



Founder
Aliene C. Ewell, BSN, RN

CHI ETA PHI SORORITY, INCORPORATED

“Professional Nursing Organization”

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RESOLUTION ACCESS TO HEALTH SERVICES

Whereas: Implementation of the Affordable Care Act and expansion of Medicaid enable more Americans to access health insurance, but having insurance is only one step towards receiving care.

Whereas: Those insured between 2008 and 2017 increased from 83% to 89%, but people who live in poverty remain more likely to be uninsured than those not in poverty [26.2% vs 7.7%] ([Martinez et al., 2016](#)).

Whereas: In Jan 2019, 14 states continue to say “No” to the Medicaid expansion program ([Health Insurance, 2019](#)).

Whereas: The data from the Healthy People Midcourse Review demonstrate that there are significant disparities in access to care by sex, age, race, ethnicity, education, and family income. These disparities exist with all levels of access to care, including health and dental insurance, having an ongoing source of care, and access to primary care ([CDC, 2017](#)).

Whereas: Access to health care will be out of reach for many Americans due to a shortfall in the number of providers and inadequacy of provider networks ([Odeh, 2013](#)).

Whereas: In the United States, nearly one in five people has some sort of mental health condition ([NIMH, 2017](#)). Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year.

Whereas: Consumers in 28 states have limited access to nurse practitioners due to state laws that prevent these clinicians from working to the full extent of their education and training—the same qualifications that have prepared these nurses to serve consumers in 22 states and the District of Columbia ([Quinn, 2018](#)).

Therefore, Be It

Resolved: That Chi Eta Phi Sorority, Incorporated, a professional nursing organization, its regions, chapters, and members actively, politically engage; to move forward bills/laws that favor access to health services; and be it further

Resolved: That Chi Eta Phi Sorority, Incorporated, its regions, chapters and members Be present with coalitions that support nursing via of attending meetings that are a “call for action”, adding our organization name with coalitions



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to show support for bills (e.g., Full Practice Authority for Advance Practice Registered Nurses) and meeting face to face and/or writing letters to federal and state legislators; and be it further

Resolved: That Chi Eta Phi Sorority, Incorporated, its regions, chapters, and members educate organizations, Federal, State, and Local legislators, and community about the positive impact that improving access to health services can have on the overall health of society.

Submitted February 25, 2019, by:

National Health Advocacy and Social Policy Committee Chair – Michelle Mandy, MPA, BSN, RN – Theta Eta Chapter

Adopted On: _____

Adopted: _____ (by the 2019 Boule Delegates)

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POSITION STATEMENT ON ACCESS TO HEALTH SERVICES

I. PURPOSE:

The current health care system is fragmented and does not provide uniform access to a comprehensive array of health services and supports. Although many people encounter difficulty in finding affordable, high-quality health care, minorities face additional barriers, sometimes life-threatening, when attempting to access timely, appropriate health services in their communities. In addition, data from the Healthy People Midcourse Review demonstrate that there are significant disparities in access to care by sex, age, race, ethnicity, education, and family income. These disparities exist with all levels of access to care, including health and dental insurance, having an ongoing source of care, and access to primary care ([CDC, 2017](#)).

Chi Eta Phi Sorority, Incorporated, is a professional nursing organization that advocates for patients and their families, consider health and well-being as a priority and expects that our health care system will improve and maintain the health of America's citizens. All people should have timely access to high quality, comprehensive, accessible, affordable, appropriate health care that meets their individual needs, maximizes health, well-being, and function, and increases independence and community participation. Developing Healthy Communities through Advocacy and Collaboration is part of the Chi Eta Phi Sorority, Incorporated theme.

II. POSITION STATEMENT:

Chi Eta Phi Sorority, Incorporated believes that all citizens should have access to coordinated, comprehensive and culturally sensitive family-centered care that includes physical and mental health services to promote healthy lifestyles and restore health. We believe that enhanced access to care improves health outcomes and the overall health status of our nation.

Therefore, Chi Eta Phi Sorority, Incorporated supports health care reform policies that eliminate barriers to health care by providing universal, affordable health coverage to all, regardless of income, age, geographic residence, health status, legal status or education. We strongly support federal and state actions that permit all providers to practice to the full extent of their education and licensure. Chi Eta Phi Sorority, Incorporated supports the promotion of Patient-Centered



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Medical Home as a model, where the clinician works in partnership with the individual and/or family to ensure that all medical and non-medical needs of the person are met. We support legislation policies that prohibit pre-existing condition exclusions and waiting periods. Chi Eta Phi Sorority, Incorporated supports the expansion of Medicaid, Children Health Insurance Program (CHIP) and programs for people with disabilities in all states.

III. BACKGROUND:

Implementation of the Affordable Care Act and expansion of Medicaid enable more Americans to access health insurance, but having insurance is only one step towards receiving care. Access to health care will be out of reach for many Americans due to a shortfall in the number of providers and inadequacy of provider networks ([Odeh, 2013](#)). Although rates of uninsured have declined since the implementation of the Patient Protection and Affordable Care Act (ACA) those insured between 2008 and 2017 increased from 83% to 89%, but people who live in poverty remain more likely to be uninsured than those not in poverty [26.2% vs 7.7%] ([Martinez et al., 2016](#)).

Access to Health Services is defined as the timely use of personal health services to achieve the best possible health outcomes, which requires three steps: 1. Gaining entry into the health care system [usually through insurance coverage]; 2. Accessing a location where needed health care services are provided [geographic availability]; 3. Finding a health care provider whom the patient trusts and can communicate with [personal relationship] ([ODPHP, 2019](#)).

Consumers in 28 states have limited access to nurse practitioners due to state laws that prevent these clinicians from working to the full extent of their education and training—the same qualifications that have prepared these nurses to serve consumers in 22 states and the District of Columbia ([Quinn, 2018](#)). Despite these states, there has been a major win for American veterans, the U.S. Department of Veterans Affairs (VA) in December 2016 issued a final rule authorizing APRNs (not including CRNAs) to practice to the full extent of their education and training in VA facilities, regardless of state laws ([Quinn, 2018](#)).

In 2012 the Supreme Court ruled that states could not be penalized for opting out of Medicaid expansion ([Health Insurance, 2019](#)). In Jan 2019, 14 states continue to say “No” to the Medicaid



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expansion program ([Health Insurance, 2019](#)). The uninsured rate and number of uninsured in 2017 were not statistically different from 2016 [8.8 percent or 28.1 million] ([Berchick at el., 2018](#)).

In the United States, nearly one in five people have some sort of mental health condition ([NIMH, 2017](#)). Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year. Among adults with a serious mental illness, 62.9% received mental health services in the past year ([NAMI, 2019](#)). More alarming is, 70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness ([NAMI, 2019](#)).

SUMMARY:

Access to health services is a central component of improving the health of the population, but it is becoming increasingly clear that the social determinants of health also play a major role in health outcomes and public health must focus on increasing access to the conditions necessary for people to live healthier lives.

To promote access to services, Chi Eta Phi Sorority, Incorporated, supports:

1. Initiatives and legislation that address financial and nonfinancial barriers to providing universal affordable health coverage to all and access to the entire care continuum regardless of income, age, geographic residence, health status, legal status or education.
2. Federal and state actions that permit all providers to practice to the full extent of their education and licensure.
3. Ongoing efforts for Medicaid/CHIP expansion and addressing inconsistencies between states eligibility criteria.
4. Initiative and legislation that address disparities that affect access to health care (e.g., race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location).
5. Changes in health care workforce needs as new models for the delivery of primary care become more prevalent, such as the patient-centered medical home and team-based care.
6. The Healthy People 2020 objectives to improve the health, well-being, and safety of citizens.



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7. The collaboration of private and public funds to support advanced research and high-value innovative solutions to provide improved access to health care

Submitted February 25, 2019, by:

National Health Advocacy and Social Policy Committee Chair – Michelle Mandy, MPA, BSN, RN – Theta Eta Chapter

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Effective Date: _____

Adopted on: _____

By: _____

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**HEALTH ADVOCACY AND SOCIAL POLICY (HASP) COMMITTEE
COVER SHEET FOR SUBMITTING RESOLUTIONS/POSITION STATEMENTS**

Resolution title: End of Life Care			
Rationale: Why National Chi Eta Phi Sorority, Incorporated should take the recommended action. This is an issue that has been addressed by several National Nursing, Medical and Health Organizations and has been addressed Regionally. The National HASP committee would like the Sorority to take a stand nationally on this issue and push it out sorority wide. Therefore, “I Propose (move) that the End of Life Care Position Statement be approved by the National Board of Directors and Resolution be approved by the delegates at Boule”			
Name of submitting group: National Health Advocacy and Social Policy Chair- Michelle R. Mandy, MPA, BSN, RN		Phone Number: 623-256-2161 shellreneern@gmail.com	
Check appropriate box			
Member <input type="checkbox"/>	Chapter <input type="checkbox"/>	Region <input type="checkbox"/>	National <input checked="" type="checkbox"/>
Has this Resolution/Position Statement been adopted by a Region convention body?	Yes <input type="checkbox"/> N/A	Date:	No <input type="checkbox"/>
A Resolution/Position Statement from a member, chapter, or becomes a region resolution if it has been adopted at the regional convention. The Region should then be the group that submits it to National Health Advocacy and Social Policy Chair of Chi Eta Phi Sorority, Incorporated.			
<i>Michelle R Mandy, MPA, BSN, RN</i>		March 7, 2019	
Signature of Submitting member or National Committee Chairman		Date	
If a member or chapter is submitting directly to National, this section must be completed by the Region:			
Is the resolution being submitted by a Chi Eta Phi Sorority, Incorporated member/chapter in good standing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature of Regional HASP Chair		Date	
Please provide the name of a person to contact if National Health Advocacy and Social Policy Committee wishes to contact the submitting group:			
Name			
Address			
City			
Phone #		Email	



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RESOLUTION

END OF LIFE CARE: TRANSITIONING PATIENTS WITH DIGNITY AND FAMILY SUPPORT

- Whereas:** Dying is a natural physical process and spiritual phenomenon with different cultural connotation.
- Whereas:** Death and dying is uniquely different for each individual and family.
- Whereas:** Patients desire to transition life with dignity, respect, and family support.
- Whereas:** Death may be sudden or gradual.
- Whereas:** Symptom, pain and stress management are important and needed across the life span.
- Whereas:** Palliative care is a medical specialty that focuses on relieving the burdened of advanced and life-threatening illnesses by providing compassionate and supportive caring interventions and not curative medicine. During a stage of their treatment plan, palliative care patients can receive aggressive disease management from an interdisciplinary team.
- Whereas:** Hospice care is a health service that provides supportive assistance to patients in their final phase of terminal illness and/or advanced age of life to provide comfort. Support and improved quality of life. Hospice focus is also caring during the active stage of dying.
- Whereas:** Hospice care is a health service that provides supportive assistance to patients in their final phase of terminal illness and/or advanced age of life to provide comfort. Support and improved quality of life. Hospice focus is also caring during the active stage of dying.
- Whereas:** The National Hospice and Palliative Care Organization reported in 2015 that 1.7 million patients received hospice services, and the need for this service will continue to increase. However, there is a large number of patients that are seriously or terminally ill that are not receiving palliative or hospice services. The number for patients of color that are going without these services are devastatingly high. Of the 1.7 million patients being served, less than 10% of them are African American, less than 8% are Hispanics and less than 4% are Asians, even though patients of color carry an equal or higher incidence of having chronic and terminal illnesses



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that are appropriate for palliative/ hospice referrals ([National Hospice, 2015](#)).

- Whereas:** Palliative and hospice care includes physical, emotional, social and spiritual support for both the patient and caregiver/family.
- Whereas:** All patient population have the right to live comfortably, transition with support, and moreover, die gracefully without pain and suffering.
- Whereas:** VITAS Healthcare and Chi Eta Phi Sorority, Incorporated have collaborated as corporate partners for 14 years and have provided End of Life Nursing Education Consortium (ELNEC) training for 10 of these years across the Country reaching hundreds of nurses per year. VITAS healthcare as provided ELNEC training to 1.000 Chi Eta Phi Sorority, Incorporated members. In addition, VITAS healthcare is providing much-needed healing services to many communities in 40 states by sponsoring “Missing our Mothers” and “Missing our Dads” events; now.
- Therefore, Be It
- Resolved:** That Chi Eta Phi Sorority, Incorporated, a professional nursing organization, its regions, chapters, and members believe that all patients are entitled to appropriate culturally sensitive end of life care options; and be it further
- Resolved:** That Chi Eta Phi Sorority, Incorporated, its regions, chapters, and members support the need for the end of life education programs and health professional schools, nursing curricula; and be it further
- Resolved:** That Chi Eta Phi Sorority, Incorporated, its regions, chapters, and members support the End of Life Nursing Education Consortium (ELNEC) training for all nurses; and be it further
- Resolved:** That Chi Eta Phi Sorority, Incorporated, its regions, chapters, and members support global palliative and hospice care funding as part of national and international health care plans for providers and systems. Including funding for education and research.

Submitted March 7, 2019, by:

National Health Advocacy and Social Policy Committee Chair – Michelle Mandy, MPA, BSN, RN – Theta Eta Chapter

Adopted On: _____

Adopted: _____ (by the 2019 Boule Delegates)

2 National Resolution End of Life Care MRM Mar 22, 2019



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POSITION STATEMENT ON

END OF LIFE CARE: TRANSITIONING PATIENTS WITH DIGNITY AND FAMILY SUPPORT

I. PURPOSE:

Registered Nurses are well trained in helping individuals, families, and communities when it comes to promoting, maintain and restoring health but are in need of more training when it comes to the end of life options. Not offering care that cannot benefit the patient is a challenge for all healthcare professionals which is why the End of Life Nursing Education Consortium (ELNEC) has been advocating for more nursing education.

In an IOM report, the authors wrote, “At present, the U.S. health care system is ill-designed to meet the needs of patients near the end of life and their families. The system is geared to providing acute care aimed at curing disease, but not at providing the comfort care most people near the end of life prefer. The financial incentives built into the programs that most often serve people with advanced serious illnesses—Medicare and Medicaid— are not well coordinated, and the result is fragmented care that increases risks to patients and creates avoidable burdens on them and their families” ([Institute of Medicine, 2014, p. 330](#)).

Chi Eta Phi Sorority, Incorporated, is a professional nursing organization that advocates for patients and their families, which includes end of life care options, as well as nursing education. Encouragement of the pursuit of continuing education is one of the missions of the Chi Eta Phi Sorority, Incorporated.

II. POSITION STATEMENT:

Chi Eta Phi Sorority, Incorporated believes that all patient populations have the right to live comfortably, transition with support, and moreover, die gracefully without pain and suffering. We support continuing education in end of life care options as a way to improve nurses comfort levels in discussions about death and improve the patients end of life transition with dignity. We believe all patients are entitled to appropriate culturally sensitive end of life care options.



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Therefore, Chi Eta Phi Sorority, Incorporated and VITAS Healthcare have collaborated as corporate partners for 14 years and have provided End of Life Nursing Education Consortium (ELNEC) training for 10 of these years across the Country reaching hundreds of nurses per year. VITAS healthcare as provided ELNEC training to 1.000 Chi Eta Phi Sorority, Incorporated members. In addition, VITAS healthcare is providing much-needed healing services to many communities in 40 states by sponsoring “Missing our Mothers” and “Missing our Dads” events; now.

III. BACKGROUND:

Since End-of-Life Nursing Education Consortium (ELNEC) was launched, more than 24,000 nurses serving as clinicians, administrators, educators, and researchers have attended one of 230 national/international ELNEC train-the-trainer courses ([AACN, 2019](#)). Following these training sessions, participants have returned to their home institutions and presented the ELNEC content to over 726,000 nurses and other healthcare providers worldwide ([AACN, 2019](#)).

End of Life Care is defined as care given to people who are near the end of life and have stopped treatment to cure or control their disease. End-of-life care includes physical, emotional, social, and spiritual support for patients and their families. The goal of end-of-life care is to control pain and other symptoms so the patient can be as comfortable as possible. End-of-life care may include palliative care, supportive care, and hospice care ([NCI, nd](#)).

The National Hospice and Palliative Care Organization reported in 2015 that 1.7 million patients received hospice services, and the need for this service will continue to increase. However, there is a large number of patients that are seriously or terminally ill that are not receiving palliative or hospice services. The number for patients of color that are going without these services are devastatingly high. Of the 1.7 million patients being served, less than 10% of them are African American, less than 8% are Hispanics and less than 4% are Asians, even though patients of color carry an equal or higher incidence of having chronic and terminal illnesses that are appropriate for palliative/ hospice referrals ([National Hospice, 2015](#)).



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The Code of Ethics for Nurses with Interpretive Statements (2015): Provision 1, Interpretive Statement 1.4, titled “The Right to Self Determination,” remind nurses on how to provide support with the at the end of life options: *The importance of carefully considered decisions regarding resuscitation status, withholding and withdrawing life-sustaining therapies, forgoing nutrition and hydration, palliative care, and advance directives is widely recognized. Nurses assist patients as necessary with these decisions. Nurses should promote advance care planning conversations and must be knowledgeable about the benefits and limits of various advance directive documents. The nurse should provide interventions to relieve pain and other symptoms in the dying process consistent with palliative care standards and may not act with the sole intent of ending a patient’s life* ([ANA, 2015, p. 3](#)).

SUMMARY:

Nurses are frequently in a position to provide guidance for patients and families confronting difficult decisions and adapting to painful realities of serious illnesses. End of life care education is a central component of providing comfort care most people near the end of life prefer.

To promote the end of life care improvement in practice, Chi Eta Phi Sorority, Incorporated, supports:

1. The need for the end of life education programs and health professional schools, nursing curricula.
2. Ongoing efforts of the end of life Nursing Education Consortium (ELNEC) training for all nurses.
3. Global palliative and hospice care funding as part of national and international health care plans for providers and systems. Including funding for education and research.

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Effective Date: _____

Adopted on: _____

By: _____



CHI ETA PHI SORORITY, INCORPORATED® COMMITTEE REPORT FORM

DATE: April 18, 2019

COMMITTEE: National Health Advocacy and Social Policy (HASP)

GOALS & OBJECTIVES:

1. Revise and bring back to life the National CHI HASP Toolkit from 2014.
2. Monitor the National CHI HASP Toolkit and keep the information up-to-date.
3. Promote engagement and members awareness of National, Regional and Local policies that may affect nursing and healthcare by quarterly or fewer communications.
4. Provide direction to new Regional and Local chapter chairpersons to help with the transfer of duties process.
5. Review current legislation that is health/and or nursing-related and composes the appropriate resolutions and/or position statements for presentation to the membership.
6. Increase the presence and collaboration of Chi Eta Phi Sorority by encouraging members to attend Nurses day at the Capital locally, regionally, and/or nationally along with attending other nursing coalition events.

OUTCOMES:

1. The National HASP Committee members completed the new National CHI HASP Toolkit April 2019 and it is ready for distribution to members. (See Attached)
2. Voting reminders and other information placed in the quarterly newsletter.
3. National HASP Committee member Soror Bonita Ball Theta Chapter joined the Nursing Community Coalition (NCC) increasing the presence of Chi Eta Phi Sorority and attended the NCC meeting in Washington DC.
4. National HASP Committee Chair joined the Nursing Legislative Coalition during the Nurses Day at the Capital in Texas, Feb 18-19, 2019, representing the MSR of Chi Eta Phi Sorority. Information gathered led to the development of the National Position Statements and Resolutions for 2019.
5. The Committee created a standard format for Position Statements/Resolutions.
6. The Committee sent forth two Position Statements/Resolutions (Access to Health Services and End of Life Care) to be voted on at the 2019 Boule. (See Attached)
7. The MSR Director ensured that there is a member from each state on the Regional HASP committee and allocated funds for the committee that could assist with members attending Nurses Day at the Capital.
8. National HASP Chair has communicated personally with 10 new HASP Committee Chairs to provide guidance on how to move their committees forward. This 8 more than 2017-2018 year.

Updated May 2018: Email to National Secretary

RECOMMENDATION(s):

1. Approval and Dissemination of the CHI HASP Toolkit 2019 to the members and place it on the National Webpage.
2. Approval of the Access to Health Services and End of Life Position Statements /Resolutions and place them on the National Webpage.
3. Having at least one member from each Region on the National HASP Committee (need a member from the Midwest and Southwest Regions)
4. Having at least one member from each state in the Region on the Regional HASP Committee.
5. Using Grammarly.com to grammar check documents. It is free. There is also a premium account for \$139.00 per year.

Michelle R Mandy (Chair)	(Theta Eta)	Middlesouth Region cell: 623-256-2161
Bonita Ball	(Theta)	Northeast Region
Juanita Williams	(Theta Eta)	Middlesouth Region
Sandra Evans	(Theta Eta)	Middlesouth Region
Ann Thompson	(Zeta Chi)	Middlesouth Region
Dr. Barbara J Hatcher	(Alpha)	Northeast Region
Dr. Frances Ashe-Goins	(Delta Eta)	Southeast Region



Founder

Aliene C. Ewell, BSN, RN

CHI ETA PHI SORORITY, INCORPORATED

“Professional Nursing Organization”

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HEALTH ADVOCACY AND SOCIAL POLICY (HASP) COMMITTEE COVER SHEET FOR SUBMITTING RESOLUTIONS/POSITION STATEMENTS

Resolution title: Access to Health Services			
Rationale: Why National Chi Eta Phi Sorority, Incorporated should take the recommended action. This is an issue that has been echoed in several Regions of Chi Eta Phi Sorority, Incorporated and the Regional HASP chairs would like the Sorority to take a stand nationally on this issue and push it out sorority wide. Therefore, “I Propose (move) that the Access to Health Services Position Statement be approved by the National Board of Directors and Resolution be approved by the delegates at Boule”			
Name of submitting group: National Health Advocacy and Social Policy Chair- Michelle R. Mandy, MPA, BSN, RN		Phone Number: 623-256-2161 shellreneern@gmail.com	
Check appropriate box			
Member <input type="checkbox"/>	Chapter <input type="checkbox"/>	Region <input type="checkbox"/>	National <input checked="" type="checkbox"/>
Has this Resolution/Position Statement been adopted by a Region convention body?	Yes <input type="checkbox"/> N/A	Date:	No <input type="checkbox"/>
A Resolution/Position Statement from a member, chapter, or becomes a region resolution if it has been adopted at the regional convention. The Region should then be the group that submits it to National Health Advocacy and Social Policy Chair of Chi Eta Phi Sorority, Incorporated.			
<i>Michelle R Mandy, MPA, BSN, RN</i>		Feb 25, 2019	
Signature of Submitting member or National Committee Chairman		Date	
If a member or chapter is submitting directly to National, this section must be completed by the Region:			
Is the resolution being submitted by a Chi Eta Phi Sorority, Incorporated member/chapter in good standing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Signature of Regional HASP Chair		Date	
Please provide the name of a person to contact if National Health Advocacy and Social Policy Committee wishes to contact the submitting group:			
Name			
Address			
City			
Phone #		Email	