

The Southern Connecticut Chapter of The National Black Nurses Assn. Inc. is one of 80 chapters operating under the umbrella of the National Black Nurses Assn., Inc. located in Silver Springs, Maryland. Our chapter is one of 2 local chapters in the State of CT. The jurisdiction of SCBNA is from Hartford south to the New York state line and East to Rhode Island. The Northern CT BNA is based in Hartford and governs the area north to Massachusetts. The membership represents a diverse population of Registered Nurses, LPN's, Retired Nurses, and Nursing students. The National Black Nurses Assn. represents approx. 150,000 African American nurses from the USA, Eastern Caribbean and Africa. There are 76 chartered chapters nationwide. For more than 35 years, the NBNA has taken a leadership role in eliminating health care disparities. It has been at the forefront in the profession of nursing, advocating for the interests of the AA nurse and all nurses and improved health care for those with little or no access to medical care. Under my leadership as President, SCBNA aligns itself with the mission of NBNA and continues to foster its mission to provide a forum for collective action by AA nurses to "investigate, define and determine what the health care needs of AA are and to implement change to make available to AA's and other minorities health care commensurate with that of the larger society. **The mission of the OMH is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.** In the context from which speak, health disparities can be defined as a population-specific difference, in not only disease but in health outcomes, or access to health care. Many studies exist with supporting evidence that contend in the United States there is a growing concern that even when there are equivalent levels of access to care, most racial and ethnic minorities continue to experience a lower quality of health services. They are less likely to receive needed routine medical procedures than their white counterparts receive. For example, AA are less likely to receive peritoneal dialysis and kidney transplantations for end stage renal disease than are their white counterparts. Similarly, another unfortunate example is found from data suggesting that AA and Hispanic clients with long bone fractures, who are seen in emergency departments, are far less likely than their white counterparts to receive the necessary analgesics to suppress pain. Yet another example of health care disparities includes studies that suggest that AA who are Medicare patients with congestive heart failure or pneumonia are more likely to receive a poorer quality of care than their white counterparts receive. The OMH in partnership with professional organizations such as the SCBNA would be central to educating our communities and other health care professionals along with supporting communities in gaining access to much needed services and resources for the underserved in CT such as establishing a free information and referral service on minority health issues for community health groups, consumers, professionals, and students. A respectful and mutually beneficial partnership would exist between the OMH and professional organizations such as SCBNA and it's stakeholders. This partnership would emerge as an essential component of national strategies to eliminate racial-ethnic health disparities. This partnership would provide for a combination of education, critical dialogue among constituents, a database for health resources and opportunities for skill building for clinicians and nurses. Educational opportunities would derive through a partnership between SCBNA and OMH by having a compilation of data and experiences originating from the unique and complex interfaces of race and ethnicity, health, history, and those urgent conditions associated with contemporary daily life. The OMH would offer a rich context for CT's citizens to understand the meaning of health disparities for individuals and community groups. This is essential because since the early formation of the infrastructure of the United States, diversity has always been a reality. With the immigration of diverse whites from Europe, the importation of Black slaves from Africa, and the presence of the pre-existing American Indian populations, diversity has been a constant fact of life. However, one of the long-standing priorities of the US has been one of "good health" for all of the people. Even though the tremendous diversity of the nation's current population has always presented a tremendous challenge, the last two decades have seen a dramatic increase in the diversity of the population. With these changes, there is a growing understanding of the importance of an OMH for recognizing, studying, treating and ultimately preventing or eliminating the disparities in both health status and in access to healthcare. It is imperative that our government officials, regardless of their race, ethnicity or cultural heritage, heed the clarion call for the delivery of culturally competent care by approving the bill for an OMH, thereby reducing or eliminating the existing health disparities among vulnerable populations in general, and most specifically among the nations uninsured populations.