



From “Engaging the Community” to Taking the Community’s Lead

In the past several months, we have seen the multilayered impact of COVID-19. It has caused suffering and mortality among people and businesses. It has highlighted the cracks in our resilience and safety nets, both personal and societal. And, it has emphasized the importance of change using an architecture we have talked about time and time again—addressing the social determinants of health (SDOH), particularly for our vulnerable populations most affected by inequitable access to the resources needed to thrive.

WCN’s primary focus is on matching the supply of the nursing workforce to the state’s demand for quality health care. A growing portion of that work is ensuring that team-based care extends far beyond the hospital bed—and into the homes of patients. This is particularly true now when so many have been homebound because of COVID-19. As part of the effort to expand the reach of nursing, WCN is working on advancing health equity through its Leadership [Washington Nursing Action Coalition](#) (WNAC). While primarily composed of nurses, this group has increasingly recognized the importance of cross-sector and bidirectional collaboration in promoting health and is actively expanding its membership and partnerships to include community-based organizations. One such partner is the [National Alliance for Filipino Concerns](#) (NAFCON). NAFCON is an alliance of organizations, businesses and individuals interested in a common aim: the well-being of Filipinos in the US and the Philippines. NAFCON’s work is broad, encompassing the main pillars of preserving and celebrating Filipino culture and heritage, empowering the community through education, promoting access to quality and culturally humble healthcare, and advocating for the rights of Filipinos. However, how it emerges in each community is different—as it is based on a community needs assessment whereby the community identifies what it needs most.

Nationally, NAFCON launched a campaign called the, “Bayanihan Response to COVID-19.” The primary goal is to get resources and information where they are needed and lessen the burden of this crisis on Filipinos in the short term, while advocating for policies and programs that stabilize these communities in the long term. Jenilee Policarpio is the Coordinator for the Washington chapter of NAFCON. When she was contacted by Evalynn Romano, a student at the University of Washington doubling down on both a Master’s of Public Health and Master’s of Social Work, she knew they could do great things together. Evalynn has since become the Project Manager for NAFCON’s

COVID-19 response in Washington, [Bayanihan King County](#), as well as the recipient of the Northwest Center for Public Health Practice’s student stipend given the robustness of her project. Jenilee supports her efforts to wrangle volunteers and coordinate projects. Therry Eparwa has been instrumental in helping secure additional grant funding using her technical writing skills.



Bayanihan King County began their work with a needs assessment using a phone tree that reached out to seniors who had been members of the International Drop-In Center: Filipino Senior and Family Services. These phone calls served to not only reduce social isolation but screen and brainstorm solutions for SDOH needs, such as food, housing, prescriptions, and utilities. Based on these calls, donations, grant-funding and volunteers were and continue to be mobilized to provide groceries, prepared meals, masks, and sanitizer to homebound seniors. In June, this group

also launched a Community Wellness Survey to uncover needs among its larger community. The local chapter will work with nursing students and its network of community partners to analyze the findings and design action plans to address community needs. In partnership with WNAC, Bayanihan King County was awarded the *Campaign for Action’s* [Nursing Innovation Fund](#) to expand the reach of this work.

One of the most important aspects of the work Evalynn, Jenilee and Therry are doing is building relationships with community leaders and members. [Evalynn Romano](#), says, “...community voices and input have been brought into every aspect of the project, even before the pandemic, from design to implementation to feedback.” This kind of leadership builds trust for a long-lasting relationship and ensures the community plays a role in meeting the needs they consider a high priority. This is exactly the model WNAC intends to follow to ensure communities, and the individuals and families that live within them, thrive. To amplify the community voice and support community-led efforts, WNAC is actively inviting representatives of community organizations to become members of the coalition, as well as looking to embed nurses and nursing students—inclusive of WNAC members—in community organizations and service. WNAC will learn much from doing this with Bayanihan King County and be able to scale up with future partners around the state.

To read more about the history of WNAC, click [here](#).

Men in Nursing

In celebration of 2020 as the Year of the Nurse and the Midwife, WCN is speaking with nurses and highlighting their leadership, experience, words, and wisdom. Nurses are heroes, today and every day!



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

Across the U.S. and in Washington State, the number of men employed in nursing hovers around 12%. Though small, this number has been steadily increasing since the 1970s when, according to the [U.S. Census Bureau](#), male RNs comprised only 2.7% of the nursing workforce. Factors contributing to the increase of men in nursing include, among other things, the cultural broadening of gender role stereotypes and the reduction of living wage manufacturing jobs in our country.

Oddly, the perception of nursing as “women’s work” was an invention of the early twentieth century rooted in the belief that caring and nurturing were qualities uniquely held by women. This perspective was a flip-flop from the previous century when only male orderlies could care for sick and wounded soldiers in times of war. Thinking at that time saw the masculine qualities of courage, strength, and stoicism as crucial when faced with the often-horrific realities of war and epidemics such as typhus and yellow fever ([Nurses in war, 2002](#)).

Fast forward to the 21st century, and finally, we are beginning to evolve out of these limiting perspectives. We now enjoy broadening views behind the complexities of expressions that make up an individual and determine what they are capable of accomplishing. Characteristics such as emotional intelligence, empathy, stoicism, nurturing, and strength can be held by men and women alike, in various degrees, irrespective of gender identity.

Though the stigma still exists, biases against men in nursing are changing rapidly. WCN spoke with several men in nursing to better understand their perspectives on choosing a career in this female-dominated profession.



Justin Gill is an ARNP, DNP graduate from Yale and health policy faculty at UW Bothell, and currently serves as the chair of the Washington State Nurses Association Legislative Health Policy Committee. We asked Justin why he chose a career in nursing.

“After I graduated high school, nursing was not my first career choice.

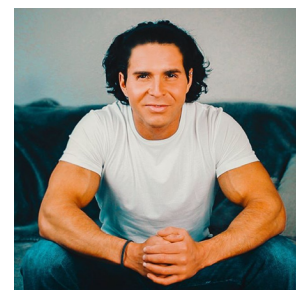
My initial career choice was political science and public policy. I came to realize that nursing was one of those professions where you could address and make an impact not just in people’s lives, but in healthcare in general. It is a very respected profession that is trusted by the public.

Another influence was my sister, who was going to nursing school at the time, and learning about her experiences was helpful. Her clinical involvement and what she was learning influenced me to change my major to nursing. I think it was the best decision I ever made because it is a job with economic se-



curity. It is also a good choice for me because advocacy is inherent to nursing practice, so I still have an attachment to my prior interest.”

Stefan Torres, RN and nurse advocate who’s popular [social media videos](#) include interviews with nurses, health tips, and topics directly affecting working nurses, shares how he came to choose nursing as a profession.



“I remember when I was five or six and at the school nurse back in Philly—and it was a guy. And I don’t recall if I asked my mom about it or if she just volunteered it, but she said, “Oh yeah, men can be nurses, too.” For some reason, that just always stuck with me. A lot of people have this association of nursing as a female role, but I never really felt that way. I never excluded myself from the possibility, maybe because my mom primed me.

When I chose nursing as a career, I was working in health-care already doing health information/medical records work at a rheumatology clinic. A nurse who worked in the infusion room there also worked as a charge nurse at Cherry Hill Emergency Department, and she would tell me, “You have got to come and shadow me some time.” Eventually, I did go and shadow her. The day I was there, I watched the ER team save a life—and it was amazing! Seeing that, I knew that this was something I wanted to be a part of. I had been considering some different avenues, but it seemed like nursing was the most versatile, had the most scheduling flexibility, had a variety of practice options, and offered opportunities to impact the lives of so many. After

I shadowed her, it was pretty much a done deal.”

Chris Bircham, RN and WCN board member, shared the obstacle he faced as a young boy living in rural South Dakota where, at the time, nursing was not supported as a profession for males.



"When I took a tour of a hospital with my classmates, we all got small gifts at the end of the tour. The boys were to receive a doctor's medical bag, while the girls received nursing caps. When I went to receive my gift, I asked for a nursing cap instead. That was neither expected, nor considered acceptable. After much effort and convincing to encourage me to accept my gift for "the boys," I continued to insist that I get my nurse's cap. When asked, "Why ever would I prefer the nurse's cap when I could be a doctor?" I replied, "for the same reasons the girls want to be RNs." During the tour, I had seen more patient interaction and care by the RNs, which made me feel good about being in that same role. I was laughed at and made fun of during and after that visit. Sadly, I did not get the support and encouragement I was hoping for, which was very disappointing. Even my parents just hugged me and said not to worry, things will get better, and everyone will forget what happened. I continued thinking nursing was not meant for males and to put that silly thought out of my head. Even when I earned my BS in Social Work, I was driven to take classes in science and medicine—not required for my degree. When my academic advisor inquired why, I said that I wasn't sure, but that I had always been interested in the healthcare profession. Again, physical therapy or medicine was encouraged, but not nursing.

I received my degree in social work—child protection, but

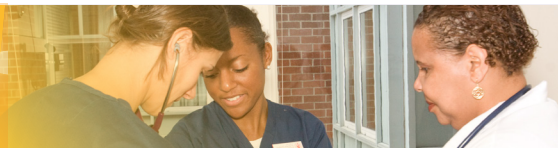
I wasn't satisfied. I left the field of social work and found that I floundered for many years in various jobs: banking, manufacturing, human resources... until our move to WA State. I was tired of one job after another and told my wife, "I want a job, not just an adventure!" She said, "Have you ever considered nursing? You'd make a great nurse!" Say what? Did I just hear that after many years of thinking men are not nurses? Did she know of my horrible childhood experience? I decided to pursue a career in nursing and told my family. The news was met with support and encouragement this time around, which gave me all I needed to get through the nursing program and become a nurse.

And, in the end, the girl that got my doctor's bag so I could have the nurse's cap, became a doctor, and everything worked out fine."

Nursing might not be a career for everyone, but gender identity has nothing to do with determining who will be successful in nursing and who will not. And since representation in nursing is intrinsic to better health care delivery, as the doors open for greater diversity in the nursing workforce, patients and communities receiving care in Washington win. Whether it is advocacy, job security, the opportunity to care for and impact people's lives, the numerous career path options, or working in a trusted profession, nursing can be and is a rewarding career for so many.

Note: Justin Gill recently wrote an op-ed piece for *The Bellingham Herald*, "Nurse practitioner says response to COVID-19 is conflict of culture, politics, reality." Click [here](#) to read the full article.

ENGAGING THE NURSING EDUCATORS OF THE FUTURE



On September 1, 2020, with grant support from the Premera Foundation, WCN hosted our half-day Zoom So You Want to Be a Nursing Professor Workshop. This program, which is in its second year, aims to introduce practicing nurses and prelicensure and graduating nursing students to a career in nursing education.

The workshop drew a large amount of interest and was a great success! However, to help ensure participants could ask questions and engage in dialog with the workshop presenters, space for the workshop was limited. Applicants and participants alike represented a diverse cross-section of ethnicities, educational achievement, and practice specialties. A wide range of experience was also present and included nursing students to practicing nurses with over 40-years of experience. Additionally, 20% of the attendees identified as living and/or working in a rural area.

The workshop was created by the [WCN Diversity Advisory Committee](#) to address the shortage of nursing faculty in Washington State while also expanding diversity among nursing educators. Facilitators, University of Washington's Butch de Castro, PhD, MSN/MPH, RN, FAAN; Green River College's KaraLynn La-Valley, PhD, MN, RN; and Seattle Pacific University's Antwinett O. Lee, EdD, MSN-CNS, RN broke the workshop into three sessions focusing on teaching, research, and service at a state university, a private university, and a community college. Participants in the workshop received four continuing education credits.

Piloted in 2019 in Western Washington, the program will be expanding to include Central Washington and Eastern Washington schools in 2021. The workshop informs participants of the responsibilities and duties of a nursing educator; the required degrees, qualifications, and preparation for educators, along

with the basics on how to apply for jobs in a college and university setting, attain tenure, and other aspects of navigating a career in the academic world.

Planning is underway for the next So You Want to be a Nursing Professor Workshop to take place in winter/spring of 2021. Stay tuned for future opportunities!

Want to know more? Please let us know by emailing your questions to Frank Kohel at frankk@wcnnursing.org.



Emerging Leaders in Nursing

An Interview with Ebony Brown, RN, School Nurse

WCN likes to highlight emerging leaders in nursing. If you know a nurse relatively new in their practice or working towards an advanced nursing degree impacting nursing with their leadership, let us know. Head over to wc nursing.org/in-the-spotlight/nominate-a-nurse/ and fill out the form to nominate an emerging nurse leader today!

It was a warm day in July when we sat down to do a Zoom interview with school nurse, Ebony Brown, who graciously agreed to be interviewed by WCN even though she was one week away from giving birth to twins. Our conversation with this passionate emerging nurse leader was both candid and inspiring.

Ebony Brown studied for her RN at Shoreline Community College from 2014-2016. She went on to enroll in UW Bothell's RN to BSN program graduating in 2018. Ebony is currently employed as a school nurse at Dimmitt Middle School in Renton, WA.

WCN: What inspired you to pursue a career in nursing?

Ebony Brown: My interest in health care started in middle school when a girl's group organization came to my school and started a mentorship program. Since the group was specifically for girls, we felt safe asking all those awkward questions you don't want to, or couldn't, ask your parents. One day, the woman running the program brought in a doll and showed us how our bodies work. I appreciated this experience because, although it might be cliché, knowledge really is power. When you understand your body and know what can happen, it puts you in a better place. After this experience, I knew I wanted to do something in women's health. No one in my family worked in health care, but I thought, okay, I'm going to be an OBGYN doctor, and that was the plan.

After high school, I enrolled in a women's liberal arts college in Georgia, pre-med track. While there, I got homesick



Lft: Ebony Brown Rt: Ebony Brown, her two newborns, and her delivery nurse

and decided to return to Seattle. Once settled back in Seattle, I wanted to learn more about what I was getting into, so I sought out shadowing opportunities. One of those opportunities included a doula workshop. It was there that I realized, wow, it's the nurses who have the most interaction with patients. Our doctors are important, of course, but after seeing the nurses be so hands-on, and learning about the multitude of career paths you can take in nursing, I immediately switched my focus to nursing. From there, I entered the nursing program at Shoreline Community College, which had its challenges, but I got through them all and successfully graduated in 2016.

After Shoreline, I entered the workforce for some experience before returning to study for my BSN at UW Bothell.

WCN: After graduation, where did you start your nursing journey?

Ebony Brown: After becoming an RN, I started working at MultiCare's Family Birth Center in Auburn to gain some experience in an inpatient setting and did well. However, I saw a lot of trauma in this environment. Labor and delivery are such beautiful things, but there are still so many things that can and do go wrong. After doing labor, delivery, and postpartum for six months, I thought, "this isn't really where my heart is" and decided to leave. The experience was invaluable though, I learned so many

great acuity skills that I still maintain to this day.

After my inpatient experience, I started working for an OBGYN clinic that supports NW Hospital's Birth Center near Northgate. I loved my time here! Whether it was a teenager coming in for birth control or seeing a mom for all nine months of her pregnancy, I was able to build connections with my patients and support women of all ages and at each end of the spectrum.

WCN: How did you go from a clinical setting to becoming a school nurse?

Ebony Brown: While working at the clinic, I was interested in getting into public health and I had an additional job working as a nurse consultant for Cardea Services. They provide continuing education for health care professionals. My manager there, who I had met through the nursing program at Shoreline where I had done clinicals with her, said, "Have you thought about school nursing? That's part of public health." At first, I thought, "Who me?! I don't have kids, I'm not sure about that, that sounds scary." But she encouraged me to consider it. I did some research and it was this whole other section of public health. I thought, "Why not?" After all, this was where my love for women's health and health care started blossoming. It felt full circle.

I was hired on with the Renton School District and immediately connected with

the manager and the other nurses in the district. I realized here just how important and involved health care is to our communities and to our children. How a child is cared for in their earlier years can really determine how they're going to function later in life. It was an excellent opportunity to grow myself even more.

WCN: What are some challenges or difficulties you've had to overcome in becoming a nurse?

Ebony Brown: Before entering nursing school, I had a traumatizing experience. I was on a program waitlist, which happens often because we don't have many nursing programs. However, I received a call from the admitting secretary who said, "Sorry, but there was a mistake and we are rescinding our offer because your spot has been taken by someone else." And I get it, they had made a mistake. It happens. But the comments made to me on the phone insinuated that I wouldn't have made it anyway because students on the waitlist don't typically do well, and for that reason, I should pretty much be grateful I didn't get in. It was frustrating and insulting. There was no reason for her to say the second part. It was rude and hostile. I was in my early twenties at the time and felt defeated. I was so discouraged that I almost gave up. I hadn't developed my own voice yet and didn't feel confident standing up for myself. But thankfully, I had my very supportive family. They said, "No, we're not going to do that," and encouraged me to advocate for myself. My brother-in-law, who is very good at mediating, helped

me through the situation. And ultimately, they did find a spot for me in the program and I did very well. That was a difficult experience.

Doubting and bullying are also huge. It is difficult to apply the morals and standards you learn in nursing school and residency to the real world of being on the floor; there is a lot of questioning, shaming, and doubting whether you're good enough to fit into the profession. It is difficult to maintain self-respect and a voice while being on the floor. It is difficult being constantly belittled by patients, physicians, or other nurses, and facing the systemic challenges resulting in a lack of resources and training that we need to do our jobs safely and prudently. These aspects of nursing can put you at risk for burnout. Therefore, I have changed jobs, unapologetically, early on in my career to avoid putting myself in a situation where I completely lose myself, my sense of safety, my truth, and my reason for even becoming a nurse.

WCN: That is a lot to endure. How did you overcome these challenges?

Ebony Brown: First, I will give a shout-out to taking care of your mental health. It didn't happen right away; I had to search and find counselors that I could relate to and who could help me develop healthy coping mechanisms while facing a variety of negative situations. However, finding someone to talk to was important.

My husband also played a huge part. He constantly empowers me and lifts me up.

At Shoreline, I met Frankie Manning. Ms. Manning is a member of the Mary Mahoney Professional Nurses Organization. They had previously come to my nursing school to present on who Mary Mahoney was, their professional organization, what they did, and what their goals were. I was encouraged to apply for and was awarded their scholarship. But I didn't just win a scholarship; I gained membership, support, inspiration, and a sense of community. And when I say inspiration, I mean like there are all types of generations in Mary Mahoney—that is what I appreciate. It is not just older nurses who are retired who have done incredible things to move diversity forward in the nursing profession. You go in there and you see young people of color my age who are going through similar things or are doing great things like going on to get their DNP. It is such a cohesive community—I feel supported and I never feel judged there. And they work hard with little resources to make many opportunities available to other nurses of color. They even assign you nurse mentors. Having a group like Mary Mahoney is huge!

WCN: Why do you think diversity is important in the nursing workforce?

Ebony Brown: As a student of nursing, when I did see nurses of color, it gave me hope. When facing challenging times and I felt like maybe I wasn't going to get through the program, it gave me hope that someone who looks like me could make it through. It helped me to break through those hard and uncomfortable barriers that just seem

[*Click here to read full interview...*](#)

CNEWS UPDATE for CNEWS Members....

The Council for Nursing Education in Washington State (CNEWS) is planning their Fall 2020 Conference for October 8 and 9, 2020. This year's conference is adapted for the current COVID-19 pandemic. The two-day event will be a web-based ZOOM conference to conduct necessary CNEWS business. The New Deans & Directors Meeting will be held on October 16, 2020, and is by invite only from Gerianne Babbo. Additionally, a refresher meeting on the topic of education rules will be scheduled in November 2020 for anyone who would like to attend virtually.

Please contact Frank Kohel at frankk@wc nursing.org for details and to register.

Data Jamboree: Working Together to Better Understand Our Current Workforce

On July 9, 2020, The Nursing Care Quality Assurance Commission hosted its first Nursing Workforce Data and Findings Jamboree. This meeting brought together stakeholders and nursing leaders to discuss the UW Center for Health Workforce Studies and Washington Center for Nursing's findings of the most recent [LPN](#), [RN](#), and [ARNP](#) Workforce Survey Data Reports.

Sofia Aragon, JD, BSN, RN, and Executive Director at the Washington Center for Nursing, Susan Skillman, MS, and Ben Stubbs, MPH, Research Scientists for the Center for Health Workforce Studies, University of Washington, presented survey findings with a question and answer session. Presenters asked participants to think about the findings most significant to them and how they could use them in their practice area.

Heather Andersen, MN, EdD, and Mary Sue Gorski, RN, PhD, facilitated the workshop, working closely with Nursing Commission staff. The meeting objective was broad: to learn from leaders in the field and to engage in preliminary conversations to set a path forward for further discussion into a statewide plan to address critical workforce issues.

The Survey

The Nursing Commission obtains data about nurses licensed in Washington through Nursys® e-Notify, a product of the [National Council State Board of Nursing](#). Survey questions are based on the [Minimum Nursing Data Set for Nursing Supply](#) developed by [The National Forum of State Nursing Workforce Centers](#) and helps individual states, such as Washington, understand the characteristics of the nursing workforce.



Why does nursing workforce data matter?

Quality data collected consistently helps nurses understand ourselves as a workforce. The supply data tells us various characteristics of the nursing workforce and is used in conjunction with additional data to inform workforce planning. For example, demand data shows us to what extent employers need to hire nurses with certain skills and education, where population data shows us characteristics of the communities in which nurses provide care. To get accurate information, we need all nurses to fill out the survey. The Nursing Commission requires all nurses to enroll with Nursys® e-Notify at the time of application for a new nursing license or licensure renewal ([New Licensing Requirement](#)). You can also update information in Nursys® e-Notify when your circumstances change. Visit the

[Nursing Commission webpage](#) to fill out or update the survey.

REMINDER: Please remember to fill out the survey by following this [link](#).

The Meeting Participants

Approximately 110 nurses, nursing leaders, and healthcare professionals attended the Jamboree. Conversations and questions on the data occurred in a large group discussion, and additionally in ten breakout groups. Each breakout group had a facilitator and notetaker to explore feedback on what the data means to them. After group discussions, several themes emerged.

Diversity in Nursing

Eight out of the ten groups identified the need to improve diversity in nursing.

Nurses from underrepresented backgrounds represent less than 20% of the RN workforce. Considering racial backgrounds, the RN composition is primarily white (81.4%), followed by the Hispanic/Latinx population (13%), Black/African American (4.1%), Asian (8.7%), American Indian/Alaskan Native, (1.8%), Native Hawaiian or other Pacific Islander (.8%), and two or more races (5.1%) ([Stubbs & Skillman, 2019](#)).

Improving nursing workforce diversity has the potential to raise the cultural competence of Washington State's health workforce, which can reduce racial and ethnic health disparities.

Measuring Progress and Issues in Nursing Education Progression

Participants identified opportunity gaps in access to and progression in education, training, and leadership or management tracks. WCN has worked with education leaders to improve RN to BSN progression. The RN survey shows that for nurses 30 years old and younger, 75% have attained a BSN. Sofia Aragon states, "This is an example of how data can help us measure progress towards state and national goals. The Institute of Medicine's Future of Nursing 2010-2020 report established a goal of 80% of RNs attaining a BSN degree by 2020. This data shows how close we are to that goal."

LPN to RN progression was also identified as an important element. Mary Baroni, a nursing commissioner, described, "Additional statewide data for LPNs address the lack of opportunities for LPNs to progress academically to an RN, whereas over 70% expressed strong interest in advancing to an RN program."

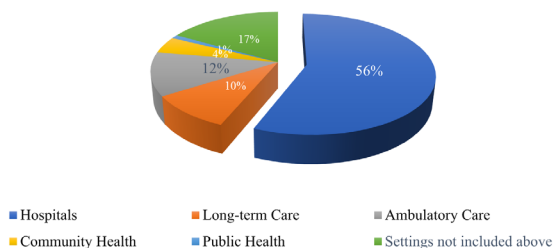
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Impacts of Educational Advancement

Rebecca Pizzitola, Program Manager at WCN, commented, “We know that economic stability and education are two of the five key areas of the social determinants of health—which account for 80% of the impact on health outcomes, compared to only 20% for health care. While this is important for treating patients, it’s also important for having a high-quality workforce; if a nurse is worried about how they will pay rent or feed their family, this can negatively impact their own, their family’s and their patients’ health.” For example, according to [Indeed](#), in Washington State, a Nursing Assistant salary is around \$37,000 per year, an LPN’s around \$54,000 per year, and when individuals progress on the educational continuum to an RN, they make approximately, \$74,000 per year. This leap makes a big difference for individual and family stability as well as their long-term health outcomes.

Work Setting and Geographical Disparities in the Distribution of ARNPs, RNs, and LPNs

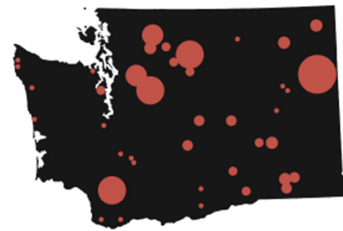
RN Work Settings



The COVID-19 pandemic shines a spotlight on ways to use workforce data to understand gaps and opportunities for workforce development as well as mobilize nurses to advocate for needed change. For example, long term care nurses and public health nurses played a major role in COVID-19 response. The RN workforce report shows that only 10% of nurses are in long term care, and 1% of nurses practice in public health, a glaring disparity in distribution among practice areas. Discrepancies in distribution exist in different parts of the state and various practice settings as well. Some of the comments brought up by participants include the need for further qualitative data to determine why these disparities are occurring. For example, if nurses live in less densely populated areas, why might

they commute to more highly populated areas for work? One reason might be lower-cost housing. For example, LPNs earn 80% of the area median income in the Seattle area. This income range qualifies for low income housing subsidies. Have skyrocketing housing costs in the region made it difficult to recruit LPNs?

Geographic and Workplace Disparities in the Nursing Workforce



Survey Design

A foundation for survey success is the transparent collection of relevant data points that can be accessed and used to create an accurate view of the state’s nursing workforce. A successful survey administered over time also reveals trends, allowing for further evaluation of the effectiveness of workforce development efforts.

The Jamboree touched on needed improvements to survey design, for example, questions on the collection of data on race and ethnicity. Expanded race and ethnicity questions can elicit more accurate responses. Moreover, the expanded ethnicity questions could help policymakers understand where to make investments that improve the state’s nursing workforce diversity.

Moving Forward

At the Data Jamboree, stakeholders and nursing leaders engage in meaningful conversations about the nursing workforce data. Key themes identified as the foundation for ongoing stakeholder work include: diversity in nursing, improved nursing education, the geographic distribution of nurses, distribution of nurses among critical practice areas such as long term care and public health, and survey design. Reviewing past and current studies on the nursing workforce will also add to our inquiry, and further qualitative studies may be needed.

This work is ongoing and, to keep it moving forward, a second Jamboree took place on September 10th. Workgroups will be submitting recommendations to the Nursing Commission for comment by the end of October.

Washington Health Care Authority and the Accountable Communities of Health present the

2020 LEARNING SYMPOSIUM: COMMUNITY HEALTH THROUGH AN EQUITY LENS

OCT 26 - 28 | A Virtual Event

DAY 1: Opening Keynote: John A. Powell, Director, Othering & Belonging Institute at UC Berkeley, Community Partnerships to Promote Equity and Address Racism, COVID-19 and Hard-Hit Populations: Response and Recovery

DAY 2: Developing a Health Equity Strategy for the WA Health Care Authority, Addressing Social Determinants of Health, Tribal Partnerships with ACHs

DAY 3: Bridging the Gap Between Clinical & Community Providers, ACHs in Action: Lessons Learned & Looking to the Future, Closing Keynote: Nichole Maher, President & CEO, Group Health Foundation

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WEBINAR 2020 | WASHINGTON NURSES LEADERSHIP SUMMIT

November 6, 2020 | 8 am-5 pm | Cost: \$225 | 7.00 Contact hours



The UW Continuing Nursing Education Nursing Leadership Summit will offer a prestigious one-day virtual gathering where emerging nurse leaders join together to learn from current nurse leaders and community organizers. This summit will center leaders who promote anti-racism as well as diversity, equity, and inclusion in the nursing profession and aims to celebrate the unique and shared experiences of all speakers and participants throughout the day.

[Learn more and register here!](#)



SCHOOL OF NURSING
UNIVERSITY of WASHINGTON
Continuing Nursing Education

**WASHINGTON
NURSES
LEADERSHIP
SUMMIT**

2020



THE NIGHTINGALE LEADERSHIP SERIES



The purpose of the Nightingale Leadership Series is to help develop the next generation

of nurses and midwives as leaders, practitioners and advocates for health. Through a series of webinars, we will discuss transformative ideas for the improvement of patient care and population health. These webinars will serve to inspire nurse leaders to think creatively, collaboratively, and across nursing disciplines for the profession's future of positive impact. Webinars are offered free of cost to clinical partners, state and federal agencies, and organizations serving or staffing nurses or midwives.

Upcoming 2020 Zoom Seminars

Leading in the Legislature | October 15 | Noon-1 pm

With Representative Eileen Cody and former Representative Dawn Morrell *[Register here](#).

Frontiers in Dementia Care | September 30 | 4-5 pm

Presented by Soo Borson, Kristen Childress, Piruz Huda & Albert Munang *[Register here](#).

Leadership in Global Health | September 15 | 9-10 am

Presented by Judy Khanyola, University of Global Health Equity (UGHE)'s Chair of the Center for Nursing and Midwifery *View recording of seminar [here](#).

Nurses Innovate | August 25 | 4-5 pm

Presented by Kristi Henderson, Senior Vice President of Innovation & Telehealth, OptumHealth *View recording of seminar [here](#).

To learn more about the Nursing Now initiative and the Nightingale Challenge visit: impact.nursing.uw.edu/



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