

**2019**  
**MEMBERSHIP**  
**ASSEMBLY**



# **Report of the Professional Policy Committee 2019**

## **Dialogue Forum Recommendations**

**Membership Assembly**

**June 22, 2019**

**Grand Hyatt  
Washington, DC**

1  
2 **Report of the 2019 Professional Policy Committee**

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4 Presented by: Ann O’Sullivan, MSN, RN, CNE, NE-BC, ANEF  
5 Chair, ANA Professional Policy Committee  
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7 President Grant and ANA Membership Assembly Representatives:  
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9 **Dialogue Forum: Removal of Outdated ANA Language to Increasing Access to Vaccination**

10 **Compliance.** This Dialogue Forum topic was submitted by Joseph Burkard, DNSc, CRNA,  
11 ANA\California member; Steven Pochop Jr., BSN, RN, CPN, DNP student; Olivia Kearnes, BSN,  
12 RN, DNP student; and Janelle Bird, BSN, RN, DNP student.  
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14 **Issue Overview:**

15 In 2015, the American Nurses Association (ANA) revised its immunization and vaccine  
16 policy statement to address the culture surrounding vaccines that was prevalent at that  
17 time (ANA Enterprise, 2015). The contemporary evolving climate and growth in  
18 vaccination noncompliance, coupled with outbreaks of both so-called eradicated and  
19 vaccine-preventable illnesses, emphatically indicate that a narrower approach is both  
20 favorable and necessary for public safety. It is our recommendation that endorsement  
21 of religious exemptions from vaccinations in the ANA policy statement be removed and  
22 verbiage requiring mandatory annual medical exemption recertification be added.  
23 Fraudulent abuse and blatant disregard of the purported intent of the religious  
24 exemption to immunizations is widespread throughout the United States, compromising  
25 public health. Finally, it is imperative that new legislation be authored to supplement or  
26 provide funding for educational vaccination programs to inform the public while  
27 simultaneously offering incentives or deterrents to those in compliance or  
28 noncompliance, respectively. The urgency of this matter cannot be overstated, as it is  
29 imperative to avert the coming crisis; it is no longer a matter of how or where an  
30 uncontrollable outbreak occurs, but a matter of when.  
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32 **Summary of Dialogue Forum Discussion**  
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- 34 • There was overwhelming support for this Dialogue Forum and the recommendations.  
35 • One commenter suggested that “annual” be removed from recommendation 1B.

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- Many spoke about their own personal experiences with themselves or family members who are not able to be vaccinated, so are concerned when others who are able to be but fail to do so.
  - Several speakers raised the concern about nurses who are vocal opponents to vaccines. It was suggested that specific tools may need to be developed to address nursing colleagues, as well as the broader anti-vaccine community.
  - Multiple speakers addressed the need for data:
    - More reliable and readily available data sources
    - Integrated immunization registries
  - Several commenters spoke to the need for education on immunizations for nurses, the community and policy makers:
    - Vaccine hesitancy
    - Vaccine resistance
    - Evidence-based practice
    - Sign, symptoms, and treatments
    - Mechanisms to financial support immunizations
    - Religious views on vaccinations
    - Reporting requirements

55 **RECOMMENDATIONS:**

56 Based on the feedback from the Membership Assembly, the Professional Policy Committee  
57 recommends that:

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1. ANA adopts the revised position statement in Appendix A that includes:
    - a. Removal of the religious exemption, and
    - b. Require mandated annual medical exemption recertification
  2. ANA, C/SNAs, and IMD:
    - a. Advocate for increased funding for social marketing education campaigns, incentives for vaccine-compliant parents, and reimbursements to providers who have high vaccination compliance.
    - b. Advocate for the establishment of standardized, state and/or federal immunization database.
    - c. Promote use of existing immunization resources, like ANA's Immunization [materials](#) and the Centers for Disease Control and Prevention (CDC).

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71 **Background Document:** [Removal of Outdated ANA Language to Increasing Access to](#)  
72 [Vaccination Compliance](#)

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74 **Dialogue Forum: Deferred Action for Childhood Arrivals (DACA) Recipients Eligibility to take**  
75 **the NCLEX.** This Dialogue Forum topic was submitted by Carli Zegers, PhD, FNP-BC; Nebraska  
76 State Nurses Association member and Policy and Advocacy Liaison of the National Association  
77 of Hispanic Nurses and Norma Cuellar, PhD, RN, FAAN; Alabama State Nurses Association  
78 member and President of the National Association of Hispanic Nurses.

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80 **Issue Overview**

81 Currently there are nursing students who have successfully completed their nursing  
82 programs, incurred student loans, and are the answer to the diverse nursing workforce  
83 and general nursing shortage but are not licensed. The only thing stopping these  
84 successful students is the restriction to take the NCLEX. Only **eight** states allow Deferred  
85 Action for Childhood Arrivals (DACA) students to take the NCLEX. We are wasting  
86 untapped potential and causing harm by not supporting these students through policy.  
87 We need these students to take the NCLEX and we need them to be nurses.

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89 The purpose of this **policy development proposal** is to promote legislation to allow  
90 eligible DACA nursing students to take NCLEX exams in all 50 states of the United States,  
91 thereby, increasing the diversity of the nursing workforce.

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93 **Summary of Dialogue Forum Discussion**

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- 95 • There was overwhelming support for this Dialogue Forum and the recommendations.
  - 96 • There was discussion about how requirements of the Enhanced Nurse Licensure Compact may create a barrier for DACA recipients to be able to take the NCLEX.
  - 97 • One commenter suggested that NCSBN create an advisory opinion to address this issue.
  - 98 • Commenters suggested that schools of nursing should inform students about any  
99 barriers to taking the NCLEX and that this should be uniform notification that does not  
100 require an individual to disclose their status.
  - 101 • One commenter suggested that information about which states allow DACA recipients  
102 to take the NCLEX should be readily available.
  - 103 • Several commenters spoke of advocacy efforts that they had already undertaken to  
104 remove the barrier of taking the NCLEX.
  - 105 • Commenters noted that action on this issue contributes to ANA's overall goal for  
106 workforce diversity.

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108 **RECOMMENDATIONS:**

109 Based on the feedback from the Membership Assembly, the Professional Policy Committee  
110 recommends that ANA, C/SNAs, and IMD:

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112 1. Advocate for state legislation that will open eligibility requirements to allow DACA  
113 nursing students to take NCLEX in all states without barriers.

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115 2. Advocate for schools of nursing to disclose, prior to admission, potential barriers to  
116 meet eligibility requirements to take the NCLEX.

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118 **Background Document:** [Deferred Action for Childhood Arrivals \(DACA\) Recipients Eligibility 4 to take](#)  
119 [the NCLEX](#)

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122 **Dialogue Forum: Visibility of Nurses in the Media.** This Dialogue Forum topic was submitted  
123 by Carole Stacy, MSN, RN, President, ANA Michigan.

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125 **Issue Overview**

126 Twenty years after the 1997 Woodhull Study on Nursing and the Media nurses remain  
127 largely invisible in health news stories with low level visibility as leaders in health care  
128 issues. Nurses are annually considered to be the most trusted profession, yet the  
129 profession is chronically trivialized by most forms of the media. The nursing profession  
130 should drive toward a cultural shift where nurses are valued by journalists, the media,  
131 physicians, policymakers and the public.

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133 The following strategic ideas were generated by the Membership Assembly using a brain-  
134 storming method called a "Hackathon."

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136 One commenter noted that it starts with each of us – you role model it, you teach it.

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138 **RECOMMENDATIONS:**

139 **A - Educate nurses on the media and media engagement**

140 1. Develop a media advocacy tool kit with components like: leadership development,  
141 media training, use of social media, mentorship, and how to talk to legislators and  
142 journalists.

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- 143           2. “4 million nurses, 4 million voices, Invisible No More” - focused on how we tell our story  
144           that culminates in a local, state and national media day.  
145           3. Create an Institute of Media Ambassadors: two or five nurses per state attend the  
146           institute for intensive media training, i.e., similar to the Advocacy Institute.  
147           4. Exposure to media in leadership courses in schools of nursing.

148 **B - Educate the media**

- 149           1. Use current events, celebrations or issues in which the media are already interested.  
150           2. Give the media a well-prepared story and an articulate spokesperson.  
151           3. Hold roundtable discussions with local newspaper, radio, and TV journalists to develop  
152           relationships.

153 **C - Position Nurses as Influencers**

- 154           1. **Old School:** Start local with writing groups and write letters to the editors that start with  
155           “As a registered nurse, I am concerned . . .”. **New Way:** Make sure your professional  
156           social media profile starts with “I am a Registered Nurse.”  
157           2. Engage in a grassroots approach that identifies nursing champions within community  
158           and nurses who can articulate the message.  
159           3. Engage with the Association of Health Care Journalists.  
160           4. Create a database of nurse content experts who can initiate or quickly respond to media  
161           requests.

162 **D - Transformational Strategy**

- 163           1. Develop an interprofessional training program with nursing students and journalism  
164           students.  
165           2. Develop recordings, like NPR’s [Story Corps](#), as a strategy to tell nursing’s story.

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168 **Background Document:** [Visibility of Nurses in the Media](#)

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170 **Dialogue Forum: Human Trafficking: A Nursing Perspective on Solving a Public Health Crisis.**

171 This Dialogue Forum topic was submitted by Tammy Toney-Butler, RN, CEN, TCRN, CPEN, CSEC,  
172 Florida Nurses Association member and Sexual Assault Nurse Examiner.

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174 **Issue Overview**

175           According to a 2016 study, 67.6% of human trafficking survivors had contact with a  
176           healthcare provider during their victimization and were not identified (Chisolm-Straker,  
177           Baldwin, Gaigbe-Togbe, Ndukwe, Johnson, & Richardson, 2016). A 2017 study by Long  
178           and Dowdell brought that number closer to 87.8% unidentified victims of human

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179 trafficking who were seen and had care rendered by a healthcare provider (Long &  
180 Dowdell, 2017). The nursing profession is on the front line of the battle to end this  
181 human rights atrocity through recognition, intervention, and restoration efforts.  
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183 **Summary of the Dialogue Forum Discussion:**

- 184 • There was overwhelming support for this Dialogue Forum and recommendations.
- 185 • There was also strong support for nurses to increase their competency in screening and  
186 addressing human trafficking. This also related to the need for the incorporation of this  
187 content in nursing school curriculum.
- 188 • Multiple speakers spoke to how large scale events and disasters are a “source” for  
189 vulnerable individuals. It was suggested to partner with local and state law  
190 enforcement to build relationships and engage in working together.
- 191 • The speaker noted that health care is often the only interaction that the trafficked  
192 individual may have because the “handler” wants to keep the individual healthy for  
193 profit. Thus nurses are in a key position to address trafficking.
- 194 • Many speakers spoke to the use of Adverse Childhood Experiences (ACES) and trauma-  
195 informed care as a useful tool for assessing and understanding victims/survivors of  
196 trauma.
- 197 • One speaker recommended that ANA convene a national taskforce. This generated  
198 applause indicating support.
- 199 • The Association of Women’s Health, Obstetric and Neonatal Nurses has a position paper  
200 and continuing education related to human trafficking. AWHONN is interested in  
201 partnering.
- 202 • It was noted that this is both a domestic and global problem.
- 203 • An Alabama State Nurse Association noted that Huntsville is a hub for human trafficking.  
204 ASNA has engaged in holding continuing education events dedicated solely to human  
205 trafficking to address the lack of awareness and educate nurses that this is happening in  
206 our own neighborhoods and “good” neighborhood. ASNA has been invited to sit on a  
207 state level taskforce.
- 208 • One attendee noted that the University of Memphis is the first college to integrate ACES  
209 across their entire BSN program.

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211 **RECOMMENDATIONS:**

212 Based on the feedback from the Membership Assembly, the Professional Policy Committee  
213 recommends that the ANA, C/SNAs, and the IMD:  
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- 215           1. Educate nurses on the use of effective screening tools when an individual comes in  
216           contact with a healthcare facility.
- 217           2. Advocate for the use of human trafficking protocols in all 50 states and U.S. territories.
- 218           3. Promote Adverse Childhood Experiences (ACEs) education and use baseline scoring in  
219           prevention education and risk mitigation.
- 220           4. Promote trauma-informed care using a collaborative approach when dealing with a  
221           human trafficking victim/survivor.
- 222           5. Engage with the community on awareness and prevention campaigns related to human  
223           trafficking.

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226 **Background Document:** [Human Trafficking: A Nursing Perspective on Solving a Public Health](#)  
227 [Crisis](#)