KANSAS STATE NURSES ASSOCIATION

October 2016
Volume 91 Number 4
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Authors interested in submitting articles should send their written material in APA format to the KSNA for review prior to possible publication. Electronic submission is preferred with “For Publication in TKN” in the subject line of an email addressed to ksn@ksnurses.com. Please provide the submitting author and any other authors complete contact information. A confirmation email will be sent to the submitting author and the article submitted will be peer-reviewed. Any decision regarding publication will be forwarded to the author. Questions regarding the process may be directed to the KSNA at 785-233-8638, x300, or to ksn@ksnurses.com.

The KSNA is a Constituent Member Association of the American Nurses Association, Silver Springs, Maryland

The KSNA promotes professional nursing, provides a unified voice for nursing in Kansas and advocates for the health and well-being of all people. It was established February 1912 at Wichita, KS

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Inside this issue...  
3 Welcome New Members  
4 From the KSNA Office  
6 KSNA Membership Assembly Schedule  
8 KSNA Membership Assembly Registration Form  
9 Reducing the Trend and the Stigma of Obesity, Gillian Trotter, RN  
13 Image of the Journey, A Case Study of Heather Hull Baker: A Pediatric Nurse Practitioner Pioneer, Alicia Huckstadt, PhD, APRN, FNP-BC, FAANP  
15 2016 KSNA Annual Report Cover Page  
16 Business Meeting Agenda & Standing Rules  
17 Annual Reports Begin  
26 Hospital Room Prayer submitted by Carol Moore, PhD, APRN  
27 Annual Reports Continue  
30 Notes from the ANA Membership Assembly and the Midwest Multistate Division Annual Report  
32 Kansas Nurses Foundation Annual Report  
34 2016 KNF Scholars  
35 Draft 2017 KSNA Legislative Platform  

Welcome New Members  

New in July  
Name: Heather Burns  
City: Pittsburg  
Region: SE Region  
Name: Jennifer Stewart  
City: Mulvane  
Region: SE Region  
Name: Kelli Rice  
City: Wichita  
Region: East Region  
Name: Jana Wheeler  
City: Olathe  
Region: East Region  
Name: Elyse Patton  
City: Wichita  
Region: SW Region  
Name: Paul Torres  
City: Dodge City  
Region: East Region  
Name: Amy Herman  
City: Overland Park  
Region: East Region  
Name: Jessica Waldron  
City: Leawood  
Region: East Region  
Name: Jamie Hewitt  
City: Topeka  
Region: NE Region  
Name: Barbara Ginsberg  
City: Olathe  
Region: NE Region  
Name: Amy Cornwell  
City: Topeka  
Region: NE Region  
Name: Stephanie Harper  
City: Garfield  
Region: South Central  
Name: Sheila Boos  
City: Atchison  
Region: NE Region  
Name: Darla Hedrick  
City: Holton  
Region: NE Region  
Name: Evon Smith  
City: Topeka  
Region: NE Region  

New in August  
Name: Kayla Fraley  
City: Manhattan  
Region: NE Region  
Name: Kimberly Ferrari  
City: Lawrence  
Region: East Region  
Name: Lori Hammons  
City: Overland Park  
Region: East Region  
Name: Kris Helm  
City: Lawrence  
Region: East Region  
Name: Emily Holland  
City: Overland Park  
Region: East Region  
Name: Lylia Taghizadeh  
City: Overland Park  
Region: East Region  
Name: Gina Weddle  
City: Overland Park  
Region: East Region  
Name: Amy Wright  
City: Overland Park  
Region: East Region  
Name: Jean Drees  
City: Salina  
Region: North Central  
Name: Jan Chinn  
City: Cedar Vale  
Region: SE Region  
Name: Kelsey Helmick  
City: Wichita  
Region: SE Region  
Name: Katherine Klenda  
City: Wichita  
Region: SE Region  
Name: Mary Strole  
City: Wichita  
Region: SE Region  
Name: Marie Wilson  
City: Turon  
Region: South Central  
Name: Sheryl Fleming  
City: Turon  
Region: South Central  

Upcoming KSNA Board Meetings  

Wednesday, October 19  
6:30 p.m., Dinner Meeting, Membership Assembly, Ramada, Topeka  
Saturday, December 10  
10 a.m., KSNA Office, Topeka  

It’s a new day at KSNA
From the KSNA Office

**Dates & Deadlines**

October 19  
**KSNA Board of Directors** meeting, 6:30 p.m., Topeka Downtown Ramada Convention Center, Mansion Room

October 20-21  
**KSNA-KANS Joint Convention**, Topeka Downtown Ramada Convention Center

November 24  
KSNA Office closed for Thanksgiving Day

November 25  
KSNA Office closed, staff away

December 10  
**KSNA Board of Directors** orientation followed by a meeting, 10 a.m., KSNA Office, Topeka

December 26  
KSNA Office closed for Christmas Day Holiday

December 27-30  
KSNA Office closed, staff away

January 2  
KSNA Office closed for New Year’s Day Holiday

January 16  
KSNA Office closed for Martin Luther King, Jr. Holiday

January 17  
*The Kansas Nurse* editorial deadline for February publication

February 6  
*The Kansas Nurse* published, 2017, issue 1 of 4

February 23  
KSNA Legislative Conference, Topeka

**Reminders**

**Update Your KSNA & ANA Profiles**

Please take time to update your profiles on both the ANA website at nursingworld.org and the KSNA website at ksnurses.com as we do not want you to miss out on any professional nursing information. If you have any questions or challenges, please call the KSNA office at 785-233-8638 x300.

**Share Your Expertise in The Kansas Nurse**

The Editorial Board of *The Kansas Nurse* seeks professional manuscripts for publication. All specialties and practice settings are acceptable for review. The author guidelines are available on the KSNA website, ksnurses.com, under the Resources tab and *The Kansas Nurse*. It is requested that writing be in APA format.

**KSNA Representation**

As a member you are represented by colleagues serving with the following groups and attending meetings on a regular basis. If you know of another group that has KSNA representation, please notify the KSNA office.

- 11th Annual Governor’s Public Health Conference
- 2016 Evidence-Based Nursing Conference
- American Nurses Association Membership Assembly
- American Association of Nurse Practitioners
- Cloud County Community College Advisory Council
- KanCare Forum
- Kansas Action Coalition Advocacy Team
- Kansas Action Coalition Summer Summit
- Kansas Advisory Council on Trauma
- Kansas APRN Taskforce
- Kansas Emergency Nurses Association
- Kansas Hospital Association
- Kansas Organization of Nurse Leaders
- Kansas School Nurses Conference
- Kansas State Board of Nursing
- Kansas Trauma Summit
- Midwest Multistate Division Leadership Meeting
- National Rural Health Association
- University of Kansas Talent Sourcing

**KSNA Regions Information**

**East Region**
Transition still in progress

**Northeast Region**
Transition still in progress

**North Central Region**
President: Patricia Brown, email: limestonecottage1@sbcglobal.net  
Vice President: Emma Doherty  
Recording Secretary: Terri Johnson  
Treasurer: Susan Sweeney  
Program: Janet Jolley  
KNF Representative: Terri Johnson  
Legislative Representative: Marlene White  
Membership & Public Relations: Jamie Spikes and Linda Henningsen

**Northwest Region**
Transition still in progress

**Southwest Region**
Transition complete; recruiting leadership

**South Central Region**
President: Carol Bett, email: bwb2@live.com  
Vice President: Susan Kauffman  
Secretary/Treasurer: Margie Kirby  
Members at Large: Rhonda Durant; Jill Lawson, and Jane Schepmann

*continued on next page*
Southeast Region
Chairperson: Laura Mallett, 
email: lmallett@neosho.edu
Vice Chairperson: Carla Lee
Secretary/Treasurer: VACANT
Members at Large: Linda Luzier and Michelle Higgins

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Ruth Bridgeman, RN, South Central Region
Michele Hailey, MSN, RN, Southwest Region

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Carla Lee, PhD, APRN, FAAN, Southeast Region
Amy Mason, BSN, RN, Southeast Region

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Laura Mallett, MSN, RN, Southeast Region 
Imallett@neosho.edu, 620-212-3293
Linda Luzier, BSN, RN, Southeast Region (Board Liaison)
Mary Holland, RN, East Region
Abbey Lowry Elliot, MSN, MHA, RN, Southeast Region

Council on Education
Carla Lee, PhD, APRN, FAAN, Southeast Region 
lafamiliasenior@msn.com, 316-213-7865
Dawn Julian, DNP, APRN, Northeast Region
Two Vacancies (email ksn@ksnurses.com if interested)

Council on Practice
Four vacancies including Chair
For more information about this Council, refer to the 
KSNA Bylaws Article VIII at www.ksnurses.com (Home, 
About KSNA, Bylaws) 
(email ksn@ksnurses.com if interested)

A Special Request from KNF
The Kansas Nurses Foundation (KNF) asks you not to forget to bring 
modestly-priced gift baskets for their 
annual Membership Assembly themed 
the silent auction. This activity is 
held during the event to raise support 
for annual nursing scholarships. Every 
donation helps and is greatly appreciated. Groups of nurses, KSNA regions, 
and individuals can provide new and 
gently used items that may appeal to 
prospective buyers. Recognition will be given to the Most 
Creative Grouping and the Best Overall Grouping in the 
February 2017 issue of The Kansas Nurse.

In addition, KNF is collecting donations of items, new 
or gently used, for its annual Dinner Buffet and Silent 
Auction on Thursday evening, October 20, at the Topeka 
Downtown Ramada. Donations of items to be auctioned 
may be brought to the convention site or the KSNA office. 
All proceeds support nursing scholarships. Activities get 
underway at 6:30 p.m. in the Grand Ballroom of the Down-
town Topeka Ramada and the cost is $25 per person; 
guests are welcome with reservations requested by Octo-
ber 12 either with your Membership Assembly registration 
or by contacting KNF at knf@ksnurses.com or call 785-
233-8638 x300. Payment may be made at the door.
Successful Nursing: Sharing the Professional Connection

KSNA, the Voice and Vision of Nursing in Kansas, presents its 2016 Membership Assembly
Held in conjunction with the Kansas Association of Nursing Students Annual Convention
Downtown Topeka’s Ramada Convention Center, 420 SE 6th Avenue

Thursday-Friday, October 20-21, 2016

Keynote Address Featuring
Valerie Cade, BRS, MA
Workplace Bullying Expert, Speaker & Author
“Encouragement for the Encouragers!
The Essence of Successful Nursing”

Her Breakout Session – “Handling the Politics of Workplace Bullying
Especially for Nurses: How to Create Accountability & Confidence While
Stopping Workplace Bullying & Disruptive Behaviors”

Registered Nurses may earn up to 7.0 professional contact hours by attending this event. The Midwest Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

A Complete Schedule of Activities is Available on Page 7

Registration is available online at ksnurses.com/events/membership assembly
or by completing the registration form on page 8.

Full Registration (both days) $320 for Non KSNA Members
$175 for Current KSNA Members
$100 for KSNA Members 65+ years

Thursday or Friday Only $185 for Non KSNA Members
$125 for Current KSNA Members
$125 for KSNA Members 65+ years

Optional KNF Benefit Event $25 per person (guests are welcome)
KSNA 2016 Membership Assembly Schedule
Successful Nursing: Sharing the Professional Connection
Thursday-Friday, October 20-21
Downtown Topeka Ramada Convention Center
420 SE 6th Avenue, Topeka, Kansas 66607
*earn up to 7.0 CNE contact hours

Thursday, October 20
8 a.m. Check in desk opens; morning beverage bar available; vendors
8:30 a.m. Welcomes and Information
9 a.m.* Encouragement for the Encouragers! The Essence of Successful Nursing
Keynote Address with Valerie Cade, BRS, MA
10 a.m. BREAK with Vendors
10:15 a.m. KSNA Business Meeting & Awards
12 noon Lunch, KSNA and KANS
1 p.m.* CNE Session A (Session I to 2:00 p.m. only)
   I. Handling the Politics of Workplace Bullying Especially for Nurses: How to Create Accountability & Confidence While Stopping Workplace Bullying & Disruptive Behaviors, Valerie Cade, BRS, MA
   II. Tobacco Dependence Treatment for Individuals with Behavioral Health Disorders, Sosunmolu Shoyinka, MD, FAPA
2:30 p.m. BREAK with Vendors
2:45 p.m.* CNE Session B
   I. We Have an Active Shooter: The Hesston Experience, Mark Willis, Fire/EMS Chief & Pam Kvatz, BSN, RN
   II. Achieving NCLEX Pass Rate Stability, Bernadette Fetterolf, PhD, APRN, CNS
4:15 p.m. Networking Reception for Vendors or KSNA Regions/Committee Meetings
6:30-9 p.m. Kansas Nurses Foundation Dinner/Silent Auction Benefit (Grand Ballroom)

Friday, October 21
8 a.m. Check in desk opens; morning beverage bar available
8:30 a.m.* CNE Session C
   I. Success in Best Practices: Application of Research/Use of Evidence, Carla A. B. Lee, PhD, APRN-BC, CNS, FAAN
   II. How can we get to “full practice authority”? Implementing IOM recommendations, Betty Smith-Campbell, PhD, APRN-CNS
10 a.m. BREAK
10:15 a.m.* CNE Session D
   I. Attitudes of Students Toward BSN Education, Nancy Lugo-Baez, DNP, RN
   II. Development of EMR/Informatics Support Model, Dawn Walters, MBA, BSN, RN-BC & Angella Herrman, BSN, RN-BC
11:45 a.m. BREAK
12:00 p.m.* Mentoring with Meaning, Closing Keynote with Linda Adams-Wendling, PhD, MBA, APRN, NEA-BC
12:30 p.m. Closing Lunch for Nurse Attendees

Kansas State Nurses Association, the Voice and Vision of Nursing in Kansas since 1912
2016 KSNA-KANS Joint Convention
“Successful Nursing: Sharing the Professional Connection”
Thursday & Friday, October 20-21, 2016
Topeka Downtown Ramada Convention Center, 420 SE 6th Avenue
Discounted Hotel Rooms $89/night; call 1-800-432-2424 (by September 28)

<table>
<thead>
<tr>
<th>Type of Registration</th>
<th>Thursday Only Fee (calculated)</th>
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<tbody>
<tr>
<td>Early Registration Discount (Fees increase after 10/1/16)</td>
<td>$295 ($320)</td>
</tr>
<tr>
<td>NOT a KSNA Member</td>
<td>$160 ($185)</td>
</tr>
<tr>
<td>Current/Active KSNA Member</td>
<td>$100 ($125)</td>
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<tr>
<td>Current KSNA Officer/Board Member</td>
<td>NA</td>
</tr>
<tr>
<td>KSNA Member Retired, Not Working (age 65 &amp; Over)</td>
<td>$75 ($100)</td>
</tr>
<tr>
<td>Optional KNF Dinner &amp; Silent Auction (Thurs. 10/20/16 6:30 pm)</td>
<td>No. Persons x $25.00 each</td>
</tr>
</tbody>
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**“Your best deal!”**

Are you a Region President or your Region President’s designee, appointed to attend the Region President’s Breakfast as representative for your KSNA Region on Friday, 10/21/2016, at 7:00 a.m.? If yes, check below.

___ Region Presidents’ Breakfast (Presidents only or their designee), 7:00-8:00 am, NO ADDITIONAL FEE

**PAYMENT:**

___Check/Money Order (payable to KSNA)
___Visa ___MasterCard ___Discover Card ___Diners Club (secured processing)
16-digit Card #__________________________ Expiration__________ 3-Digit Security Code_________
Cardholder’s Name (if different from registrant)______________________________________________
Signature of Cardholder__________________________________________________________________

Please return this form (photocopies are acceptable), either by mail, email or FAX with your payment to: KSNA, 1109 SW Topeka Blvd., Topeka, KS 66612-1602; email ksna@ksnurses.com; FAX 785-233-5222 Questions?: Contact Michele Reese at KSNA, phone 785-233-8638 x300; email mreese@ksnurses.com
Reducing the Trend and the Stigma of Obesity

by Gillian Trotter, RN

Obesity is a prominent public health issue that has potentially devastating consequences on the physical and mental health of our current and future generations. Since 1980, the rate of obesity worldwide has almost doubled, and is projected to rise to 50% of the U.S. population by 2030 (World Health Organization [WHO], 2015). Between 2011 and 2012, 8.1% of babies and toddlers, 16.9% of 2 – 19 year olds, and 34.9% of adults in the United States were considered obese (Ogden, Carroll, Kit, & Flegal, 2014). The level of obesity in the United States needs to be reversed through changes in government policy and public outreach programs while maintaining the dignity of those affected by the disease.

Costs of Obesity

Obesity is linked to several morbidities including cardiovascular disease, diabetes, musculoskeletal disorders, and certain cancers (WHO, 2015). The estimated annual health care cost associated with obesity in 2008 was an $147 billion (Finkelstein, Trogden, Cohen & Dietz, 2009). This number is projected to rise an additional $48 to $66 billion by 2030 if interventions to reverse the trend are not implemented (Harvard School of Public Health, 2015). Further, the indirect costs to U.S. businesses in 2011 resulted in an estimated $12.8 billion lost to absenteeism and $30 billion related to decreased productivity (Bogart, 2013).

Obesity and Stigma

Obesity is determined by calculating an individual’s body mass index (BMI) using height and weight to calculate the amount of body fat. A BMI greater than or equal to 30 is considered obese and over 40 is considered morbid obesity (Bogart, 2013; CDC, 2012). Unlike some other diseases where the manifestations are either invisible or indistinct, people with obesity ‘wear’ their health condition, and are frequently stigmatized and discriminated against in several areas including school, employment, public facilities, and health care institutions (Brewis, 2014; Pomeranz & Puhl, 2012). The social perception that obese individuals are responsible for their physical condition perpetuates the stigma that they are lazy and lack self-control, which can further negatively impact their physical and emotional health (Puhl & Brownell, 2001). A review of literature (Puhl & Heuer, 2009) illustrates the prevalence of unfavorable opinions toward obese individuals who are socially perceived as being responsible for their physical condition, and are considered lazy, self-indulgent and undisciplined. It is estimated that a 66% increase in discrimination due to weight has occurred during the past ten years in the United States (Puhl & Heuer, 2010), further highlighting the need not only for public education, but for changes in environment, society, and government policies.

Contributing Factors to Obesity

There are multiple factors that contribute to the development of this disease including age, lifestyle, socioeconomic status, genetics and biological components, and environmental changes (NIH, 2012), as well as psychosocial stress associated with employment, financial or personal strain (Harding et al, 2014). Lack of income and intake of calorie-dense foods are two of the factors which will be discussed here.

In the United States, 14.5% of households are considered food insecure and have inadequate access to food due to financial or social constraints (Kass et al., 2014). Further, some highly populated areas such as inner cities have become known as food deserts where calorie-dense foods are the only option available (Bogart, 2013). For instance, financial aspects influence obesity because as the number of people who require nutrition assistance through federal funding increases, the rate of obesity also increases, although this may seem contradictory. This is due to the costs and availability of healthy food selections. For example, the higher prices of fresh produce compared to the decreased cost of calorie-dense food can make healthier food options less attainable for some (NIH, 2012). This causes an increase in childhood obesity (Jin & Jones-Smith, 2015) in addition to the adults in this population.

Another contributor to obesity is the intake of calorie-dense foods, specifically sugar sweetened beverages (SSBs). As intake of these foods has increased, SSBs became the dominant contributors to calorie consumption in the U.S. (Kass et al., 2014). Since the 1950s, the standard soda bottle has increased from 6.5 ounces to the current 20 ounce size containing 15 to 18 teaspoons of sugar (Department of Nutrition at Harvard School of Public Health, 2012) which is well above the American Heart Association’s (AHA) recommendation of no more than six teaspoons added of sugar per day for women, or nine teaspoons per day for men (AHA, 2015). Fifty percent of the American population consumes SSBs daily (Department of Nutrition at Harvard School of Public Health, 2012). This is estimated to provide 295 kilocalories for those who consume at least one SSB per day (Kass et al., 2014). Five percent of the population drink at least 567 calories daily (Department of Nutrition at Harvard School of Public Health, 2012). Unfortunately, data indicates that calories consumed from SSBs are additional rather than in lieu of calories consumed from other sources (Kass et al., 2014). A correlation exists between the consumption of SSBs and weight gain (Malik,

continued on next page
Reducing the Trend and the Stigma of Obesity

by Gillian Trotter, RN

Popkin, Bray, Després, & Hu, (2010), with one study showing that during a one and a half year follow up, children were 60% more likely to become obese with each additional 12 ounces of soda consumed daily (Department of Nutrition at Harvard School of Public Health, 2012). Children from low income households are at increased risk for developing obesity, and those whose families participate in the Supplemental Nutrition Assistance Program (SNAP) have a 43% greater intake of SSBs compared to non-participant children (Leung et al., 2013). Families whose household income is ≤ 130% of the federal poverty line are considered eligible for SNAP. In 2011, $72 billion was spent on SNAP assistance, and of that amount, it is estimated that $4 billion was used to purchase SSBs (Leung et al., 2013).

Debates regarding the addictive nature of some foods have been ongoing, but according to Davis (2014), evidence exists to show that highly dense foods, such as those rich in sugar, salt and fat, have similar “behavioral and neurophysiological effects of addictive drugs” (p. 130). Addiction in the form of food is particularly complex. Contrary to other forms of addiction such as drugs, alcohol or gambling where the ultimate goal is to stop the behavior, food and fluids are necessary for life itself, and those physical acts of eating and drinking cannot be entirely stopped (Bogart, 2013).

Potential Taxes?

Taxes on SSBs could be the first step in reducing the obesity trend. Implementing such taxes may reduce the consumption of SSBs. The World Health Organization (WHO) states: “Individual responsibility can only have its full effect where people have access to a healthy lifestyle” (WHO, 2015, p. 3). By utilizing the tax revenue to make the changes necessary to promote better food access and affordability, creating access to exercise facilities, and developing outreach programs that help to reduce stigma, the greater society could benefit through increased health of the population and reduced health care costs (Bogart, 2013). Furthermore, educating the public regarding the complexity of obesity helps to redirect the attention from “personal blame to social injustice” (Puhl & Heuer, 2010, p. 1025), thereby removing the burden placed solely on the individual. In 2012, Michael Bloomberg, the former mayor of New York City, proposed a plan to limit the size of SSB containers to 16 ounces in fast food restaurants, delicatessens and movie theaters; however, in 2014 the New York State Supreme Court ultimately voted against the policy believing that it infringed on individuals’ autonomy (Grynbaum, 2014).

The city of Berkley, California has been successful in implementing a policy to reduce consumption of SSBs and was the first city in the U.S. to pass a law that places a tax of one cent per ounce on all sugar sweetened beverages (Mandaro, 2014). Experts believe that placing an excise tax on SSB at the same rate as the city of Berkley has done would reduce the consumption of SSBs by 24% overall (Bogart, 2013). Assuming calories are not replaced from other sources, this would translate into an individual reduction of 50 kilocalories per day (Bogart, 2013; Kass et al., 2014), and five pounds of weight loss per year (Bogart, 2013).

While taxes on SSB will surely make it more difficult for some individuals to purchase SSBs, it does not entirely prevent the consumption of such beverages. The government already taxes differentially to promote or discourage the use of certain products or services (Bogart, 2013; Kass et al., 2014), and SSB could be treated similarly. Tobacco tax is an example of such differential taxation, and estimates show that the overall lifetime cost per person of obesity is on par with those who use tobacco (Harvard T. H. Chan School of Public Health, Economic Costs, 2015). In 2009, President Obama signed a bill that increased the federal tax on a pack of cigarettes from 39 cents to $1.01 (Cauchon, 2012). This resulted in an immediate 10% to 13% decline in adolescent smokers, and the total number of tobacco users dropped by 3 million from 2009 to 2011; however, consumer spending on tobacco products increased $18 billion from 2008 to 2011 (Cauchon, 2015).
Reducing the Trend and the Stigma of Obesity

by Gillian Trotter, RN

2012) indicating that for some, addiction is so great that they are willing to pay the extra cost. This may be true for the individuals who are obese as well.

Nursing Responsibilities

Given the current obesity crisis in the United States, it is the responsibility of the nurse to be informed and educated on the complexity of the disease. Studies show that stigma related to obesity exists in the health care setting (Puhl & Heuer, 2010). Further, individuals who are obese report that they sense a lack of respect which discourages them from being active in seeking preventative care (Brewis, 2014). As health care professionals who advocate for and educate patients on the importance of prevention before cure, self-reflection is critical to monitor and understand one’s own thoughts to ensure that personal bias is not being projected onto the patients, thereby discouraging them from seeking health care.

Within the health care institution, nurses can play a role in the development of policies and evidence-based interventions. Nurses can also be influential through community education, proposing legislation and lobbying for policy changes at a government level (Tao, 2005). Within the area of obesity, nurses can implement change by educating patients and lobbying for increased taxes on SSBs as a starting point for nationwide policy change to help curb the obesity epidemic. Additionally, nurses could also lobby for increased government funding for obesity prevention from the National Institutes of Health which in 2015 assigned $900 million for obesity compared to $3 billion for HIV and AIDS (NIH, 2016). While addressing HIV and AIDS certainly continues to be important in the realm of public health, the number of those affected by HIV and AIDS is far less than the number of individuals affected with obesity as an estimated 1.2 million individuals currently live in the United States with HIV (CDC, 2016) compared to 78.6 million who live with obesity (Ogden, Carroll, Kit, & Flegal, 2014).

Obesity is a “national epidemic” (Kass et al., 2014, p. 787), with multiple complex components. Greater than one-third of adults and almost one-fifth of children and adolescents are considered obese (Ogden et al., 2014) which may relate to income and availability of healthy foods (Jin & Jones-Smith, 2015). If the current trend continues, by 2030, one-half of the population will fall into this category (Harvard T. H. Chan School of Public Health, 2015, Obesity trends). This has major implications for the physical and psychosocial health of the population (Bogart, 2013; Brewis, 2014; Harding et al., 2014), as well as the state of the government due to increased costs for health care and reduced workforce productivity (Harvard T. H. Chan School of Public Health, 2015, Economic Costs).

Education on the multi-causal factors contributing to obesity are essential to ensure the fair and just treatment of those with the disease by shifting the mindset from the perception of obese people are responsible for their condition to strategizing how the problem can be best addressed. Changes in policy to implement excise tax on SSB, a major contributor to excessive calorie consumption (Bogart, 2013; Department of Nutrition at Harvard School of Public Health, 2012; Kass et al., 2014), could be the first step in reversing the obesity trend. Using the generated revenue to fund and support societal changes to improve the overall health of the nation while maintaining the dignity of those affected with the disease could be the most beneficial use of those funds.

References


Brewis, A. A. (2014, October), Stigma and the perpetuation of obesity. Social Science and Medicine, 118, 152-158. doi: 10.1016/j.socscimed.2014.08.003


continued on next page
Reducing the Trend and the Stigma of Obesity

by Gillian Trotter, RN


Gillian Trotter graduated from Baker University School of Nursing in December 2015. An Irish native, Gillian currently lives in Lawrence with her husband and three daughters. She is employed as a Registered Nurse in the Surgical ICU of Stormont Vail Health. Prior to nursing, Gillian was a stay at home mother and worked part-time as a CNA in home health.

Congratulations!

The following KSNA members have been appointed to American Nurses Association committees:

Carla Lee, PhD, CNS, FAAN
KSNA Southeast Region
Committee on Nursing Practice Standards (filling an unexpired term)

Marian Jamison, PhD, RN, MBA
KSNA Northeast Region
Committee on Planning and Budget

Duane Jaeger, MSN, RN, PMHCNS-BC
KSNA Southeast Region
Reference Committee

Gillian Trotter, RN

The Kansas State Nurses Association (KSNA) is the state-wide professional organization for nurses in Kansas. The KSNA advocates for the professional, economic, and political well-being of nurses and nursing. The KSNA is a member of the American Nurses Association (ANA) and is governed by a Board of Directors elected by the KSNA membership. The KSNA is a non-profit corporation with a membership of Registered Nurses and is incorporated under the laws of the State of Kansas.
Imagine: you’re eight years old, from Canada, and now you’re in the U.S. You have traveled many miles with your Mom, Dad and sister in an un-air-conditioned hot car to this new place. You started first grade when you were five in your school in Canada, so now you’re younger than the other fifth graders in your new Texas grade school. It doesn’t help that you are petite, shy, and feeling “out of place.” The other kids are bigger and “seemed to belong.” These experiences began her time in the U.S. as this little girl named Heather was embarking on a new life and later became one of the first pediatric nurse practitioners (NP) in the nation.

As a teenager, she graduated from high school in Corpus Christi at the young age of 16 and graduated from a diploma nursing school at age 19. She still remembers her first bed bath to an older female patient in 1959 and recalled things haven’t really changed much today in fundamental care. After graduation, the Texas Board of Nursing didn’t quite know what to do with her. Here is this young girl who is not yet a citizen of the U.S. The Board of Nursing finally decided that they would license her if she would become a U.S. citizen. So in 1962, she was the first in her family to do so.

Now with her RN license, her perseverance and desire to do more became very evident. Her former teacher in the diploma program, a Catholic nun, had told her that she must go on for a baccalaureate degree (not very prevalent in those days) and she had no doubt that her teacher was correct. The young lady did just that at the University of Colorado.

She joined the Wyoming Air Force Reserve as a flight nurse where she was sent to Japan and the Philippines for the cargo planes to help care for soldiers coming back to the U.S. from Vietnam. She vividly remembers the pain and difficulty experienced as she provided care for these soldiers who were so close to her own age. She often joined the active duty military to go where they wanted her to help. She spent many holidays in flight away from family and friends but doing what she knew she was destined to do, to provide care.

Combined with her flight nurse activities, she worked at the University of Colorado Surgical Intensive Care Unit. One day, one of her baccalaureate nursing teachers called her to ask if she would be part of a research program and commit to it for two years. It involved a four month didactic and 20 month preceptorship. That faculty member was Dr. Loretta Ford—the guru/pioneer of NPs. This young nurse remembered Dr. Ford well—she was a tough instructor but Heather had made an A on her last final. She soon learned from and came to deeply respect both Dr. Ford and Dr. Henry Silver, the pediatric guru. She recalled Dr. Silver and his partner wrote the first books about battered children.

It did not take her long to agree to the program and she joined the third cohort of what was called the “Expanded Role of the Nurse.” Those in this cohort were later called Pediatric Nurse Practitioners. The first cohort had one student, the second had two students, and her cohort had ten students. Her classes were high-energy and were focused with students gathered around a desk soaking up the knowledge. Her preceptorship was with three pediatricians in a clinic, all supportive of this new role for nurses. After her preceptorship, she was told she got ten extra hours toward her Master’s degree, but soon realized these were not really counted in the required hours, but were extra hours. She finished her Master’s degree at a time when there were very few nurses who completed graduate degrees. But now in this expanded nursing role with her Master’s degree and designation as a Pediatric Nurse Practitioner (PNP), she was ready to take on newer challenges.

She moved to Iowa City, Iowa and started the PNP program at the University of Iowa where she taught for three years. This program remains in existence today. She then moved to Wichita, Kansas with her family in 1973. She had heard that there was a new nursing program at Wichita State University (WSU) and a Nurse Clinician Certificate Program, the forerunner to NP programs. She talked with WSU faculty and found that the program needed someone to teach students head-to-toe assessments. She agreed to teach in the Nurse Clinician Certificate Program. There she joined the core faculty to begin legislative work very early in existence of the NP program. She continued teaching in the Nurse Clinician program and later taught pediatrics at two local baccalaureate programs, St. Mary of the Plains and Newman University, and returned to Wichita State University in 1993 to help teach health assessment content in a new graduate level Advanced Registered Nurse Practitioner (ARNP) program. Throughout the last two decades, she has seen the Masters programs grow, the initiation of the DNP degree program, and the growth in many community programs to which she so passionately contributed.

Heather has had a long professional career of demonstrating advanced practice nursing and contributing to the often neglected people in our society. Her work with the Epilepsy Center continues...
Nurse practitioners practice under the rules and regulations of Fifty years have passed since Dr. Loretta Ford, a public health Heather stated she feels so fortunate in her career because of are required to have Kansas State Board of Nursing licensure as the state in which they are licensed. Nurse practitioners in Kansas internationally, but barriers to practice continue. These advanced practitioners as physician extenders and did not believe they were working in their hour of most need, illustrate her devotion and advanced nursing expertise for those in this vulnerable population..

Heather has positively impacted hundreds of NP students in the state of Kansas who are now practicing as NPs. In fact, it may be difficult to find a practicing NP who has graduated from Wichita State University and other collaborating state universities in the last two decades who was not a student of Heather’s in Advanced Health Assessment. Practicing NPs echo Heather’s contribution to their professional careers as one stated, “I had Heather for Health Assessment. Every time I do a health assessment I think of her.”

Heather stated she feels so fortunate in her career because of things that were there to support her: federal traineeships, stipends, supportive faculty, opportunities for growth. I say Heather has greatly impacted nursing. Advanced nursing has been built on the perseverance of those early pioneers. Heather retired from teaching at Wichita State University in 2011 after 25 years. She remains active in the community as a board member for a health care agency, maintains membership in other organizations, enjoys hobbies, and focuses on her family as well.

Fifty years have passed since Dr. Loretta Ford, a public health nurse and teacher at the University of Colorado, saw the need for an expanded role for nurses. She and Dr. Henry Silver, a pediatrician at the University of Colorado, developed the educational program and model to educate nurse practitioners in 1965. This pilot project started with one student and has evolved to more than 205,000 nurse practitioners in 2015.

Barriers to practice were present then and today. Recognition of the nurse practitioner was particularly troublesome in the early days. Nurses, as well as the public and other health professionals, were skeptical of what these expanded nurses could and would do and where they fit in the healthcare system. Some nurses saw nurse practitioners as physician extenders and did not believe they were working as nurses. However, today nurse practitioners are better understood and their contributions are more recognized. These advanced practice nurses provide health care in every state in the nation and even internationally, but barriers to practice continue.

Nurse practitioners practice under the rules and regulations of the state in which they are licensed. Nurse practitioners in Kansas are required to have Kansas State Board of Nursing licensure as an Advanced Practice Registered Nurse in their specialty and are authorized to provide collaborative care with physicians. Twenty-one other states and DC have full practice authority, giving patients direct access to nurse practitioner care and nurse practitioners have the statutory authority to practice to the extent of their preparation. All states allow nurse practitioners to prescribe and provide healthcare services. Nurse practitioners diagnose and treat acute and chronic conditions, prescribe medications and other treatments, and manage patients’ care. Most nurse practitioners are nationally certified in their specialization and are graduates of master’s or doctoral nurse practitioner educational programs.

Education for nurse practitioners at Wichita State University has transitioned from the master’s degree to the Doctor of Nursing Practice (DNP) degree and requires 74 credit hours and 1000 practice hours. Many other universities have also transitioned their nurse practitioner education to the DNP level. Across the nation, prospective students will find varying programs, specialization areas, and even sub-specialization areas for nurse practitioners.

Heather and her early pioneer colleagues could never have imagined the impact of their decision to become expanded nurses as they were called in those early days. The role of the evolving nurse practitioner is truly amazing. Educational opportunities for preparation as a nurse practitioner are plentiful and varied. National certification for those who are eligible may be obtained from two organizations: The American Academy of Nurse Practitioners Certification Program (AANPCP) and the American Nurses Certification Center (ANCC). Nurse practitioners are providing healthcare to millions of patients, their families, and communities. Studies are continuing to document the high quality of health care provided by nurse practitioners and the unique contributions that nurse practitioners make to health care.

Thank you to all the early pioneers. We hope the next 50 years of nurse practitioners will bring comparable successes.

Thank you, Heather, for all you have done for patients, students, professional agencies, and all of us. There is no doubt that graduate level nursing education and the health of the state are better because of you!
KSNA Annual Meeting Agenda

Call to Order
Introduction, Announcements
Roll Call by Regions, Establishment of Quorum
Presentation of Agenda & Standing Rules

Reports of Officers
President’s Address
Secretary’s Report (Oct. 2, 2015 Minutes)
Treasurer’s Report

Reports of Standing Committees
Bylaws
The Editorial Board
Finance
Legislative
Membership
Nominating with Teller’s Report

Reports of Councils
Continuing Education
Education
Practice

Reports of Representatives to Other Groups
American Nurses Association Membership Assembly
Midwest Multistate Division
Kansas Nurses Foundation
Kansas Association of Nursing Students

Other Business
New Business
Old Business
Introduction of New Officers
Awards & Recognition
Adjournment

Proposed Standing Rules for 2016 Business Meeting

1. To be admitted to seats reserved for KSNA members, a member must wear the official registration badge.

2. All members have the privilege of voice and vote.

3. To obtain the floor, a member shall rise, address the Chair, and upon recognition by the Chair, give their name and district, and then may speak (The Chair will not recognize anyone not speaking from a microphone.)

4. Members may not speak in debate more than twice to the same question on the same day, or longer than three minutes, without permission of the assembly granted by a two-thirds vote without debate. No member may speak more than once to a question if a member who has not spoken wishes to do so.

5. All motions, except those of a routine nature, shall be in writing and sent at once to the Chair.

6. Business interrupted by a recess of the meeting shall be resumed at the next business meeting at the point where it was interrupted.

7. Emergency resolutions may be sent to the Committee on Resolutions until 9:00 p.m. Thursday, October 7.

8. The Board of Directors shall have the authority to review and approve the minutes of the annual business meeting.

9. Any non-member may be granted the privilege of the floor, but shall speak only once to a question, not more than three minutes. Non-members shall identify themselves as non-members, by name and geographical location.

Mark Your Calendars!
KSNA’s 41st Annual Legislative Conference
Thursday, February 23, 2017
Ramada Convention Center, Topeka
Registration opens December 1, 2016
Don’t wait! Update your MyANA profile today!

Thank you for being a member of KSNA and the American Nurses Association! We value you and want to continue creating opportunities that meet your needs. In order to do so, we need to understand your nursing role, interests, and experience.

Please update your member profile today! Log into your MyANA profile and select ‘Update Professional Info’ to complete each section. As a thank you for your time, we have a gift for you: Stepping into Your Spotlight: Building Your Professional Brand. This webinar shows you how to advance your nursing career by creating, developing, and promoting your professional brand.

We hope you will take advantage of this opportunity so we can continue to deliver relevant and tailored experiences.
ings of other nursing and healthcare organizations around the state as vendors.

Another focus has been to empower our committee chairpersons to enable them to carry out the functions of their committees. We held a committee chairperson orientation in the spring and will continue to do so annually for all new and returning committee leaders. We have also encouraged them to attend all meetings of the KSNA Board of Directors to provide a committee report and enlist any help from the Board of Directors that is needed.

KSNA continues to place emphasis on its legislative advocacy responsibilities and our Legislative Committee is doing a great job of keeping the pulse on legislative issues currently in our state that need input from KSNA - the professional nursing organization in the state that supports all nurses regardless of specialty.

Increasing membership and improving member engagement will always be a large focus of our organization and we have made great strides on the path to these goals as well. The most exciting news is that KSNA was one of 18 additional states selected by the ANA Board of Directors to participate in the Value Pricing Pilot which will allow us to entice new members with a new price point for membership.

We will also have more news to share with you at the 2016 KSNA Membership Assembly and are excited to see you there. This year’s event will be a combined event with our state student nurses association, the Kansas Association of Nursing Students. Please take every opportunity during this event to mentor our state’s future nurses and let them share their knowledge of the future of nursing and nurses with you. Learning from each other will be our greatest accomplishment at this year’s event.

I am excited for the bright future of KSNA and the journey we are on together as an organization. There will be more advances in the coming months and we are eager to share these and our other successes with our members. Join us on this journey because truly ‘It's a New Day at KSNA.’

KSNA has remained financially stable this year. We feel we are now in a position to move forward with a director of state affairs.

Day to day accounting and finances are managed by the Midwest Multistate Division through the Missouri State Nurses Association. Financial reports are included on pages 20-23.

By sharing expenses through the Multistate Division, we have been able to manage our resources better. The board is looking at other ways to maximize our resources in the coming months.

We know the new dues structure will bring about changes but are hoping these will be offset by increasing membership.

A new budget is being developed in line with the anticipated changes.

Thanks to members for your ongoing support.

Bylaws Committee Annual Report

The Co-Chairs of the KSNA Bylaws Committee met in Hutchinson on April 20th to set goals for the committee and begin responding to the Committee’s functions as identified in the current KSNA Bylaws.

The goals set were: to ensure that there were four members of the Bylaws Committee, compare the current KSNA Bylaws with those of the American Nurses Association and to the Midwest MultiState Division, to prepare any suggested changes for review and approval by the KSNA Board of Directors by their August meeting, and to present approved changes to the membership for approval at the October KSNA Membership Assembly. Julie Miller and Marjorie Sams-Dillon agreed to return as committee members. After an attempt for a sit down meeting failed it was decided that all communications would be by email.

A needed change was determined to make our Bylaws congruent with ANA’s Bylaws, several editorial corrections were determined, and a requested change coming from the KSNA Board of Directors was made. The requested changes were presented to the August 13, 2016, KSNA Board of Directors’ meeting. Once the state bylaws have been approved in October, they will be sent to the ANA Bylaws’ Committee and reviewed and, when approved, the Bylaws Committee will begin to review the Regional Nurses Associations’ (RNA) Bylaws and the Chapters’ Bylaws.
January 29, 2016

To the Board of Directors
Kansas State Nurses’ Association
Topeka, Kansas

Independent Auditor’s Report

Report on the Financial Statements
We have audited the accompanying financial statements of the Kansas State Nurses’ Association (the Association), a non-profit organization, which comprise the statement of assets, liabilities, and net assets - modified cash basis as of December 31, 2014, and the related statement of revenues, expenses and changes in net assets - modified cash basis as of December 31, 2014, and the related notes to the financial statements. These financial statements are the responsibility of the Association’s management. Our responsibility is to express an opinion on those financial statements based on our audits.

Auditor’s Responsibility
Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

As described in Note 1, these financial statements were prepared on a modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Opinions
In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and net assets of the Kansas State Nurses’ Association as of December 31, 2014, and its revenues, expenses and changes in net assets and cash flows for the years then ended, on the basis of accounting described in Note 1.

Certified Public Accountants
<table>
<thead>
<tr>
<th>Assets</th>
<th>August 31, 18</th>
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<tbody>
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<tr>
<td>Checking/Savings</td>
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<tr>
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<td>1011: Regional Bank Accounts</td>
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<td>Total 1011: Regional Bank Accounts</td>
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<td>1020: Catherine Voth Fund</td>
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<td>Total Current Assets</td>
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<tr>
<td>Fixed Assets</td>
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<tr>
<td>1600: Building - 1106 SW Topeka Blvd</td>
<td>195,593.23</td>
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<tr>
<td>1605: Accumulated Depreciation</td>
<td>(32,275.00)</td>
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<td>1650: Land</td>
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<td>Total Fixed Assets</td>
<td>212,985.23</td>
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<tr>
<td>Total Assets</td>
<td>256,321.45</td>
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| Liabilities & Equity | |
| Liabilities | 363,952.73 |
| Current Liabilities | 25,000.00 |
| 2010: Payable To/from KN| |
| Total Other Current Liabilities | 26,000.00 |
| Total Current Liabilities | 25,000.00 |
| Long-Term Liabilities | 98,905.97 |
| 2510: Mortgage Payable-L/T Portion | 62,554.57 |
| Total Long-Term Liabilities | 98,905.97 |
| Total Liabilities | 363,952.73 |
| Equity | |
| 3100: Unrestricted | 15,955.57 |
| 3150: Restricted | 1,634.72 |
| 3151: Sister Catherine Voth Fund | 17,571.72 |
| Total 3150: Restricted | 1,634.72 |
| 3500: Retained Earnings | 943,085.51 |
| Net Income | 11,780.54 |
| Total Equity | 200,771.16 |
| Total Liabilities & Equity | 363,952.73 |
## Kansas State Nurses Association
### Financial Profit & Loss Budget vs. Actual
#### January through August 2016

<table>
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<th>Income/Expense</th>
<th>Jan - Aug 16</th>
<th>Budget</th>
<th>$ Over Budget</th>
<th>% of Budget</th>
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<td></td>
<td></td>
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<td>4010 - Dues, Registration</td>
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<td></td>
<td></td>
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<td>Total 4119 - Conference</td>
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<td>0.00</td>
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</tr>
<tr>
<td>4119 - Continuing Education</td>
<td>7,300.00</td>
<td>7,300.00</td>
<td>0.00</td>
<td>0.0%</td>
</tr>
<tr>
<td>4210 - CE Provider</td>
<td>2,000.00</td>
<td>2,000.00</td>
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<tr>
<td>4120 - Publications</td>
<td>100.00</td>
<td>100.00</td>
<td>0.00</td>
<td>0.0%</td>
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<tr>
<td>4330 - Subscriptions</td>
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<td>1,100.00</td>
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<tr>
<td>Total 4120 - Publications</td>
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<tr>
<td>4140 - Non-Dues Revenue</td>
<td>7,265.00</td>
<td>7,265.00</td>
<td>0.00</td>
<td>0.0%</td>
</tr>
<tr>
<td>4150 - Interest Income</td>
<td>50.00</td>
<td>50.00</td>
<td>0.00</td>
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<tr>
<td>4540 - Royalties</td>
<td>10,000.00</td>
<td>10,000.00</td>
<td>0.00</td>
<td>0.0%</td>
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<tr>
<td>Total 4140 - Non-Dues Revenue</td>
<td>17,265.00</td>
<td>17,265.00</td>
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<tr>
<td>Total Income</td>
<td>152,365.00</td>
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</tr>
<tr>
<td>Expense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6010 - Compensation</td>
<td>38,437.00</td>
<td>38,437.00</td>
<td>0.00</td>
<td>0.0%</td>
</tr>
<tr>
<td>6220 - Payroll Expenses</td>
<td>30,000.00</td>
<td>30,000.00</td>
<td>0.00</td>
<td>0.0%</td>
</tr>
<tr>
<td>6230 - Insurance (Health)</td>
<td>5,000.00</td>
<td>5,000.00</td>
<td>0.00</td>
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<tr>
<td>6240 - Payroll Taxes</td>
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<td>3,100.00</td>
<td>0.00</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total 6010 - Compensation</td>
<td>38,437.00</td>
<td>38,437.00</td>
<td>0.00</td>
<td>0.0%</td>
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<tr>
<td>6020 - Professional Fees</td>
<td>38,437.00</td>
<td>38,437.00</td>
<td>0.00</td>
<td>0.0%</td>
</tr>
<tr>
<td>6220 - Accounting</td>
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<td>5,000.00</td>
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<tr>
<td>6240 - CE Accreditation Fee</td>
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<td>5,000.00</td>
<td>0.00</td>
<td>0.0%</td>
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<tr>
<td>Total 6020 - Professional Fees</td>
<td>10,000.00</td>
<td>10,000.00</td>
<td>0.00</td>
<td>0.0%</td>
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<tr>
<td>6030 - Advertising and Promotion</td>
<td>32,000.00</td>
<td>32,000.00</td>
<td>0.00</td>
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<tr>
<td>6510 - Sponsorship/Exhibits</td>
<td>500.00</td>
<td>500.00</td>
<td>0.00</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total 6030 - Advertising and Promotion</td>
<td>32,500.00</td>
<td>32,500.00</td>
<td>0.00</td>
<td>0.0%</td>
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</table>

continued on page 22
<table>
<thead>
<tr>
<th>Item</th>
<th>Jan - Aug 16</th>
<th>Budget</th>
<th>$ Over Budget</th>
<th>% of Budget</th>
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</thead>
<tbody>
<tr>
<td>6700 - Office Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6705 - Business Meals</td>
<td>0.00</td>
<td>450.00</td>
<td>(450.00)</td>
<td>0.6%</td>
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<td>6708 - Professional Development</td>
<td>0.00</td>
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<td>(600.00)</td>
<td>0.6%</td>
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<tr>
<td>6710 - Equipment Lease</td>
<td>1,625.68</td>
<td>3,100.00</td>
<td>(1,474.32)</td>
<td>52.5%</td>
</tr>
<tr>
<td>6715 - Equipment Maint</td>
<td>38.20</td>
<td>300.00</td>
<td>(261.80)</td>
<td>12.7%</td>
</tr>
<tr>
<td>6720 - Miscellaneous</td>
<td>17.48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6730 - Office Supplies</td>
<td>457.76</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6740 - Phone</td>
<td>518.37</td>
<td>2,000.00</td>
<td>(1,481.63)</td>
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<tr>
<td>6750 - Postage</td>
<td>403.21</td>
<td>1,500.00</td>
<td>(1,086.79)</td>
<td>28.9%</td>
</tr>
<tr>
<td>6760 - Printing</td>
<td>950.30</td>
<td>1,150.00</td>
<td>(201.70)</td>
<td>33.2%</td>
</tr>
<tr>
<td>6770 - Information Tech</td>
<td>7,674.70</td>
<td>6,000.00</td>
<td>(1,674.70)</td>
<td>95.5%</td>
</tr>
<tr>
<td><strong>Total 6700 - Office Expenses</strong></td>
<td>12,274.88</td>
<td>19,850.00</td>
<td>(7,575.12)</td>
<td>32.5%</td>
</tr>
<tr>
<td>6800 - Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6920 - R/E &amp; PP Taxes</td>
<td>3,729.80</td>
<td>8,340.00</td>
<td>(4,610.20)</td>
<td>104.7%</td>
</tr>
<tr>
<td>6930 - Building Upkeep</td>
<td>546.60</td>
<td>3,500.00</td>
<td>(2,953.40)</td>
<td>26.3%</td>
</tr>
<tr>
<td>6941 - Electric</td>
<td>1,267.76</td>
<td>1,600.00</td>
<td>(332.24)</td>
<td>75.5%</td>
</tr>
<tr>
<td>6942 - Water/Trash</td>
<td>478.32</td>
<td>1,400.00</td>
<td>(921.68)</td>
<td>34.2%</td>
</tr>
<tr>
<td>6943 - Gas</td>
<td>650.05</td>
<td>2,000.00</td>
<td>(1,349.95)</td>
<td>47.5%</td>
</tr>
<tr>
<td><strong>Total 6800 - Occupancy</strong></td>
<td>12,311.44</td>
<td>16,940.00</td>
<td>(4,628.56)</td>
<td>72.7%</td>
</tr>
<tr>
<td>7000 - Travel Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7020 - Lodging</td>
<td>697.46</td>
<td>1,260.00</td>
<td>(562.54)</td>
<td>54.5%</td>
</tr>
<tr>
<td>7030 - Meals</td>
<td>23.02</td>
<td>400.00</td>
<td>(374.98)</td>
<td>6.3%</td>
</tr>
<tr>
<td>7040 - Mileage/Transportation</td>
<td>402.63</td>
<td>550.00</td>
<td>(147.37)</td>
<td>89.6%</td>
</tr>
<tr>
<td><strong>Total 7000 - Travel Expenses</strong></td>
<td>1,215.11</td>
<td>2,230.00</td>
<td>(1,014.89)</td>
<td>54.5%</td>
</tr>
<tr>
<td>7100 - Conferences &amp; Mtgs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7110 - Conference Materials</td>
<td>0.00</td>
<td>410.00</td>
<td>(410.00)</td>
<td>0.6%</td>
</tr>
<tr>
<td>7120 - Conference Meals</td>
<td>13,914.71</td>
<td>26,200.00</td>
<td>(8,285.29)</td>
<td>70.6%</td>
</tr>
<tr>
<td>7130 - Meeting Room Expenses</td>
<td>445.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7140 - Speaker Fees</td>
<td>1,080.00</td>
<td>2,150.00</td>
<td>(1,070.00)</td>
<td>48.6%</td>
</tr>
<tr>
<td><strong>Total 7100 - Conferences &amp; Mtgs</strong></td>
<td>21,360.71</td>
<td>30,760.00</td>
<td>(9,499.29)</td>
<td>69.4%</td>
</tr>
<tr>
<td>7200 - Bank Expense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7210 - Bank Fees</td>
<td>944.39</td>
<td>1,800.00</td>
<td>(855.61)</td>
<td>52.5%</td>
</tr>
<tr>
<td>7230 - Mortgage Interest</td>
<td>3,182.86</td>
<td>3,200.00</td>
<td>(17.14)</td>
<td>99.7%</td>
</tr>
<tr>
<td><strong>Total 7200 - Bank Expense</strong></td>
<td>4,134.25</td>
<td>5,000.00</td>
<td>(865.75)</td>
<td>82.7%</td>
</tr>
<tr>
<td>7300 - Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7310 - D&amp;O/Prof Liability</td>
<td>4,162.00</td>
<td>6,000.00</td>
<td>(1,838.00)</td>
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<tr>
<td>7320 - Workers Compensation</td>
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<td>350.00</td>
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<tr>
<td><strong>Total 7300 - Insurance</strong></td>
<td>4,480.00</td>
<td>6,350.00</td>
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<td>89.6%</td>
</tr>
<tr>
<td>7600 - Donations</td>
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<td></td>
<td></td>
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<tr>
<td>7700 - Misc Expense</td>
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<td>(250.00)</td>
<td>0.0%</td>
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<tr>
<td><strong>Total Expense</strong></td>
<td>106,479.61</td>
<td>156,096.00</td>
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</tr>
<tr>
<td>Net Ordinary Income</td>
<td>10,782.96</td>
<td>8,854.00</td>
<td>1,928.96</td>
<td>121.6%</td>
</tr>
<tr>
<td>Net Income</td>
<td>10,782.96</td>
<td>8,854.00</td>
<td>1,928.96</td>
<td>121.6%</td>
</tr>
</tbody>
</table>
KANSAS STATE NURSES ASSOCIATION

BYLAWS COMMITTEE

Recommendations for revisions of KSNA Bylaws for July, 2016

Committee Members:
Cindy Reazin and Terri Johnson, Co-Chairs
Marjorie Dillon-Sams
Julie Weber"

M. S. C., to approve the suggested KSNA Bylaws changes. Vote and determination given via emails. See attached).

<table>
<thead>
<tr>
<th>Current Bylaws Language</th>
<th>Suggested Language Change</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| **Article II, Membership, Section 2. Qualifications, B.**
  “may include an impaired nurse, in recovery, who has surrendered a license to practice.” | Continue same and add to end of sentence to read: “may include an impaired nurse, in recovery, who has surrendered a license to practice or a nurse who has retired and/or no longer chooses to practice, but whose license was in good standing with his/her licensing board at the time the nurse made the decision not to maintain an active license;” | This brings KSNA Bylaws into congruence with ANA Bylaws.                 |
| **Article II, Membership, Section 3, Type of members, B. 1, c.**
  “seek elected positions at the regional level, except the regional chair.”           | Strike chair and replace with “president”.                                                 | The words chair and president have been used interchangeably throughout the KSNA Bylaws when referring to the regions so a standardization of language is necessary. KSNA members have voiced a concern over the use of “chair” for the leader of the region and chair used, also, for leadership of all other regional committees. |
| **Article II, Membership, Section 3, Type of members, B. 1. d.**
  “vote for regional officers, including regional chair.”                               | Strike chair and replace with “president”.                                                 | The words chair and president have been used interchangeably throughout the KSNA Bylaws when referring to the regions so a standardization of language is necessary. KSNA members have voiced a concern over the use of “chair” for the leader of the region and chair used, also, for leadership of all other regional committees. |

continued on page 24
| Article II, Membership, Section 3, Types of members, D. 2. |
|-----------------|---------------------------------------------------------------|
| "Has a current license to practice or had a license was in good standing at the time of relinquishment."
| Strike "was". |
| Editorial. |

| Article III, Officers and Duties of Officers, Section 4, D. |
|-----------------|---------------------------------------------------------------|
| No current language. |
| Add: "D. stand as (or chose a designee to stand as) a representative at the ANA Membership Assembly along with an annually elected representative." |
| Request to Bylaws Committee from KNSA Board of Directors. |

| Article VI, Elections, Section 6. |
|-----------------|---------------------------------------------------------------|
| "One representative shall be elected each year for a two-year term to ANA Membership Assembly according to the ANA Bylaws." |
| Strike **two** and replace with "one" to read "One representative shall be elected each year for a one-year term to ANA Membership Assembly according to the ANA Bylaws." |
| Request to Bylaws Committee from KNSA Board of Directors. |

| Article IX, Regional Nursing Associations (RNA), Section 1, B.3. |
|-----------------|---------------------------------------------------------------|
| "Elect a Chair."
| Strike **Chair** and replace with "President". |
| The words chair and president have been used interchangeably throughout the KNSA Bylaws when referring to the regions so a standardization of language is necessary. KNSA members have voiced a concern over the use of “chair” for the leader of the region and chair used, also, for leadership of all other regional committees. |

| Article IX, Regional Nursing Associations (RNA), Section 3, B.1. |
|-----------------|---------------------------------------------------------------|
| "Each region shall have a minimum of five (5) members on the Executive Committee composed of a chair, vice chair, secretary/treasurer, and two (2) members at large."
| Strike "chair, vice chair and replace with president, vice president to read: “Each region shall have a minimum of five (5) members on the Executive Committee composed of a “president, vice president,” secretary/treasurer, and two (2) members at large."
| The words chair and president and vice chair and vice president have been used interchangeably throughout the KNSA Bylaws when referring to the regions so a standardization of language is necessary |

| Article X, Meetings, Section 1, B. |
|-----------------|---------------------------------------------------------------|
| "The order of business at the Membership Assembly of the association shall be in
| Correct order to read: “The order of business at the Membership Assembly of this association shall be in accordance with a program |
| Change brings into congruence actual Assembly practice. |
according with a program adopted at the beginning of the Assembly and shall include the following agenda.
Call to order
Address of the president
Reports of officers
Reports of standing committees
Reports of special committees
Reports of structural units
Other business
Announcement of election results
Adjournment

adopted at the beginning of the Assembly and shall include the following agenda.
Call to order
Address of the president
Reports of officers
Address of the president
Reports of standing committees
Reports of special committees
Reports of councils
Reports of structural units
Other business
Announcement of election results
Adjournment

| Article XII, Indemnification of Officers, Directors, Employees and Agents. |
| "Any person who at any time shall serve, or shall have served, as officer, director, employee, or agent of the Association, and the heirs, executors and administrators of such persons, shall be indemnified by the Association against all costs and expenses (including but not limited to counsel fees, amounts of judgments paid, and amounts paid in settlement) reasonability incurred in connection with the defense of any claim, action suit, or proceeding whether civil, criminal or administrative, or other, in which such person may be involved by virtue of such persons being or having been such officer, director, employee or agent; provided, however, that such indemnity shall not be operative with respect to (a) any matter as to which such person shall have been finally adjudged in such action, suit, or proceeding to be liable for negligence or misconduct in the performance

| Strike “per-sons” and replace with “persons”. |

| Editorial. |
of duties as such officer, director, employee, or agent or (b) any matter settled or compromised, unless, in the opinion of counsel selected by the Board of Directors, there is not reasonable ground for such persons being adjudged liable for negligence or misconduct in the performance of such person’s duties as such officer, director, employee or agent.”

Hospital Room Prayer
Excerpt from Prayers of the People, June 5, 2016
First Mennonite church, Hutchinson
Nathan Koontz Associate Pastor

The beeps,
The harsh constant whiz of air,
The soft pulsing of the ventilator,
Far off tones of other rooms,
Plastic wrappers of syringes opening,
The hum of a bed rising,
Stirring of medicine,
Low voices talking, strumming,
The clip of someone’s heels,

Then something like the chirp of a bird,
Something like a frog,
Something like a cat trying to get your attention.
For some these are comfort,
For some these are pain.
For some
They only dream they could have this beating of technology.
For others
They only want to run from it as far as possible.

O God, we always find ourselves in this tangled mess of care and chaos.
Wanting to know, wanting to help, knowing that our knowledge is so small,
Our capacity so thin before your vastness.
So we lay out to you our concerns, our joys, our hopes, our fears, for you to hold and to heal.
Submitted by Carol Moore, PhD, APRN

With Appreciation to our 2016 Legislative Conference Sponsors

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Children’s Mercy
Salina Regional Health Center
Hutchinson Regional Healthcare System

Silver Sponsors

BlueCross BlueShield of Kansas
St. Francis Health

2017 KSNA Legislative Conference will be Thursday, February 23, Topeka Downtown Ramada
The Editorial Board Annual Report

The mission of the Editorial Board of *The Kansas Nurse* is to produce a professional publication with (a) articles selected through a blind review process, and (b) share information of interest to membership of the Kansas State Nurses’ Association. Marilyn Masterson, Chair/Editor of *The Kansas Nurse* for 2015-2016 is commended and thanked for her volunteer work on behalf of the organization.

The new Co-Chairs/Co-Editors for 2016-2017 are Tona Leiker, PhD, APRN-CNS, CNE, East Region, and Debbie Pile, DNP, RN, Southeast Region. Members of the Editorial Board include: Penny Chura, PhD, RN; Kathleen Harr, PhD, RN; Janice Jones, MN, APRN; Deborah Lang, BSN, RN; Marilyn Masterson, PhD, RN.

At the 2015 KSNA Convention, writing awards were given for outstanding contributions to *The Kansas Nurse*. These awards are considered annually and may be given in three areas: clinical practice, non-clinical practice, and research.

Members are encouraged to submit articles and book reviews for publication consideration to ksnatri@ksn Nurses.com. Electronic submission is preferred with “For Publication in TKN” in the subject line of an email. Each submitted request for publication is peer reviewed. References for articles are required. The latest American Psychological Association’s Manuscript Style is required. Articles on topics of nursing interest, evidence-based practice, and research are requested. Guidelines for submissions are available upon request. Please address all inquiries to Michele Reese, Managing Editor, at ksnatri@ksn Nurses.com without whom *The Kansas Nurse* would not be possible.

If you would like to serve on the Editorial Board, please contact the KSNA office. Include your contact information, credentials, and areas of nursing expertise.

Tona Leiker, Co-editor
Debra Pile, Co-editor

Legislative Committee Annual Report

Summation of 2016 legislative bills and issues that KSNA monitored.

Of current importance to all Kansas nurses is the proposal for merging the KSBN and BOHA under one executive director. Rep. Dan Hawkins (Wichita) has requested and received two days this summer for a special committee to review this proposal. The membership to the committee has been assigned but no dates have been announced. What is driving this proposal is not known.

We continue to be on high alert to any developments regarding this proposal.

2016 was a carry-over session, meaning bills that were not passed in 2015 could receive hearings in the 2016 session. Any bills not passed are essentially dead at the end of the 2016 session. Bills that we followed are:

HB 2451 Expanding mandatory reporters of child abuse (adding animal control officers and persons authorized to take custody of an animal . . . when investigating suspected cruelty to animals.). This bill had a hearing Jan 27th. It did not make it out of the House committee on Corrections and Juvenile Justice.

SB 9 Cannabis Compassion and Care Act (Medicinal Marijuana) A carry-over bill. This bill was referred to the Senate committee on Public Health and Welfare. No action has been taken since Jan, 2015.

HB 2058 and SB 265 The Kansas Caregiver Advisor, Record, Enable (CARE) Act sponsored by AARP requires documentation of the name of the caregiver upon admission and mandates discharge teaching. This bill (SB 265) was referred to the Senate committee on Public Health and Welfare but did not receive a hearing. HB 2058 received a hearing on Feb 3rd but no further action has occurred.

HB 2313 Healthcare Worker Assault Legislation sponsored by ENA, law enforcement, KMS, EMS and KHA, making assault on a healthcare worker a high level misdemeanor. HB 2313 had a hearing in Feb 2015 in the House committee Corrections and Juvenile Justice. No action occurred in 2016.

SB 274 Increase unbelted seatbelt fines from $10 to $60 that would also fund the SAFE program, a seat belt education program for Kansas high schools. This bill passed the Senate in April, 2015 and was referred to the House committee on Transportation (April, 2015) where it received no action.

HB 2515 Abolishing the death penalty and creating the crime of aggravated murder, and provide for sentences of imprisonment for life without the possibility of parole. The legislation would not be retroactive to people on death row nor apply in cases where the crime was committed before July 1, 2016. This bill was referred to the House continued on next page
SB 358 Nurse Educator Service Scholarship Program Act was signed into law by the Governor. SB 358 amends definitions in the Nurse Educator Service Scholarship Program Act. The bill adds to the definition of “school of nursing” accredited independent institution,” which is defined as a not-for-profit institution of higher education that has its main campus or principal place of operation in Kansas, is operated independently and not controlled or administered by the state, maintains open enrollment, and holds accreditation to grant a master of science or doctoral degree in nurse education or nursing administration from a national accrediting entity recognized by the U.S. Department of Education.

SB 255. Signed by the governor that establishes an interstate compact for licensing emergency medical services personnel. It will allow for EMS workers to work across state lines more easily.

House Substitute for Senate Bill No. 402, and became HB 2615... Signed into law by the governor. HB 2615 would amend and create law regarding charitable healthcare providers, the Acupuncture Practice Act and the Physical Therapy Practice Act, the Behavioral Sciences Regulatory Board, the Interstate Medical Licensure Compact, and the Independent Practice of Midwifery Act. (Four separate bills bundled into one). This bill was passed by both chambers. There was contentious discussion in the conference committee regarding this bill and several other bills, demands and bargaining made. With regard to SB 402 independent practice for midwives with the anti-abortion verbiage inserted, probably would never have passed either chamber if it had not been included in the “bundled” bill. The outcome is that nurse midwives must seek dual licensure from the Board of Nursing and the Board of Healing Arts to have independent practice. It does not prevent midwives from continuing to practice as they have been with a collaborative agreement with a physician. Only one license is required, that being from the KSBN. A committee with representation from both KSBN and the BOHA have until January 2017 to develop regulations for implementation, guiding independent practice for CNM.

HB2721 had a hearing in the House Committee on General Government Budget on March 15th and was tabled indefinitely. The bill established three committees to study strategic shared resources, consolidated leadership and budgetary oversight relating to boards, commissions, councils, authorities and other governmental entities. The impetus for this bill came from the Kansas Statewide Efficiency Review by Alvarez and Marszal. The Board of Nursing is included in this review.

Issues we followed that are not legislative bills: The Community Paramedic was discussed in joint meetings between the KSBN and the Board of Healing Arts. The Community Paramedic will fall under the oversight of the BOHA.

Expanding Medicaid remains a major topic of concern for health care providers. It is not only an issue of expanding healthcare coverage but one of reimbursement to facilities who have and are providing care. There was no action taken in either Chamber. There is a genuine concern for the viability of our critical access hospitals and LTC facilities, and any provider of Medicaid client care.

Fee Fund sweeps—KSBN had $250,000 swept from the agency account. The Children's Initiatives funds were not spared either, so the Tobacco Settlement moneys that was established to fund early childhood services was diverted to fill in the general state budget. This action was included in HB463.

Full practice authority for APRNs in the VA. The ANA is taking the initiative on this issue and KSNA wrote a letter in support of the proposal.

Although the Kansas Legislature has not presented any proposal related to opioid usage/prescribing, Opiates-Pain Medication Guidelines are being developed and adopted in some states. KSNA is alert to this potential.

This is election year with all members of the Senate and the House up for re-election. The primary election on August 2nd unseated several high ranking legislators such as the Senate Majority Leader. Legislators are now campaigning for the general election in November. It is imperative that each one of us review the voting records of those in office and for those seeking office, to learn what his/her position is on issues that impact you, your profession, your family, and your community. In the general election you can vote for any candidate regardless of your party affiliation. The Kansas Legislative website is http://www.kslegislature.org

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Members of the committee include Terry Siek, Northwest Region; from the Southeast Region Dee Bohnenblust, Cheryl Craig, Brandy Jackson, Janice Shippy, Betty Smith-Campbell, and Phyllis Williams; Cindy Reazin, South Central Region; Karen Roberts and Sarah Tidwell, East Region; Terri Roberts and Darlene Whitlock, Northeast Region; and Marlene White, North Central (Sunflower).

Carol Moore, South Central Region, Chair

Membership Committee Annual Report

This year’s KSNA Membership Committee chair took another position out of state and only recently was another member appointed by the Board of Directors to step into the role of chair. The new chair is Amy Mason, Mulvane, from the Southeast Region. Committee members are Ruth Bridgeman, South Central Region, and Mechele Hailey, Southwest Region.

In summary, membership this year has remained fairly constant with an average of 1,024 members to date and a high of 1,035 (February) and low of 1,015 (July). We have averaged a loss of 179 members in the last eight months while adding 137 new members; 26 members have reinstated their memberships.

Totals for the seven regions as of September 1 are East-307; Northeast-231; North Central (Sunflower)-55; Northeast-49; Southwest-43; South Central-63; Southeast-272.

Monthly communication is sent to new members, grace period members, reactivated members, and canceled members. In addition, birthday cards are now being mailed to active members who have provided their birth dates with their profiles.

KSNA Office

Nominating Committee Annual Report

A slate of officers and other roles was established by the Nominating Committee led by Kendi Knox and assisted by Sharon Kumm, East Region, Carla Lee, Southeast Region and Amy Mason, Southeast Region.

The positions up for election this year included president-elect, secretary, a board member, ANA membership assembly representative, and three positions on the nominating committee. The committee expresses its appreciation to those members who volunteered to step and place their names in nomination for these leadership roles.

A tellers committee appointed by the Board of Directors with leadership by Cindy Light, East Region, counted the votes in early October. Results will be announced at the annual business meeting on Thursday, October 20, 2016, at the Downtown Topeka Ramada Convention Center.

Kendi Knox, Chair

Council on Continuing Education Annual Report

This year the Council was called upon to help secure continuing education opportunities for members during the annual membership assembly, October 20-21, 2016. Through a call for presentation proposals, eight breakout sessions have been finalized for the event. In addition, the council worked with the Kansas Association of Nursing Students to secure two keynote speakers, one for the opening and another for the closing sessions. Members of the council are Linda Luzier and Abbey Lowry Elliot of the Southeast Region and Mary Holland from the East Region. In addition, we had support from the Midwest Multistate Division and the KSNA Office.

As of July 1, 2016, KSNA is no longer a provider of continuing nursing education (CNE) contact hours. Application for contact hours is now accepted through the Midwest Multistate Division (MW MSD), accredited as a provider of CNE by the American Nurses Credentialing Center’s Commission on Accreditation. KSNA is a member of the MW MSD.

Laura Mallett, Southeast Region, Chair

North Central Region Annual Report

(Jewell, Republic, Washington, Mitchell, Cloud, Clay, Lincoln, Ottawa, Ellsworth, Saline, Dickinson counties)

The North Central Regional Nurses Association has spent much of its time this past year working on bylaws for the Region and a newly formed Sunflower Chapter from District 5. These bylaws have been forwarded to the KSNA Office for approval. There are 11 counties in the North Central Region; we have been sending out newsletters to all the members of the former Districts 5 and 12, in an effort to keep people informed and are trying to recruit more activity from both areas. Current officers from District 5 agreed to stay on as officers for the Region until an election could be held.

We have had two programs during the past year: a program presented by a local person on alternative modalities and a program on the HPV vaccine. Invitations were sent out to imminent graduates of KWU nursing program, the Brown Mackie nursing program, and the Cloud County nursing program. Persons were celebrated with a dessert buffet.

The North Central Regional Nurses Association has modified the criteria for the Sr. Mary Leon Pirotte Scholarship and the Roberta Thiry Scholarship to include priority continued on next page
for all nurses enrolled in a nursing program preparing RN’s who live in any of the 11 counties of the North Central Region.

We meet every other month as either a chapter or a Regional Nurses Association. We are anticipating having more programs which are focused on the practicing nurses in the Region. Most of the business of the region will be carried on by the Executive Committee.

Patricia Brown, President

South Central Region Annual Report
(Rush, Barton, Rice, Pawnee, Stafford, Reno, Kingman, Kiowa, Pratt, Comanche, Barber, Harper counties)

With regionalization we have added five new counties to our area and our January meeting was located in Harper to welcome new group members.

We developed bylaws and elected officers for the South Central Region (SCR) and for the newly organized SCR Chapter 1.

We work on scheduling each meeting in a different part of the region and have met in Harper, Arlington, Hudson, Hoisington, and Hutchinson over the past year. Our meetings included presentations on informatics, Life Vest usage, international community health research, and kangaroo care for newborns. Each meeting also included a ‘scientific tidbit’ from one of the members about new practice changes or health related items in the news.

We continue to offer scholarships to nursing students at Barton County and Hutchinson Community Colleges and hope to include Pratt Community College in the future.

During our May meeting we put together study snack baskets for graduating students at Barton County and Hutch Community Colleges with an invitation to join KSNA. Despite recent challenges with the grant awarding process, one of our members Gaye Stach has continued to coordinate senior citizen education events as part of the Rice County Grant to raise money for scholarships.

Each fall our group works on a basket for the KSNA Membership Assembly to help with raising funds and last year we were voted as having the most creative basket! This year has brought about many changes with the dissolution of District 7, but we have continued to have a great group of KSNA members here in south central Kansas that support the nursing profession.

Carol Bett, President

Notes from the 2016 ANA Membership Assembly

- New ANA vision and strategic goals for 2017-2020
- ANA is operating at a planned deficit budget
- Gun violence/gun control position statement was released from ANA
- Dialogue Forum: Nursing advocacy for sexual minority and gender diverse population - would like to see if we can do a CE on this in Kansas
- Dialogue Forum: Substance abuse in nurses - discussion about state level assistance programs
- MyANCC mobile app to track professional development activities for certification
- Nurses on Boards Coalition - can get data on KSNA members interested in participating on boards
- ANA members: 115,000+ members of ANA currently
- Leadership Council: advisory group to the ANA BOD and professional and leadership development (formerly existed and was replaced by the President’s Immersion Course and Executive Director meeting)
- Value Pricing pilot approved for three more years for 5 total C/SNAs
- “Healthy Nurse, Healthy Nation” campaign to launch beyond pilot states in January 2017

Angella Herrman, KSNA President

Midwest Multistate Division Annual Report

Since May of 2013, the Kansas State Nurses Association (KSNA) has been part of a pilot regional alliance known as the Midwest Multistate Division (MW MSD). This collaborative has continued between three state nurses associations (Nebraska, Kansas, and Missouri) which was created to explore opportunities to share administrative, programmatic, and leadership services. The purpose of the regional model was to create economies of scale while maintaining strong, visible, highly impactful state nurses associations (SNAs). The initiative was a shared investment between the state nurses associations and the ANA. Two additional pilot MSDs, the Northeast and the West, were formed at around the same time.

The hope was that back-office operations could be achieved more cost efficiently through consolidation of resources among the groupings of states. These services have included human resources, legal, finance, and purchasing. The MW MSD has been led by Jill Kliethermes,

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The plan for the future includes the following:

At a face-to-face meeting in August 2015, leaders from the four MW MSD member states convened regularly by phone and in person to compare experiences and explore lessons learned. Governance continued at the state level and the SNA boards approved participation in the MSD.

The MW MSD has provided the KSNA with unique opportunities including the adoption of CQ Roll Call advocacy outreach software, CE approver/provider unit consolidation and support, member communication via shared newsletters and call centers, and best practices from the ANA Standards of Excellence. The experience and guidance from the leadership teams of the member states has provided an opportunity for sharing best practices that has resulted in membership growth of KSNA over the past three years. It has become clear that the MW MSD cannot gain the maximum benefit of the economies of scale if it remains a pilot.

At a face-to-face meeting in August 2015, leaders from the then four MW MSD states committed to explore a formalized corporate structure to enable the MSD to remain active after the pilot phase ended. With faith in the group, ANA agreed to continue shared funding and support for the model through 2016. The MSD member states agreed to work toward an “all in” commitment to make consolidated back-office operations an ongoing success.

The plan for the future includes the following:

- The MW MSD would become a corporate entity, based legally in Washington, DC with a registered agent provided by the ANA Office of General Council, and governed by a MW MSD Board of Directors. Each member SNA would have a minimum of one and a maximum of two member Directors, and from these a President, Vice-President, and Secretary/Treasurer would be elected. The fiscal year for the MSD corresponds with the calendar year. Each state will contribute to the financial support of MSD operations based upon a per member rate, calculated on a percentage of MSD members from each state. Kansas State Nurses Association membership currently accounts for approximately 27% of the MW MSD membership. MSD operations will include support for administrative and management staff, technology, financial services, CE services, call center/reception services, membership services, legal support, communication and social media support, and other shared needs as identified in the future.

- SNAs would continue to have independent, incorporated and fiduciary Boards of Directors at the state level to manage strategic and financial decisions, events, local advocacy and legislative actions. Bylaws, elections, reference proposals, membership and budgetary planning would remain the responsibility of the SNAs. Funding for the MW MSD would begin with the 2017 fiscal year, commencing on January 1, 2017. This time line gives the MW MSD Board the chance to finalize policies and procedures and for SNAs to budget for participation.

- The MSD would employ a Division Director to whom the following positions would report:
  - State Managing Directors (FTEs to be determined by each state)
    - Kansas
    - Missouri
    - Nebraska
  - Marketing and Communication – (1.0 FTE)
  - Call Center/CE Assistant (0.70 FTE)
  - Membership Coordinator (0.50 FTE)
  - Director of Finance – (1.0 FTE)
  - Director of Professional Development (1.0 FTE)
    - Staff Nurse Planner
    - Consultant Nurse Peer Review Leader
    - Consultant Lead Nurse Planner

- Lobbyists would continue to be hired and paid by individual states, and is currently planned for Nebraska and Missouri.

- Additional member SNAs will be welcomed and would offset expenses for each SNA who is a part of the MW MSD.

The KSNA Board of Directors believes that the economy of scale created by the joint operations will enhance member value (responsiveness, technology support, additional education, and expert consultation) and reduce expenses, while reducing the burden on volunteer leaders. Utilizing shared resources has the potential to significantly increase membership and strengthen the imprint of KSNA on nursing practice and public policy within our state.

After careful consideration, the KSNA Board of Directors voted on April 9th, 2016, to participate fully in the development of the MW MSD as a corporation, and is dedicated to join with our peers to make it a successful and self-sustaining new model for SNA operations. Angella Herrman, KSNA President, was selected by the KSNA Board to serve as the initial Director to the MSD for our association. A second Director from each SNA will be added to the MW MSD Board as soon as possible and Jan Kemmer, KSNA Vice President, will serve as the other Director from Kansas.

Jill Kliethermes, Midwest Multistate Division Lead
Kansas Nurses Foundation Annual Report

The Kansas Nurse Foundation (KNF) held its annual meeting August 8, 2015. Assets as of December 31, 2015 were $220,772.53. KNF is a 501c-3 nonprofit organization which allows for tax deductible donations.

KNF was involved in several of our usual activities, but through the leadership of the PR/Fundraising Committee new opportunities were initiated.

In October our night of food, fun and silent auction at the 2015 KSNA Convention Membership Assembly in Wichita was successful. Great music by the Pratt Singers brought toe-tapping, singing, and yes dancing to the familiar songs of the 60’s, 70’s and 80’s.

Flo’s-Fund was launched as a new initiative this year with letters being sent to all KSNA members. Our first launch was successful. Look for the next invitation for annual giving in the near future.

Thanks to Office Max of Hutchinson, a tablet with other items being donated for a raffle at the KSNA Legislative Conference in February, 2016. Our KNF table was represented by Greta Snell, Martha Sanders, and Terri Johnson.

Terri Johnson and Michele Reese represented KNF at the Topeka Gives Project, June, 2016. This event is a project of the Topeka Community Foundation.

Martha Sanders and Greta Snell attended several career fairs at HCC on the Hutchinson and McPherson campuses. The poster of the 2015 scholarship recipients was displayed at each career fair. This same poster was displayed at the Legislative day in February.

Money raised from all of these events provides scholarships at all educational levels (ADN and higher) in nursing across the State.

Other Items Completed:

Wrote thank you notes to donors related to scholarships and Honor-a-Nurse.

Attended a phone and Zoom video conference for the 2015 KNF internal audit.

Submitted the Not-for-Profit Corporation 2015 Annual Report required by the Secretary of State (due June 15th).

Submitted the Registration Statement for Solicitations (solicitation license) paperwork as well. Wayne Reazin completed our Federal 990 Form also submitted as required. Copies of these reports/form were filed in the office for future reference.

Attended a phone conference with Angella Herrman and Michele Reese concerning the organization Lendkey. An organization to assist individuals with educational student loans to potentially find better payment plans with lower interest rates.

With the assistance of Martha Sanders, scholarship letters were sent to respective colleges/universities, recipients, and donors. Donor letters are critical to keeping them (Donors) aware of how funds are managed.

Thank you, Terri Johnson, who came to my home in Hutchinson on New Year’s Eve day. She worked with me to revise and develop updated Foundation Bylaws and Policies and Procedures for the Governing Board review. Sue Philpips made the necessary changes voted by the Board in April, 2016. These 2016 versions will be available online at the KSNA website: www.ksnurses.com.

Met with the Scholarship Committee in July 2016 at the KSNA Office to review the high number of applications for this coming academic year. Ideas generated and initiated by all members of the Board lead to the highest number of applications in the last four years.

In 2015 only twelve (12) scholarships were awarded but only 13 applications were received. This year the number of applications more than quadrupled. But even with all the scholarships awarded, again this year, no request for our research grant was submitted. There is still time however, to take part in this opportunity.

Last year, I said “growth is our goal for 2015.” We met our goal! Maybe not to our fullest potential but with new ideas and the hard work, 2015 was a success. Our mission: “…to advance the nursing profession by supporting the career development of Kansas nurses” continues to drive our dedicated members. 2016 can only be better.

Debra J. Hackler, President

2015-2016 Donors to the KNF
Florence Nightengale Annual Giving Fund
*KNF Board of Trustees

Lamp Lighter’s Circle ($1,000 & up)
Brad Pistotnik, Wichita, in honor of Sarah Willits

Patrons ($500-999)
Bruce Miller, Wheat Ridge CO, in honor of Terry Siek
Marjorie Sams, Lenexa

Sponsors ($250-499)
Penny Chura, Olathe
Carol Moore, Hutchinson
Terry Siek*, Hays

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Advocates ($100-249)
George & Barbara Clark, Meriden
Terri Johnson*, in memory of Roberta Thiry and Pat Doherty
Debbie Hackler*, Hutchinson
Janice Jones, El Dorado
Sue Phillips*, Manhattan
Janice Spikes, in memory of Roberta Thiry
Topeka Gives, Topeka Community Foundation
Michele Reese, Auburn

Donors (up to $99)
Kara Brauer, Ellinwood
Barbara Bridges, Shawnee, in memory of Bonnie Peterson
Darin & Tonya Gehring, Buhler
Pearl Halsey, Lincoln City OR
Maryann McAfee, Leavenworth
Carolyn Middendorf, Olathe
Peoples Bank & Trust, Hutchinson
Judy Stroot, Andover, in memory of Sue Denger

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Congratulations to the 2016 Kansas Nurses Foundation Scholars

KANSAS STATE NURSES ASSOCIATION

DOROTHY ASTLE, KSNA DISTRICT 7 NURSING SCHOLARSHIP
Jonathan M Walden
Hutchinson, Kansas
Enrolled at Hutchinson Community College

L JOY WALKER NURSING SCHOLARSHIP
Gloria Anderson
Topeka, Kansas
Enrolled in Neosho County Community College, ADN

WESLEY SCHOOL OF NURSING ALUMNI SCHOLARSHIP
Laurissa Beckman
Derby, Kansas
Enrolled at University of Kansas, DNP-CRNA

SR MARY LEON PIROTTE NURSING SCHOLARSHIP
Shannon Neifert
Pratt, Kansas
Enrolled at Bethel College, BSN

ROBERTA THIRY NURSING SCHOLARSHIP
Miranda M Hanchett
Overland Park, Kansas
Enrolled at University of Kansas, BSN

KNF GENERAL NURSING SCHOLARSHIP
Alyssa Goodman
Wichita, Kansas
Enrolled at Wichita State University, BSN

ELLEN CARSON NURSING SCHOLARSHIP
Tammy L Newberry
Lyndon, Kansas
Enrolled at Washburn University, MSN

CONNIE SCHEFFER PHN NURSING SCHOLARSHIP
Olivia Koler
Kansas City, Kansas
Enrolled at University of Kansas, BSN

MORGAN-SANDERS NURSING SCHOLARSHIP
Stacey B Suarez
Kansas City, Missouri
Enrolled at University of Missouri-KC, RN to BSN

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DRAFT--KSNA 2017 Legislative Platform

As the largest group of health care professionals in any health care unit, nurses have a vital interest in enlightened legislation. The Kansas State Nurses Association provides leadership for the nursing profession and promotes quality health care for consumers through education, advocacy, and influencing of healthcare policy.

Nursing Practice and Education
As the professional association for registered nurses, KSNA supports:
1. Recognition of the KSBN as the sole regulatory authority for professional nursing practice and the provision of adequate funding for the agency.
2. Representation by KSNA, or their designees, on all interdisciplinary bodies concerned with planning, implementing and evaluating health care services.
3. Ensuring the composition of the KSBN includes members whose professional qualifications relate to the functional responsibility of the state regulatory agency for nursing practice and nursing education.
4. Promoting the role and protecting the practice of registered nurses. Nurses should practice to the full extent of their education and training.
5. Efforts aimed at addressing an adequate supply of nursing work force include expanding state funding to educate more nurses at all levels of nursing and encourage recruitment and retention in nursing by employers.
6. Funding for research to maximize nursing’s contribution to health, nursing education programs, nursing faculty salaries, and advanced education for nurses.

Workplace Advocacy
As the professional association for registered nurses, KSNA supports:
1. The right of nurses to official representation on employment matters affecting them as employees and as professional practitioners.
2. Maintenance of laws germane to the practice of nursing.
3. Nurse driven staffing ratios that ensure quality patient care.
4. Enactment of legislation that protects the economic and employment rights of nurses, including their right to advocate for patients.
5. Policy initiatives to provide education for health care providers in awareness of violence potential, de-escalation methods, actions to take in a violent incident.

Consumer Advocacy:
As the professional association for registered nurses, KSNA supports:
1. Policy that ensures equal access to all health care services and nursing care across the life span for individuals in the state of Kansas.
2. Establishing, implementing, and maintaining safeguards for the rights of all citizens, especially children, senior citizens, the disabled, and the economically and socially disadvantaged.
3. Efforts aimed at physical and mental health promotion, early intervention, treatment, and referral.
4. The ability of individuals to select an appropriate health care provider of their choice.
5. Efforts aimed at eliminating substance abuse including tobacco, alcohol, legal, and illegal drugs.
6. Efforts to prevent addiction and programs that treat the disease of addiction.

Occupational and Environmental Health
As the professional association for registered nurses, KSNA supports:
1. Legislation and regulation that promotes workplace safety and promotes occupational and environmental health.
2. Resources to increase the capacity of nurses to prepare and respond to disasters.
3. Research and education for the prevention and treatment of occupational and environmental health issues, through evidenced-based health policy initiatives.
4. Efforts to provide a safe, non-threatening collegial work environment by instituting policy preventing bullying behaviors.

Financing Health Care
As the professional association for registered nurses, KSNA supports:
1. Funding to provide health care, mental health services, food, and shelter to persons in need.
2. Funding for state health plans, public health, and public health nursing services.
3. A health care system that provides quality care, quality of life, and patient safety.
4. The use of evidence-based cost containment incentives to provide an affordable health care delivery system for all citizens.