City of Asheville
City Council Vacancy Application Form

Your name: Sharon K West Home Phone #: 8282318907

Street Address: 32 Broadway St., #330 City: Asheville Zip Code: 28801

Mailing Address (if different): POBox 15811 Asheville, N.C. 28813

Employer: Charles George VA Medical Center

Position: Nurse Manager Women Veteran Services Office Phone # 8282987911

Resident of City of Asheville (required): ● Yes ☐ No

Registered Voter in the City of Asheville (required): ● Yes ☐ No

Race: Black Sex: Female Age: 63

Residence location (check one) Central ● North ____ South ____ East ____ West ____

Additional Information Required:

1. Resume
2. ½ page response to the essay questions below: (not attached)

eSigned via SeamlessDocs.com
Sharon K West
Key: 6965995faaf6401d33d35162fadd2ad3f

Applicant Signature
Date: 08/19/2020

All applications and attachments must be
Returned by **Noon, Thursday, August 20**, 2020 to:

Maggie Burleson, City Clerk
PO Box 7148
Asheville, NC 28802
Email: mburleson@ashevillenc.gov
Phone: 828-259-5601

SHARON KELLY WEST
POBox 15811 Asheville, NC 28813 sharonkellywest@gmail.com

LICENSE North Carolina Registered Nurse

EDUCATION

Bachelor of Science in Nursing, Winston-Salem State University, Winston-Salem, NC (1979)

Masters of Health Science – Western Carolina University, Cullowhee, N. C. (2013)

Post Graduate Level Certificate- Clinical Ethics- Wake Forest University Winston-Salem, NC (2015)

Doctorate Clinical Ethics – Alden March Bioethics Institute –Albany Medical College Albany, NY (2017)

Excellence In Government Leadership Fellows Program – (2016)

Jim Bernstein Fellow- Community Leadership – (2010)

Place of Birth Brooklyn, New York

EXPERIENCE

2010- Current **Women Veteran's Program Manager**- Charles George VA Medical Center- 40 hrs./wk.
Oversight of coordinated care for women Veterans. Administrative and Leadership role. Educate staff and leadership on quality of care and comprehensive primary care expectations concerning female Veterans. Ensuring providers maintain designated women health provider status and share of training offerings as needed. Advocate in equitable health care deliver for women Veterans
Performance improvement lead on improving mammography process (off site mammography process). Work closely with Community Care Program ensuring appointments are scheduled and reports are received also bills are paid for vendor services. Create graphs depicting data on abnormal cervical cancer screenings, abnormal mammograms and verbally reports these findings to the Medical Staff Executive Committee (all Chiefs) monthly. Point of contact for staff education and competencies specifically in serving the women Veterans.

2017- current Adjunct faculty at Mars Hill University Nursing Program- Bioethics and the Law

2007- 2010 **Clinical Services Administrator/Director of Nursing [DON]** Buncombe County Health Department Asheville, N.C. - 40hrs. /wk. (inclusive of Interim health director and DON roles)
Population health Administrator. Family Planning, Women's Clinic inclusive of Prenatal, Disease Control to include Tuberculosis clinic, community outreach, STD/HIV clinic intervention, Immunizations, Foreign Travel. 3 direct reports of department heads. Annual performance evaluations. Executive Leadership Team member reporting directly to the Health Director. Oversight of Budget, Policy and planning for programs. Implemented and supported evidence based nursing practice as DON. Lead on re-accreditation preparation. Successful reaccreditation.

2008 -2009 **Interim Health Director** Buncombe County Health Center- Oversight of 240 employees.7 Divisions. 2.6 million dollar budget. 7 direct reports of department heads. Weekly meeting with Assistant County Manager to discuss public health current issues, emerging issues and planning also staffing. Direct report to County Commissioners as needed on topics of interest. Frequent communication with community leaders, health providers on topics affecting population health and human services issues. Media [radio/ television] representative for most public health concerns and/or updates. Presented on appropriate topics to community and internal groups. Executive Leadership team member. Lead on site survey preparation for re-accreditation. Lead duties includes document preparation and chart reviews.

2007- 2010 **Director of Nursing/ Practice and Standards Administrator** Buncombe County Health Department Oversight to include recruitment and retention of 66 RN's assuring practice compliance.
Recommended design and implementation of the clinical quality improvement/risk programs in

collaboration with health center leadership. Ensured quality and standard of care measures were in place and functioning appropriately, crafted policies and participated in program policy development. Implemented and supported evidence based nursing practice. Reinforced annual program policy review. Ensured and/or enforced clinician compliance with clinical quality/risk management programs (i.e. Public Health, OSHA, CLIA) adopted by the Health Center.
Evaluated and supported compliance with local, State, and federal regulatory standards e.g. contract/agreement addenda, accreditation through program reviews, audits, customer service evaluation, focus groups, staff education and training, and assists Program Administrators/Managers/Supervisors with tracking and resolving programmatic issues. Lead role in successful state accreditation and re-accreditation process.

2002- 2010 **Adjunct Faculty Asheville-Buncombe Community College (6hrs./wk.)**
Taught Nursing Students (RN) within the clinical hospice and gerontology settings
Taught Nursing Assistant Students with the classroom and clinical setting

1998 - 2007 MISSION HOSPITALS, Asheville, NC

Coordinator/Nurse Case Manager Disease Management Program- The Asheville Project (City of Asheville) contract.
Conducted one on one assessments with program participants at High CV Risk. Communicated effectively with program participant, physician and care managers concerning client needs. Informed patients of community resources. Assisted patients and families with follow through on community resources. Assessed and implemented updates; collaborated with other team members to assess, plan, implement, evaluate and follow-thru. Monitored compliance with program expectations/follow-thru as appropriate. Collaborated with community programs. Marketing. Developer of "Disease Management Rounds" (interdisciplinary group sessions) at Mission Hospitals.

Utilization review analyst hospital-wide, prn conducting chart reviews, conversing with insurance companies regarding length of stay and additional days needed or additional supplies needed. Assessed financial outcomes with Department Director.
Oncology Nurse Case Manager- assisted patients/families to connect with community resource as needed. Assisted in care coordination through follow up and follow through to support a smooth transition from hospital to home. Nurse navigation skills incorporated.
Sub-committee member Health Care Disparities Committee- Mission Hospitals-Asheville
Ethics Committee member- Mission Hospital Asheville NC
Diversity Committee Member- participated in human resources recruitment fairs- nurse representative

2001-2008 **Hospice/Homecare Accreditation & Regulatory Consultant** (as per contractual arrangement)
Conducted reviews for compliance with regulations. Recommended policy revisions or policy creation as necessary. Familiar with The Joint Commission, ACHC and MDS. Conducted mock reviews in preparation for The Joint Commission visit at Four Season Hospice also Catawba Hospice

2001-2008 **Legal Nurse Consultant**—Chart reviews for Larson-Allen (Charlotte, NC), Good Health Services (Raleigh, NC), Four Seasons Hospice (Hendersonville, NC). Focused on medical malpractice matters.

1989 - 1998 **Registered Nurse**, VISITING HEALTH PROFESSIONALS, Asheville, NC (40 hrs./wk.)
Discharge Planner, Admissions Nurse, Patient Care Coordinator, Field Supervisor, and Aide Supervisor (on-going). Accurate assessments, communication with multi-disciplines, planned and made home visits, knowledge in various Medicare, Medicaid, CAP, PCS and Title II programs. Educated physician community in homecare services. Hospital liaison for VHP. Familiar with OASIS patient assessment tool. Population 90% age 65 and older Medicare/Medicaid recipients. Homebound.

1986 - 1989 **Nurse Screener** (40 hrs./wk.), Community Alternatives Program (CAP)-DURHAM COUNTY HEALTH DEPARTMENT, Durham, NC. Assessed needs of client/family through accurate physical

assessment of client and/or communication with family. Formulated budget according to Medicaid guidelines. Population mostly elderly homebound

1984 - 1986 **Staff Nurse**, (40 hrs. /wk.) HOME CARE PROGRAM-VA MEDICAL CENTER, Durham, NC HBHC Physical assessments performed on all clients. Formulated care plans to provide consistent treatment mode in accordance with physicians' orders. Mostly elderly veterans.

1982 - 1984 **Public Health Nurse**, (40hrs. /wk.) DURHAM COUNTY HEALTH DEPARTMENT, Durham, NC
Home Health: Planned and made home visits within assigned geographic area to infants, elderly with chronic and communicable diseases, terminally ill for teaching. Maintained records, documents, and pertinent information; provided progress reports to referring physician. Coordinated care by working directly with physician, Public Health Coordinator, DSS and other agencies. Made referrals to other disciplines/agencies, e.g., DSS, Social Security, Coordinating Council for Senior Citizens.
Health Guidance: Planned and made home visits to assess needs following referral from physicians, DSS, other agencies, or concerned family and friends.
Clinic: Prenatal Clinic-independently assessed conditions in clinic; made appropriate referrals. Interviewed, screened, counseled, and assisted with physician examinations. Independently coordinated follow-up by contact with parent and/or referral to another agency.
Senior Center: Visitations to Senior Center to check blood pressures, offer health counseling, and teach group classes on health.

Schools: Made weekly visits to elementary school to evaluate immunizations, screen children referred by teachers; made contact with parents as appropriate for follow-up care.
Other: Assisted with orientation of new staff as well as student nurses.

Prior **Staff Nurse**, DUKE UNIVERSITY MEDICAL CENTER/CRITICAL CARE, Durham, NC (1982), VA MEDICAL CENTER, Durham, NC (1981-1982), OTEEN VA MEDICAL CENTER, Asheville, NC (1979-1981)

EXPERIENCE UNC-Public TV – Black Issues Forum- Guest Speaker – "Culturally Appropriate Health Care Delivery" 2006
Founder, IMPACT ©(Interdenominational Minority Pastor/Parishioner Advance Care Training)

CERTIFICATION

Facilitator, Respecting Choices (advance care planning)
Facilitator, Respecting Choices (ACP for Special Populations)
Adult Learning certified
Basic Life Support

PUBLICATIONS **"Barriers to Completion of Advance Care Directives in African Americans: A cross-generational study"**
Omega, Journal of Death and Dying July, 2012 Volume 65 Issue 2
Ethics of Advance Care Planning Conference- Wake Forest University [Winston Salem, NC] - Presenter:
"Engaging African Americans in Advance Care Planning". May 2013.
"Culturally Appropriate Care of the Black Patient at Life's End"- Published March 2004- Home Health Care Nurse National Journal
"Cultural Awareness -Important in End of Life Care" Asheville -Citizen Times WNC- Health section–May 2004. Monthly columnist for AC-Times WNC Health Section
Presentation, **"Access & Availability of Health Care in the Black Community of Buncombe County Before 1950"**, December 2002(published Spring 2007)
Guest Concurrent Speaker at several Hospice Conferences to include the 1st National Hospice

Conference- St. Louis Missouri-May 2005
End of Life in African Americans- November 2005 –UNC-TV-PBS- Black Issues Forum
Abstract Presentation- IMPACT ©(Interdenominational Pastor/Parishioner Advance Care Training- ADEC (Association of Death Education) National Conference- Tampa, Florida March, 2006
End of Life Decision Making in the Elderly- 2004 Presentation-AB-Tech Nursing Students

AFFILIATIONS

Life Sustaining Treatment Facilitator- VA Goals of Care Initiative(current)
Ambassador for Veterans Administration 101 sessions (current)
Patient experience committee (current)
Excellence in Government Fellow (2016 class)
Systems Redesign Committee (current as needed or requested)
Ethics Committee member- Charles George Medical Center (current)
NC Public Health Commission- Governor appointment
City of Asheville Civil Service Board Member (2009)
NC Institute of Medicine (IOM) appointee- Partnership for Compassionate Care [End of Life Care] 2013
TWIN Honoree (Tribute to Women of Influence) 2010
Mission Hospitals Medical Ethics Committee (current)
Member Asheville Community Relations Board (City Council Appointment) (2010)
Workforce Development Committee/Special Emphasis Committee
Jim Bernstein Fellow for Community Leadership (2009)
Susan B. Reynolds nominee for Race Relations (2008)*nominated by Dr. Ann Ponder, ChancellorUNC-A
Minority Health Advisory Council (House of Representatives appointment)
Asheville-Buncombe Institute on Parity Achievement (ABIPA) - (former board chair)
Diversity Committee Member-Mission Hospitals
Consultant Carolinas Center for Hospice and End of Life Care on Palliative Care
Consultant- APPEAL (Aggressive Education Curriculum educating MD's and Healthcare Staff in the Care of the African American at Life's End) *Duke Institute on End of Life Care*
2003 Spirit of Dr. Martin Luther King, Jr. Award recipient-Mission Hospitals
Member Sigma Theta Tau International Nurses Honor Society (current)
Chi Eta Phi Nurses Sorority member
Links Incorporated (member 2011)

The following questions may be answered directly on this form, or responses uploaded as attachments upon form submission.

1. **With the death of George Floyd the country was thrust into a new civil rights movement. Policing in America was scrutinized even more and even here locally reparations were passed. Please explain if you believe that systemic racism and oppression exist, if yes do you or do you not support reparations and what it all means in the context of equity and Inclusion.**

a)Yes, systemic racism as a result of generations of oppression exist. 400 years of people of African descent being hated individually, systemically, chronically, institutionally and faithfully reproduced generation after generation through policy and practice. This level of racism that has permeated every system has normalized inequities on every level.

b)Reparations- Reparations are ideal but there is not enough money that can be printed to compensate for the crime. If it is an accepted practice that government pay restitution to citizens they have been materially damaged, if its proper for Germany to compensate Holocaust victims and the US to recompense Americans of Japanese heritage interned during World War II, then there ought not be arguments against reparations for blacks who suffered over 200 years of slavery in addition to segregation de jure via Jim Crow laws in the South. But the mood of our country is still not onboard relative to reparations. Thank you to the Asheville City Council for the recent decision to take a stand in solidarity to propose reparations - with the understanding that it will look differently- which is practical and acceptable to our community. How? I support the city's decision to invest time and energy to decrease the achievement gap of our children,dismantle discrimination in housing and employment. I further support reparations to include creation of policy to fight police profiling, save our boys from the clutches of the criminal justice system, fight against mass incarceration of black and brown men(and women) and as a health professional, decrease and eliminate health and health disparities.

c) I noticed a poster recently stating: "Diversity is inviting a person to the party, inclusion is asking them to dance". Acknowledging the presence of racism in all systems(macro/micro, exo etc.), acknowledging that oppression is a result of systemic racism is likened unto inviting -especially African Americans- to the party. Intentionally having culturally congruent representation at the table as policies are reviewed for bias and practice, incorporating the concept of cultural humility in our daily practice while evaluating our actions, asking what are we doing to dismantle a system of privilege that oppresses others while advantaging the majority every single day from cradle to grave and using a report card reporting system to monitor results ongoing, is likened unto asking people of color to dance.

2. **Do you support Black Asheville Demands call for defunding the APD by 50%? If no, please explain why and if yes, what sort of timeline do you envision to reach that goal?**

First of all, I am addressing this without seeing the numbers- the line item in the budget encumbered to APD. I would also think it appropriate for me to state that to be clear, the group identified in this question as "black Asheville" is not inclusive of the voices of all black Ashevillians. Is there data showing that this group as been declared the voice of black Asheville and that black Ashevillians are standing in solidarity to "defund the police by 50% or any percentage"?" I have not seen any documents showing specifics of how this 50% ought to be reallocated and to whom and over what timeframe and how was 50% derived. Is there a formula that is being shared concerning the 50% number ?
I do not support 50% defunding of the police. It appears to me that reallocating half of the budget without concrete(not broad stroke) plans would increase the vulnerability of our citizens. Those who would be most affected by such a move are those who are in geographical locations most impacted by criminal activity. Without details of the proposal, would this leave our most vulnerable citizens more vulnerable? Might we correct the infrastructure of APD and look for models of policing that work? If funding is reduced(not 50%), then perhaps that percentage goes to increasing the human resources in other agencies that can handle the non- crisis situations more appropriate for social work or mental health. This will reduce some of the calls that police really should not get involved in thus allowing them to focus on protecting the public and serving the public. Camden N.J. essentially rebuilt their police force and focused on building relationships between community and police resulting in significant crime reduction. 50% is significant. I would say 20%- 30% reduced incrementally over 3 years and those financial allocations placed in the other resources described above. I would like to see all officers as being college graduates. Justify a proposal to increase the pay of the officers based on these criteria inclusive of mandated attendance in crisis/de-escalation trainings and implicit bias trainings annually. There should be emphasis on hiring more police officers of color and gender inclusion. Criminalize the "code of silence" concerning officer misconduct and fellow officers watching without reporting. Ensure a whistleblow policy is in place and is fully functional to protect those who report- citizen or staff- to report anonymously.

3. **Explain why you want to serve on City Council.**

I am an Asheville native. I work and live in Asheville. I have volunteered on several non- profit boards and participate in health fairs in the community. My goal is to keep people informed. I enjoy being in the community as a listener and view our citizens as the expert on the needs of our community. We are servants to them. Listening to the community and building trust yields a dynamic partnership. I am a relationship builder as well. I would like for City Council to work more closely with County Commissioners in decisions concerning our City and County. I have served within the county as Health and Human Services Board member as well as staff member. I am the initiator of the declaration of Racism as a public health crisis, which was recently supported by the County Commissioners. I have served on the Asheville Civil Service Board in the past and established relationships within the City in a former volunteer role as Chair of the YMI Cultural Center. I also served as Nurse Manager of "The Asheville Project" a City of Asheville Disease Management Program through Mission but targeted City of Asheville employees. Over the years there has been a noticeable chasm that ought not be between the City Council and County Commissioners. With my strong alliances between city and county, I desire to help weave those relationships together. We are here to serve the people. None of this is about us as individuals but our duty to the citizens of Asheville and Buncombe County. The role of City Council is not to micromanage the city but to be clear on a vision of where we desire the city to grow into and to look into the future of what we want out children and grandchildren to experience in the future. I desire to be apart of that planning for my native city and county.

4. **If selected, how do you plan to communicate and work with the other Council members? To help us understand, please give examples of your working collaboratively in the past.**

Ensuring that lines of communication remain open by being transparent and willing to listen to others. Focus on not being judgmental as other council members share their perspectives but attempt to understand their point of view. Being prompt to meetings and prepared for each meeting.

As a former member of the City's Civil Service Review Board, there were many challenging situations presented and there were rare moments we all agreed on every proposal, but the conversations were very respectful. I choose to apply this same principle. We may disagree yet remain civil and respectful with each other.

Being a former chair of the YMI Cultural Center board of directors, there were many decisions to be made concerning what is in the best interest for our organization also we inherited a long history of the budget being in the red. Under the leadership of our very talented board and hard yet smart work, we were able to bring our budget into the positive after being in the rears for many years. We were able to maintain that for the entirety of our term.

It was very satisfying to participate in non - profit health fairs and providing education within the community as a volunteer over the past 10 years. It is important to collaborate with the non- profits who are boots on the ground and ask "How can I help?" I am a very familiar within the community- across most communities whether it be in person or the monthly columns I write in the AC-Times on various health topics.

5. **What do you consider the most pressing problem, need, or cause for the citizens of Asheville today? How would you approach its resolution or champion the cause?**

At this present moment, the glaring concern for most is possibly Covid 19 and the mandated restrictions over the last few months. The spikes and the declines in new cases are so very unstable and has caused angst in many especially knowing there is no definitive end date. Covid has affected every aspect of a person's life: physical, mental, social and spiritual. Business owners are influx and some have closed permanently due to a lack of sufficient rebound.

Public Health is cascading information as soon as possible and as effectively as possible yet, there are those who remain insistent in not complying with recommendations to physically distance. This places the population at risk. Teamwork is to be visible and verbal concerning collaborations between the city and the county to address all concerns of the public in an effort to demonstrate both efficient and effective leadership.

It is also a major concern that the budget for the City and the County is hugely affected by Covid. I am most concerned for those who are on fixed incomes and how they are managing. Our budgets are funded by property taxes and fees. With the impact of Covid on restaurants, tourism, hospitality, employment, housing, it is concerning as I think of any level of rebounding financially. Those on fixed incomes can not afford tax increases or increases of any sort. Citizens are concerned about employment stability. Those who have lost jobs realize supplementing income via stimulus or unemployment is only temporary- what then?
We must remember to not forget the impact on mental health of our citizens.