
ANA Leads Nursing Community to Strengthen COVID-19 Vaccine Confidence



On December 15, 2020, the American Nurses Association (ANA) joined with the American Hospital Association (AHA) and the American Medical Association (AMA) in an [open letter](#) urging health care professionals to take the COVID-19 vaccination when it becomes available to them. Since that time, ANA has been delighted to see the welcome images and stories shared of nurses stepping up to take the COVID-19 vaccine, and prepare themselves to vaccinate the general public when the time comes.

More recently, ANA, AHA and AMA released a [public service announcement](#) (PSA) calling for the American public to get the COVID-19 vaccination when it is their turn. The PSA emphasizes that COVID-19 vaccines are safe and effective, and will help us all as we work together to defeat COVID-19.

Many people, including some nurses and [other health care providers](#), are skeptical about taking the vaccine. Some are distrustful of the speed with which the vaccine came to market. Others, including many individuals from Black American, Latin-x and other communities of color, legitimately distrust [a healthcare system that has a history of discrimination, abuse, and neglect](#). This history not only points back to unethical and inhumane scientific experimentation such as the Tuskegee project, but is manifest in persistent disparities and systemic injustices in health care access and outcomes, even to this day in the COVID-19 pandemic. ANA along with the American Academy of Nursing has [called for broad-based social action](#) to address injustice and racial inequities in health care. Disparities must be addressed if the project to vaccinate the nation is to be successful.

In an effort to lead by example and show certainty of the science in the safe outcomes of COVID-19 vaccines, ANA President Dr. Ernest Grant participated in the Moderna vaccine trial. "It afforded me the opportunity to stand in solidarity with nurses on the frontline, battling the COVID-19 pandemic all across the U.S. Secondly, I recognized the urgent need for Black Americans to participate in vaccine clinical trials," said Dr. Grant. The trial was unblinded earlier this year and Dr. Grant learned that he did receive the vaccine, as opposed to the placebo. He has elected to remain in the study for the full two years, as Moderna continues to gather data on the effects of the vaccine.

ANA leaders are confident in the capacity of the nursing profession to meet this moment. This confidence comes from knowing that [nursing remains the most trusted profession](#), and that nurses hold themselves to high ethical and practice standards. Following these standards in the broadest sense means that a nurse will have an informed, considered approach to receiving and administering the COVID-19 vaccine. A nurse must consider their duties to optimize patient outcomes and promote the common good, along with the responsibility to safeguard their own well-being. In any situation, there is an ethical obligation to seek and obtain education and information, as well as advocate for answers when there are questions. Nurse leaders have a duty to provide nurses with accurate and accessible information so that individual nurses can make an informed decision for themselves and in turn assist in counseling their patients.

In a survey of 13,000 nurses conducted [last October](#), four out of ten nurses indicated a need for more information about the COVID-19 vaccine as a major reason for their skepticism at that time. To meet that need, ANA set about to educate nurses and equip them with the tools they need to make decisions for themselves and for their patients. One key component is a set of [Guiding Principles](#) for Nurses, organized around themes of Access, Transparency, Equity, Efficacy, and Safety, approved by the ANA Board of Directors in 2020.

ANA continues to work to gather the most credible, evidence-based information about the vaccines, and share that information widely with members, nursing communities, partners in health, and policymakers.

Nurse-focused materials available now include:

- [FAQs](#) created jointly by ANA and the pharmacist group ASHP, written with the clinician in mind.
- A webinar and [short-form videos](#) featuring perspectives from a public health nurse and presenting the facts about COVID-19 vaccine development and distribution

ANA's dedicated vaccine webpage also offers links to relevant information from partners such as the Centers for Disease Control and Prevention (CDC). ANA is using its other distribution channels to share information helpful to nurses in the vaccination effort, such as the [Vaccine Handling Toolkit](#) recently released by ANA's partner US Pharmacopeia. The toolkit informs operational issues on preparation and labeling, storage and transport, and waste and disposal of COVID-19 vaccine material.

Providing vaccine education and resources aligns with ANA's [commitment to immunization](#) as a critical component of public health. In addition to providing information directly to nurses, ANA has advocated for public policies to address specific aspects of the vaccine roll-out that are important for nurses and their patients. In a [letter to the transition team](#) for the new Biden administration, ANA emphasized that nurses are central to vaccination efforts and their voices should be considered in distribution planning. ANA also called for

federal resources to support mass distribution and administration. Advocacy on vaccines goes hand in hand with continued advocacy for policies to expand access to protective equipment and provide economic relief as strategies that are also key to slowing the spread of COVID-19.

For more information about ANA advocacy on issues that are important to nurses, visit [RNAction.org](https://www.rnaction.org).

Updates from the ANA Governmental Affairs Department



Biden Administration's National Strategy for the COVID-19 Response and Pandemic Preparedness

In February President Biden issued this document detailing the administration's plan to beat COVID-19. It's a 200 page document that discusses its seven main goals: building back public trust, mounting an aggressive and safe vaccination campaign, mitigating spread through expanding masking, testing, data, treatment and health care workforce, using the Defense Production Act to its full extent to make more PPE and vaccines, reopening schools, businesses, and travel, protecting those most at risk and advance equity, including across racial, ethnic and rural/urban lines, and restoring U.S. leadership globally and build better preparedness for future threats.

<https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>

Executive Orders/News

Prep Act was amended earlier this year and it expanded the categories of people able to prescribe, dispense, and administer COVID-19 vaccines. This was sought to increase the amount of people who can administer vaccines across the country.

Any healthcare provider who is licensed or certified in a state to prescribe, dispense, and administer COVID-19 vaccines, as long as the license is in good standing, any physician, RN, or LPN whose license expired within the last 5 years to prescribe, dispense, and administer COVID-19 vaccines in any state as long as the license is in good standing.

<https://www.hhs.gov/about/news/2020/12/03/hhs-amends-prep-act-declaration-including-expand-access-covid-19-countermeasures-telehealth.html>

ANA Supported Legislation in 117th Congress

Community Immunity During COVID-19

Legislation being led by Lauren Underwood in the House and Tina Smith in the Senate. This bill proposes support for vaccination efforts and to reverse drops in vaccination rates through a mix of funding for local initiatives and access to primary care services. Specifically it would provide \$560 million to build on state, local, and Tribal public health infrastructure to promote routine vaccinations, including through:

Partnerships with health care providers, schools, pharmacies, vaccine coalitions, and community-based organizations;

- Culturally and linguistically appropriate information about vaccines
- Outreach to promote health insurance options and immunization programs
- Evaluation of efforts in order to improve initiatives to promote vaccinations
- Distribute \$2.5 million in funding to develop guidance on a COVID-19 vaccine.

Bill numbers: S.167; H.F. 736

Black Maternal Health Momnibus Act of 2021

Legislation being led by Lauren Underwood in the House and Cory Booker in the Senate (Senator Tina Smith is a co-sponsor). The Black Maternal Health Momnibus builds on existing legislation to comprehensively address every dimension of the maternal health crisis in America by:

- Make critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition.
- Provide funding to community-based organizations that are working to improve maternal health outcomes and promote equity.
- Comprehensively study the unique maternal health risks facing pregnant and postpartum veterans and support VA maternity care coordination programs.
- Grow and diversify the perinatal workforce to ensure that every mom in America receives culturally congruent maternity care and support.
- Improve data collection processes and quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.
- Support moms with maternal mental health conditions and substance use disorders.
- Improve maternal health care and support for incarcerated moms.
- Invest in digital tools like telehealth to improve maternal health outcomes in underserved areas.
- Promote innovative payment models to incentivize high-quality maternity care and non-clinical perinatal support.
- Invest in federal programs to address the unique risks for and effects of COVID-19 during and after pregnancy and to advance respectful maternity care in future public health emergencies.

- Invest in community-based initiatives to reduce levels of and exposure to climate change-related risks for moms and babies.
- Promote maternal vaccinations to protect the health and safety of moms and babies.

Bill numbers: H.R. 959; S. 346

Newly introduced legislation to highlight

PPE Legislation: legislation introduced by Senators Durbin and Cassidy. This legislation will support a sustainable domestic PPE market by harnessing the purchasing power of the Strategic National Stockpile. There will be much more information to come as the legislation is introduced.

Bill number: S. 308

ANA Letters to the Hill

- Welcome to Congress letter outlining several priorities that ANA wanted to highlight. The letter gives offices a snapshot of what ANA's goals are and opens the door for meetings and opportunity to further discuss the issues. The letter went to every member of Congress.
- ANA Letter to Congressional Leadership on Mental Health. This letter includes specific "asks" to be considered for the next COVID-19 bill. The asks include: establishing mental and behavioral health resources for nurses providing care across all health care settings, passing the Dr. Lorna Breen Health Care Provider Protection Act, which is a bipartisan legislation to:
 - Reduce the rates of suicide and address behavioral health conditions among health care professionals
 - Ensure that nurses do not have to use their PTO because of suspected exposure or contraction of COVID-19
 - Provide hazard pay
 - Rebuild the public health infrastructure.
- Letter to Committee Chairmen and Ranking Members on ANA's key committees congratulating them on their appointments and sharing information about ANA's priorities and offering ANA President, Dr Ernest Grant as a testifier/resource as they continue work.

<https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/legislative-and-regulatory-advocacy/anas-covid-19-asks-to-congressional-leadership/>

ANA Letter to Congressional Leaders



January 27, 2021

Dear Speaker Pelosi, Leader Schumer, Leader McCarthy, and Leader McConnell:

On behalf of the American Nurses Association (ANA), we thank the United States Congress for its ongoing efforts to provide resources and support as the nation continues to combat the COVID-19 pandemic. Previously enacted COVID-19 response legislation has focused on the important tasks of revitalizing the economy and making important improvements to our nation's health care system. ANA urges you to continue this work and remain focused on implementing robust policies that assist our nation's frontline health care providers.

A year has passed since the first COVID-19 case was reported in the United States, and our nation's nurses continue to answer the call and serve tirelessly on the frontlines of the pandemic. Prior to the COVID-19 pandemic, many of our nation's nurses experienced tremendous levels of stress in their day-to-day work, with challenges including exceedingly long hours and staffing shortages unfavorable to safe workplaces. Now, that stress has been exacerbated as nurses face the overwhelming strains of providing care.

Of the more than 12,000 nurses participating in a December 2020 survey conducted by the American Nurses Foundation, Pulse of the Nation's Nurses, most shared they are currently experiencing a higher likelihood of depression, anxiety, and distress from when they were surveyed in spring 2020. During the spring administration of the survey, 50 percent of nurses indicated they were overwhelmed. These feelings have intensified as nurses indicated in the recent survey that 72 percent of them felt exhausted. Congress must act to address the needs of frontline providers in order to ensure that we continue to have a workforce in the future.

As Congress begins work on its first COVID-19 response package in 2021, ANA urges you to consider the following policies to protect nurses and other health care professionals as they risk their own health and safety to save the lives of their fellow Americans:

- Establish mental and behavioral health resources for nurses and other health care professionals providing care across all health care settings;
- Pass the Dr. Lorna Breen Health Care Provider Protection Act (H.R. 8094/S. 4349), bipartisan legislation introduced in the 116th Congress which would reduce the rates of suicide and address behavioral health conditions among health care professionals;

- Ensure that nurses do not have to use their paid time off because of suspected exposure or contraction of COVID-19;
- Provide hazard pay to nurses, and other frontline health care providers, to maintain a ready workforce in the face of the demands of responding to the pandemic;
- Rebuild the public health infrastructure that was decimated by budget cuts after the 2008 financial crisis and has hindered our nation's ability to combat the current pandemic.

While these are the topline issues impacting our nation's nursing workforce, ANA remains committed to working on vaccine education and administration, ensuring access to safe and appropriate personal protective equipment, shoring up our nation's public health infrastructure, ensuring we have the funding necessary to support a robust nursing workforce in the future, and protecting our nurses against workplace violence. We have attached a welcome letter that has been sent to each member of Congress that outlines these priorities in greater detail. We welcome the opportunity to work with each of you to address these vital issues.

I encourage you to pass bipartisan, comprehensive legislation that will provide robust protections and resources for our nation's frontline health care providers. ANA looks forward to opportunities to work together as we continue to combat the COVID-19 pandemic and stands ready to serve as a resource. Please contact Ingrida Lusic, Vice President of Policy and Government Affairs at (301) 628-5081 or Ingrid.lusic@ana.org with any questions.

Sincerely,

Debbie Hatmaker, PhD, RN, FAAN Chief Nursing Officer/EVP

cc: Ernest Grant, PhD, RN, FAAN, ANA President

Loessa Cole, DNP, MBA, RN, NEA-BC, FACHE, ANA Chief Executive Officer

Congratulations to MNA President Mary Turner on her appointment to the Federal COVID-19 Health Equity Task Force.



The purpose of the Task Force is to provide specific recommendations to the President, through the Coordinator of the COVID-19 Response and Counselor to the President (COVID-19 Response Coordinator), for mitigating the health inequities caused or exacerbated by the COVID-19 pandemic and for preventing such inequities in the future.

The work of the Task Force is considered to be ongoing, with quarterly meetings. You can read more about it in the [Charter: COVID-19 Health Equity Task Force](#).

Mary, an intensive care nurse at North Memorial, is the only registered nurse on the task force. "I've seen how this pandemic has disproportionately hurt people in our community. At my hospital, we have a diverse patient population, and as nurses, we can see what the data is telling us. More patients in our communities of color. More effects of the virus. We have to end this by fairly distributing our resources to everyone."

Locally, Mary serves as the Chair of the Board for Isuroon¹, which provides empowerment, culturally sensitive health education, and advocacy for Somali women.

MNORN has reached out to Mary to offer her support as she begins this important work. Her response was that she is "just the spokesperson," and that she "needs a great team around her." We are grateful that a Minnesota Nurse has been appointed to this task force and we are happy to be part of her "team."

MHA Releases Report on Minnesota's Health Care Workforce

March 2021:

The workforce diversity rate in Minnesota hospitals and health systems increased over the past 11 years, increasing 110% – from 10% to 21% – in the Twin Cities metro and 66% – from 3% to 5% – outside the Twin Cities metro, according to a new report released today by the Minnesota Hospital Association (MHA) examining health care workforce demographics and turnover.

MHA member hospitals and health systems are asked to submit data annually on age, gender, race and ethnicity for 40 direct patient care jobs in their hospitals, clinics, laboratories, emergency response and outpatient services. The data in this report reflects workers employed on Jan. 1, 2020, so does not include workforce data during COVID-19. The report represents a synopsis of health care workforce data collected by MHA to illustrate benchmarks and trends hospitals and health systems utilize to perform strategic workforce analysis and make decisions on how to support health care staff.

"Hospitals and health systems use workforce data to plan for potential workforce shortages, attract and retain diverse candidates and ensure a strong and engaged health care workforce," said Dr. Rahul Koranne, president and CEO, MHA. "Hospitals and health systems are actively working to recruit, train, retain and engage a workforce that reflects the population of patients and communities they serve. This ongoing work is part of hospitals' and health systems' commitment to provide high-quality care for patients while ensuring that Minnesotans are healthy and have access to the right care at the right time in the right place."

¹ Isuroon is a non-profit organization that provides empowerment, culturally sensitive health education, and advocacy for Somali women living outside of Somalia. Founded in 2010, we operate on the principle that Somali culture emphasizes different values about wellness, medicine, health, and illness than Western medical traditions. We are a community-driven, community-led organization dedicated to educating and facilitating communication between Somali women and Western health care practitioners. We advocate for the safety and efficacy of medical practices within Somali communities locally and globally, and we seek to develop a self-sustaining community to support all Somali women.

There were 52,263 (68%) health care workers in hospitals, 16,966 (22%) workers in clinics and 7,474 (10%) in other care settings participating in MHA's 2020 data collection. The majority of workers identify themselves as white/non-Hispanic (85%) and women (82%). They work full-time (57%) for a facility in the Twin Cities metro (62%).

Other key findings in the report include:

- The workforce diversity rate in Twin Cities metro hospitals and health systems increased 110% over the past 11 years, going from 10% to 21%. Over the same time period, workforce diversity in non-Twin Cities metro hospitals and health systems has increased by about 66%, going from 3% to 5%.
- In the Twin Cities metro, 29% of the population identifies as Black, Indigenous or people of color (BIPOC). Patients who received care at Twin Cities metro hospitals and health systems had a diversity rate of 25%. Outside the Twin Cities, the population diversity rate is 12%, while the hospitalized patient population is 11%.
- Certified nursing assistants are the most diverse job category – approximately 45% of workers in that position identify as BIPOC – followed by pharmacy technicians, rehabilitation registered nurses and nursing station technicians, with BIPOC individuals making up between 29% and 30% of those positions.
- Minnesota hospitals and health systems onboarded 9,884 workers in 2019, 63% of whom were under the age of 35 and in the early stages of their careers. Two-thirds of the new workers hired in 2019 were in Twin Cities metro hospitals. BIPOC individuals represented 22% of the new hires by health systems statewide. Black and Asian workers comprised over 71% of the BIPOC new hires.
- Nurses are the largest category of the health care workforce. Thirteen registered nurse (RN) specialties represent 42% of the health care workers reported. Physicians represent 7% of those reported. The remainder of those reported have a job other than an RN or physician.
- Health care positions are held predominantly by women. The only positions with more males than females are physician (58%) and paramedic/EMT (61%) positions. In all other positions reported, there are more females than males. The largest gender difference occurs in the labor and delivery RN positions, where females make up 99.4% of the reported workforce.
- Millennials make up the majority of workers now. Five generations are actively working together in hospitals and health systems across Minnesota. The most recent data shows that millennials between the ages of 28 and 35 make up 46% of the workforce.

Average hourly pay from the U.S. Bureau of Labor Statistics (BLS) is available for Minnesota and for the U.S. for most, but not all, job categories collected by MHA. Average hourly pay is higher among MHA members in 19 of the 23 jobs where a comparison is available between Minnesota and the U.S.

[READ THE FULL REPORT](#)

Nursing Research Day is Virtual This Year



Care and Caregiving in a Complex World

Join us for Nursing Research Day 2021 April 16, 2021
Registration will open in mid-March
<https://www.nursing.umn.edu/research/research-day-2021>

Throughout the day, faculty, students, and community partners will lead concurrent oral and poster presentation sessions that showcase findings from innovative research and evidence-based projects that improve health and quality and quality care. This year's event will be held online.

Our keynote speaker will be **J. Nicholas Dionne-Odom, PhD, APRN, ACHPN, FPCN, FAAN**. He is an Assistant Professor in the School of Nursing at the University of Alabama at Birmingham and Co-Director of Caregiver and Bereavement Support Services in the UAB Center for Palliative and Supportive Care and UAB Hospital. Dr. Dionne-Odom's program of research focuses on the development and clinical trials testing of early palliative care, lay navigator-led interventions to enhance the coping and decision-making skills of family caregivers of persons with serious illness, particularly advanced cancer and heart failure. Dr. Dionne-Odom is the 2020 recipient of the Friends of the National Institute of Nursing Research Protégé Award and was recently named one of 10 inaugural Betty Irene Moore Fellows, a national program to develop the next generation of nurse leaders and innovators.



MNORN is Proud to be a Community sponsor of the U of M School of Nursing Virtual Nursing Research Day 2021.

Accreditation

In support of improving patient care, this activity is planned and implemented by The National Center for Interprofessional Practice and Education. The National Center for Interprofessional Practice and Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Nurses: Participants will be awarded contact hours of credit for attendance at this conference.

COVID-19 SUPPORT RESOURCES

- [ANA COVID-19 RESOURCE CENTER](#)
- [CENTER FOR SPIRITUALITY & HEALING, U of MN](#)
- [TIPS \(from the American Psychiatric Nurses Association\)](#)
- [RESOURCES \(from the National Academy of Medicine\)](#)
- [RESOURCES \(from the Association of Women's Health, Obstetrics & Neonatal - AWHONN\)](#)
- [RESOURCES from the American Academy of Nurses](#)
- [FOR the FRONTLINES - free crisis counseling](#)
- [NURSES PEER SUPPORT NETWORK](#)

COVID-19 EDUCATIONAL RESOURCES

- [ANA COVID-19 VIDEO EDUCATION SERIES](#)
- [COVID PODCASTS & WEBINARS FROM THE CENTER FOR INFECTIOUS DISEASE RESEARCH & POLICY AT THE U OF MN](#)
- [VIRTUAL EDUCATION ON COVID-19 FROM THE MINNESOTA ACADEMY OF FAMILY PHYSICIANS](#)



Virtual Nurses Peer Support Meetings

Due to COVID-19, all face-to-face meetings have been suspended. Please join us online!

The Nurses Peer Support Network has suspended all face-to-face in-person meetings until it is safe to resume them. In the interim NPSN provides several options for peer support using an online platform called InTheRooms (ITR) which meets every Tuesday evening at 7:00 PM (group name for the ITR meeting is NURSES HELPING NURSES). Full instructions on connection with [Full instructions on how to connect to the ITR meetings can be found here](#)



NPSN also offers a selection of Zoom Peer Support Meetings:

- [2nd Wednesday of every month at 7:00 PM](#)
- [1st Monday of every month at 6:00 PM](#)
- [3rd Monday of every month at 6:00 PM](#)
- [2nd Tuesday of every month at 6:00 PM](#) (This meeting is especially for individuals living in southeastern MN (Rochester, Winona, Albert Lea, Austin, Owatonna and area.)
- [4th Tuesday of every month at 6:00 PM](#) (This meeting is especially for individuals living in southeastern MN (Rochester, Winona, Albert Lea, Austin, Owatonna and area.)
- 1st and 3rd Thursday of every month at 6:30 PM.

(Email minnesotanpsnetwork@gmail.com for connection information

In addition to the online meetings listed above NPSN will provide one-to-one peer support via telephone. If you are interested please contact us at: minnesotanpsnetwork@gmail.com.

From End in Mind: 4 Helpful Tips to Navigate COVID-19 Grief and Loss²

Christa Meland January 12, 2021

The COVID-19 vaccine starting to make its rounds has brought some measure of hope to many Americans—but a lot of us are still navigating grief and loss after a most difficult year.



Dr. Pauline Boss, professor emerita of family social science at the University of Minnesota, coined the term “ambiguous loss”—which she describes as “a loss that remains unclear”—and has spent 40-some years studying it. Ambiguous losses are those that result in uncertainty and unanswered questions—for example, an invisible virus that’s upended our lives.

Some ambiguous losses involve a physical absence, like soldiers that go missing during war, and others revolve around a psychological absence, such as loved ones with dementia. COVID-19 has created both types of loss.

At our recent virtual event, [Oasis 2020: Hope and Possibility](#), Dr. Boss shared four key tips for navigating the ambiguous losses suffered as a result of the coronavirus:

² <https://www.endinmindproject.org/paulineboss-covid19grief/>

- 1. Recognize and name what you've lost:** A key part of navigating any loss is identifying that loss. While some have lost loved ones to COVID-19, all of us are grieving the loss of our ability to control our situation, said Boss. "Because of ambiguity and uncertainty, most of us who have lived in a culture where we master situations, we solve problems, we go crazy when we can't figure out what's happening and how to fix it—and that we are grieving."
- 2. Find something you can control:** Wearing a mask is one way to have some control over our situation by helping prevent illness to ourselves and others, Boss said. Another is by embracing new practices or hobbies—from baking bread to exercising at home to participating in social gatherings online—which many of us have done. "Americans have to have something we can fix," she explained. We can do that by learning a new skill or playing a game or engaging in countless other activities to stimulate our minds and/or pass the time.
- 3. Employ "both/and" thinking:** What this means is putting two contrasting ideas together: Something is bad *and* I can handle it. My loved one is gone *and* they remain in my mind and heart. I don't think I can handle this *and* I know I can ask for help. This way of thinking brings resilience and flexibility to a new situation, Boss said. If we adopt this more inclusive way of thinking rather than getting stuck in binaries or absolutes—i.e. this is over, I'm done, I'm going to stop believing COVID is real—we can move forward and make meaning from the losses we've suffered.
- 4. Embrace the ambiguity:** Ask yourself: What is real? What can I control? What can't I control? How can I move forward in this new environment of ambiguity? Many of us have a low tolerance for ambiguity, but it's dangerous for us to create our own certainty or assurances that don't align with reality. Embracing the ambiguity gives us an opportunity to be creative and innovative in how we navigate it.

Watch our [virtual program](#) to hear Boss' full presentation and to hear from other experts, speakers, and musicians while honoring the layers of loss we've experienced amid the pandemic.

For more of Boss' wisdom related to COVID-19, stay tuned for a new book she has coming later this year: "Ambiguous Loss in the Pandemic: The Myth of Closure." You can also listen to her talk about [ambiguous loss and the pandemic on the "Mind of State" podcast](#) and about [navigating loss without closure on the "On Being" podcast](#).



Health Equity and Anti-Racism (HEAR) Leadership Institute

Current events, along with the historical legacy we carry as a nation, as communities, and as individuals, call for urgent leadership action to dismantle systemic racism and promote health equity. Indeed, anti-racism and health equity are inextricably interconnected with environmental and climate justice, and addressing these issues is key in promoting a just health sector transformation.

Recognizing the need and desire for nurses to center anti-racism and health equity while taking leadership in environmental health and in their professional settings, ANHE is holding the Health Equity and Anti-Racism (HEAR) Leadership Institute for nurses and nursing students. The Institute will run from May through September of 2021.

The design of the HEAR Institute will be guided by the needs and contexts of participants as identified through pre-program interviews in which program applicants will be invited to participate. While this design of the HEAR Institute is still in development, we anticipate the program to consist of the following elements:

- Uplifting the experience of Black, Indigenous, and people of colors and those who have been given marginalized racial identities, including the people and communities we care for and our colleagues
- Group collaboration and community building among participants
- Support for taking acts of leadership around HEAR in environmental health and nursing practice
- Potential for individual or small group support and coaching

Participation open to nurses and nursing students from all backgrounds, identities, specialties, and geographical areas of the United States.

Four 1.5 hour virtual workshops offering instruction, discussion, and collaboration around health equity and anti-racism within the contexts of environmental health and justice as well as nursing practice more broadly. All workshops will be held from 12-1:30PM. Dates are May 18; June 15; July 20; September 21.

Further details and an application are forthcoming! If you would like to sign-up to receive more information and to be updated when the application period opens, please complete this [google form](#).

Please contact Rachel Kerr at
rachel@envirn.org with questions or for more
information