



**Every day nurses excel, lead and innovate in our communities, clinics, hospitals and health care systems, making them vital to transforming the future of health care.**

- We must raise the visibility of nursing excellence and infuse nurse leadership in policy dialogue to spur greater investment in education, practice and research and increase the capacity of the nursing workforce.
- As leaders and innovators, nurses can and should influence policy and practice standards that impact access to quality, affordable care and advocate healthcare for all.
- Through collective efforts to elevate the contributions of nurses and create an imperative to invest in nursing and nurses we will improve the nation's and the world's health.
- Fostering leadership, promoting innovation and empowering nurses through better working conditions will improve health and the quality of health services for all.
- Nurses are everywhere we live, work, play, learn, and worship, and in every health care setting providing care to millions of people. In fact, about 1 in every 100 Americans is a registered nurse.
- Nurses are closest to patients, providing care from birth to the end of life, and practicing in settings that include hospitals, schools, home care, private practices and clinics, long term care facilities, hospice and many others.

**The American Nurses Association selected the Nurses Month theme “You Make A Difference” to encourage nurses, individuals, employers, other health care professionals and community leaders to recognize and promote the vast contributions and positive impact of America’s nurses.**

- Nurses make an incredible difference in the quality of care by educating communities, advocating for patients' rights, offering emotional support and helping change lives.
- Through sheer numbers and wide-ranging roles, nurses have an unmatched perspective on prevention, wellness and delivery of health care services.

- Stories of strength, resilience and determination while navigating an ever-changing and complex health care landscape reinforce how nurses make a difference.
- Nurses make a difference by influencing and shaping health policy decisions that ensure all Americans have access to high-quality, affordable health care coverage.
- Nurses make a difference as trusted advocates who ensure individuals, families, groups, communities, and populations receive quality patient care and services.
- The vital role of nurses as leaders in their organizations, on boards of directors and as elected officials at the local, state and federal levels is making a difference in improving the nation's health.
- For 19 consecutive years, the American public has ranked nurses the professionals with the highest honesty and ethical standards. These results underscore the deep trust the public has in nurses.

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## MNORN Dialogue Forums May 11th and May 20th

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ANA has selected the following topics for Dialogue Forums at the 2021 Membership Assembly in June:

- Universal Coverage that Recognizes the Value of Nursing
- Genomics and Precision Health
- APRN Full Practice in Nursing Homes
- COVID-19 Pandemic: Lessons Learned and Opportunities

**MNORN will hold our own Dialogue Forums to discuss these topics in May, insuring that our Representatives to the ANA meetings will be able to bring the viewpoints of our members to the virtual discussions in DC.**

**The first meeting will be held on May 11th from 7-8pm.**

**Link to register:** <http://evite.me/BGGJFdf1mx>

Topics to be discussed:

### Universal Coverage that Recognizes the Value of Nursing

Discussion leader, Mary Chesney

Description from ANA: Regardless of how the health care system is financed (private payer, public option, single payer, payment based on quality, etc.), ANA needs flexibility to advocate for equitable payment for nursing services and for nurses to be allowed to practice at the top of their training, while also advocating for patient access to needed, quality care. This dialogue forum will focus on the recommendation to adopt a new policy endorsing universal health care coverage that recognizes the value of nursing, including reimbursement, payment,

coverage, and full practice authority for all nurses in the health care system, which in turn would rescind the 1999 House of Delegates policy endorsing single payer as the most desirable option for financing a reformed health care system.

### **Genomics and Precision Health**

Discussion leader, Joseph Alexander

#### Description from ANA:

Precision Health and Genomics, when implemented, can increase therapeutic efficacy, safety, and quality, and reduce healthcare costs. As Precision Health and Genomics is clinically relevant throughout the entire healthcare continuum from before birth to after death it has implications for the entire nursing profession regardless of level of academic training, role, or clinical specialty. The focus of this Dialogue Forum will be on establishing a strategic initiative to integrate Precision Health and Genomics into basic and advanced nursing practice.

**The second meeting will be held on May 20th from 7-8pm.**

**Link to register:** <http://evite.me/cWbVxXsK8w>

Topics to be discussed:

### **APRN Full Practice in Nursing Homes**

Discussion leaders Sara McCumber and Camie Peterson-DeVries

Description from ANA: Nursing homes need transformation and advanced practice registered nurses (APRNs) working in nursing homes can tip the transformation scales so that nursing home residents receive timely illness recognition and management. This Dialogue Forum will focus on the role of APRNs in nursing homes, the importance of removing current barriers on APRN scope of practice, and the need to overhaul Medicare regulations that restrict APRNs from billing for nursing home services.

### **COVID-19 Pandemic: Lessons Learned and Opportunities**

Discussion Leaders Celeste Knoff and Colleen Quesnell

Description from ANA: The COVID-19 pandemic will be a defining experience for nursing and our country for many years to come. This Dialogue Forum will focus on identifying lessons learned from nurses' experiences to inform the profession and our country's planning for the next pandemic and disaster experience.

This discussion will be informed by submissions received during the 2021 Membership Assembly Call for Proposals and a Tri-Council for Nursing report, Transforming Together: Implications and Opportunities from the COVID-19 Pandemic for Nursing Education, Practice, and Regulation.

**We hope you will be able to join us for these fast-paced, important discussions. 1 CEU will be given for each meeting.**

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## ANA Nightingale Tribute for Nurses Who Have Died Since June 2020

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There is still time to submit names for the Nightingale Tribute at the 2021 ANA Membership Assembly. If you would like to honor a nurse who has died since June 2020, please notify MNORN at [kkoehn@mnorn.org](mailto:kkoehn@mnorn.org)

Please include the nurse's full name and date of death. MNORN must submit names to ANA by May 24th.

The names of those who will be honored will be added to ANA's Nightingale Tribute Book.



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### Helping Revise Nursing: Scope and Standards of Practice

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by Colleen Quesnell, member of the MNORN Board of Directors

There may have been an overwhelming response to the call for volunteers for the recent revision of the *Nursing Scope and Standards of Practice* - I will never

know. What I do know is that I applied and was chosen.

Maybe it is because I have credentials when I write out my professional name, Colleen Quesnell DNP, APRN, ANP-BC, WHNP-BC, CNM. Sometimes I add BSN-PHN as well as I am very proud of those, too. Mostly I think I was chosen because I could meet once or twice a month until the project was finished.

The Scope of Nursing Practice describes the "who," "what," "where," "when," and "why" of nursing practice.

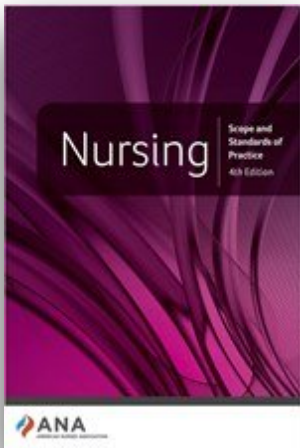
Whatever the reason, we met as a group from August 2019 until January 2021. The group included many nurses who had worked on the 3<sup>rd</sup> Edition as well as other first time volunteers. Some were clinical and some were academics. The lead from the American Nursing Association was Dr. Carol J. Bickford. I can still hear her voice, reminding us of the time left and what we had left to cover. She was a very capable and kind project manager.

It is overwhelming to look back it now honestly. When we started in August of 2019, the world was not in a pandemic and most of us were not focused on police violence and antiracism work. Things the workgroup decided on early were rewritten and sections added in response to the newly changing social and global context, including the standard I was assigned.

I was given what is now “Standard 9 - Respectful and Equitable Practice.” This replaced what had been the “Standard for Cultural Competence.” The concepts around cultural competence were deemed outdated. Research around the subject seemed to agree that we can never really be competent in culture outside of our own. Cultural humility became a concept to replace or update the ideas around cultural competence. This was a new concept for me. Cultural humility is defined as the “lifelong commitment to self-evaluation and critique; to redressing power imbalances; and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.”

The standards provide authoritative statements of the actions and behaviors that all registered nurses are expected to competently perform, regardless of role, population, specialty, and setting. Each standard is accompanied by detailed competencies for the three practice levels.

Each month we would meet and review sections as a group. By the time we got to cultural competency the term was important but not broad enough to fit what we were trying to discuss in the light of the social and political environment. This standard was rewritten by a small group of the original team who also added a section on “Respect, Equity, Inclusion and Social Justice.” My personal win was the introduction of Kimberle’ Crenshaws’ term *intersectionality* to some of our group. The final outcome is something that is relevant and timely.



The part I remember most, other than my own work, was how long we worked on updating the definition of nursing. Each meeting we were reminded of the need to complete this task but really it was left until late in the final work. The completed revision was accepted by the ANA for publication in January of this year. In March I started work with two other members of the team to update the ANA website content for the Scope and Standards, 4<sup>th</sup> edition. This work was again divided into sections and brought back for review. I found out recently that it is finished and has been accepted by the ANA.

I found the work on the *Nursing: Scope and Standards of Practice* and on the website version hard brain work compared to what I do in my day job. I love a challenge and learning new things, so it was well worth it. I can’t believe I got to be part of all of this! I learned so much about the history of the ANA, about collaboration and teamwork. Most of all, I met and worked with smart, passionate people who care deeply about being and growing registered nurses. I now serve on the board here at the MNORN and of the Minnesota Nurse Practitioner Organization.

One member of the team kept saying we must own nursing. I agree and the best way I know how to do that is to be part of the groups that set the standards.

Tervalon, M., Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9, 117-125.

[Register here to learn more about the newest version of Nursing: Scope and Standards of Practice. Free ANA webinar on May 19th at 12pm CDT](#)

[Click here to order your own copy of Nursing: Scope and Standards of Nursing, 4th edition](#)

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## ANA 2021 Call for Nominations for Appointed Positions

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One of the goals of MNORN is to have our members serve in elected and appointed positions at the American Nurses Association. The 2021 ANA Call for Nominations is the perfect opportunity to submit your name for consideration.

If you think you might be interested in applying for a position, and want to talk about it first, you may contact Kathi Koehn at [kkoehn@mnorn.org](mailto:kkoehn@mnorn.org) or 651-271-5863.

Credentials matter, but experience matters also. For instance, when ANA was appointing a steering committee for a Nurse Fatigue workgroup, they appointed nurse scientists who are conducting research on fatigue and sleep. They also appointed a staff nurse who almost fell asleep driving home from work. If you are interested, ANA will be interested in you!

If you apply, let us know, so we can write a letter of recommendation for you.

### **Here is the official Call for Candidates from the Chair of the Committee on Appointments:**

On behalf of the ANA Committee on Appointments and the ANA Board of Directors, it is my pleasure to announce that the 2021 Call for Nominations for Appointed Positions is now open through 11:59pm ET, Wednesday, June 23, 2021.

As you consider volunteering your time and talent to ANA, please take a look at the committees/boards with open seats listed below:

<b>Board/Committee (link to profile)</b>	<b>Member Seats Available (terms of service)</b>	<b>Alternate Seats Available (terms of service)</b>
<a href="#">ANA Political Action Committee Board of Trustees</a>	1 Member 9/2021 - 12/ 31/2022	N/A
<a href="#">American Nurses Credentialling Center Board of Directors</a>	4 Members 1/1/2022 - 12/31/2023	N/A
<a href="#">Committee on Bylaws</a>	3 Members 1/1/2022 - 12/31/2023	2 Alternates 1/1/2022 - 12/31/2022
<a href="#">Committee on Honorary Awards Subcommittee</a>	12 Members 9/13/2021 - 3/31/2022	N/A
<a href="#">Committee on Nursing Practice Standards</a>	2 Members 1/1/2022 - 12/31/2024	N/A
<a href="#">Minority Fellowship Program National Advisory Committee</a>	5 Members 1/1/2022 - 12/31/2024	3 Alternates 1/1/2022 - 12/31/2022
<a href="#">Professional Policy Committee</a>	4 Members 1/1/2022 - 12/31/2023	3 Alternates 1/1/2022 - 12/31/2022

Please visit the [Committee on Appointments page](#) on NursingWorld for the 2021 Guide to the Appointments Process and related documents.

### **NOMINATION DEADLINE – 10:59pm CT, WEDNESDAY, JUNE 23, 2021**

If you have any questions regarding the appointments process, please contact Governance & Planning staff at [leader@ana.org](mailto:leader@ana.org).

Thank you.

Stephanie Pierce  
Chair, Committee on Appointments



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## Future of Nursing Report Release Webinar

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### Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity

May 11, 2021 | 2:00 to 3:30 pm CT



Join us on Tuesday, May 11, 2021, at 2:00 pm CT for a webinar to discuss findings and recommendations from *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*.

Nurses play a key role in the health of Americans. Tapping into their unique combination of skills, knowledge, and dedication constitutes an important opportunity to address health inequities and improve health and well-being for all. This long-awaited report will explore how nurses can work over the next decade to reduce health disparities and promote equity, while keeping costs at bay, utilizing technology, and maintaining patient and family-focused care.

Sponsored by Robert Wood Johnson Foundation, this report builds on the foundation set out by the 2011 Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health*.

**[CLICK HERE TO REGISTER](#)**



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## Opportunities to Get Involved in Climate Change

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### Join us for our New Nurses Drawdown Webinar Series

Starting on April 14, every two weeks we've been holding a one hour webinar on each of the five areas of action Food, Energy, Mobility, Nature-Based Solutions, and Gender Equity. We are able to offer 1 hour of free continuing education credit for each webinar. All of the webinars will be recorded so please sign up even if you can't attend live and we will automatically send you the recording.

Hope you can join us!!

On April 14th, we discussed the impacts of agriculture on climate change and review of initiatives to move towards more plant based diets and carbon footprint reduction in nutrition services.

On April 28th, we heard about the impact of climate change on mobility and ways that nurses can implement sustainable mobility practices in their work.

#### Upcoming webinars in the Series

Nature-Based Solutions: May 12 at 12pm EST - [Register here](#)

Energy: May 26 at 12pm EST - [Register here](#)

Gender-Equity: June 9 at 12pm EST - [Register here](#)

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### Reminder to Please Take the Minnesota Department of Health Climate Change and Health Survey

The Minnesota Department of Health (MDH) is interested in learning more about the health impacts of climate change on Minnesota communities. The [MN Climate & Health Program](#) at MDH is collaborating with Health Professionals for a Healthy Climate and the University of Minnesota's School of Nursing to:

1. Learn how climate change is clinically manifesting in Minnesota.
2. Understand the knowledge, attitudes, and practices of physicians and nurses around climate change.
3. Identify and respond to the barriers facing physicians and nurses in addressing climate change with their patients.

The following short online survey will help MDH and its partners develop tools to address the health impacts of climate change and should only take about 5-10 minutes to complete. Responses are anonymous, and no personal identifiers are requested of you or your patients. Participation in this study is voluntary. Your decision about whether or not to participate will not affect your relations with MDH or the University of Minnesota. The research team encourages respondents to express personal impressions and opinions, as these perspectives are valid and the goal of this inquiry.

**Please help us better understand the health impacts of climate change by responding to the survey by Friday, May 14<sup>th</sup>.**

**Here is the link to the survey:** [Minnesota Survey of Healthcare Professionals on Climate Change and Health](#)

Please contact Kristin Raab, MN Climate & Health Program Director, [Kristin.raab@state.mn.us](mailto:Kristin.raab@state.mn.us) if you have any questions or comments regarding the survey. Thank you for your consideration!

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### **“Words of Hope” by Clarissa Pinkola Estes**

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**"In any dark time, there is a tendency to veer toward fainting over how much is wrong or unmended in the world. Do not focus on that.** There is a tendency, too, to fall into being weakened by dwelling on what is outside your reach, by what cannot yet be. Do not focus there. That is spending the wind without raising the sails . . .

**Ours is not the task of fixing the entire world all at once, but of stretching out to mend the part of the world that is within our reach.** Any small, calm thing that one soul can do to help another soul, to assist some portion of this poor suffering world, will help immensely. **It is not given to us to know which acts or by whom, will cause the critical mass to tip toward an enduring good . . .**

**Struggling souls catch light from other souls who are fully lit and willing to show it.** If you would help to calm the tumult, this is one of the strongest things you can do . . ."

Words of hope by Clarissa Pinkola Estes, American poet, post-trauma specialist and Jungian psychoanalyst, author of *Women Who Run With the Wolves*. Full piece, "We Were Made for These Times,"



**CAREGIVER COURAGE TOOL KIT FROM COURAGE TO CAREGIVERS**

<p><b>COURAGE AFFIRMATIONS</b> Use affirmations to inspire you, reframe your thoughts, or post them somewhere as a reminder.</p> <p><i>I embrace this day with confidence and courage.</i></p> <p><b>I am doing the best I can at this moment.</b></p> <p>I have hope and trust that the light always outshines the darkness.</p> <p>I have survived 100% of my worst days so far. I am stronger than I think.</p> <p>Inhale courage. Exhale stress.</p>	<p><b>COURAGE TIPS</b></p> <ol style="list-style-type: none"> <li>1) <b>NOTICE</b> – what is causing you fear</li> <li>2) <b>FACE IT</b> – acknowledge what is causing your fears – say them out loud – to yourself, a family member or friend, a professional</li> <li>3) <b>FIND YOUR SANCTUARY</b> – a safe space</li> <li>4) <b>REFOCUS</b> – think about something else – picture yourself in a happy place</li> <li>5) <b>BREATHE</b> – focusing on your breath drives out fear - practice 4-7-8 breathing</li> <li>6) <b>MEDITATE</b> – use a mantra or guided meditation app to refocus your brain</li> <li>7) <b>LET IT GO</b> – fear is a reaction – feel it, then let it go</li> <li>8) <b>RECOGNIZE</b> – you possess <b>COURAGEOUS</b> behaviors to face your fears</li> <li>9) <b>POSITIVITY</b> – focus your thoughts on what’s going well – the silver linings of any situation</li> <li>10) <b>GRATITUDE</b> – find one thing that you can be grateful for every day</li> <li>11) <b>PLAN</b> – how will you continue to build your courage to let go and move on</li> </ol>
<p><i>“Courage starts with showing up and letting ourselves be seen.”</i> – Brené Brown</p>	<p><b>PODCASTS</b></p> <p><b>Unlocking Us</b> with Brené Brown – live, love, parent, and lead with more courage and heart</p> <p><b>Being Well</b> with Rick Hanson and Forrest Hanson - explore how we can become happier, build inner strengths, and get the most out of life</p> <p><b>The Mastin Kipp Podcast</b> - encouragement and inspiration to improve your mental + emotional wellbeing</p>
<p><b>WEBSITES and LINKS</b> A few of our favorites</p> <p><a href="http://www.mindful.org">www.mindful.org</a> – all things mindful and meditations that inspire and connect</p> <p><a href="#">What We Can’t Control Is Teaching Us To Let Go</a> (Easier Said Than Done) - Forbes</p> <p><a href="#">That Discomfort You’re Feeling Is Grief</a> – Harvard Business Review</p>	<p><b>COURAGE</b> <b>bravery; daring; fearless; heart</b> ❤️</p> <p>mental or moral strength to venture, persevere, and withstand danger, fear, or difficulty</p>
<p><b>BREATHING EXERCISE – 2-to-1 RATIO BREATHING</b> Exhalation at a duration twice as long as inhalation 2-to-1 breathing reduces stress and anxiety as well as improves sleep</p> <p>Come to a comfortable position. Allow yourself a few minutes to relax and breathe deeply. Finding a natural count to your inhale, then progressively lengthening the exhale to twice as long as the inhale.</p> <ul style="list-style-type: none"> <li>• Exhale - Breathe out for 4, 6, or 8 counts</li> <li>• Inhale - Breathe in for 2,3 or 4 counts</li> </ul> <p>Do about 10-20 rounds or more depending on how you feel.</p>	<p><i>“Although the world is full of suffering, it is also full of the overcoming of it.”</i> – Helen Keller</p>

**WWW.COURAGETOCAREGIVERS.ORG 216-536-7699**

@2020, Courage to Caregivers, Inc.

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## Nurses Are Also Scientists

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The pandemic has only reinforced what nursing professionals have known all along  
Eileen Sullivan-Marx April 27, 2021



A nurse tends to a COVID patient in the ICU. Credit:  
[Getty Images](#)

As ICU beds filled with COVID-19 patients last spring, hospitals learned that very sick patients were able to breathe better when they were flipped onto their stomachs. This positioning, called proning, has been used for decades to improve clinical outcomes for those suffering from acute respiratory distress syndrome (ARDS), the lung condition that patients with severe COVID-19 cases develop.

Proning for ARDS was [first described](#) in 1976 in an article published in the journal *Critical Care Medicine* by ICU nurse Margaret Piehl and physician Robert Brown. As a fellow nurse, it's not surprising to me to learn that a nurse helped pioneer and gain acceptance for this lifesaving procedure.

The COVID pandemic has made it abundantly clear how important nurses are to our healthcare system. They have heroically cared for patients and have rapidly integrated new knowledge on the disease into the care they provide. Some nurses are also generating new knowledge through research—whether they run clinical trials as [clinical research nurses](#), or lead their own research programs studying topics from [metabolic disease](#) to [dementia](#) to [symptom science](#).

But the truth is that [all nurses are scientists](#).

To become a nurse, you don't just learn human anatomy. The required prerequisites for nursing education are science courses, from high school to nursing school, where future nurses learn chemistry, microbiology, physics, genetics, pharmacology and pathophysiology. This foundation of science enables them to apply their knowledge to the complexities of caring for people.

Take ICU nurses, who have been on the front lines caring for critically ill COVID-19 patients. They have gotten where they are not only for their care and compassion, but for their science training and acumen in managing the complexity of a patient's illness. Besides holding a patient's hand, communicating with patients and families, bathing and comforting, ICU nurses are assessing and adjusting intravenous fluids, medications and oxygen levels that inform how to keep the patient in pH balance, oxygenated correctly and at the appropriate cognitive level for their recovery. They do this with knowledge and skills in assessing and monitoring electrocardiograms, arterial blood gases (oxygen, carbon dioxide and pH), managing ventilator settings and observing body responses that include fluid retention, skin color, vital signs, lung and heart sounds and brain cognition.

Adam Hadas, a critical care nurse in New York City, integrates science into his nursing practice every day. During the height of the COVID-19 pandemic in New York, he was redeployed to work in various hospital units, including a COVID-19 ICU. Along with the rest of the scientific, medical and nursing communities, he engaged in rapid information sharing to hone his response to this awful disease, poring through journal articles and resources from organizations like the American Association of Critical Care Nurses and the Society of Critical Care Medicine. New knowledge about how COVID-19 affects the lungs had a direct impact on how ventilators were used in care. Hadas also regularly turns to resuscitation science in his emergency response work; through rigorous study, scientists have developed [algorithms](#) to achieve the highest survival rates for people experiencing cardiac arrest. Nurses' understanding and deploying resuscitation science saves lives.

Nurses do this all simultaneously with appreciating and acting on what we in nursing call "the human response to illness" and helping patients recover. They do this with strong collaboration skills and with a team of providers, yet nurses are often the implementers of team decisions, given their presence at the bedside 24 hours a day. Nurses communicate across the 24-hour cycle with one another using a systematic and organizational plan so that no gaps in care occur and that a trajectory of recovery or humane end-of-life experience takes place.

It is difficult to fathom how all of this happens in the ICU or in a community setting, but it does—and this is what the mechanics of nursing look like, how it works and how we prepare those who endeavor to become nurses. Their foundation of scientific knowledge enables them to provide the care that so many of us [applauded every evening last spring](#). Perhaps this is why nurses have once again been ranked [the most trusted profession](#).

*This is an opinion and analysis article*

<https://www.scientificamerican.com/article/nurses-are-also-scientists/>

## Check Out the New ANA Innovation Website!



Check out our brand-new website! It features a dynamic design and a simpler layout for easier navigation. We invite you to explore the site and click around to discover all the events, podcasts, CNE courses, stories, blogs, and resources now at your fingertips! Plus, lots more to come.

### Trust Your Ideas. Take a Chance. Be Gutsy!

Nurses have always been innovators. The act of nursing and providing nursing care – is innovation in action. There are no shortages of areas across healthcare that need transformation. We are dedicated to building a culture of innovation across the nursing profession. Our work exists to support and nurture the inventive, curious, and pioneering nature of our profession. An innovative mindset is not determined by age, length of service, or area of practice. It is defined by the desire to improve the status quo. Nurses know better than anyone that small changes can make a big difference. Your ideas are powerful – so don't hesitate to be a little gutsy!

### Sharing Stories

The ANA vision is to create a “healthier world through the power of nursing.” Our goal is to shine the light on nurses who are innovating across healthcare – by improving processes, creating new programs, designing better care experiences for people, staff, or communities. And, the list goes on! We've been overwhelmed by the excitement and growth of the ANA Innovation Awards submissions, the expanding audience for the See You Now podcast, increasing event attendance, and participation. We look forward to hearing your story and learning about how you're stepping in to make change across healthcare. Thank you for everything you are doing!

### See You Now Podcast



ANA has partnered with Johnson & Johnson to create and promote a series of insightful podcasts highlighting how nurses are leading in new ways and changing the conversation around healthcare. Below are a couple of our most recent podcasts.

#### Episode 40: Counting on Faith

In this episode we explore with UK HealthCare's Chief Diversity Officer Tukea Talbert DNP, RN, CDP how partnerships with our communities' faith leaders and congregations can build trust, break systemic barriers to access, and



move toward health equity. [Listen to Episode 40 now.](#)

### Episode 43: Caring About Access

In this episode, nurse practitioner Wendy Wright, APRN, FAANP, examines a fresh model for primary care where access, time, presence, data, and innovation are key to how her nurse practitioner-led primary care clinics are meeting people where they are—even if that's in the front seat of their car, under a tent, or in a parking lot! [Listen to Episode 43 now.](#)

### Keep Being Gutsy!

“If you change the way you look at things, the things you look at change.”

-W. Dyer

Be sure to check out the ANA Innovation Website - <https://www.nursingworld.org/practice-policy/innovation/>

