dementias are predominantly adult daughters and daughters-in-law. African American/Black women have been praised for their ability to be resilient. But has resilience been mistaken for the liabilities (e.g., self-silencing) associated with the Strong Black Woman schema? Have cultural norms and societal customs reinforced the Strong Black Woman schema in a way that makes it almost impossible for African American/Black women to rest?

As African American/Black women overcome stereotypes and contest perceived discrimination their physical and mental health including cognition can be negatively influenced (Coogan et al., 2020; Lockwood et al., 2018). As a board certified psychiatric mental health nurse practitioner, I would be remised if I did not provide some suggestions of potential strategies to support the mental health of African American/Black women. Rest is vital to our mental health. Rest allows one to pay attention to their body. Are you experiencing back pain? A headache? Or feeling fatigued? Often the body will signal the need for rest. When considering mental health, are you experiencing anxiety? Feeling depressed? Feeling overwhelmed? Consider these three strategies. First, create breaks in your day. These breaks



may need to be scheduled on your calendar the same way any other appointment is scheduled. Go to the spa, treat yourself to a manicure & pedicure, or get your hair done. Not comfortable with venturing out, create a spa experience at home. Use bath or shower bombs, which allow the aroma of nice fragrances to fill your bathroom. Light candles and sip your favorite beverage. Second, connect with others. Social support is an important component of mental health. Social support comes in many forms. For example, social support can include spending time with family and/or friends. For some individuals, there may be a need to seek more formal support from a mental health provider. Third, exercise. Take a walk in your neighborhood, ride a bike, or join an aerobics class. These strategies are not exhaustive but rather a way to provide suggestions you can incorporate into your day because even a Strong Black Woman needs to rest.

# Population Stress, Emotional Wellbeing and Nursing's Future

Vicki Hines-Martin, PhD, PMHCNS, RN, FAAN

It is indisputable that the last year has placed every person we know under extraordinary stress. It has tested the will and resourcefulness of individuals, families, and communities as they attempt to keep themselves and loved ones safe and address their daily physical and emotional needs. Even as the global population has experienced the stress resulting from the pandemic, Black, Indigenous and People of Color (BIPOC) have been disparately challenged.

It has been well documented in the literature (Carter, 2021; Nardi et al., 2020) that BIPOC communities have been and continue to be disadvantaged in relation to the social, economic, and political determinants of health and wellbeing. The effects of being disadvantaged in the US include poorer nutrition during childhood; diminished access to routine health care; strain from the possibility of microaggressions and/or violence in everyday life; and other contextual differences that might not exist if these individuals were not marginalized, differentially treated, and deprived of the means to live lives equal to those who are majority members of our society. These inequities have resulted in poorer health outcomes including increased morbidity and mortality. Even as BIPOC communities experience long histories of societal trauma, we have persevered and demonstrated resilience. However, what is the cost to emotional health for those who experience these ongoing threats, and what can we as nurses do to support the wellbeing of our communities?

Stress occurs when individuals experience demands or threats without sufficient resources to meet these demands or mitigate the threats (Lazarus & Folkman, 1984). There is an abundance of evidence that ongoing stress (or toxic stress) has significant association with higher incidences of physical health manifestations such as disparities in cardiovascular disease, hypertension, and cancer (APA Working Group on Stress and Health Disparities, 2017) which result in higher vulnerability to opportunistic diseases such as COVID-19. New approaches to address disparities in stress exposure among BIPOC populations is key to mitigating the cycle.

As a nurse whose focus is on emotional health and wellbeing within community settings, I believe it is critical that health care professionals recognize the multiple, ongoing, and cumulative assaults on BIPOC individuals and populations – the *traumas* both historical and current, the *threats* both

**Dr. Hines-Martin** is professor and Associate Dean, Office of Community Engagement and Diversity Inclusion, University of Louisville School of Nursing in Kentucky. Her scholarship focuses on minority health, health disparities, community engagement and culturally sensitive intervention approaches in program and research initiatives. Dr. Hines-Martin is the founder and first President of the KYANNA Black Nurses of Louisville KY chapter of NBNA.



physical and emotional, and the *exclusion* (social, economic, and political). The evidence on these influences is robust and must be foundational to professional education, practice, and research. Examining this body of evidence clearly supports the need for a “paradigm shift” in how we go about nursing and how we work with BIPOC individuals, and communities in support of resilience and positive mental and emotional wellbeing.

What is meant by “paradigm shift”? It means changing the focus of our therapeutic interventions to ones that encompass an expanded view of **“Harm”** and **“Harm Reduction”**. Rather than using those terms traditionally to address actions or exposures which individuals themselves choose such as alcohol and drug usage, to include those actions or exposures to which individuals and communities are subjected that stem from external factors beyond their individual control such as racism and limited access to resources. Why is this new perspective needed and how does it change what health professionals do? This revised framework both validates BIPOC experiences as influential on wellness and helps to better focus interventions based on those experiences. This change in focus requires nurses and other health care providers to be knowledgeable about the context in which their populations live, work, and play and how that context functions a barrier or **harm**

(potential or actual) to physical and emotional wellbeing. With a **harm reduction** perspective, healthcare interventions not only support improved health status and outcomes that are strengths based but also support resilience built on advocacy, policy, and leadership for change within organizations, communities, and society.

The National Black Nurses Association has historically been active in this area, examining the influence of context and discrimination on health perceptions, health status and health outcomes (Dawson, 2021). The practice, community partnership, research, and scholarship in which NBNA has been involved is replete with examples of the expanded view of **harm reduction**. Their efforts give voice to the experiences of our populations and fuel our commitment to advocacy for change. NBNA is a leader in this perspective and I believe this is truly the future of the nursing profession. (713 words)

## **References**

1. American Psychological Association, APA Working Group on Stress and Health Disparities. (2017). Stress and health disparities: Contexts, mechanisms, and interventions among racial/ethnic minority and low-socioeconomic status populations. Retrieved from <https://www.apa.org/pi/health-disparities/resources/stress-report>
2. Carter, K. (2021). Researchers involve communities of color in examination of COVID-19 disparities. American Psychological Association. <https://www.apa.org/members/content/covid-19-disparities>
3. Dawson, M.A. (2021) Black Nurses Collaborative Approach to Addressing COVID-19 in Black Communities. J. Racial and Ethnic Health Disparities. <https://doi.org/10.1007/s40615-021-00987-9>
4. Lazarus, R., & Folkman, S. (1984). Stress, Appraisal, and Coping. New York: Springer.
5. Nardi, D., Waite, R., Nowak, M., Hatcher, B., Hines Martin, V., & Stacciarini, J. R. (2020). Achieving health equity through eradicating structural racism in the United States: A call to action for nursing leadership. Journal of Nursing Scholarship, 52(6), 696-704. <https://sigmapubs.onlinelibrary.wiley.com/doi/full/10.1111/jnu.12602?af=R>

# Encouraging BIPOC Individuals to Seek Mental Healthcare:

## *A Brief Look at Acknowledging Vulnerability and Building Resilience*

Marie Smith-East, PhD, DNP, PMHNP-BC

**B**e strong. Don't whine or show weakness. You can overcome anything! Although such verbiage is meant to be encouraging, a double-edged sword exists at the intersection of vulnerability and resiliency in mental health care that can discourage individuals from seeking treatment, and this type of message may particularly impact Black, Indigenous, and people of color (BIPOC). Although the mental health community has identified the importance of using people-first language (i.e., the acronym BIPOC), language that honors the life spectrum and unique experiences of BIPOC individuals and their communities (rather than referring to them as "marginalized" or as "minorities," which could perpetuate negative images and stereotypes) (Mental Health America, 2021), this is only a small step. There are still important considerations for addressing barriers with reluctant or less-than-confident BIPOC regarding mental healthcare.

### ***Barriers to Mental Healthcare***

Across the world, the COVID-19 pandemic has highlighted that in times of adversity, there are emotional and physical resiliencies that can emerge for individuals and caregivers alike. These resiliencies that may help individuals to recover well through taking healthier actions (such as getting creative to improve health during a time of social distancing) have been documented in association with improving mental healthcare (Upshaw, 2020). However, according to Mental Health America (2021), BIPOC groups are:

- less likely to have access to mental health services.
- less likely to seek out treatment.
- more likely to receive low or poor quality of care.
- more likely to end services early (p. 1).

Barriers that may help explain lack of treatment for BIPOC include belief systems, sociodemographic factors, cultural stigma about mental illness, systemic racism and discrimination, language barriers, finances and/or lack of health insurance, and distrust of the healthcare system (Jefferson Center, 2021). Distrust of the healthcare systems,

**Dr. Marie Smith-East** is a Board-certified Psychiatric Mental Health Nurse Practitioner and nurse scientist. Her research focuses on geographic access to health care utilizing Geographic Information Systems (GIS), particularly for individuals with schizophrenia spectrum disorders. In addition to running her own telemedicine practice: ICAN Telehealth, LLC.,



she has extensive experience working in community mental health settings. She also has experience as a nursing clinical instructor and facilitator, where she has contributed to curriculum and policy development for several years. She is currently the Director of the Psychiatric Mental Health Nurse Practitioner Program and is a Clinical Assistant Professor at Duquesne University in Pittsburgh, PA.

in particular, impact BIPOC individuals' mental healthcare decision-making, essentially resulting in varying degrees of avoidance, lack of information sharing, and overall apprehension in seeking care for fear of exploitation (Moss et al., 2018).

### ***Solutions to Seeking Mental Healthcare***

Nurses, uniquely suited to encourage BIPOC and regarded as trusted healthcare professionals (Gaines, 2021), can assist with advocating for mental health policies, providing education, and expanding services for BIPOC individuals seeking care. Psychiatric mental health nurses are integral in implementing effective support and treatment for individuals with mental health and substance use disorders in a variety of settings (APNA, 2019), particularly during a time where there is a shortage of mental health providers. The telehealth option also allows for mental health assessment,

reduced costs associated with patient travel (St. Clair et al., 2018), and an avenue for possibly reducing the negative impact of the double-edged sword of vulnerability (which can be described as allowing and acknowledging the need for help) and psychological resiliency (such as the ability to recover or return to a pre-crisis state quickly) that exists within BIPOC communities regarding mental healthcare. Honoring differences and respect for a history of distrust is thus crucial for mental healthcare providers when encouraging BIPOC patients to seek mental healthcare and while treating them.

One innovative solution that may help encourage and connect individuals to mental healthcare includes a mental health text line via a phone application or by computer online, through which mental health counseling could be accessed, groups geared toward BIPOC mental health connectedness, and self-care programs for BIPOC. Many mental health conditions have been triggered as a result of the COVID-19 pandemic, the ensuing economic crisis, and the repeated exposure to racial incidents and death in the news. Such resources can be found in the following list:

1. <https://www.naminh.org/resources-2/bipoc/>
2. <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American>
3. <https://thementalhealthcoalition.org/wp-content/uploads/2020/07/BIPOC-Mental-Health-Resources.pdf>
4. <https://www.cnet.com/health/suicide-hotlines-crisis-hotlines-to-call-or-text-when-you-need-help/>

## References

1. American Psychiatric Nurses Association (APNA). (2021). Expanding mental health care services in America. Retrieved from [https://www.apna.org/files/public/Resources/Expanding\\_Mental\\_Health\\_Care\\_Services\\_in\\_America-The\\_Pivotal\\_Role\\_of\\_Psychiatric-Mental\\_Health\\_Nurses\\_04\\_19.pdf](https://www.apna.org/files/public/Resources/Expanding_Mental_Health_Care_Services_in_America-The_Pivotal_Role_of_Psychiatric-Mental_Health_Nurses_04_19.pdf)
2. Gaines, K. (2021). Nurses ranked most trusted profession 19 years in a row. Retrieved from <https://nurse.org/articles/nursing-ranked-most-honest-profession/>
3. Jefferson Center. (2021). Mental illness doesn't discriminate, so why do BIPOC communities have difficulty accessing care? Retrieved from <https://www.jcmh.org/mental-illness-doesnt-discriminate-so-why-do-bipoc-communities-have-difficulty-accessing-care/>
4. Mental Health America. (2021). BIPOC mental health. Retrieved from <https://www.mhanational.org/bipoc-mental-health>
5. Moss, K. O., Deutsch, N. L., Hollen, P. J., Rovnyak, V. G., Williams, I. C., & Rose, K. M. (2018). End-of-life plans for African American older adults with dementia. *American Journal of Hospice and Palliative Medicine*, 35(10), 1314-1322.
6. St. Clair, M., Murtagh, D., Kelly, J., Ford, P. L., & Wallace, R. (2018). Telehealth: A game changer-closing the gap in remote indigenous health in three remote homeland communities in the Laynhapuy Homelands, East Arnhem, Northern Australia. *Studies in Health Technology and Informatics*, 252, 132-138.
7. Upshaw, W.N. (2020). COVID-19: Increase physical resilience by improving your mental health. Retrieved from <https://neurospatms.com/covid-19-neurospa-tms-mental-health-tips/>



# Supporting Vulnerable Communities During the COVID-19 Pandemic

Jacqueline M. Blake, MS, BSN, RN

Joanne M. Boyd, MSN, RN, ACM-RN

**L**ong-standing systemic health and social inequities have put African Americans at increased risk of getting COVID-19 or experiencing severe illness, regardless of age. As a result, the COVID-19 Pandemic has affected African American communities at a highly disproportion rate. Other vulnerable populations, impacted by COVID-19 include, the elderly, mental health, homeless, and victims of domestic violence.

As reported by the Center for Disease Control (CDC), in of June 2020, age-adjusted hospitalization rates were highest among non-Hispanic American Indian or Alaskan native and non-Hispanic black persons, followed by Hispanic or Latino persons. (COVID-19 in Racial and Ethnic Minority Groups; CDC June 25, 2020)

Recognizing the vital needs of our communities, Pittsburgh Black Nurses In Action's (PBNIA) response to provide assistance began in late March 2020. At that time, PBNIA member Jacqueline Blake (Jackie), witnessed firsthand, the devastating impact of the COVID-19 pandemic within the McKeesport community where she lived. McKeesport is located in the socio-economic distressed Mon Valley area, with a large population of vulnerable community members. As a result, Jackie sought out much needed supplies such as face masks, hand sanitizers and gloves. These items, along with printed educational handouts on COVID-19, were distributed to food distribution centers, mental health organizations, the Salvation Army, and to individuals Jackie would encounter on the streets.

Jackie shared her efforts at a PBNIA meeting, where discussions continued as to how our organization could assist

communities throughout the Pittsburgh area. The specific response was the development of PBNIA COVID-19 Safety Kits (safety kits), based on the recommended guidelines from the CDC at that time. The safety kits contained general health and safety literature regarding the importance of handwashing, social distancing and wearing face masks. Also included in the safety kits were hand sanitizer, gloves and reusable masks. Obtaining the supplies needed for the safety kits proved to be a difficult challenge due to the high demand and shortages of hand sanitizers, gloves and face masks, as we were in the earlier phase of the COVID-19 Pandemic at that time. Despite these challenges, PBNIA members collected these items for the safety kits, and then assembled and distributed over 500 safety kits. The targeted areas for distribution were food banks, homeless shelters, and other community organizations within the Central Northside, East End, and Mon Valley areas.

As new knowledge was gained, guidelines and recommendations from the CDC regarding the impact of COVID-19, testing, safety measures to protect against the spread of infection, and treatments were adjusted accordingly. However, there were also conflicting and misinformation provided across the states through the various media outlets. That led to confusion within the African American communities and vulnerable populations as to the severity of the COVID-19 infection, and the importance of staying vigilant in adherence to the safety measures to protect against the spread of infection.

On a local level, following the transition to the "Green Phase" designation, which allowed for the re-opening of multiple businesses within the Allegheny County area of Pittsburgh, the numbers of COVID-19 infections were on an alarming upward trend.

There was a growing concern among community leaders, that the eagerness of community members to resume social connection normalcy from the social isolation impact of COVID-19, as well as a lack of understanding of the seriousness of COVID-19 and the importance of adherence to the safety measures as outlined by the CDC, were possibly contributing factors in the upward trending at that time.

PBNIA recognized the need to continue with our safety kit initiative. To support this project, PBNIA member Joanne Boyd secured close to thirty thousand dollars in funding, through a \$15,000.00 grant as well as in-kind donations in excess of \$14,661.81. These funds were used to re-design and distribute 2,000 safety kits. Specifically, four regions within Allegheny County, each received 500 safety kits for distribution to community members.

Collaboration with experts in the fields of domestic violence, infectious diseases and mental health, provided valuable insight regarding options for items to be included

in the re-designed safety kits. Items were selected for the safety kits with a focus on:

- Community Health and Safety Education
- Handwashing, social distancing and wearing face masks
- PPE Supplies
- Connecting people to services
- Self-Care and Stress Relief
- Domestic Violence Awareness
- Mental Health Awareness

- Immunization Awareness
- Vaccine Awareness

Each safety kit contained 11 items, based on the population for distribution. For example, neither the alcohol-based hand sanitizer, nor the 12-page printed document were included in the PBNIA COVID-19 Safety Kits for the Homeless and Mental Health populations. The safety kits for these populations were packaged to allow for easier transit for these community members, and to minimize the risk of harm related to an alcohol-based hand sanitizer. In summary, this project provided a viable mechanism to:

### *PBNIA COVID-19 Safety Kits for the General Population*



### *PBNIA COVID-19 Safety Kits for the Homeless and Mental Health Populations*



- Distribute much needed Personal Protective Equipment (PPE)
- Educate African American community members regarding COVID-19
- Distribute informational literature to facilitate connecting African American community members to various resources

Key steps involved in the successful implementation of this project included:

- Establishing PBNIA Teams proactively, to ensure an

effective dissemination and distribution process, once the funds were received

- Development of a detailed Action Plan to facilitate the purchase of the items/supplies needed for the assembly and distribution of the safety kits.
- Collaboration with community organizations

## References

1. COVID-19 in Racial and Ethnic Minority Groups. (2020, June 25). <https://www.cdc.gov/>.

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### Jacqueline M. Blake

retired from community health nursing at the Veterans Administration Pittsburgh Healthcare Systems, after 27 years of service. Jacqueline worked in many capacities of nursing over the years, including the emergency department and psychiatric nursing. Her passion for community health led her to join Pittsburgh Black Nurses In Action, where she previously served as president of the chapter, and on a variety of committees. She is also a Lifetime Member of the NBNA.



**Joanne M. Boyd** is a Clinical Research Coordinator at UPMC Hillman Cancer Center, in the Community Network. Joanne coordinates the clinical research activities at two of the community cancer center sites. Her research project work focuses on increasing awareness and clinical trial participation among minority and underserved patient populations. She is a member of Pittsburgh Black Nurses In Action, where she chairs the Health Policy Committee and is a member of the Executive Board. She is also a Lifetime Member of the NBNA.



# Racism as a Public Health Crisis

Dr. Regina Hutchins

Marsha D. Thomas

Karen Bell

Dr. Adelaide Harris

Tracy James

**R**acism is systemic in America. Unfortunately, it does not exist in a vacuum. It touches every aspect of our being. The current health crisis, COVID pandemic, once again exposes the health inequities that have too long plague this great nation. It also highlights the need to begin frank conversations on dismantling those policies and institutions that continue to foster this behavior.

Too often, those policies and institutions affect minority communities, communities of color, i.e. brown, black and red people disproportionately. The Tuskegee Experiment in 1932, the radiation studies at our own General Hospital, between 1960–1972, and the harvesting of Henrietta Lacks' cells in 1951 are just a few examples of how racism is a public health crisis.

These are a few of the known, historical and documented cases. When we look at public health, we must also include mass incarceration, senseless slaughter of innocent people of color at the hands of law enforcement, substandard education, lack of access to quality food and housing and the list goes on and on.

Most recently, how the insurrection at Capitol Hill was handled demonstrates that black and brown people are perceived to be a “threat” and are treated differently than the majority population. American Medical Association has already declared: “gun violence” as a health crisis. In fact, it is known that “law enforcement” were unlawfully involved in the January 7, 2021 attempt to take over the Capitol.

Our recommendations to address “Racism as a Public Health Crisis” locally, statewide, and federally are:

1. Effort needs to be established to build “TRUST” with all segments of the US populations, especially with minority communities. And these are some trust-building strategies we suggest. Since we, Black Nurses, live, work and worship in these communities, we believe we can speak “authoritatively” on this subject. We further believe the strategies mentioned here will set a strong foundation in which to rebuild fragile relationship



**Dr. Regina Hutchins**, Chapter President; **Marsha D. Thomas**, Immediate Past President, Co-Chair Health Policy Committee; **Karen Bell**, member, Co-Chair of Health Policy Committee. Not pictured **Dr. Adelaide Harris**, member and **Tracy James**, BSN member.

- Admission and Acknowledgement of the past behaviors. Own your part in setting policies and behaviors that have directly caused racism to be pervasive and systematic in America.
- “Be involved” in the work at the community level during good and bad times, not just at “election time.” People need to see you, “the establishment.” Be involved at all levels, especially being “boots on the ground!” Don’t come in with “solutions.” Come in with your “sleeves rolled up” and ready to do the hard work of rebuilding. Never forget: “People don’t care how much you know until they know how much you care.”
- “Black Community Organizations” that are trusted and actually know the community, such as *Black Nurses Association of Greater Cincinnati*, should be supported with a wide array of resources, whereby

facilitating them to make significant contributions to our communities.

- “Black community organizations” and “black leaders” should have authority on what happens in our communities of color. Therefore, they should be “at the table” where decisions are made.
2. Black nurse on boards of organizations that are doing work in predominately black communities. The reason for this recommendation is because black nurses have a different perspective, real life experience and understanding of how policies, procedures and situations, etc. can impact the black community. In 2014. The Robert Wood Johnson Foundation’s: “Campaign for Action”, initiative made a recommendation to have 10,000 nurse on boards of directors by 2020. Did this happen? No! Then we must begin to address why this didn’t happen.
  3. Policies and laws need to be revisited and revised to eliminate racist rhetoric and practices from the ground up to the highest offices in the land.

These are a few of the recommendations that we are proposing to begin to institute change.



# Leading Through Stress

Wendy Garvin Mayo, APRN, ANP-BC

**T**he coronavirus disease 2019 (COVID-19) pandemic continues to challenge healthcare providers. However, healthcare leaders, although not at the bedside, are also impacted by the stress the pandemic. Stress impedes the ability of healthcare leaders to perform effectively. Their stress is multidimensional – personal stressors, employee’s stressors, and the stressors of the patients and caregivers they serve weighs on them. All within an industry where society expects supreme competence, control, and coordination – even before the COVID-19 pandemic – their lapses can be critical for institutions and the individuals they serve. As well, this prolonged stress can impact the healthcare leader’s overall occupational, mental and physical – including their [cardiovascular, gastrointestinal, neurological, and endocrinology systems](#) – wellness.

Stress is a subjective phenomenon defined as “[the non-specific response of the body to any demand for change.](#)” This demand is often an imbalance between one’s perceived resources and the workable resolution to a situation; understandably the daily dilemma of a leader who must possess “[the ability to motivate guide, empower a team towards a vision](#)” during a global pandemic. This can be difficult if 88% of leaders reported increased levels of stress due to deficiencies in resources and time. Leaders require sufficient ongoing support from organizations so they can provide viable resources to their employees to the healthcare providers, patients, and caregivers in their organization.

Yet despite the prevalence of stress within those who hold the highest leadership positions, there is insufficient attention paid to the wellness of leaders themselves. More than 60% of leaders reported that their employers did not provide stress management tools or resources. This makes it virtually impossible to exercise exceptional leadership skills – uphold an organization’s vision, be a role model, encourage others – when you are in a state of stress.

Stress management strategies are essential to leaders, their employees, and ultimately the sustainability of an organization. [The SHAPE framework](#) is a five-step – Story, Hone, Assess, Plan, Execution – method that can help leaders identify & prioritize stressors before developing an actionable stress management plan. The SHAPE framework



**Wendy Garvin Mayo** is a Stress Solution Strategist, Certified Life Coach, Author and Speaker. She is also the founder of The Stress Blueprint. Wendy has over 20 years in the healthcare industry in various sections—clinical, leadership, research, academia and pharmaceutical.

is outlined below:

1. Leaders explore their own **story** about stress and reflect on the impact that various stressors have had on their [physical, mental, emotional, spiritual, social, environmental](#), and financial wellness.
2. Leaders **hone** in on a vision of life if their stressors could be alleviated or controlled.
3. Leaders **assess** what resources they possess or need to acquire to bridge the gap between lives with their current and ideal stress levels.
4. Leaders outline a specific, measurable, attainable, realistic, and timed **plan towards their controlled stress lifestyle.**
5. Leaders select specific dates **to execute each element of** their stress management plan.

Leaders inevitably play an integral role in their company’s viability so it is pivotal that adequate stress management resources and tools are available to them. Leaders cannot effectively lead and thrive if stress is allowed to threaten their success during a crucial time such as a pandemic. Implementation of the SHAPE framework allows leaders to effectively work towards stress management solutions so they can lead with confidence.

# Hot off the Press – Scientific Statement for a Brain Health Agenda

Patricia C. Lane, MBA, SCRN, FAAN

**A**merican Heart Association (AHA) released a scientific statement for Primary Care Providers (PCP) to use as an outline for better brain health. The statement was released just in time for the 2021 International Stroke Conference in March as a strategy for neurologist to endorse and share with PCP. Make no mistake this release was intentional. It is believed PCP are key influencers of reducing risk factors for brain health. They are viewed as the gatekeeper of a person's health history and preventative care. While we know nurses are the most trusted profession, we also believe it is the PCP team who will build a rapport with consumers/patients over time and will recognize modifiable risk factors to be addressed affecting brain health because of consistent visits.

The scientific statement serves as the update to the 2017 AHA/ASA Presidents Advisory Life's Simple 7 modifiable risk factors for better brain health. NBNA was a leader in sharing Life's Simple 7 at the 2017 NBNA National Conference Brain Symposium. This new AHA brain health agenda has over 100 references and will be cited for years to come as the defining paper incorporating statistics, definitions, economic impact and strategies for mild cognitive impairment (MCI). It also serves as a reminder that the Affordable Care Act mandated cognitive assessments be incorporated as part of the health history. Once again this exemplifies the connectivity of primary care providers as key proactive stakeholders to assess, identify, manage and recognize modifiable risk factors for better brain health

## ***Prevalence and Relevance***

To the surprise of some, dementia has been found to more expensive in both direct and indirect costs than heart disease or cancer with worldwide cost estimating in 2015 at \$818K. Unfortunately, it is predicted by 2050 Americans with MCI and dementia will triple. According to Aging, Demographics, and Memory Study

- 11.7% of Americans > 65 years of age report subjective cognitive decline
- 22.2% of Americans have mild cognitive impairment (MCI)

**Patricia** is the Chair of Brain Health for NBNA. She is a Fellow in the Academy of Nursing recognized for Neuroscience and transformational leadership. Pat has served on many Boards like the National Coalition of Ethnic Minority Nurses Association, Virginia Board of Nursing and the American Heart Association Stroke Advisory Board advocating for action to improve health care disparities. She is currently the Vice President of the Neuroscience Service Line for Inova Health System in Northern Virginia.



- 13.9% prevalence among individuals > 71

## ***Modifiable Risk Factors***

There are no new lessons to learn in the modifiable risk factors for dementia. In fact, the goal is to reiterate the linkage to risk factors of cardiovascular disease (stroke/heart attack) and brain health. The salient point to take away is 35% of dementia cases could be prevented if the below known risk factors were eliminated.

- Hypertension
- Diabetes
- Smoking
- Obesity
- Hyperlipidemia
- Physical inactivity
- Diabetes
- Sleep obstructive sleep apnea, insomnia

In the new scientific statement, the risk factors below were also addressed as affecting brain health related to the global category of social isolation or less brain stimulation

- Depression
- Social engagement -cognitive decline
- Hearing – sensory deprivation, social isolation
- Education – higher education led to cognitive reserve

### ***Science Behind the Discovery***

Perhaps one of the key takeaways the NBNA brain health committee would like our members and community to know from this statement is the science and numerous trials referenced. All conclude vascular disease reduction is an essential for better brain health. Many trials are from the offspring of the famous Framingham study and DASH diet which are still tried and true.

- SPRINT MIND Systolic Blood Pressure Intervention Trial -Memory and Cognition in Decreased Hypertension illustrated lowering SBP to 120mm HG reduced risk for the combined outcome of MCI and dementia
- ARIC -Atherosclerosis Risk in Communities 19% with midlife diabetes had significantly cognitive decline over 20 years
- ACCORD-MIND Action to Control Cardiovascular Risk in Diabetes – Memory in Diabetes
- MIND DASH Mediterranean Intervention for Neurodegenerative delay - Dietary Approach to Stop Hypertension

### ***Call to Action NBNA and Next Steps***

The NBNA Brain Health committee is challenging our members to read the new scientific statement and share the agenda with health providers, pastors and communities. We still have 15% of persons who are uninsured and the pandemic has disrupted health care and preventative care. We ask for you to be ambassadors of PCP model and embrace the importance of forming relationships with PCP and coordinated care.

### ***Reference***

1. The American Heart Association requests that this document be cited as follows: Lazar RM, Howard VJ, Kernan WN, Aparicio HJ, Levine DA, Viera AJ, Jordan LC, Nyenhuis DL, Possin KL, Sorond FA, White CL; on behalf of the American Heart Association Stroke Council. A primary care agenda for brain health: a scientific statement from the American Heart Association. *Stroke*. 2021;52:e•••– e•••. doi: 10.1161/STR.0000000000000367 <https://www.ahajournals.org/doi/pdf/10.1161/STR.0000000000000367>

### **NBNA 2021 Brain Health Committee Members:**

Patricia Lane – Chair  
Erica Davis – Co-Chair  
Ellen Durant  
Dr. J. Taylor Harden  
Thomas Hill  
Janet Porter

# Understanding and Addressing the Social Determinants of Brain Health

Stephanie Monroe

Jason Resendez

The conditions in places where people live, learn, work, and play greatly influence health outcomes, such as diabetes, heart disease and a person's brain health, including their risk for Alzheimer's disease and related dementias (ADRD). A basic understanding of how these conditions – often referred to as social determinants of health (SDOH) – affect brain health is important for healthcare professionals serving Black, Latino and Native American communities at high risk of cognitive health issues.

## What is Alzheimer's Disease?

Alzheimer's, the most common type of dementia, is a progressive disease beginning with mild memory loss possibly leading to loss of the ability to carry on a conversation and respond to the environment. According to the Centers for Disease Control and Prevention (CDC), Alzheimer's is the sixth leading cause of death for all Americans and the fourth and third leading cause of death for older Black and Latino Americans, respectively.

Alzheimer's is a growing health equity challenge: Black Americans are 2 to 3 times more likely and Latinos 1.5 times more likely to develop Alzheimer's and related dementias (ADRD) compared to non-Hispanic Whites. Unless our nation bends the Alzheimer's curve in communities of color, by 2030, nearly 40 percent of all Americans living with Alzheimer's will be Latino or Black.

## The Social Conditions that Shape Brain Health

To understand and address these brain health disparities impacting people of color, greater attention must be paid to the role of the social determinants of health such as education, health care access, built environment, and loneliness/social isolation. Although more work needs to

be done to determine the exact relationship between these factors and dementia, [areas to consider include](#):

- **Education:** Studies show an association between a higher level of education and better brain health. For example, among adults aged 45 years or older, the proportion experiencing subjective cognitive decline was lowest for college graduates and nearly three times greater for those without a high school diploma.
- **Access to Health Care:** Access to health care affects many facets of a person's physical and brain health. Consistent access to health care services gives people the opportunity for regular preventive health services and early diagnosis of many health conditions, such as diabetes, heart disease, and dementia.
- **Built Environment:** Our homes, schools, businesses, streets and sidewalks, open spaces, and the options people have for transportation – also referred to as the built environment – can influence overall community health and individual behaviors, such as physical activity and healthy eating. Access to safe spaces for play and physical exercise can have a positive impact on brain and physical health.
- **Loneliness and Social Isolation:** A number of studies indicate that maintaining strong social connections and keeping mentally active as we age may lower the risk of cognitive decline and dementia.

## The Brain Health Opportunity for Health Providers

Research suggests we can reduce the risk of ADRD. The [Lancet Commission](#) found that up to 40 percent of dementia cases could be delayed or prevented by modifying social determinants of health such as education, physical inactivity, social isolation, and air pollution. Hundreds of other studies over the past decade demonstrate there are steps that individuals, communities and public health systems can take now to reduce the risk of dementia and Alzheimer's.

It is critical that health providers discuss brain health with patients, particularly risk reduction opportunities. Even when patients express memory concerns, fewer than 16 percent of them receive a regular validated cognitive assessment. Tack on limited access to healthy food, safe places to walk, education and mental health supports, and it's a veritable obstacle course of barriers.

## Tips for Addressing These Issues in Your Practices

- Subjective, Objective, Assessment, and Plan (SOAP)  
Note: When eliciting a psychosocial history, ask patients specific questions about income, occupation, housing, food, transportation and social support.

- Ask patients about the social determinants when planning follow-up and treatment plans.
- Know what linguistically and culturally relevant government, private, and community resources are available to patients.

To learn more and access brain health training resources for health professionals, check out the CDC's free resources: <https://www.cdc.gov/aging/services/index.htm>

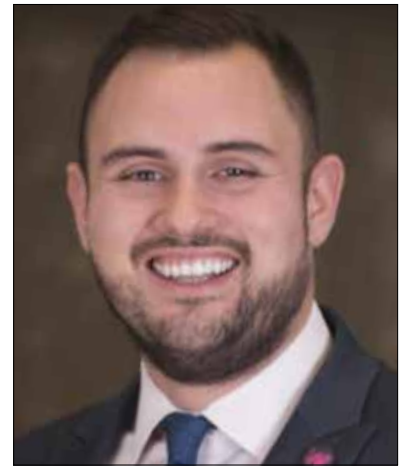
Social Media Handles & Social  
 @jason\_R\_DC  
 @SMonroe2020  
 @UsAgainstAlz  
 #BrainHealthEquity

*Stephanie Monroe and Jason Resendez lead the UsAgainstAlzheimer's Center for Brain Health Equity, a partnership between the National Black Nurses Association, the National Association of Hispanic Nurses, Alzheimer's Los Angeles, and the Centers for Disease Control and Prevention's Healthy Brain Initiative.*

**Stephanie** is Executive Director of African Americans Against Alzheimer's, the first national network created specifically to respond to the disparate impact of Alzheimer's on African Americans. By working nationally, locally, and through strategic partnerships, African Americans Against Alzheimer's is raising awareness of the critical need to engage, connect, and mobilize to advance our national commitment to ending Alzheimer's by 2025.



**Jason** is the Executive Director of the UsAgainstAlzheimer's Center for Brain Health Equity and head of the LatinosAgainstAlzheimer's Coalition. From clinical trial inclusion to paid family leave for dementia caregivers, he champions brain health equity at every level of the healthcare system.





# What is the Connection Between Stress and Obesity?

Tiffani Bell Washington, MD, FAPA

Kathi Earles, MD, MPH

Sylvia Gonsahn-Bollie, MD

It is no secret the United States has an obesity epidemic. One third of Americans have obesity and another one third are overweight. Black women are disproportionately impacted by obesity with 56% of Black women classifying as having obesity based on having a body mass index (B.M.I.) > 30kg/m<sup>2</sup> (1). Yet there is another epidemic that is often overlooked and can contribute to weight gain and obesity. There is a stress epidemic. Even prior to the pandemic, American stress levels were high. In addition to the “everyday” stress, people living with obesity may experience bias and stigma which may further compound their experience of the stress epidemic (2). Recent evidence suggests that weight-based stigma and discrimination increase vulnerability to psychological stress (3). Such stress because of weight-based discrimination, has also been noted to negatively impact health outcomes. The COVID-19 pandemic only worsened stress levels (4). The association between stress and obesity is often overlooked. In part this is because the studies between stress and obesity are sparse.

Physiologically chronic, uncontrolled stress can cause weight gain in many ways. The key hormones associated with stress are:

- **Cortisol:** Physiologically stress causes the release of cortisol to help our bodies deal with a perceived stressor. High cortisol levels have been associated with higher BMI and larger weight circumference over time. However, even in the short-term cortisol causes weight gain through water retention and causing increased consumption of sugars and fats to meet the body's energy demands to face a stressful state. The latter is why many tend to have "emotional eating" when stressed. (5)

- **Insulin Resistance:** Also cortisol causes spikes in our blood sugar levels by triggering the body to release more sugar through a process called "gluconeogenesis" while disrupting the body's ability to store sugar by causing desensitization to insulin, the hormone needed for sugar to enter cells. Excess sugar left in the bloodstream gets stored as fat which helps the pounds add up during a stressful time. The pounds also tend to stick around because our metabolism slows during stressful times.
- **Ghrelin/Leptin/ Neuropeptide Y:** Stress also interrupts our sleep cycle by either causing us to sleep too little (<7hrs/night) or too much (>9 hrs/night). Sleep disruption is associated with weight gain also since our main weight regulating hormones ghrelin and leptin are reset during 7-9hrs/ sleep. Neuropeptide Y which causes lipogenesis (fat production) is also increased during chronic stress. (2)

There are many reasons why a person may struggle with obesity. It is important to remember that Obesity is a disease, not a personal failing or something to be ashamed of. Similar to the science supporting the etiology of hypertension and cardiovascular disease, the many biological mechanisms impacting a person's weight have also been researched and confirmed (6).

When weight gain first starts, it may be easy to ignore. As the pounds add up, our hormones become more dysregulated and this may lead to other health issues and ultimately more weight gain. Increased stress over a long period of time can lead to issues with anxiety and depression. Amplifying an already precarious condition, patients with obesity are more prone to depression and anxiety. The resulting health and social consequences have been noted to negatively impact the quality of life. It is important to make sure that your health, both mental and physical, remains a priority. If not, you are at risk of neglecting much needed self-care.

Living in a Pandemic for the past year has made one thing very clear, stress is ever-present. Self-isolation, working from home, changing routines, and juggling many different responsibilities have become a daily struggle for many. When we are overwhelmed, our coping skills can deteriorate. Coping with stress in a healthy way is a skill that is important to develop. When we are overwhelmed, our coping skills can deteriorate. Instead of meditation, healthy movement, nutritious food, and a good night's sleep, when stressed, people may turn to unhealthy vices such as: excess caffeine, smoking, carb heavy or fatty foods, alcohol, decreased sleep and too much sugar.

Here are a few tips to battle stress:

1. Go for a short walk or put on some music and dance.



Even 10 minutes of activity can help lift your mood and decrease stress.

2. Eat a healthy meal. Fish, nuts, fruits and vegetables are all known to have mood-lifting qualities that can help you feel better and nourish your brain and body.
3. Set 10-15 minutes aside for journaling, meditation, or prayer. Taking a few minutes to yourself can help you refocus on the big picture and decide what you want from life.
4. Write 3-5 things you are grateful for at the end of each day. When life is hard, it may be difficult to find something to be grateful for. Be intentional and look for even small things to show gratitude. It has been shown that gratitude can decrease stress and improve mood.
5. Go to sleep one hour earlier! Increased sleep decreases stress and hunger hormones.

While the etiology of obesity is out of our control, there are steps that can reduce some of the associated stress. When stress is better controlled, our hormones (Ghrelin, Leptin, Cortisol & Neuropeptide Y) are better controlled. Actively taking steps to mitigate the things we can control, including the tips above, can contribute significantly to decreasing some of the stress experienced during this very unprecedented time.

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**Tiffani Bell Washington**, Diplomate American Board of Obesity Medicine, Dip. Amer Board of Lifestyle Medicine: The Healthy Weigh MD, DrBell@TheHealthyWeighMD.com

**Kathi Earles**, Diplomate American Board of Obesity Medicine, Employee of Novo Nordisk, Interim Obesity Medical Director, kear@novonordisk.com

*Written on Behalf of the Council of Black Obesity Physicians, A Consortium of Black Board Certified Obesity Physicians dedicated to amplifying and advocating culturally appropriate obesity care for Black people.*

## References

1. CDC 2019. Health United States,( 2018). Table 26. [https://www.cdc.gov/nchs/data/18.pdf](https://www.cdc.gov/nchs/data/hus/18.pdf) [PDF | 1.56MB]
2. Tomiyama, J. (2018). Stress and Obesity. *Annual Review of Psychology*, 70:5.1–5.16 <https://www.dishlab.org/pubs/AR%20Stress%20&%20Obesity.pdf>
3. Puhl RM, Heuer CA. Obesity stigma: important considerations for public health. *Am J Public Health* 2010; 100(6):1019-28.
4. American Psychological Association (2021, February 2). APA: U.S. Adults Report Highest Stress Level Since Early Days of the COVID-19 Pandemic. American Psychological Association <https://www.apa.org/news/press/releases/2021/02/adults-stress-pandemic>
5. Van der Valk, E. S., Savas, M., & van Rossum, E. (2018). Stress and Obesity: Are There More Susceptible Individuals?. *Current obesity reports*, 7(2), 193–203. <https://doi.org/10.1007/s13679-018-0306-y>
6. Yi Zhang. Obesity: Pathophysiology and Intervention. *Nutrients* 2014 Nov, 6 (n) 5153-5183. 10.3390/nu6115153



**Sylvia Gonsahn-Bollie**, Diplomate American Board of Obesity Medicine: Embrace You Weight & Wellness, C.E.O. & Lead Physician [www.embraceyouweightloss.com](http://www.embraceyouweightloss.com)

# Obesity: Let's End It

Lola Denise Jefferson, ThD, MA, BSN, RNC, CVRN

**O**besity in America is a growing concern for Americans and is at an epidemic level. Non-Hispanic blacks have the highest prevalence of obesity at 49.6%, followed by Hispanics at 44.8%, and non-Hispanic whites at 42.2%. (1) African American women have the highest rates of obesity among any demographic group; approximately four out of five African American women are overweight or have obesity. (2)

According to the Centers for Disease Control and Prevention (CDC), obesity is defined as weight that is higher than what is considered as a healthy weight for a given height. Another way to define obesity is through Body Mass Index (BMI). The World Health Organization defines overweight as a BMI greater than or equal to 25 and obesity as a BMI greater than or equal to 30. Obesity can lead to serious illnesses such as Type 2 diabetes, heart attacks, strokes, cancer, and other chronic diseases.

The Ad Hoc Committee on Obesity's goal is to help end obesity in communities of color. There are several strategies that the committee plans to accomplish this goal. The first strategy is to host six 30-minute workout sessions for NBNA members. The opening session was Saturday, April 17, 2021. The remaining five sessions are scheduled on May 1, May 15, May 22, June 12, and June 26. All sessions are on Saturday beginning at 8:00 AM CST and include ten-minute lectures on latest Obesity topics. At 8:15 AM, the 30-minute workout begins. Next, the Ad Hoc Committee on Obesity offers three different Lectures on Obesity separate from the workout sessions. The first lecture is scheduled for Wednesday, April 21, and conducted by Dr. Lola Denise Jefferson. The second lecture presented by Dr. Frita McRee Fisher of Atlanta, Georgia is scheduled for May 12, 2021. The third lecture will be held in June and the speaker will be announced. Members of the Ad Hoc Committee on Obesity will publish articles in the National Black Nurses Association Newsletter on obesity. Lastly, the committee will host a National Black Nurses Association (NBNA) "Get Out and Move!" Walk on Saturday, July 3, 2021.

The Ad Hoc Committee on Obesity enthusiastically invites all the NBNA Chapters to join in and attend the virtual



**Dr. Lola Denise Jefferson** is the Chair of the NBNA Ad Hoc Committee on Obesity; NBNA Former First Vice President; Founder, Executive Director, and Past President of the Fort Bend County Black Nurses Association.

work out sessions. The NBNA's "Get Out and Move Walk" scheduled for Saturday, July 3, 2021 needs the support of all chapters to join together on the holiday weekend and workout together. We are asking members to please take pictures of the chapter working out together and send them into the National Office to be placed on NBNA's Facebook page and published in the NBNA newsletter. The workout activity should be at least one hour and can be an aerobic activity. Some examples are walking a trail or around a track, jogging, running, line dancing, or whatever is fun!

We do not become obese overnight and need to be intentional about our approach to losing and sustaining our desired weight. It is going take innovative strategies to discover what will prevent obesity. But we can do it. Please join the Ad Hoc Committee Obesity!

## References

1. [https://www.cdc.gov/obesity/data/adult.html#:text=Obesity%20affects%20some%20groups%20more%20than%20others&text=Non%2DHispanic%20blacks%20\(49.6%25\),2DHispanic%20Asians%20\(17.4%25\)](https://www.cdc.gov/obesity/data/adult.html#:text=Obesity%20affects%20some%20groups%20more%20than%20others&text=Non%2DHispanic%20blacks%20(49.6%25),2DHispanic%20Asians%20(17.4%25))
2. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=25>

# What Does Mental Health Mean to You?

Omega Graham, PMHNP-BC

**E**veryone has their own opinion about mental health. When I started my journey to become a mental health nurse practitioner, I received many different reactions from coworkers in healthcare. That was shocking to me because I thought someone that worked in healthcare would have a good response and be more supportive of seeing someone taking the initiative to become a mental health provider since there is a need for more mental health providers. There were comments like why mental health? I could not do that, and you are going to be working with crazy people.

Everyone's health plays a significant role in their well-being's physical, psychological, and economic condition. Mental awareness education is an essential part of social change. The more individuals are educated, the more insight they gain into mental illness. When a patient goes to their primary care provider, it is up to the primary care provider to diagnose their patient according to the signs and symptoms described to them by the patient. The same thing happens when a patient goes to a mental health provider. A mental health provider must consider the signs and symptoms described to them by the patient. Mental health providers must decide if those signs and symptoms are a medical condition that the primary provider can treat or a possible mental illness that they can treat.

Depression, anxiety, panic attacks, and social anxiety are just a few mental disorders that many individuals have. Because of them being afraid to seek treatment, they suffer in silence. There are many more mental health disorders that go untreated due to individuals not wanting to be stigmatized. I am sure many of you would say these are not mental illnesses, and a primary care provider can treat all these conditions. A mental health provider can provide patients with many tools and resources to help them cope with mental illness and provide the support they need for

**Omega Graham** is a psychiatric mental health nurse practitioner-board certified (PMHNP-BC). Omega earned her Associate Degree in nursing from Florence Darlington Technical College. She earned her Bachelor of Science in Nursing degree and Master of Science in Nursing degree specializing in psychiatric mental health from Walden University. She has 16 years nursing experience. Omega lives in Lake City, South Carolina with her husband, four children and one dog.



long-term maintenance. Physical health and mental health go hand in hand. Patients try to make sure that their physical health is taken care of, but they often neglect their mental health needs.

There are so many mental health stigmas that discourage people from seeking care/treatment for their mental health needs. Sometimes family members, friends, and coworkers can deter someone from seeking help for a mental health problem. The person's religious beliefs could hinder them from seeking help. There are so many things that can hinder a person from seeking help. It is time to take a stand, and everyone needs to be accountable for themselves and be supportive to others that come to you with questions or concerns. Do not turn them away, talk about them to others, or call them crazy. Help them as much as you can, be their support person. Mental health matters; let us make a change.

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Oklahoma City BNA (173) . . . . . Irene Phillips . . . . . Jones, OK

## OREGON

Alliance of BNA of Oregon (186) . . . . . Danaya Hall . . . . . Portland, OR

## PENNSYLVANIA

Pittsburgh BN in Action (31) . . . . . Dr. Dawndra Jones . . . . . Pittsburgh, PA

Southeastern Pennsylvania Area BNA (56) . . . . . Monica Harmon . . . . . Philadelphia, PA



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Fort Bend County BNA (107) . . . . .	Marilyn Johnson . . . . .	Pearland, TX
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Greater East Texas BNA (34) . . . . .	Melody Hopkins . . . . .	Tyler, TX
Metroplex BNA (Dallas) (102) . . . . .	Dr. Becky Small . . . . .	Dallas, TX
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\*Only if there is no Chapter in your area.