

## **Resolution 2016-01**

### **The Nursing Workforce Reauthorization Act of 2016**

#### **Resolution of the Alaska Nurses Association**

WHEREAS, the Nursing Workforce Reauthorization Act of 2016 reauthorizes the Nursing Workforce Development Programs (Title VIII of the Public Health Service Act), which have been instrumental in training and preparing our nation's nursing workforce for more than 50 years. Nurses and nurse educators play a vital role in delivering and training individuals to provide compassionate and quality care, often during Americans' greatest hours of need. Reauthorizing the Title VIII nursing development workforce programs affirms the importance of preparing our nation's nursing professionals to meet our health care demands now and in the future; and

WHEREAS, the Title VIII programs seek to support the training and education of individuals in the nursing profession to ensure our nation has the workforce necessary to meet our nation's nursing needs, including the advanced education and training necessary to sustain a robust nursing pipeline. Title VIII programs are administered by the Health Resources and Services Administration (HRSA) at the DHHS and seek to address specific challenges in meeting our nation's nursing workforce demands. Title VIII programs are designed to support and advance nursing education, practice, recruitment, and retention so that our nation has a nursing workforce prepared to meet Americans' health care needs now and in the future, including in rural and medically underserved communities, which can face unique challenges in providing quality and timely care to the individuals living in these communities. Between Fiscal Years 2006 and 2013 alone, Title VIII supported more than 520,000 nurses and nursing students, as well as numerous academic nursing institutions and healthcare facilities; and

WHEREAS, The Nursing Workforce Reauthorization Act of 2016 would reauthorize the Title VIII nursing workforce programs through Fiscal Year 2021, including programs specifically designed to support training and educating individuals to provide care for seniors. This bipartisan bill also includes targeted changes to the Title VIII programs to ensure that they reflect the current nursing workforce needs and opportunities:

- 1) Adds nurse-managed health clinics as entities eligible to receive Title VIII funding
- 2) Updates the Title VIII programs to reflect the role of clinical nurse specialists and such programs as part of advanced education nursing and
- 3) Streamlines and modernizes the Nurse Education, Practice, quality, and Retention funding opportunities.

WHEREAS, The Nursing Workforce Reauthorization Act of 2016 is supported by the American Nurses Association, the American Association of the Colleges of Nursing, and 51 other national nursing organizations:

BE IT RESOLVED, that the Alaska Nurses Association supports this legislation and will encourage and support our elected leaders in Washington to become co-sponsors of this legislation; and

BE IT FURTHER RESOLVED, that the AaNA will also promote this legislation to our state legislators and government officials.

## **Resolution 2016-02**

### **2016 Advocacy Priorities Resolution**

BE IT RESOLVED, that the following are priorities for the Alaska Nurses Association's education and advocacy activities for October 2016 to October 2017:

- Maintaining the rights of Alaska's workers to engage in collective bargaining; and
- Maintaining a strong and independent Board of Nursing funded through licensing fees; and
- Working to ensure that all Alaska nurses have adequate access to lift assist devices and are educated in their proper use; and
- Continue to support all Alaskans have access to affordable healthcare by participating as a stakeholder in the ongoing Medicaid Redesign process; and
- Expanding Mental Health first aid and suicide prevention educational opportunities for Alaskans; and
- Supporting and advocating mental health care through legislation, education, and policy; and
- Supporting and advocating for expansion and funding of substance abuse prevention and treatment programs in our communities; and
- Working with APRN's coalition to write regulations for SB 53, APRN consensus model; and
- Working to ensure that all of Alaska's students have daily access to a professionally prepared school nurse; and
- Working to protect Alaskans from harmful chemicals; and
- Working to support strong public health programs in Alaska including support of adequate access to public health nurses that promote healthy communities throughout the state; and
- Promoting a safe and healthy workplace for all Alaskan nurses and healthcare workers through legislation, education, and policies; and
- Advocating for Alaskan nurses by writing white paper(s) that support the vision of the Alaska Nurses Association in 2017; and
- Educating Alaskan nurses by editing and publishing *The Alaska Nurse* magazine; and
- Actively pursuing an educational entity to establish an LPN program in the state of Alaska.

## **Resolution 2016-03**

### **AaNA Resolution**

#### **PETITION THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) FOR A WORKPLACE VIOLENCE PREVENTION STANDARD FOR ALL HEALTHCARE WORKERS**

WHEREAS, the healthcare and social assistance sector accounted for 52 percent of all reported workplace violence events causing injuries resulting in days away from work in 2014, according to the Bureau of Labor Statistics; and

WHEREAS, BLS data indicate that the problem is worsening significantly. Rates of workplace violence increased by 64 percent between 2005 and 2014 in private sector facilities, with rates for private sector hospitals climbing by 110 percent; and

WHEREAS, rates of workplace violence in the public sector are much worse. In 2014, rates for state healthcare and social assistance workers were nearly 10 times higher than for those in the private sector, at 135.2 per 10,000 workers vs. 14.4 per 10,000 workers; and

WHEREAS, the Government Accountability Office completed a thorough review of federal data sets and peer-reviewed studies, concluding that workplace violence is a serious hazard for healthcare workers; and

WHEREAS, these statistics represent only a fraction of all the assaults, threats and verbal abuse experienced by healthcare workers. Studies cited by the GAO estimate that only 12 to 40 percent of workers formally reported an incident of workplace violence to their employer; and

WHEREAS, Alaska Nurses and Health Professionals frequently describe impediments to reporting incidents of workplace violence internally or to the police. Many members describe employer policies designed to deter them from reporting assaults; and

WHEREAS, it has been 20 years since the Occupational Safety and Health Administration first issued voluntary guidelines to encourage healthcare and social assistance employers to develop comprehensive workplace violence prevention programs. We have found little evidence to suggest that many employers have implemented such programs; and

WHEREAS, the GAO found research demonstrating the effectiveness of comprehensive workplace violence programs; and

WHEREAS, workplace violence is a serious concern for health care workers throughout the country and the State of Alaska. Workplace assaults, threats, verbal abuse and bullying impact our members and affiliates:

BE IT RESOLVED, that the Alaska Nurses Association will petition the Occupational Safety and Health Administration for a state & federal standard to protect healthcare workers from workplace violence. The standard should require healthcare employers to establish and maintain comprehensive workplace violence prevention programs with genuine worker and union involvement and that include the following elements:

- Written workplace violence prevention programs that also address bullying and harassment specific to the risk factors and characteristics of the healthcare setting; and
- Genuine worker and union involvement in the development and implementation of the programs through a joint committee; and
- Healthcare facility analysis to identify hazards and conditions, including the tracking of violent incidents and threats; and
- Implementation and evaluation of engineering and administrative controls specific to the existing hazards; and
- Development of a user-friendly reporting system, training for workers on the need to report all incidents, and requirements that prevent reprisals to workers for reporting; and
- Training appropriate to all workers' specific occupational needs; and
- Evaluation and recordkeeping to improve the effectiveness of the programs on an ongoing basis:

RESOLVED, that the AaNA will assist affiliates and locals lobbying for new or strengthened laws to protect members from workplace violence, including felony laws and comprehensive prevention program laws; and

BE IT FURTHER RESOLVED, that the AaNA will lobby for state and federal research on workplace violence, including research on prevention or intervention methods and estimates of employer compliance with the existing OSHA guidance; and

BE IT FURTHER RESOLVED, that the AaNA will continue to educate members about workplace violence prevention programs and the skills needed to implement programs and components, including incident response teams trained to assist victims and witnesses of workplace violence; and

BE IT FURTHER RESOLVED, that the AaNA will educate members about the importance of reporting all workplace violence to the employer, including assaults, near misses, threats and verbal abuse. We will encourage bargaining for user-friendly reporting systems and reprisal-free reporting; and

BE IT FURTHER RESOLVED, that the AaNA will educate members about their right to report assaults to the police and press charges.

(2016)

*Adapted from the most recent AFT convention/resolution.*

- See more at:

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TH%20ADMINISTRATION%20(OSHA)%20FOR%20A%20WORKPLACE%20VIOLENCE%20PREVENTION%20S  
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## 2016-04

Professional Practice Resolution, October 2016

### Re: Nursing Licensure Compact

Whereas, a nursing licensure compact (NLC) is an agreement that allows mutual recognition of a nursing license between member states in the US, and

whereas, this practice must be enacted by individual state law to allow a nurse that resides in and possesses a current nursing license in a state that is a member of a NLC without obtaining additional licensure in that state, and

whereas, potential legislation has been discussed during the last legislative session regarding Alaska becoming part of an NLC agreement, and

whereas, an NLC will weaken our Board of Nursing by forcing it to accept the lowest denominator of practice from other states with less strict standards within the Compact, and

whereas, NLC allows nurses from distant states to practice in Alaska not knowing our specific, unique culture while not encouraging long term investment in our Great State, and

be it resolved, that the Professional Practice Committee will develop a white paper to provide a learned opinion ~~regarding~~ questioning this practice to educate Alaskan nurses, legislators and the public at large.

**Resolution 2016-05**

**Continuing Education Program Priorities 2016-2017**

BE IT RESOLVED, that the following are priorities for the Alaska Nurses Association's Continuing Education Program for October 2016 to October 2017:

Maintaining continuing education activities for nurses throughout the state of Alaska through in-person education and online webinar opportunities; and

Continuing to joint provide continuing education activities with community partners; and

Establishing as a focus for 2017 to promote a goal of lifelong learning amongst Alaskan nurses; and

Ensuring the sustainability and progress of the Alaska Nurses Association's Continuing Education Program.

**Resolution 2016-6**  
**Collective Bargaining Dues**

WHEREAS, the AaNA bylaws require the annual confirmation of union dues for the Labor Program members:

BE IT RESOLVED, that the cap for the nurses represented by the AaNA Labor Program will not exceed \$930.50 for 2017.

**Resolution 2016-07**

**Affiliate Member Organizations of the Alaska Nurses Association**

WHEREAS, the AaNA bylaws require the annual confirmation of affiliate member organizations of the Alaska Nurses Association:

BE IT RESOLVED, that the current affiliate member organizations are:

- Alaska Nurse Practitioner Association (ANPA)
- Alaska Affiliate of the American College of Nurse Midwives
- Alaska Association of Nurse Anesthetists
- Alaska Home Care & Hospice Association
- Alaska School Nurses Association
- Alaska Clinical Nurse Specialist Association.

**Resolution 2016-08**  
**Member Engagement**

WHEREAS, we are proud members of the Alaska Nurses Association, and we understand that collective action gives us the power to ensure justice, fairness and opportunity for all; and

WHEREAS, our Association was founded 63 years ago to establish a voice for nurse as workers so they could have a voice in the conditions of their workplace, advocate for fair pay and stand up for greater autonomy as professionals and advocates for their patients; and

WHEREAS, the Alaska Nurses Association affiliated with the American Federation of Teachers in 2015 to enhance our position and bargaining capabilities by standing together with 98% of the nurses in the PeaceHealth System and 42% of the nurses in the Providence Health System; and

WHEREAS, there are over 3.1 million nurses in the US and over 8,000 registered nurses in the state of Alaska; and

WHEREAS, nurses continue to be the most trusted group of professional and communities rely on nurses to advocate for their wellbeing in this complex changing medical marketplace; and

WHEREAS, we must engage in a collective conversation about the challenges we face, the aspirations we have and the strategies we must implement. We must create the collective will and shared avenues for our members, along with community partners, to fight those obstacles and reach those aspirations:

BE IT RESOLVED, that our union will double the number of member activists to 10 percent, double the number of members who engage in any union and/or community involvement activities, and—reach out and speak to 100% of our members. And while less than 20 percent of those we represent are agency fee payers, we will reach all of them, with the goal of their choosing to have their voices heard as Association union members; and

BE IT FURTHER RESOLVED, that we will be accountable to each other—activists and leaders on the local, state and national levels—to achieve these goals; and The American Federation of Teachers-Nurses and Healthcare division is a union of professionals that champions fairness; democracy; economic opportunity; high-quality healthcare and public services for our patients, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

BE IT FURTHER RESOLVED, that the AaNA Labor Council officers and the organizing committee, in consultation with our local leaders, will put forward an implementation plan that honors and allows for the diversity of each community. Such a plan will be considered by the Labor Council

in our March meeting and, building from this, individual local unions shall develop and implement their plans; and

BE IT FURTHER RESOLVED, that the state and national union will support this recommitment, to our members, to our families, to our communities and to our ideals in every way possible; and

BE IT FURTHER RESOLVED, that through this journey of engaging with our members and potential members across the state, we will honor and build on the proud history of our Association.

#### RESOURCES

<http://www.gallup.com/poll/1654/honesty-ethics-professions.aspx>

## **Resolution 2016-09**

### **A Resolution Urging Alaska's Government to Respond to the Public and Behavioral Health Epidemic of Adverse Childhood Experiences**

WHEREAS, more than two-thirds of adults surveyed in the state report experiencing adverse childhood experiences at a rate higher than other states that have conducted surveys; and

WHEREAS, adverse childhood experiences are traumatic experiences occurring during childhood that can have a profound effect on a child's developing brain and body and can result in poor health during the person's adulthood. These include physical, emotional, and sexual abuse, physical and emotional neglect, and household dysfunction, such as interpersonal violence, separation or divorce involving household members, and substance abuse, untreated mental illness, or incarceration of a household member; and

WHEREAS, research over the last two decades in the evolving fields of neuroscience, molecular biology, public health, genomics, and epigenetics reveals that experiences in the first few years of life build changes into the biology of the human body that, in turn, influence the person's physical and mental health over the person's lifetime; and

WHEREAS, strong, frequent, or prolonged stress in childhood caused by adverse childhood experiences can become toxic stress. Affecting the development of a child's fundamental brain architecture and stress response systems; and

WHEREAS, Alaska Natives experience adverse childhood experiences at a rate of up to twice the rate of non-Natives, according to the Behavioral Risk Factor Surveillance System, with nearly 30 percent of Alaska Natives having experienced four or more adverse childhood experiences; and

WHEREAS, when compared with other states surveyed, an adult in the state with four or more adverse childhood experiences is 2.6 times more likely to use Medicaid, 2.7 times more likely to be unable to work, 2.4 times more likely to be a current smoker, 5.2 times more likely to have ever been diagnosed with a depressive disorder, and 1.8 times more likely to be a heavy drinker; and

WHEREAS, adverse childhood experience studies have also found a correlation between the number of adverse childhood experiences and a person's risk for disease and negative health impacts, including suicide attempts and completion, cancer, autoimmune disease, ischemic heart disease, diabetes, substance use disorders, unplanned pregnancies, obesity, and mental illness and depression; and

WHEREAS, the life expectancy of a person with six or more adverse childhood experiences is 20 years shorter than the life expectancy of a person with no adverse childhood experiences; and

WHEREAS, early childhood offers a unique window of opportunity to prevent and heal the effects of adverse childhood experiences and toxic stress on a child's brain and body; and

WHEREAS, the emerging science and research on toxic stress and adverse childhood experiences have uncovered evidence of a growing public health crisis for Alaska with implications for our educational, juvenile justice, criminal justice, public health, public safety, labor, and commerce systems; and

WHEREAS, it is more effective and less costly to positively influence the architecture of a young child's developing brain than to attempt to correct poor learning, health, and behaviors later in life:

BE IT RESOLVED, that the Alaska Nurses Association recognizes adverse childhood experiences as a public health epidemic in the state of Alaska; and

BE IT FURTHER RESOLVED, that the Alaska Nurses Association supports early intervention and investment in early childhood years in order to produce better health outcomes for Alaskans and a more prosperous and sustainable state; and

BE IT FURTHER RESOLVED, that the Alaska Nurses Association will continue our work to educate our members on the health effects of adverse childhood experiences, and will provide the platform for nurses across the state to be advocates for strategies and policies that will combat the adverse childhood experiences epidemic; and

BE IT FURTHER RESOLVED, that the Alaska Nurses Association urges Governor Bill Walker and the Alaska State Legislature to respond to the public and behavioral health epidemic of adverse childhood experiences by establishing a statewide policy and providing programs to address this epidemic.