

MEETING MINUTES: General Meeting

MINUTES	JANUARY 24, 2014	TIME: 13:00	PLACE: DEPARTMENT OF HOMELAND SECURITY – OFFICE OF HEALTH AFFAIRS HEADQUARTERS, 1120 VERMONT AVENUE, N.W. WASHINGTON, D.C. 20005 TELECONFERENCE: 1-888-455-7451, PASS CODE: 4605705#
---------	------------------	-------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

MEETING CALLED BY	CDR Marilyn Ridenour, FY2014 Nurse Professional Advisory Committee (N-PAC) Chair
TYPE OF MEETING	N-PAC General Meeting
FACILITATOR	CDR Marilyn Ridenour, RN FY2014 N-PAC Chair
NOTE TAKER	LCDR Sherri A. Wheeler, FY2014 N-PAC Executive Secretary
TIMEKEEPER	LCDR Sherri A. Wheeler, N-PAC Executive Secretary
ATTENDEES	Roll Call – Appendix I (Attached)

Agenda topics

TIME: 13:00 – 13:06

TOPIC: I. ROLL CALL

PRESENTER: LCDR SHERRI A. WHEELER,
RN; BS, BSN, NPAC EXECUTIVE
SECRETARY

DISCUSSION	N-PAC Voting Membership Roll-Call – PDF Copy Attached to meeting minutes as Appendix I	
	Absent Voting Membership: CAPT Cathy Miller, CAPT Brenda Cook, CDR Heather Skelton, LCDR Jennifer Sarchet, Ms. Patrice Williams	
CONCLUSIONS	5-Voting Members Absent	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Notification of presence after roll-call by sending an email to LCDR Sherri A. Wheeler, S1Wheeler@bop.gov .	Voting Membership	01-27-2014

TIME: 13:06 – 13:09

TOPIC: II. MEETING MINUTES APPROVAL – GENEAL MEETING: DECEMBER 20, 2013

PRESENTER: CDR MARILYN RIDENOUR,
RN, BSN, MBA, MPH, CPH – N-PAC CHAIR

DISCUSSION	The next item on the agenda is the General Meeting minutes for December 20, 2013.	
	Motion for approval: CDR Scott Lamberson motion to approve the NPAC General Meeting minutes for December 20, 2013. Second: CAPT Brenda Ross, second.	
CONCLUSIONS	Minutes are approved	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Minutes Approved	CDR Scott Lamberson CAPT Brenda Ross	01-24-2014

TIME: 13:07 – 13:20

TOPIC: III. N-PAC CHAIR WELCOME

PRESENTER: CDR MARILYN RIDENOUR,
RN; BSN, MBA, MPH, CPH, N-PAC CHAIR

DISCUSSION	Next item is the N-PAC Chair Welcome, Hello everyone. Welcome to the January 24 th NPAC General Meeting. The Department of Homeland Security is hosting our NPAC Meeting today. We would like to give a special thanks to CAPT Beverly Dandridge for being the host of today's NPAC General Meeting. I would like to give her a coin to show our appreciation. It is the value coin.		
	The theme for my term is Celebrating Nurses, highlighting nurse's contributions in many diverse settings. The topic for today's general meeting is the National Prevention Strategy. Nurses retain the top spot as most ethical profession. For the past 12-years, the public has voted nurses as the most ethical and honest profession in America in the Gallup's annual survey. This year, 82% of Americans rated nurses' honesty and ethical standards as "very high" or "high", a fully 12% points above any other profession. We continue to do great work out there. That is why we continue to be voted the most ethical. I will now turn the floor over to RADM Sylvia Trent-Adams to do the CNO report.		
CONCLUSIONS	Nurses remain the most trusted profession.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
None			

TIME: 13:09 – 13:

TOPIC: IV. CHIEF NURSE OFFICER REPORT

PRESENTER: RADM SYLVIA TRENT-ADAMS, RN, PHD

DISCUSSION	RADM Sylvia Trent-Adams: Thank you CDR Ridenour, and thank you to all of the nurses who are able to join the call today. Thank you to those who are able to be present for the NPAC meeting. I just wanted to say Happy New Year. This is our first NPAC meeting for 2014, and I look forward to a wonderful, exciting and very busy year, this year. We have a number of items that are coming up at the beginning of the year. We have Nurse Recognition Day on May 1, 2014 on the NIH campus. Then we will be traveling to North Carolina for the COF conference which I will talk about in just a few minutes for our category day. Plans are already underway for both of those events. We look forward to you making yourselves available to volunteer for those particular activities.		
	I want to say thank you to the Nurse Category and all of the officers of the PHS and the civilians who came out last Friday, January 17 th at the Natcher Center to celebrate the Change of Command Ceremony: The Change of Command from RADM Nesseler to myself. It was a wonderful turnout. We had a great time. I just wanted to say thank you to all who assisted in making the ceremony a wonderful event. I know that there are many people who are one the line and are in the room that I will be sending personal thank you notes to. To all of you who volunteered we will be sending out thank you letters. If there is anything that we can do to assist you going forward with other events and activities throughout the year please be in touch with CDR Ridenour, so that we can schedule time. I do want to be involved in as many of the agency events, activities and meetings that you are planning for the year. As the Chief Nurse if there is anything that I can do to support you please let me know and we can coordinate that, so that I can be present to support you.		
	I do want to highlight a couple of things that have been happening from my perspective. I just want to make sure that everyone was aware that the Tobacco Report that was officially released on January 11, 2014 as we attend the wreath		

laying ceremony for the former Surgeon General Luther Terry who was the Surgeon General that release the first Smoking Report on Tobacco. Last week there was a huge press event on the 17th, earlier during the day, prior to the Change of Command Ceremony with our current Acting Surgeon General RADM Lushniak, and the White House and the entire department. RADM Lushniak was interviewed by several media outlets as was the Deputy Surgeon General and the Secretary of Health. The press release occurred last Friday, earlier during the day, and they were taping interviews which are now available on YouTube links, as well as some of the links are available on the Department of Health & Human Services website. I urge you to also go to the CDC's website, so that you can see the latest version of the FY 2014 Surgeon General's Report on Tobacco.

Next, I just want to remind everyone that the registration for COF is open. I was asked to convey to everyone that the Sheraton and the Marriott are still sold out. More rooms have not been allocated for this conference at the government rate of \$96.00/night. However, the Clarion is, as of yesterday, still had availability. They will have a city circulator bus that will provide transport from the Clarion Hotel to the convention center. We are urging everyone who needs accommodation to go ahead and make their reservations incase other hotels need to be allocated and COF can work towards negotiating that.

Next, I would like to talk about the call for nomination for the MANE Awards: As you know the deadline is February 1, and the MANE Awards will be presented by the Chief Nurse Office at the Nurse Recognition Day. There are many, many individuals in their category that have done wonderful things in the last year, last two years in the areas of clinical services, administrative activities and research, as well as health promotion and education and the Gregg Award for Teamwork is also a part of this announcement, so I encourage you to self-nominate or nominate your colleagues. In addition to the Lucille Woodville Award which is due on January 31, 2014. For those of you who are interested I would strongly recommend that you get your nomination submitted. I look forward to presenting those awards on Nurse Category Day and Nurse Recognition Day.

That is all I have for today. I just would like to again thank everyone for participating and a thank you to everyone for your participation at the Change of Command ceremony. I am looking forward to a wonderful 2014. That concludes my report.

CDR Marilyn Ridenour: Thank you. Are there any questions for the Chief Nurse?

RADM Sylvia Trent-Adams: CDR Ridenour, are you going to address Readiness as part of your report today?

CDR Marilyn Ridenour: No, I was not.

RADM Sylvia Trent-Adams: Ok, let me just say a few words regarding this. I just want to remind everyone to check their Readiness status. Also, review the information that you have submitted to Direct Access, check to see that it is the most current and the most accurate information. DCCPR has been sending out information to individuals who have sent in information or information that has been received. That is not up to date, or if you are not basic ready that email should have come to you via email. If you have any questions you can contact those points of contact that were listed in the email. If you need assistance with your Basic Readiness status you can definitely contact the NPAC Chair and she can

direct you to our Readiness Sub-Committee. That is all. Thank you.

CDR Marilyn Ridenour: The line is open if there are any questions that you would like to direct toward RADM Sylvia Trent-Adams our CNO.

LCDR Linda Egwim: I do not have a question, but I needed to make a comment. The Lucille Woodville and the MANE Awards, we extended the deadline to February 18, 2014, so we are still accepting nominations.

RADM Sylvia Trent-Adams: Thank you for that correction.

CDR Marilyn Ridenour: Hearing no questions, we will continue on with the agenda.

CONCLUSIONS MANE Award deadline, February 1, 2014; Lucille Woodville Award deadline, January 31, 2014.

Sheraton and Marriott Hotels are sold out for COF. Clarion Hotel still has available rooms at this time.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 13:20 – 13:27

TOPIC: V. N-PAC CHAIR UPDATES

PRESENTERS: CDR MARILYN RIDENOUR, RN; BSN, MBA, MPH, CPH, N-PAC CHAIR

DISCUSSION	A. The Chief Nurse Officer Change of Command Ceremony was a great success. We are excited to
	have RADM Sylvia Trent-Adams on board as the Chief Nurse Officer. It was a wonderful ceremony.
	B. Five constructs of a Health Nurse: Five constructs of the Health Nurse™. American Nursing Association (ANA).
	1. Calling to care: Caring is the interpersonal, compassionate offering of self by which the health nurse builds relationships with patients and their families, while helping them meet their physical, emotional, and spiritual goals, for all ages, in all health care setting, across the care continuum.
	2. Priority to self-care: Self-care and supportive environment enable the healthy nurse to increase the ability to effectively manage the physical and emotional stressors of the work and home environments.
	3. Opportunity to role model: Healthy nurses confidently recognize and identify personal health challenges in themselves and their patients, thereby enabling them and their patient to overcome the challenge in a collaborative, non-accusatory manner.
	4. Responsibility to education: Using non-judgmental approaches, considering adult learning patterns and readiness to change, healthy nurses empower themselves and others by sharing health , safety, and wellness knowledge, skills, resources and attitudes.
	5. Authority to advocate: The healthy nurse is empowered to advocate on numerous levels, including personally, interpersonally, within the work environment and the community, and at the local, state and national levels in policy development and advocacy.
	ANA defines a Healthy Nurse as one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing. A health nurse lives life to the fullest
	capacity, across the wellness/illness continuum, to become stronger role models, advocates, and educators, personally,

for their families, their communities and work environments, and ultimately for their patients. The constructs further advise nurses that adherence to each of these constructs enhances the healthy nurse's full capacity to care. Nurses whose practice is characterized by the Healthy Nurse constructs can function to their highest potential, personally and professionally.

C. The portion of RNs who smoke dropped by more than a third between 2003 and 2011, from 11% to 7% according to a

new UCLA study tracking changes in smoking prevalence among nurses and other health care professionals. The rate of smoking among nurses decreased by 6%, compared to a 15% decline among the general U.S. population.

D. USPHS Music Ensemble Calendar sale: Order your 2014 USPHS Music Ensemble Calendar. A lovely collection of Officer snapshots and inspirational quotes. Hang a calendar in your office, or give one to family, friends and colleagues as a gift. You can find the order form and more information at www.PHSEnsemble.org.

E. JOAG called for Award Nomination 2014: The Junior Officer Advisory Group (JOAG) is requesting nominations for three awards to be presented at the annual USPHS Scientific and Training Symposium to be held in Raleigh, NC, from June 10-12, 2014.

The JOAG Excellence Award recognizes a non-voting junior officer at the rank of 0-4 or below in the USPHS Commission Corps, who is an active participant of JOAG, for demonstrating outstanding, dedicated effort, leadership ability, and commitment to JOAG through active committee or workgroup participation. Self-nominations welcome. Send nominations or questions for the JOAG Excellence Award to : LT Hong VU email: hong.vu@fda.hhs.gov: Phone: 301-796-1413.

The JOAG Junior Officer of the Year Award recognizes an active duty junior officer at the rank of 0-4 or below in the USPHS Commission Corps who has made a significant contribution to the overall mission of the U.S. Public Health Service. Self-nominations welcome. Send nominations or questions for the Junior Officer of the Year Award to : LCDR Timothy Albright, email: timothy.albright@fda.hhs.gov. Phone: 240-402-1413.

The JOAG VADM Richard H. Carmona Inspiration Award recognizes an active duty or retired senior officer at the rank of 0-5 or above in the USPHS Commission Corps who exemplifies outstanding leadership by example, mentorship and empowerment of junior officers, unwavering support of the Commission Corps and its mission, and overall inspiration and motivation to the PHS community. Nominations only accepted from junior officers (at the rank of 0-4 or below in the USPHS Commissioned Corps). Send nominations or questions for the VADM Richard H. Carmona Inspiration Award to: LT Sara Azimi-Bolourian, Email: sara.azimi-bolourian@samhsa.hhs.gov: Phone: 240-276-2708.

If you have any questions about any of the JOAG information that I just provided you can just email me and I can send you the information. My email address is dvn7@cdc.gov.

That is my report for today. Are there any questions or comments?

LCDR Sherri A. Wheeler: Do they have a deadline submission date?

CAPT Beverly Dandridge: I believe those dates are available on the JOAG website. You may want to check their site.

CDR Marilyn Ridenour: LT Jolley do you have a deadline for the awards?		
LT Chandra Jolley: Yes, the deadline is COB February 14, 2014.		
CDR Marilyn Ridenour: Any other comments or questions for the NPAC Chair? Hearing none we will go onto our next item on the agenda.		
CONCLUSION	JOAG Award nomination deadline February 14, 2014.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 13:27 – 13:41

TOPIC: VI. NURSE’S VOICES

PRESENTER: AWARDS SUB-COMMITTEE:
 LCDR LINDA EGWIM, RN, DNP; LT PAULA THOMPSON, RN, BSN

DISCUSSION	LCDR Linda Egwim & LT Paula Thompson of the Awards Sub-Committee will present Nurse’s Voices.
<p>LCDR Linda Egwim is a seasoned Registered Nurse with over 21years of practice experience as a bedside nurse and Medical provider. She is dually board certified as an Adult and Geriatric Nurse Practitioner. She has a wealth of diverse practice experience that extends from the civilian/private sector to the governmental sector. In 2008, LCDR Egwim, completed her Doctor of Nursing Practice Degree from the University of Minnesota, with a Capstone Project emphasis on Immigrants’ Health Promotion and Disease Prevention. In pursuit of her passion for immigrant health, she joined USPHS in 2009. She is stationed in Ice Health Service Corp (IHSC), in Houston, Texas. This is her first duty station. Working at IHSC allows LCDR Egwim to serve the patient population she is passionate about impacting and provides an opportunity for her to positively influence their perception of preventive medicine. In addition, she is able to relate to this population because she too has immigrant experiences to draw from. LCDR Egwim, has remained in direct patient care as a medical provider, educator and local and national presenter on “Educating Immigrants on the Benefits of Health Promotion and Disease Prevention.”</p> <p>LCDR Linda Egwim: My most challenging nursing experience goes back to when I was a Nursing Assistant (NA) at a nursing home. I had no formal training as a Nursing Assistant. There was a building next to my apartment that I saw cars pulled in and out all day. It was unclear to me what was going on there. My curiosity got the best of me, so I pulled into the facility to see what they did; before I drove in I saw the sign that said “Convalescent Home.” When I got to the front desk, I asked the receptionist what they did; she responded that it was a nursing home.</p> <p>To understand my passion is to understand my background. Originally, I am from Nigeria, West Africa, We have a belief that there is no better professional or personal satisfaction than that of the blessing of a caregiver. The ultimate reward if you cared for an elder/geriatric relative is to be blessed by this elder before death. Traditionally, this gratitude for car is expressed by the elder spitting in the caregiver’s palm accompanied by prayers for continued professional and personal success in life. This desire and quest to care for the elder and get the blessing is one of the foundations of African beliefs that mostly drives the unquestionable strive to respect and care for our elders. As a young person in our culture, it is an ultimate desire to care for an elderly person with the hope that you might earn their blessing.</p>	

Back to my Nursing Home experience, before I could ask the receptionist what she meant, she asked if I was interested in applying for a position. Without actually understanding the responsibilities of a nursing home aide, I answered in the affirmative. I was given an application which I filled out and returned to her. She informed the Director of Nursing (DON) that I was interested in a position as a Nursing Assistant. I was interviewed on the spot. During the interview, the DON provided me with the details about the job and the responsibilities. During the entire interview, all I heard was that I was going to be taking care of the elderly patients. I could not believe there was a place that housed elderly people. With the belief of the benefits of African elder blessings on a caregiver at the back of my mind, I was determined to get the job. Cognizant of the fact that I had neither the experience nor the qualification to do the job that I had just been offered, I relied on the experience of taking care of grandparents back in Africa. It was a relief when, she asked me if I knew how to make a bed. My response was yes erroneously equating making beds in my new job with making beds when I lived in the boarding house in middle school. Needless to say I was successful with the interview. She offered me the job and proceeded to give me a tour of the nursing home. The reality of my new job responsibility hit me when I almost passed out from the stench of nursing home environment hit me. I had never smelled anything like that before. At that point, it felt like something burnt my nostrils. I did not know it was the strong smell of urine. Orientation was not easy at all. Everything I thought I knew how to do was wrong. I realized that I did not know how to do anything as a Certified Nursing Assistant (CNA), but I knew the non-medical ways of caring for the elderly very well and much more. Whenever the CNAs that were orienting me asked me if I had done a task before, I will respond that I was taught differently. Surely, I was taught different by my parents and elders. At a point, I was extremely uncomfortable because it was obvious to me that I did not know anything, more so, I was afraid of getting fired. If I had been fired, then I would have missed out on the chance of caring for the elders, which was the main reason I wanted the job. I was convinced that I could do a very good job, but I just could not do it the way the trained CNAs did it. The fear of getting fired or being called out hunted me for a long time. One thing was certain; I enjoyed caring for each of my elderly patient. When I was with my elderly patients I was completely in a different zone, I was consumed with providing personal care but not certified care.

My most rewarding experience was that in less than a month of assuming this new responsibility to my greatest surprise and prayers answered, families started asking for me when I was off or assigned to a different wing. The patients started to show concern when I was off. The patients and their families started to express appreciation for a job well done. I was constantly being rewarded with small tokens of appreciation by patients and families. Few occasions, I received angel pins and ornaments from families, especially, after the passing of their loved ones. It surprised me that they will return to the nursing home to give me a present or to thank me. One comment from a family that brought an angel ornament that I still remember was "You were dad's angel when he was here, now dad is your angel" True to the traditional African belief of elders blessing and appreciation, no token or ornament could have matched the gift of this family's comment of what their dad said about me. This is why I am in this profession of care giving, board certified Geriatric Nurse Practitioner.

LT Paula Thompson: I am a Lieutenant in the United States Public Health Service. I work with the Indian Health Service in Phoenix AZ, in the Diabetes Center of Excellence as a diabetes educator. Prior to joining IHS in 2010 I worked for various private facilities in the Phoenix area, specializing in cardiovascular intensive care. I received my Bachelor of Science in nursing from Arizona State University and currently am in a Doctor of Nursing Practice program at the University of Colorado. My most challenging nursing experience was when I was caring for a patient after heart surgery. The patient was hospitalized a couple of days prior to surgery, this allowed time for me to build a relationship with him and his family. Due to complications during the surgery, he did not come out of the OR with his chest closed, instead there was an occlusive dressing applied, the patient wasn't expected to live. I worked 30 consecutive days to care for him; this was challenging, exhausting and emotional. After the first week, he was taken back to the OR; his chest was wired/closed. At day 30 he was up in the bedside chair and walking with physical therapy, all tubes and central lines removed!

Nursing is rewarding in many ways; on both personal and professional levels. One of the most rewarding experiences needless to say, was experiencing and watching the patient discussed above recover and walk out of the hospital. We are close friends today. He is so grateful for nurses!

CONCLUSIONS	CDR Ridenour: Thanks you both for participating in Nurse's Voices.
--------------------	--------------------------------------------------------------------

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 13:41 – 13:53

TOPIC: VII. SUB-COMMITTEE REPORT, AWARDS & EVENTS

PRESENTER: LCDR Linda Egwim, RN, DNP; LT Paula Thompson, RN, BSN; CDR Anitra Johnson, RN, BSN, DHSc

DISCUSSION	CDR Marilyn Ridenour: The next item on the agenda is the Sub-Committee Reports. We will begin with the Awards Sub-Committee, LCDR Linda Egwim or LT Thompson the floor is yours.
	LCDR Linda Egwim: For the Awards Sub-Committee, the only thing that we have is the MANE Award and the Lucille Woodville Award, and those have been addressed earlier in turns of we still need nominations. We do not have any nominations for the MANE Awards, so we have just extended it to February 18, 2014. We are awaiting approval to purchase the plaques for the awards and the Nurse Responder of the Year. Other than that, we don't have any further items pending.
	CDR Marilyn Ridenour: Thank you so much. So, everyone please put in nomination for the MANE Awards. There are five (5) wonderful awards and so please review them and submit nominations. Any questions for the Awards Sub-Committee? If not then we will move on to the next sub-committee report – Events, CDR Anitra Johnson the floor is yours.
	CDR Anitra Johnson: Thank you. Hello everyone. Updates on the Events Sub-Committee: Nurse Recognition Day is scheduled for Monday, May 5, 2014 at the Natcher Auditorium at NIH. There is currently a call for poster abstracts that was sent out on the ListServ. We are looking forward to plenty of officers sending in their abstracts to showcase their work at our event.
	The other event is Nurse Category Day, scheduled for June 12, 2014 during the COA conference in Raleigh, NC. That

agenda is moving forward and we are planning on our social. We are looking at a joint social possibly, and we will update the nurses on that, as we move close to that date.

Any questions regarding these three items?

LCDR Sherri A. Wheeler: I have the date of May 5, 2014 for Nurse Recognition Day, can you provide the start time for the event?

CDR Anitra Johnson: Nurse Recognition Day will begin at 0730.

CDR Marilyn Ridenour: Any questions or comments for the Events Sub-Committee?

LCDR Sherri A. Wheeler: Has there been a designated uniform for NRD?

CDR Anitra Johnson: No, not at this time. The registration for NRD will go out the first week of February. It will be an online registration again this year.

LCDR Sherri A. Wheeler: Can you repeat the theme for NRD?

CDR Anitra Johnson: The theme for NRD is "*Moving Nursing Forward: Connecting the Dots for our Future*"

The theme for Nurse Category Day is "*Prevention and Innovation: From Global Health to Community Health*"

CDR Marilyn Ridenour: It is important to everyone, that if you have an abstract to submit, please submit your abstract for NRD. Any other comments or questions? Hearing none we will move to the next item on the agenda. CAPT Orsega Will give an update on the Federal Public Health Service Nursing (FPHSN) Strategic Plan Implementation.

CAPT Susan Orsega: CDR Webb was not able to join today, so I will provide the report. The FPHSN Strategic Plan that was developed, we are now in our implementation phase. What we are going to do over a series of meetings this year, through the support of the NPAC, we are hoping to increase your understanding of the three (3) health initiatives that we chose: Heart Healthy - Healthy Eating, Mental & Emotional Wellbeing & Tobacco Free Living. What we intend to do through some education and educational programs, and also identify some areas on the website, we are looking to improve everyone's awareness of the strategic plan. We need your help to, for there are some really phenomenal things that you are doing in either involvements in program policies or even directly with patient care that we would like to share those resources. For example, if you are in charge of a program in California that is focusing on Smoking Cessation, we'd like to hear about that. How can you let us know about that? We have teams within the Implementation Team that are responsible for the website. You can easily go onto the website. You can access it by the www.PHS-nurse.org website and you'll see the FNSP icon. If you hit that link you'll be able to identify an area where you can connect up and we can hear a little more about what you are doing. I will go ahead, for the purposes of the time and the meeting, and also for the minutes, I will give that information over to LCDR Wheeler so that the information can be posted to the NPAC Meeting minutes. That concludes my report and I will take any questions if you have any.

LCDR Sherri A. Wheeler: I don't have a question, but I do want to make a point regarding the community and churches.

CAPT Susan Orsega: Yes, we are interested in what individuals are doing in their communities to support the federally funded health programs. That is really our primary focus.

LCDR Sherri A. Wheeler: Is the group still active where others can join?

CAPT Susan Orsega: Yes, we are still active and RADM Sylvia Trent-Adams has adopted the strategy and we're continually moving forward with the same initiatives, goals and objectives. The team has stayed the same. CDR Webb would know if there is availability to join the committee, but we are always interested in expanding the mass interest. They can send there email to CDR Amy Webb, email: amy.webb@ihs.gov.

CDR Marilyn Ridenour: Are there any other questions? I have a quick question, have you presented the data and what you have done so far at any conferences?

CAPT Susan Orsega: Yes, we have presented our data at the last years' COF, breakout session. We were also on schedule to do a poster presentation at AMSUS. We were delighted to have a representative at AMSUS. That poster primarily focused on the survey results that many of you participated in. We are now focusing our efforts on manuscripts, so we now trying to write up the work that we have done.

CDR Marilyn Ridenour: How many articles are you writing up?

CAPT Susan Orsega: Right now we are focusing on two. One that will look at the overview of the Strategic Plan and the second one that will focus on the survey results.

CDR Marilyn Ridenour: Any other comments or questions for CAPT Orsega. We will go onto our next item our presentation: National Prevention Strategy Public Health and Health Care: Nursing Opportunities for Collaboration.

CONCLUSIONS	MANE Award nominations needed. Nurse Recognition Day, May 5, 2014 at the Natcher Auditorium. Start time is 0730. Nurse Category Day, June 12, 2014. Planning for nurse social upcoming.
--------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Registration for Nurse Recognition Day	All attendees	May 2014

TIME: 13:53 – 14:45

TOPIC: VIII. PRESENTER – THE NATIONAL PREVENTION STRATEGY PUBLIC HEALTH AND HEALTH CARE: NURSING OPPORTUNITIES FOR COLLABORATION

PRESENTER: Dr. Susan M. Swider, Ph.D., APHN-BC, FAAN; Rush University

DISCUSSION	Dr. Susan M. Swider, Presenter: The National Prevention Strategy Public Health and Health Care: Nursing Opportunities for Collaboration.
	CDR Marilyn Ridenour: Susan Swider is currently a Professor in the College of Nursing at the Rush University Medical Center, an academic health sciences center in Chicago. Prior to joining Rush University, Dr. Swider served on the faculty of the School of Nursing at St. Xavier University and in the College of Nursing of the University of Illinois. Prior to that, she practiced nursing in acute care, community and home health settings. Over the past twenty five years, her research has focused on program development and evaluation of community health workers, and on engaging urban communities in health promotion. From 1992 to 2009, Dr. Swider served on the Board of Directors for the Erie Family Health Center, a Federally-qualified health center, and was a Kellogg International Leadership Program Fellow from 1995 to 1998. She has also been a member of numerous professional organizations in public health and nursing, including the American Public Health Association, the Institute of Medicine of Chicago, and the Association of Community Health Nursing Educators,

where she served as president from 2010-2012. In 2011 she was named by President Obama to the Advisory Group on Prevention, Health Promotion and Integrative and Public Health, which serves an advisory function to the National Prevention Council in development and implementation of the National Prevention Strategy. Dr. Swider holds a B.S. in Nursing from De Paul University, an M.S. in Public Health Nursing and a Ph.D. in Nursing Science from the University of Illinois. In 2012 she was inducted as a Fellow into the American Academy of Nursing.

Dr. Susan Swider – Presentation: Thank you for inviting me to be here.

Slide 1 – At 17.6% of GDP in 2010, US health spending is one and a half as much as any other country, and nearly twice the OECD average : We spend nearly twice as the other countries.

Slide 2 – U.S. Health cover report by IOM – Shorter Lives. Poorer Health; a comparison of countries

Slide 3 – Data – Life Expectancy at Birth, 2007; comparing the U.S. with 17 OECD countries

Slide 4 – Mortality from Communicable (Infectious) Disease, 2008; U.S. is near the bottom.

Slide 5 – Mortality from Non-Communicable Disease (NCD), 2008; the chronic illnesses, U.S. is second to last.

Slide 6 – Infant Mortality; we are moving in a positive direction. U.S. 6.7

Slide 7 – Areas of U.S. Health Disadvantage

Slide 8 – U.S. Health Advantages

Slide 9 – Factors Related to U.S. Health Outcomes (Education, Income)

Slide 10 – Factors Related to U.S. Health Outcomes (Individual Behavior, Public Policies)

Slide 11 – Social Determinants of Health (Race/ethnicity, Income, Education, Housing, and Civil unrest)

Slide 12 – Contributions of Prevention and Medical Treatment to the 30-years of increased Life Expectancy Achieved since 1900; Medical Care 17% vs. Prevention 83%

Slide 13 – Proportion of Early Deaths Preventable by Treatment Types

Slide 14 – Focus of U.S. Health Expenditures; Medical Treatment 4% vs. Public Health 96%.

Slide 15 – National Prevention Strategy: Wellness

Slide 16 – National Prevention Council – Who?

Slide 17 – Advisory Group: 23 non-federal members and statutory role

Slide 18 – Vision (Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness). June 2011

Slide 19 – National Prevention Strategy – Model Wheel – 4 Strategic Directions; 7 Strategic Priorities (general health)

Slide 20 – Section: Healthy and Safe Community Environments (most radical; clear air and water, etc.)

Slide 21 – Clinical and Community Preventive Service

Slide 22 – Empowered People (RNs tell people)

Slide 23 – Elimination of Health Disparities

Slide 24 – Priorities (Tobacco Free Living, Healthy eating, Active Living); Five causes account for 66% of all deaths.

Slide 25 – Recommendations (Example) – Active Living

Slide 26 – Actions (Example) – Federal Government will....
Slide 27 – Partners Can...(example)
Slide 28 – NPS Implementation Resources: Indicators/Key Documents
Slide 29 – Optimal Implementation (Communication, Alignment, Network & Capacity Building, Partner Engagement, Analysis Research, Evaluation and Accountability)
Slide 30 – Implementation and Dissemination (Explore concept of Community Capacity)
Slide 31 – Implications for Nursing
<ul style="list-style-type: none"> • Practice – Education <ul style="list-style-type: none"> ○ Public Health models of care ○ Competency on clinical preventive services, e.g. (screening, techniques, individual/family community engagement skills) ○ Education/awareness of social determinants ○ Primary care and public health collaboration ○ Partnerships and collaboration across settings to achieve health goal
Slide 32 – For more information go to : http://www.surgeongeneral.gov/initiatives/prevention/strategy/
Slide 33 – Quote, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”
Martin Luther King, Jr. I think that The National Prevention Strategy has the potential to be a big step
in correcting some of our injustice in healthcare. Along with the access of improvements we hope to see in the ACA.
Again, I thank you for inviting me and I would be happy to take any questions.
Free CEU – Healthy Literacy for Public Health Professionals http://www.cdc.gov/healthliteracy/gettraining/html
CDR Marilyn Ridenour: We should ask Warren Buffet to be our partner in prevention, for he put out a call if you can get
the March Madness bracket correct you get a “Billion Dollars”. My daughter is 12-years old and she is in sixth grade. For
six terms she only had gym for two of her terms. When I was in school we had it throughout the whole year.
For someone who does not get it outside of school this is a wonderful way to get your hour in for activity for kids. I think
it is a shame that school are taking this away from the kids. The nice thing is that they do have a salad bar, for students
who want to have a salad with their lunch. Then my third comment was regarding your meetings that you have annually,
four times a year: 2- in person and 2 by phone is open to the public, do you have much participation from the public? Do
you get very many comments during your meetings?
Dr. Swider: You know we did for the first meeting when everyone was trying to figure out what we were going to do we
had a huge audience. A fairly robust discussion, that was most disease focused. We had to explain that the intent was
not to be disease specific, but that we really needed to look broadly at cross cutting initiatives for general health
promotion. Since that first meeting the meeting have decreased in size.
CDR Marilyn Ridenour: The floor is open for comments.
RADM Sylvia Trent-Adams: Wanted to say thank you to Dr. Swider for her presentation and that we are looking forward

to working with her in the future if she is interested.		
Dr. Swider: I would be happy to get involved from the perspective of nursing.		
RADM Sylvia Trent-Adams: We will be sending you via mail a Letter of Appreciation for you participating in our meeting today and our wonderful presentation.		
CAPT Susan Orsega: We were excited to hear about the National Prevention Strategy, we were look at a plan under the former Chief Nurse RADM Kerry Nessler to address Prevention Strategies and I didn't know if you knew about the USPHS Nursing Corps Groups, as well as our Civilian Nurses that work alongside of us in HHS.		
Dr. Swider: I would love to know about what you are doing in the PHS.		
CONCLUSIONS	For more information go to : http://www.surgeongeneral.gov/initiatives/prevention/strategy/	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Free CEU Healthy Literacy for Public Health Professionals	All participants	See website
http://www.cdc.gov/healthliteracy/gettraining/html		

TIME: 14:45 – 14:47

TOPIC: IX. N-PAC CLOSING REMARKS

PRESENTER: CDR MARILYN RIDENOUR, RN, BSN, MBA, MPH, CPH, N-PAC CHAIR

DISCUSSION	CDR Marilyn Ridenour: Thank you to Dr. Swider for her presentation on the National Prevention Strategy.	
Voting members who joined the call after the roll call, please email LCDR Wheeler, s1wheeler@bop.gov that you were on the call.		
32 nd Surgeon General Report: For the 32 nd Surgeon General Report (<i>The Health Consequences of Smoking – 50 years of Progress</i>); the full report can be ordered on the CDC website.		
There is also an Executive Summary and a Consumers Pamphlet to read; they are on the Surgeon General's website.		
The next NPAC General meeting will be February 21, 2014 at HRSA and the topic will be Weight of the Nation. The General meeting is a wonderful opportunity to meet senior nurse leaders, so plan to attend the next general meeting in person.		
CONCLUSIONS	Being a nurse is my base and I have built upward from it. It defines my career. Hail to nurses!	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		