EXECUTIVE DIRECTOR’S MESSAGE

Liz Close, PhD, RN

It’s been just over a year since I assumed the role of Executive Director and I would like to share some reflections on UNA/ANA with the Utah nursing community of nearly 40,000 licensed RNs. I have been an RN for 44 years and during that period of time there have been momentous changes in our profession and, of course, health care. One of the critical evolutions I have witnessed is the nursing profession’s ability and willingness to “stand up” in a variety of venues to address socioeconomic, gender and influence misalignments.

Join nursing colleagues from across the state for the
2019 ANNUAL UNA CONFERENCE:
CELEBRATING UTAH NURSES

Friday and Saturday, September 20th and 21st

Location: S. J. Quinney College of Law on the University of Utah Campus overlooking the city and mountains from the 6th floor Conference Center with outdoor patio area for our networking and dining pleasure (weather permitting).

See www.utnurse.org for all Conference details including registration and discounted tickets for UNA members, new RN graduates, RN students, and retired RNs, hotel accommodations, sponsor and exhibitor opportunities, and the complete Conference Program* Advocacy Day Friday, September 20th will focus on public health/population health advocacy using childhood immunization as a model with the goal of providing participants knowledge and strategies for influencing point of care and policy issues affecting health care and nursing.

Teresa Garrett, DNP, RN, APHN-BC, U of U Nursing Assistant Professor, public health advocate, and nursing leader will emcee the program. Keynote Speaker, Pediatrician William Cosgrove, MD, will set the stage with background on the public health challenge of childhood immunization. A Panel Discussion on nurses’ roles in educating, advocating and supporting evidence-based practice around immunization will feature:

Lacey Eden, MS, FNP-C, BYU Nursing Professor
Ellie Boddie, MSN, RN, UCHD PHN/School Nurse, WSU Instructor
Beth Luthy, DNP, FNP, BYU Nursing Associate Professor
Rich Lakin, MPA, MSPH, from the Utah Department of Health will provide perspective on the societal costs of low childhood immunization rates. The program also includes an Issues Forum for conference participants to discuss topics UNA should advocate for in the future. And, we’ll have a luncheon visit with Representative Joel Briscoe who is sponsoring the Open Carry (firearms) Near Schools Amendment.

Education Day Saturday, September 21st will include an array of Utah nurse practice experts, educators, researchers and advocates representing the abundant talent that is Utah nursing! The Keynote Speaker will be Perry Gee, PhD, RN, whose unique role as Nurse Scientist at Intermountain Healthcare demonstrates the myriad possibilities for nursing leadership and influence for the future.

Podium Presentations will include a variety of research, education, practice and advocacy topics delivered by Utah nurses who make a difference daily in the lives of our citizens and in the nursing profession. An electronic Poster Session will afford presenters the opportunity to reach all attendees and the attendees the opportunity to learn about five to six special topics in a condensed presentation format. If you need paper copies of any or all Conference information, please contact the UNA Office at 801-272-4510 and leave your name and mailing address and we’ll be happy to send to you via USPS.

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Our Membership and Government Relations Committees continue to work tirelessly on behalf of all 39,000 of us. Please take time to review the many benefits of joining UNA/ANA. The issues that the Government Relations Committees covers, impacts every citizen in Utah and at times, specifically the nursing community. If you are inclined, please consider joining them at an Interim Session.

UNA Executive Director, Liz Close, PhD, RN has completed her first year of tenure with the UNA. We are fortunate to have a message from her in this edition. If you haven’t done so yet, please go to our brand-new website. We appreciate the amount of work and dedication from Liz on this project.

As we all look forward to perhaps a new school year, a new role at work or just a check and reset to finish out 2019, we can be encouraged at the community support we can read and touch in this edition. I hope each and every one of you feel celebrated for who you are and appreciated for what you do.

The Utah Nurse Publication Schedule for 2019

Issue Material Due to UNA Office
Nov, Dec 2019, Jan 2020 - September 5, 2019

Guidelines for Article Development
The UNA welcomes articles for publication. There is no payment for articles published in the Utah Nurse:

1. Articles should be Microsoft Word using a 12 point font. 
2. Article length should not exceed five (5) pages 8 x 11
3. All references should be cited at the end of the article.
4. Articles (if possible) should be submitted electronically.

Submissions should be sent to: editor@utnurse.org
or Attn: Editorial Committee | Utah Nurses Association
4505 S. Wasatch Blvd., Suite 330B
Salt Lake City, UT 84124 | Phone: 801-272-4510

To submit a Letter to the Editor, include your name and contact information. (Due to sensitive issues the UNA can elect to publish anonymously.)

Published by: Arthur L. Davis Publishing Agency, Inc.

Utah Nurse • Page 2
Join ANA/UNA
If you are not a member there is a sign-in to become a member of ANA/UNA see “Why and How to Join UNA/ ANA” of the UNA Website for Annual Membership of $174 conveniently payable as $15/month per month. Join today!

Of interest may be the monthly Navigate Nursing Webinars that are free for membership. See this site for more valuable information on ANCC Certification Discounts, and more ANA is the only professional association that serves the interests and professional needs of all four million registered nurses in the United States. As an RN, you have many opportunities; including ANCC Certification Discounts and ANA’s Career Development Center which help build and enhance your leadership impact in your practice.

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The 2019 UNA Board of Directors Election of officers being elected for 2020-2022 term is: Second Vice President, Secretary, Director at Large (1), and Nominating Committee Members (2). Call for Nominations is July 1 - July 31. Please refer to UNA Website for details; Slate of Candidates will be emailed to UNA Members on Thursday, August 1st; UNA Membership Assembly is Saturday, August 10, 2:00 - 4:00 PM where candidates may introduce themselves and speak. Election Balloting is Monday, September 20-Monday, October 14 closing at midnight. Ballots may be done online or mailed. Refer to UNA Website for questions.

National Student Nurses Association (NSNA)
The National Student Nurses Association (NSNA) held their annual meeting in Salt Lake City, Utah this year. The Connecticut and Utah Nurses Association (ANA) and Utah Nurses Association (UNA) see the students as nurse leaders of the future and support the journey of all students in becoming future leaders in nursing. Executive Director, Dr. Close and I as President represented UNA in the ANA booth. We were able to talk to many students from Utah and other states. Dr. Close and I thank each student for sharing their insights as students and excitement to be involved in this professional organization and eventually their state nursing organizations.

We assisted in introduction of the Student Subscriber pre-licensure membership options in their undergraduate programs. Members of the NSNA are eligible to sign-up free as Subscriber to the Student Nursing Journal. If the student is visiting the ANA booth, the student was given a welcome brochure from NSNA and the benefits for them in signing a professional student community, learning about professional opportunities, and ANCC professional development through certifications.

FROM THE MEMBERSHIP COMMITTEE

We are seeking three (3) registered nurse members from different geographical areas in the state to join the UNA Membership Committee from inpatient/ outpatient clinical care, education, and management. For questions about joining the Membership Committee, please contact:

• Dr. Peggy Anderson, or Dr. Anny Mayfield, UNA Membership Committee Co-Chairs, at membership@ utnurse.org
• Dr Liz Close, UNA Executive Director at excектор@utnurse.org
• Contact the UNA Office at (801) 272-4510.

Membership Benefit Information Online
Being a member of ANA/UNA makes a powerful statement about you and your commitment to nursing. Membership provides a way for nurses across the United States and Utah to speak on behalf of nurses and patients for safe and consistent quality care. Continuing Education and member programs provide access to learning opportunities keeping nurses up-to-date on nursing knowledge and career advancement. Membership provides information about personal health and healthy work environments that are safe, empowering, and satisfying.

As a member, members have access to up-to-date journals and publications such as The American Nurse Journal; The Online Journal of Issues in Nursing (CJIN) by using a member log-in; The Nurse Journal, ANA News, and ANA CareerBrief, Nursing Insider, and Member News. You can also network and connect through social media with your state and national associations by visiting the UNA Website http://www.utnurse.org.

We hope to have a few minutes to review the current benefits of ANA/UNA Membership Information online.

FROM THE MEMBERSHIP COMMITTEE

Peggy H. Anderson, DNP, MS, RN
Anny T. Mayfield, DNP, APRN, FNP-C

Welcome to our new members and renewing members. Please encourage your colleagues to join UNA this year (nursing students can join for free). The UNA Membership Committee include the following: (1) Increase UNA member acquisition; (2) Provide services and maintain communication with members, and (3) Increase extent and quality of UNA relationships with professional nursing organizations in Utah.

Here is what we do: The UNA Membership Committee assists the Board and Executive Director (in alignment with ANA) in creating value for membership, nurse engagement, nurse excellence support, nurse health and well-being, and collaborations and constituents, to build, enhance, and retain professional relationships with professional nursing organizations in Utah.

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Officers being elected for the 2020-2022 term are:

2nd Vice President
1. Shall be a member of the Membership Assembly and the Board of Directors, and shall attend all scheduled meetings.
2. Level of the Utah Nurse quarterly paper unless another editor is appointed.
3. Shall accept assignment from the President.
4. Shall serve as a liaison to the Utah Nurses Foundation.
5. Shall serve as a liaison to the Membership Committee.

Secretary
1. Shall be a member of the Membership Assembly and the Board of Directors, and shall attend all scheduled meetings.
2. Shall assure the minutes are taken at each meeting and distributed to all members of the Membership Assembly and Board of Directors. Review minutes prior to distribution.
3. Shall maintain the office record of term of office for officers and committee chairs of the organization. This shall be recorded annually in the Board of Directors minutes.
4. Shall accept assignment from the President.
5. Shall serve as a liaison to the Nominating Committee.

Director at Large (1)
1. Assist a board member/committee chair in rejuvenating a standing committee; actively collaborating to get the committee up and running
2. Represent an area of nursing or an area of the state currently not heavily represented on the board.
3. Learn about the board functions and the UNA; thus become prepared to run for an officer’s position.
4. Support the ongoing work and projects of the Board of Directors.

Nominating Committee Member (2)
The Nominating Committee is responsible for addressing issues regarding unfilled vacancies of any UNA elected position due to expiration of term, resignation and termination. This committee will also nominate individuals for UNA offices and for national offices within ANA. This committee will notify new board members of their job descriptions and send letters of congratulations to all new Board Members following an election. Specific guidelines for fulfilling these responsibilities are included in the UNA bylaws.

TIMELINE
• Call for Nominations is July 1st – July 31st
• Consent to Serve application form due postmarked or emailed as attachment by July 31st [see Consent form for specific details of submission]
• State of Candidates will be emailed to UNA Members on Thursday, August 1st
• UNA Membership Assembly is Saturday, August 10th, 5:00 - 8:00 PM will be broadcast at which time candidates may introduce themselves and speak
• Election balloting is Monday, September 30th – Monday, October 14th The same Survey Monkey format will be used as in prior years. The survey link will be emailed to members on September 30th. A paper option for those without computer access will also be available. If you would like a paper ballot, please email office@utnurse.org or leave a voicemail at (801) 272-4510 with your first and last name no later than September 30th. Balloting will close at midnight on Monday, October 14th.

The 2019 Consent to Serve application/nomination form for each office is available on the UNA website (www.utnurse.org) under 2019 UNA Elections Information or may be obtained in hard copy by requesting from the UNA Office at 801.272.4510.
The Shoulders We Stand On

“Nurse” is Just One Word for Who You Are

Luisa Echeverria MSN, BSN, RN

Last year I had the opportunity to take my son on a celebratory trip to the UK and France. We were celebrating having both endured the rigors of a master’s degree. He as the supportive son, I as the student. While we were there, I was pleasantly surprised to find the influence of Nursing all throughout our trip. On the plane, I came across an advertisement celebrating Nurses and it stated, “Nurse” is just one word for who you are.”

The article went on to celebrate all that nurses do as they go about their duties to serve their fellow man. I reflected on all that our profession means to those around us. We hold the hand of a little child when they are afraid. We encourage and support the new mother. We cry alongside the patient with a heartbreaking diagnosis. We watch over our patients as they take their last breath.

Over the years nursing has been redefined to meet the challenges of our patients and the times. Our efforts on behalf of our patients have revolutionized the challenges of our patients and the times. Our uniforms have changed over the years. Our nursing lamp, white roses given to the family and pay for the $20.00 to become a Utah Nightingale. This fee will provide profit organization. We are asking for a membership fee of $20.00 to become a Utah Nightingale. This fee will provide the family during their time of loss. Our volunteers serve any Registered Nurse, Licensed Practical Nurse, or Advanced Practiced Registered Nurse in the State of Utah. The families choose what service will be performed by the Honor Guard but includes a group of at least three to six nurses dressed in the honor guard uniform. The uniform consists of the traditional white uniform, blue cape, and nurses cap. The honor guard can stand guard at the nurse’s casket or simply provide a presence at the visitation. “A Nurse’s Prayer” is recited at the funeral or during a special service and a Florence Nightingale nursing lamp is presented to the family. A white rose is placed on the nurse’s casket or next to the urn at the end of the ceremony.

Utah Nightingales is being registered as a 501 C Non-profit organization. We are asking for a membership fee of $20.00 to become a Utah Nightingale. This fee will provide the oil lamp, white roses given to the family and pay for the website. The service we provide is free to the family. Our goal is to eventually sponsor a scholarship opportunity for a single individual at the time of their death who dedicated their lives to the nursing profession. The Nursing Honor Guard pays tribute to individuals at the time of their death who dedicated their lives to helping others. Active and retired nurses volunteer their time to traverse the area and honor their fellow nurses. It is a privilege for the members of the Honor Guard to recognize nurses and help bring peace to mourners and family during their time of loss. Our volunteers serve any Registered Nurse, Licensed Practical Nurse, or Advanced Practiced Registered Nurse in the State of Utah.

New Lower Dues – only $15/month or $174/year!

Joint members in Utah Nurses Association and the American Nurses Association (ANA) is now just $15 a month – less than the price of a specialty coffee per week!

You owe it to yourself and to your career to join the largest and most inclusive group of registered nurses in your state and country.

Join today at www.utnurse.org!

Now is the perfect time for you to join ANA and Utah Nurses Association

utahnursesassociation@hotmail.com

Utah Nightingales – Utah’s First Honor Guard

Utah Nightingales is a Nursing Honor Guard to honor and recognize men and women who have dedicated their lives to the nursing profession. The Nursing Honor Guard pays tribute to individuals at the time of their death who dedicated their lives to helping others. Active and retired nurses volunteer their time to traverse the area and honor their fellow nurses. It is a privilege for the members of the Honor Guard to recognize nurses and help bring peace to mourners and family during their time of loss. Our volunteers serve any Registered Nurse, Licensed Practical Nurse, or Advanced Practiced Registered Nurse in the State of Utah. The families choose what service will be performed by the Honor Guard but includes a group of at least three to six nurses dressed in the honor guard uniform. The uniform consists of the traditional white uniform, blue cape, and nurses cap. The honor guard can stand guard at the nurse’s casket or simply provide a presence at the visitation. “A Nurse’s Prayer” is recited at the funeral or during a special service and a Florence Nightingale nursing lamp is presented to the family. A white rose is placed on the nurse’s casket or next to the urn at the end of the ceremony.

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For more information, please find us on our Facebook Page: Utah Nightingales. Our website is www.utahnursesassociation.org. You can email us at utahnursesassociation@hotmail.com.
Alzheimer’s Disease and Related Dementias
Early Detection and Diagnosis

Lynn Meinor, Alzheimer’s Disease and Related Dementias State Plan Specialist
Krisy Russell, Alzheimer’s Disease and Related Dementias Resource Specialist
Utah Department of Health

Approximately 5.8 million Americans are affected by Alzheimer’s disease or a related dementia and that number is expected to rise to nearly 14 million by the year 2050. Someone is diagnosed every 65 seconds. One out of three older adults has Alzheimer’s disease or a related dementia; of these, two out of three are women.Instances of Alzheimer’s disease or a related dementia have increased 190% in Utah since the year 2000. The numbers are growing quickly as aging adults are living longer than ever. In the United States, Alzheimer’s disease or a related dementia is the 6th leading cause of death. Here in Utah however, it is the 4th leading cause of death. More people die from Alzheimer’s disease or a related dementia yearly than breast cancer and prostate cancer combined.

Currently there are no cures for Alzheimer’s disease or related dementias; there is no way to stop or slow the disease, and there are no ways to treat symptoms of the disease. There are, however, ways to treat specific symptoms of the disease so that the person living with the disease can have a happy life. Alzheimer’s disease or a related dementia can be terrifying diagnosis for families, but there is hope; there is help. The Utah Department of Health recommends the first screening for cognitive decline, that is to be followed by the MOCHA® if necessary. This is typically performed during the Medicare Annual Wellness Visit and can be administered by a physician, medical assistant, nurse or anyone else in the office trained on how to administer the tests. The mini-cog® is very simple and can be completed in minutes. Eighty-two percent of aging adults say that it is important to be screened for cognitive decline; only 16% are given these regular screenings. The most common reasons for adults not getting these tests are fear of the diagnosis, and patients waiting for the physician to recommend it. Alzheimer’s disease is a physical and emotional issue for the patient or family to request it.

In Utah, only 12.37% of Medicare recipients were given their Alzheimer’s Wellness Visit in 2014. As of 2019 that number is now 32.2%. The Utah Department of Health has made educating physicians and community members about the Annual Wellness Visit a priority and will continue to educate in order to raise awareness and reduce the stigma.

In the 2019 legislative session, funding was granted to the Utah Department of Health and the Division of Human Services to provide resources and care for those with Alzheimer’s disease or a related dementia and their families. This funding is split between the local Area Agencies on Aging; the Alzheimer’s Association, Utah chapter; The University of Utah Center for Alzheimer’s Care, Imaging and Research (CACIR), Comagine Health, EKR ad agency for the development and implementation of the Utah Department of Health’s Age Well campaign and helps fund educational courses such as Dementia Dialogues.

The Utah Department of Health (UDOH) strives to reduce stigma and fear of Alzheimer’s disease and related dementias by offering education and resources to help those affected by the disease. Comagine Health offers training on how to administer the mini-cog® and what to do with the results free of charge. They will come to your office and train your entire staff if requested. The University of Utah Center for Alzheimer’s Care, Research, and Training (CACIR) offers consultations with a Family Support Advisor who will assist in bringing the family together, providing research and planning for the future to those with Alzheimer’s disease or a related dementia and their families often for no cost. CACIR also has a board certified geriatric neurologist on staff and offers many educational sessions for loved ones helping and managing of symptoms of Alzheimer’s disease or related dementias. UDOH also administers the Utah Alzheimer’s Disease and Related Dementias State Plan Coordinating Council. This council meets quarterly and is composed of stakeholders, both professional and volunteers, from across the state. The Utah State Plan for Alzheimer’s Disease and Related Dementias outlines four broad goals and objectives to be implemented from 2018-2022. These goals are: 1) A Dementia-Aware Utah—to raise broad public awareness of Alzheimer’s disease and related dementias through culturally appropriate education 2) Support and Empower Family and Other Informal Caregivers to get involved and work together in the community and is helping fight fear and stigma of dementia and encouraging early diagnosis, families can have peace of mind; there is power in knowing. Prepare for your families future, help out a neighbor or friend protect your own mind and dementia in the community.

There are approximately 155,000 informal caregivers in the state of Utah providing 177 billion hours of care. This unpaid care is estimated at $2.2 billion dollars. These numbers continue to grow as families choose to have their loved one “age in place” and remain in the home for longer. Approximately two-thirds of caregivers are women, and women caregivers report that they can experience more stress and in a recent study 27% of caregivers said they get their “three-minute brain health check” also known as the Mini-cog®. The campaign is targeted for adults age 65 and older and also includes caregivers and family members. The website for the campaign (agewell.health.utah.gov) offers an explanation of how to administer the brain health check, what it entails and resources for those with the disease, caregivers and professionals. Age Well is a resource for the community and is helping fight fear and stigma of diagnosis by focusing on living your best life possible.

By starting a conversation among loved ones about getting the brain health check, it is helping to raise awareness of dementia and how to get involved and work together in the community and is helping fight fear and stigma of dementia. Families who care for someone with Alzheimer’s disease can get involved and work together in the community and is helping fight fear and stigma of dementia. Families who care for someone with Alzheimer’s disease can get involved and work together. Alzheimer’s Disease and Related Dementias State Plan

Coordinating Council.

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The Launch of Nursing Now

Raising the profile of nursing to improve health and healthcare here and globally

By now I’m sure many in the nursing community know that for the 17th year in a row the public ranked nursing as the most trusted profession in an annual Gallup poll. That acknowledgment is absolutely gratifying. However, although we’ve made great strides in our practice and as healthcare influencers, we – and our peers around the globe – must continue to work to raise the profile and status of the nursing profession to ensure better care and more equitable access. Fortunately, we have a new collaborative initiative to help us achieve those goals, beyond our ongoing programs at the American Nurses Association (ANA).

In April, I had the opportunity to help launch Nursing Now USA, a campaign under the strategic direction of the University of North Carolina at Chapel Hill School of Nursing, the University of Washington School of Nursing, the ANA, and the U.S. Public Health Service Chief Nurse Officer. Nursing Now is part of a global nursing movement that includes more than 180 countries and over 90 countries (and counting).

As my U.S. and international colleagues said at the Washington, DC, launch event, this campaign isn’t only about creating greater awareness of nurses’ many roles, our impact, and why the nursing workforce is a worthwhile investment; it’s also a social movement. If nurses are supported in our everyday practice, our professional and innovative pursuits, and our efforts to make and shape policy, we can make substantial headway in reducing healthcare disparities, eliminating gender inequity, and gaining healthcare for all. Although that sounds ambitious, remember, we’re nurses!

We can raise our profile and contribute to the success of the Nursing Now USA campaign by sharing our expertise and perspectives in an intentional way. I’ve always been a vocal proponent of the nursing profession and take every opportunity to talk with neighbors, other healthcare stakeholders, and public officials about the many ways that nurses’ knowledge and care benefit patients and the public.

We have so much to highlight: exemplary nurse researchers who’ve taken on everything from women’s heart health to the effects of RN staffing on patient care; nurses whose innovations are helping pediatric patients sleep undisturbed and older adults age in place; and countless nurses who advocate for effective health policies, and who provide quality, safe care at bedside and clinics across America.

This campaign comes at a critical time, given ongoing debates over healthcare reform and access, coupled with the enduring changes and complexities that are part of providing care and advocating for population health. We are central to ensuring positive change. Nursing Now USA also will address key issues in the reform and access, coupled with the unending changes and complexities that nurses face in their daily work.

How can you help Nursing Now USA succeed?

• Sign up for more information at nursingnow.org/jointhecampaign (https://www.americannursetoday.com/goto/http://nursingnow.org/jointhecampaign).
• Attend upcoming events.
• Share information on social media via #NursingNowUSA.
• Consider making a donation to support this critical work at give.unc.edu/donate?source=donations&site=american-nurses-association&site=american-nurses-association&use_code=422644 (use code 422644 for the Nursing Now USA Support Fund).

I also want to highlight two efforts of the global Nursing Now campaign, which is being co-led by the World Health Organization. One is this month’s planned kickoff of the Year of the Nurse & Midwife to recognize and celebrate all that nurses and midwives do to improve health and healthcare. The other is the dedication of 2020 as the Year of the Nurse & Midwife to recognize and celebrate all that nurses and midwives do to improve health and healthcare.

Whether we practice here or abroad, we must ensure that all nurses are fully supported in their work: through the Nurse & Midwife Challenge, aimed in part at recruiting and developing 20,000 young nurses and midwifery leaders worldwide who can bring their new “disruptive” perspectives to policy tables and work settings. The other is the dedication of 2020 as the Year of the Nurse & Midwife to recognize and celebrate all that nurses and midwives do to improve health and healthcare.

If we succeed, the world will be a healthier place.

Our Commitment to Lifelong Learning Is Focused on You!

UNA is pleased to announce we have re-named our continuing nursing education entity to better represent services available to every Utah nurse. The previous name, Western Multistate Division has been replaced with Continuing Nursing Education Group (CNEG). CNEG is a partnership between UNA, ANA-Idaho and Arizona Nurses Association. There are many excellent nursing-focused educational programs offered in our state, yet some entities have felt intimidated by the complexities of the CNE application process. The good news is that CNEG has improved and streamlined this process! If you would like to apply for Continuing Nursing Education (CNE) contact hours for a single event, program or activity please visit the new website administrated by our Arizona partner www.aznurse.org/CNE. You can also access this page through the UNA website.

All CE is not Equal

CNEG is an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s (ANCC) Commission on Accreditation. ANCC is considered the “gold standard” for CNE and only accredits organizations that demonstrate the use of evidence-based criteria and evaluation.

We Need You…..

If you like what you have read so far and are looking for a way to give back to the association/nursing profession, why not consider volunteering as a Nurse Peer Reviewer (NPR)? NPRs are trained as volunteer reviewers for CNE applications. NPRs are the lifeline of CNEG. Criteria for becoming an NPR are listed on the CNEG website www.aznurse.org/CNE.

Terminology 101: Do you Know?

CEU: Is a retired term no longer in use
Contact Hours: replaced CEUs
CNE: Continuing Nursing Education signifies that the continuing education (CE) offered is specific for Nurses. This is the preferred terminology.

Everything I Need to Know I Did Not Learn in Nursing School!

Being voted the most honest and ethical profession for the last 17 years (Gallup Poll, 2017) suggests public assumption that nurses are professionally competent. The American Nurses Association (ANA Position Statement, 2014) defines competency as an expected level of performance that integrates knowledge, skills, abilities, and judgment. ANA also states that the registered nurse is individually responsible and accountable for maintaining professional competence. Professional competence goes hand in hand with lifelong learning principles. Here are some of the benefits of CNE:

• Validates specialty knowledge, experience and judgment for Specialty Certification
• Impacts patient care quality/outcomes
• Meets some states’ requirement for licensure renewal (Idaho).
• Promotes professional advancement.

The Wisdom of Florence

Let us never consider ourselves as finished nurses… we must be learning all our lives.

- Florence Nightingale


Nursing Education at Home: RN to BS
Interdisciplinary Gerontology Master’s PhD

Imagine...

Earning a Bachelor’s in nursing online, becoming a gerontologist, or getting a PhD without having to quit your job or move. The Institute of Medicine recommends that nurses practice at the top of their degree. At the University of Utah, the “top” has no limit.

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Thanks to those who have shared their musings of caring in the past issues of UTAH NURSE. Nurses share stories of how privileged we are to be part of the life of another individual as they reflect on their day’s work or share stories of moments of interactions with their patients and colleagues. Stories are part of our individual history both individually and collectively. A “musing” is a self-reflection or personal introspection of the caring actions of yourself or others in behalf of another person. Our well-being influences our presence in the moment of care delivery. Patients and families know we have the knowledge and we care about them (Dingman, 2019).

Connections with patients include aspects of respect, engagement, well-being, and patient satisfaction. These same connections can be experienced with nurse to nurse interactions. Our well-being influences the moments of interaction during care delivery or in the attendance of a meeting or event that reminds of the importance of connection.

In sharing our caring experiences, we are reminded and can reflect on integral parts of our personal nursing experiences. Personal reflection is valuable in our efforts to organize what is important for us to know and learn. Experiences as students often are a major influence impacting our well-being as future practicing nurses.

In this UN edition Kolton Anderson a student nurse attending Dixie State University has shared a reflection on the value of his experience at the National Student Nursing Association meeting held in Salt Lake City, Utah on April 3-6, 2019 and the unexpected impact that this one meeting had on him.

Kolton said, “Hello Sharon, We spoke at the National Nursing Convention last week and you had asked me to write a brief reflection on the convention and what I thought about it. I have attached a document that contains my thoughts on the conference which I thought was a ton of fun.”

“My experience at the National Nursing Convention in Salt Lake City is difficult to put into words. I am a first semester nursing student who decided at the last minute to go to what I thought would be a simple conference to gain some more education and didn’t really know what to expect other than that, this being my first nursing convention. I did not expect to be having as much fun as I did.”

“There were so many fun nurses and nursing students from all over the United States coming together to build connections, make friends and learn from one another. I met a lot of interesting people and was able to talk to a ton of representatives of Universities where I could attend to work for my DNP in the future (not to mention all the free stuff they give you).”

“My favorite part of the week was listening to the breakout sessions. There were a lot of good speakers who came from all over to teach us things like, how to succeed in your college courses, how to find out what kind of nurses you’d like to be, when you are finally a nurse after school, how you can be better at your job, and what to look out for as a nurse regarding sex trafficking victims.”

“I am very glad that I chose to attend the convention and would highly recommend it to anyone in the nursing field. I learned so many important things from so many amazing nurses and accomplished Nursing Professionals and had a great time in the process. I would absolutely do this again and bring more of my class with me to experience how great it is.”

Kolton concluded his comments with “Also, It was very nice to meet you last week and I hope to see you again this September.” I also look forward to seeing him and the other Utah students at the UNA Fall Conference. Thanks Kolton!

In my conversation with this student nurse a connection was made at a deeper level with my own past experiences as a student nurse. When we relate or connect with another individual’s experiences we are both better for the encounter. I extend a thanks to Kolton Anderson for reminding me of the early moments of being a nursing student and the goals that are set and accomplished through similar experiences as we are made aware of why we chose to become a nurse.

I recently had an opportunity to learn more about the work of Doctor David Rakel’s own "compassionate connections that describes the power of human connections and ways to interact with others to achieve health and well-being” (Rakel, 2019). He states that “by making a lasting human and mind-body connection with others, we have the capacity to promote, cultivate, and boost health, healing... including improving our listening skills by being present in the moments of personal interaction.” I encourage nurses to read his book that explains our human innate capacity for compassion that empowers us to find our best selves.

Summary

As we celebrate the kind of caring that motivated each of us to become nurses, we will as professionals continue to advocate for patients as we advocate for the role of nurses. We equally share in building community with one another and by understanding our awesome power and even greater potential to benefit society. We understand that "everybody matters" to speak with authority on national issues that impact us as nurses. We ultimately impact our patients’ outcomes and memories of care given and received.

"Musings of Caring” are nurse reflections of their practice long remembered and perhaps are some of the most defining moments of our individual nursing practice. We can also say the same for patients and families as their musings of caring may well be the most defining moments of their care experience from nurses (Dingman, 2019).

I want to extend my personal appreciation in behalf of the UNA Board of Directors for the contributions from nurses who have shared their caring experiences in past issues. You are invited to send your nurse caring story to be published in an edition of UTAH NURSE to me at unapresident@utnurse.org. I look forward to sharing your insights and experiences with the 40,000 nurses in Utah. Thanks!

Selected References:


Nursing Grant-in-Aid Scholarship Guidelines

The guidelines listed below shall assist in ensuring the best possible coordination in receiving and processing nursing student requests for scholarships. Scholarships will be awarded for tuition and books only.

SCHOLARSHIP INFORMATION:
- Scholarships must be postmarked by June 1st or October 1st of each calendar year to be considered.
- Applicants will receive notice of the Board’s recommendations by July 15th and October 15th of each calendar year.
- Recipients are only eligible to receive scholarships twice.
- Applicants must abide by the criteria listed below.

GENERAL SCHOLARSHIP CRITERIA:
The applicant must:
- Have a cumulative grade point average, which is equivalent to a 3.0 or higher on a 4.0 scale.
- Be a United States citizen and a resident of Utah.
- Have completed a minimum of one semester of core nursing courses prior to application.
- If a student in undergraduate nursing programs, be involved in the school’s chapter of the National Student Nurses Association.
- If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association (state only) or a member of Utah Nurses Association/American Nurses Association.
- Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah that will be evaluated by the Scholarship Committee.
- Submit three original letters of recommendation. Letters submitted from faculty advisor and employer must be originals addressed to the Utah Nurses Foundation Scholarship Committee.
- Be enrolled in six credit hours or more per semester to be considered. Preference will be given to applicants engaged in full-time study.
- Demonstrate a financial need. All of the applicant’s resources for financial aid (scholarships, loans, wages, gifts, etc.) must be clearly and correctly listed (and include dollar amounts and duration of each source of aid) on the application.
- The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees:
  - RNs pursuing BSN
  - Graduate and postgraduate nursing study
  - Formal nursing programs – advanced practice nurses
  - Students enrolled in undergraduate nursing programs
- The Applicant is required to submit the following with the completed application form:
  - Copy of current official transcript of grades (no grade reports).
  - Three letters of recommendation:
    - One must be from a faculty advisor, and
    - One must be from an employer (If the applicant has been unemployed for greater than 1 year, one must be from someone who can address the applicant’s work ethic, either through volunteer service or some other form).
  - At least one should reflect applicant’s commitment to nursing.
  - All must be in original form.
  - All must be signed and addressed to the UNF scholarship committee.
- Narrative statement describing applicant’s anticipated role in nursing in Utah, upon completion of the nursing program.
- Letter from the school verifying the applicant’s acceptance in the nursing program.
- Copy of ID from National Student Nurses Association or Utah Nurses Association with membership number.

AGREEMENT
In the event of a scholarship award:
- The nursing student agrees to work for a Utah Health Care Facility or Utah Nursing in the state of Utah that will be evaluated by the Scholarship Committee.
- The proposed work offers students and nurses involved a quality, meaningful research opportunity that will merit submission for publications in a professional journal.
- Preference will be given to applicants engaged in full-time study.
- The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees:
  - RNs pursuing BSN
  - Graduate and postgraduate nursing study
  - Formal nursing programs – advanced practice nurses
  - Students enrolled in undergraduate nursing programs
- The Applicant is required to submit the following with the completed application form:
  - Copy of current official transcript of grades (no grade reports).
  - Three letters of recommendation:
    - One must be from a faculty advisor, and
    - One must be from an employer (If the applicant has been unemployed for greater than 1 year, one must be from someone who can address the applicant’s work ethic, either through volunteer service or some other form).
  - At least one should reflect applicant’s commitment to nursing.
  - All must be in original form.
  - All must be signed and addressed to the UNF scholarship committee.
- Narrative statement describing applicant’s anticipated role in nursing in Utah, upon completion of the nursing program.
- Letter from the school verifying the applicant’s acceptance in the nursing program.
- Copy of ID from National Student Nurses Association or Utah Nurses Association with membership number.

AGREEMENT
In the event of a scholarship award:
- The nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, or part-time for a period of two years.
- The nursing student agrees to join the Utah Nurses Association within 6 months of graduation at the advertised reduced rate.
- If asked by UNF, provide personal pictures and narratives to be published in The Utah Nurse indicating that UNF scholarship funds were received.
- If for any reason the educational program and/or work in Utah is not completed, the scholarship monies will be reimbursed to the Utah Nurses Foundation by the nursing student.

See www.utnurse.org under the Utah Nurses Foundation menu tab for application packet. Completed forms should be submitted electronically to UNF at the UNA Office email office@utnurse.org.
Preparing Nurses for Retirement

Michael Stevens, President of Capital Wealth Advisors

For many nurses, retirement is right around the corner. According to the Journal of Nursing Regulation¹, more than one million nurses are anticipated to retire in the years between 2017 and 2030. The numbers suggest that many nurses aren’t as prepared as what they could be. In a Fidelity Investment’s Money Fit Nurses Study², it says “56 percent of nurses say they lack confidence in making financial decisions, and 41 percent attribute this to the fact that they don’t have enough time to focus on them.” This isn’t a reflection of the capability or intelligence of nurses. It’s a reflection of a very busy schedule and the fact that, as important as it is, properly planning one’s finances for retirement can too easily be put on the back burner.

There are many moving parts to a robust and functional retirement plan – it’s more than just finances, although that is a critical part of retirement planning. For most anyone, creating a written retirement plan is a complicated process that can quickly become overwhelming, but it can be especially overwhelming for nurses because of their busy work schedule. A simple way to tackle large projects like retirement planning is to break them down into smaller bites. This checklist should provide an outline for smaller steps to take to be sure your retirement is planned out before you walk out the door for the last time and hang up your scrubs.

• Pre-retirement task #1: Determine what a great retirement looks like to you.

This is an important step to making sure the next chapter of your life is both enjoyable and fulfilling. Start by asking yourself what do you want to volunteer? Plan out what your life is going to look like after you are done working. Retirement is a big change, and those who enter retirement without a firm vision of what they want their retirement to be may find themselves regretting not leaving the nursing workforce not knowing what to do with their next 20-30 years. Make sure to not only evaluate financial readiness but also emotional and mental readiness. Having goals and a vision and plans for your life after you leave the workforce is a large contributor to having fulfillment in your retirement years.

• Pre-retirement task #2: Organize your financial affairs to make sure you have enough income to last.

A surprising amount of people don’t know exactly how much they have saved for retirement. Before you get too far into creating your retirement plan, be sure to track down any 401k’s, 403b’s, Roth IRA’s, money market accounts, stocks, bonds, or other accounts you have financial assets stashed in. Once you know where your money is and how much you have available, you can plan out what to do with that money during your retirement, and create a plan to make sure you never risk running out of money.

• Pre-retirement task #3: Consider adjusting your asset allocation.

You may want to consider adjusting your asset allocation to better suit your needs as you approach retirement. What people need from their portfolio often changes as their stage in life changes. Many people nearing retirement choose to be more conservative in their investment choices, decreasing stock exposure and ramping up on other more conservative financial products to help ensure their near-term retirement planning will be fine. However, that approach may or may not be right for you. Make sure you’re taking a good look at your objectives and how you expect to make these decisions. It is wise to meet with a financial advisor as a second set of eyes to help review these decisions and to make sure your investments are properly allocated.

• Pre-retirement task #4: Consider your income sources.

While a few retirees will draw a pension, most do not. Most will have an income foundation provided in part by Social Security benefits. Many retirees will have to structure an asset withdrawal strategy in order to supplement their other retirement income sources. This needs to be done carefully to help ensure that you can maintain your lifestyle throughout retirement. Again, there is nothing wrong with working with a professional because there are no do-overs in retirement. It’s better to know for sure that you are financially secure and that you won’t outlive your income.

• Pre-retirement task #5: Organize your expenses.

Many near-retirees wait until they’ve paid off their mortgage and any other major expenses, such as student loans, before making the leap to retirement. Entering retirement with low fixed expenses will take some financial pressure off daily living, so it may be a good idea to ditch the big expenses now. Keeping costs low can mean extra cash for travel and leisure, or to pass on to your loved ones.

• Pre-retirement task #6: Plan for long-term health care costs.

Planning for the complications of old-age related health issues is an uncomfortable yet necessary task. While the needs are often unpredictable, planning for long-term health care expenses may help you and your family members potential future stress. There are a variety of options available that a comprehensive retirement plan should be aware of. Reviewing these options is often necessary. While the needs are often unpredictable, planning for long-term health care expenses may help you and your family members potentially future stress. There are a variety of options available that a comprehensive retirement plan should be aware of. Reviewing these options is often necessary. While the needs are often unpredictable, planning for long-term health care expenses may help you and your family members potentially future stress. There are a variety of options available that a comprehensive retirement plan should be aware of. Reviewing these options is often necessary. While the needs are often unpredictable, planning for long-term health care expenses may help you and your family members potentially future stress. There are a variety of options available that a comprehensive retirement plan should be aware of. Reviewing these options is often necessary. While the needs are often unpredictable, planning for long-term health care expenses may help you and your family members potentially future stress. There are a variety of options available that a comprehensive retirement plan should be aware of. Reviewing these options is often necessary. While the needs are often unpredictable, planning for long-term health care expenses may help you and your family members potentially future stress.

Sources:
²https://403bwise.com/healthcare/story/92
⁴https://403bwise.com/healthcare/story/92

Visit UTNurse.org to join.
At the beginning of the year, with violence against healthcare workers rising to epidemic proportions, the American Nurses Association (ANA) continued to engage in strategies to help prevent physical and other types of violence and harassment from occurring in all settings where nurses work. Findings from the HealthyNurse® Survey gathered between February 2017 and October 2018 indicated that 29% of respondents were verbally or physically threatened by a patient or family member. In the past year, 10% were assaulted while at work. In February, ANA conducted a member survey, which revealed 29% of about 7200 respondents experienced sexual harassment at work. As part of our advocacy, the association convened an approximately 250-member End Nurse Abuse Professional Issues Panel, led by an 18-member steering committee, to develop practical resources to help nurses and employers address these persistent workplace and patient safety hazards. One key resource is the issue brief, "Addressing Incidents of Workplace Violence," which was approved by the ANA Board of Directors in 2019. The brief speaks to barriers to reporting, including a healthcare culture that still sees violence as part of the job, and creating a process and a culture that supports reporting. Additionally, it offers primary, secondary, and tertiary prevention strategies for employees and employers, including stopping violence before it occurs.

May 2018 indicated that 29% of respondents were verbally or physically threatened by a patient or family member.

IMPACT

- The Center for Ethics and Human Rights Advisory Board crafted two other ANA position statements. One condemns discrimination based on sexual orientation, gender identity, or gender expression in healthcare, and emphasized nurses’ role in advocating for and delivering culturally congruent care to LGBTQ+ populations. The other focused on nursing’s role in addressing discrimination, including the potential impact of unconscious biases and practices, and eliminating health disparities. Both statements include key recommendations that nurses and employers can use to improve healthcare practice and environments.

- In response to a proposed federal rule, “Protecting statutory conscience rights in health care,” then-ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN, and Karen S. Cox, PhD, RN, FAAN, FACHE, president of the American Academy of Nursing, co-authored an April op-ed in The Hill underscoring the role nurses and all healthcare professionals play in guarding civil rights protections to ensure patients receive quality, medically necessary, and compassionate care.

- In light of forced separations of migrant children from their families at the U.S.-Mexico border, ANA immediately voiced its opposition to the practice and policy and emphasized the importance of addressing the mental and physical healthcare needs of children detained in shelters. At ANA’s Membership Assembly in June, representatives voted on a measure calling for families to be reunited without delay and that humanitarian groups be allowed into shelters to address children’s multidimensional needs.

For too long, nurses have faced challenges when it comes to maintaining their own health and well-being. But change is underway, as part of our advocacy, the association convened an approximately 250-member End Nurse Abuse Professional Issues Panel, led by an 18-member steering committee, to develop practical resources to help nurses and employers address these persistent workplace and patient safety hazards. One key resource is the issue brief, “Addressing Incidents of Workplace Violence,” which was approved by the ANA Board of Directors in 2019.

The panel also developed an informational pocket card that details steps nurses can take when facing a violent situation and after.

ANA stepped up its promotion of our ongoing #EndNurseAbuse awareness and advocacy initiative. As part of the initiative, ANA underscored our strong support for the #TimesUpNow movement that promotes accountability and consequences for abuse, harassment, sexual assault, and inequality in the workplace.

Nearly 17,500 nurses and others concerned about workplace safety signed the #EndNurseAbuse petition, which calls for zero tolerance of violence and sexual harassment against nurses. And our message was carried further through social media channels, with 4.6 million impressions on Twitter alone. Take the pledge by texting PLEDGE to 52886 or going to #EndNurseAbuse.

To better understand nurses’ health and safety, ANA conducted an electronic member survey in February, which revealed about 7200 respondents experienced sexual harassment at work. ANA’s goal is to empower nurses to take action and advocate for a culture of safety and fairness for all nurses.

The program was designed to increase the number of servings of fruits and vegetables nurses consume daily. The healthful food options and new menu items that leveraged seasonal, locally sourced produce was well received by MUSC staff and supported a strategy to integrate healthy living within the nursing culture.

IMPACT

- MUSC and the New Jersey State Nurses Association (NJSNA) won the first-ever Partners All In Awards recognizing an HHN–N IN partner organization and constituent and state nurses association and specialty organizational affiliate that signed up the most individuals between July and December. Both received a $10,000 award to use for employee health and wellness initiatives, further building on the health-focused movement. Honorable mentions went to CarolinaEast Health System and the Texas Nurses Association.

- The American Society of Association Executives recognized HHN with its 2018 “Power of A” Silver Award, for its positive impact on people’s lives. HHN, a program of the ANA Enterprise, is made possible, in part, through the generous support of the American Nurses Foundation, Humana, Sodexo, and Stryker.
HISTORY-MAKING CHANGES

At the June Membership Assembly, representatives elected Ernest Grant, PhD, RN, FAAN, as ANA’s president, the first man to serve in this role. Grant, who is the past North Carolina Nurses Association president, assumed the ANA top role in January 2019.

In April 2018, Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, was named CEO of the ANA Enterprise, where she provides strategic leadership among other responsibilities.

As the ANA Enterprise, ANA, the American Nurses Foundation, and the American Nurses Credentialing Center continued to align and strengthen services and programs for nurses. Working as one organization, we promote the health, safety, and wellness of nurses in all practice environments, and provide the resources, information, and networks nurses need to excel in their practice.

ANA also extended nurses’ reach and expertise through traditional and social media. ANA was mentioned more than 540 times in news outlets around the world including NBC News, Modern Healthcare, Politico, The Washington Post, Associations Now, U.S. News & World Report, The New York Times, and Becker’s Hospital Review. About 1.4 million nurses and other stakeholders keep up-to-date and engage with ANA on social media, representing yet another increase in our followers. Our LinkedIn audience grew by 104%.

ANA’s voice became even more powerful as ANA-C/SNA joint membership increased by 8.7% over the previous year, representing six years of continued growth. Participation in our targeted, online members-only communities also grew. ANA reached over 55,000 members and non-member nurses with six free webinars focused on three career stages—early career nurses, up and comers, and nursing leaders. Our Mentorship Program successfully matched more than 900 mentees with mentors in its first year with strong positive feedback from participants.

Membership
8.7% membership growth
900+ mentee matches

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ANA was built by nurse advocates, and we proudly carry on the tradition of working together with individual nurses and our member organizations to take action on issues vital to healthcare consumers, the nation and our practice.

Throughout the year, ANA engaged and supported nurses through ongoing educational efforts, strategic communications, and on-the-ground advocacy activities. Because of our collective strength, we enjoyed legislative and election successes at the federal and state levels. In one of our key events, ANA brought together RNs, students, and member organizational leaders for our annual Hill Day in June. About 300 participants from 45 states, the District of Columbia, Guam, and the Virgin Islands headed to Capitol Hill for 277 scheduled visits with members of Congress and their staff. Nurses shared their stories and sought support for safe staffing, workforce development funding, and the treatment of opioid use disorder. Some also engaged in conversations about the importance of funding federal research on gun violence prevention and meeting the healthcare needs of vulnerable migrant populations.

Participants in ANA’s Virtual Hill Day sent more than 700 messages focused on opioid legislation via RNAction.org. Throughout the year, ANA featured nurses’ advocacy efforts. Read their stories at ana.aristotle.com/SitePages/YearofAdvocacy.aspx.

“By working with other nurses and our state association, a nurse’s voice is amplified along with those of other nurses. Together we represent a powerful constituency.”

-Jeremy King, MSN, APRN, FNP-C, Washington State Nurses Association member, past ANA participant

ANA created the #NursesVote Action Center, a go-to resource for voter information and other key resources. Our advocacy efforts reached an even wider audience: #BedsideAndBeyond and #NursesVote yielded 6.2 million Twitter impressions combined.

ANA engaged nurses in voicing our opposition to federal regulations that would erode the Affordable Care Act’s (ACA’s) essential health benefits protections. ANA offered alternative strategies for shoring up these benefits to ensure universal access to quality, affordable, and accessible healthcare for all Americans, including low-income individuals and those with pre-existing conditions.

In September, ANA’s American Nurses Advocacy Institute launched its 2018-2019 cohort, aimed at equipping nurses with skills and strategies to influence policy at the local, state, and national levels. Twenty-three nurses from 19 states are participating in this yearlong mentored program.

“By working with other nurses and our state association, a nurse’s voice is amplified along with those of other nurses. Together we represent a powerful constituency.”

-Jeremy King, MSN, APRN, FNP-C, Washington State Nurses Association member, past ANA participant

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IMPACT

- ANA and nurses rallied for passage of bipartisan federal legislation to curb the nation’s opioid crisis. Ultimately, the landmark SUPPORT for Patients and Communities Act, which recognizes the important role of APRNs in caring for those with opioid use disorder, was signed into law in October.

- ANA and nurses scored a victory when federal officials agreed to a spending package extending funding for the crucial Children’s Health Insurance Program, which provides healthcare for about 9.3 million children and pregnant women.

- Of the more than 120 candidates for federal office supported by the ANA Political Action Committee (ANA-PAC), an impressive 94% won their elections. Through voluntary member support, the ANA-PAC exceeded its fundraising goal of $250,000 in 2018.

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B  •  You’re planning education for it.

C  •  Apply for CE contact hours.

There are as many aspects to nursing practice as there are settings and types of nursing practice. The “needs” that are identified for professional development and practice enhancement will be as varied.

Don’t assume you can’t offer CE – Utah Nurses Association can help.

- Contact education@westernmsd.org with questions.
- Visit www.ultimate.org/education to view FAQs and application information.

Legislative Interim Session Study Topics:

- Behavioral Oversight (Medical Marijuana, Medicaid Expansion etc.)
- Cost of Healthcare (Transparency of cost for farm, drugs, etc.)
- Health Impacts of Nicotine Products (Vaping and rapid increase in utilization)
- Utah’s Aging Population (Increasing numbers, impact)
- Adoption
- Statutorily Required Reports and Sunset Reviews

Note the potential purchase of drugs at a lower cost from Canada is not on this list. Rep. Thurston explained this issue has become important in at least one individual’s research; 

The topic discussed was one of interest to those who care for, know, or are related to disabled patients who live in ICF’s (Intermediate Care Facilities). A settlement was filed by the Disability Law Center against Miner (representing UHPP). This suit was settled to allow disabled patients who want to, to live in ICF’s and receive care, if that is what they desire. (This enables Medicaid to pay for their care in the community instead of in the ICF’s.) The settlement involves several laws that needed to be allocated - $7.3 million to do this. Prior to this settlement, there was little to no funds to support care in private homes or communities.

Currently the plan is for 300 of 650 currently disabled individuals living in ICF’s to be moved with a priority on those under age 22. Plans are to move 49 people this year and 150 next year with a total of 300 people moved over the next five years, with the decision made by the individuals or their legal guardians. Choices are respectfully offered to promote the well-informed patients in making the best decision for their care and ongoing lifestyle. A support individual will be assigned to each disabled individual to ensure their needs are met.

If you are taking a policy class in the fall, now is the time to begin educating yourself about the Legislative Interim Session. The Health and Human Services Interim Committee (HHS) follows the practice of considering three legislative topics in which the committee is most interested. Check the icons for agenda and location. Come join us! The Health Care Reform Task Force continues to meet and is inviting individuals to attend the HHS Interim meeting. Please contact Kathleen Kaufman by text if you want to meet on the Hill. Kathleen’s phone number is 801-618-6558.

Diane Forster-Burke, MS, RN, GRC Co-Chair
Kathleen Kaufman, MS, RN, GRC Co-Chair

State Board of Nursing News: We have attended the monthly Board of Nursing meeting for the past several months. Specifically, we have been tracking the status of the Proposed Rules change requiring an RN, working with a homebound client, to determine whether any of that person’s care is safe to delegate to a non-licensed caregiver. As of May, the Rule had gone through the required reviews and will be posted for public comment soon. Please check the UNA website weekly to find out if the public comment period has begun. We will list this under the current events and “take action” tabs on our legislative site.

Legislative Roundtable Update: Utah Health Policy Project (UHPP) held two Roundtable meetings in May. The first one focused on the UHPP will determine the location to comment. This is your opportunity to have input. We will post the process under “current events” and “take action” tabs in our legislative site.

The early June meeting of the Healthcare Roundtable was dedicated to discussing how to improve and make public comment on the per capita cap waiver for SB96. Those who wish to comment should go to the survey page put up by UHPP. Place your comments there and UHPP will get your comments on all three waivers into the federal comment period on your behalf. The link is: www.healthpolicyproject.org/comment.

We encourage those commenting not to offer solutions in their comment. This is because the state is expected to respond to every comment. The state could address some partial fixes and say they had responded to comments, leaving broader problems unresolved. Consider the implications of each waiver carefully. Review the Medicaid Expansion article in this newsletter to better understand the per capita cap: waiver for which comment is being sought over the summer. As a reminder, DO NOT OFFER SOLUTIONS.

Legislative Interaction: Kathleen and Diane met with Rep. Suzanne Harrison (MD) to discuss school nursing ratios. Suzanne is an MD and a new member of the legislature, we thought it important she understand the limitations of school nurses who are traveling between five to seven schools especially when medications are administered. We described the potential sequestration warrant that former Sen. Urquart passed in 2016. Suzanne understands risks inherent with medications and now understands that these medications are administered by trained volunteers. Suzanne asked insightful questions: How many states meet the one cap ratio mandated by NASN (National Association of School Nurses)? How much money is spent by schools when they must call EMS to monitor a student post medication administration (in postnatal period). Who is paying for EMS services? How often is EMS called out? The state nurse consultant for schools said that NASN dropped the ratios and moved to one nurse per school. Diane’s research indicates parents pay EMS only if the student is transported to a facility. (Others answering pending research.)

We have communicated with a minimum of 25 legislators since the general session to express our appreciation for their concern and support of improved healthcare, public health and safety in our schools. These individuals have been very responsive to questions and sometimes have incorporated our suggestions into their legislation. We appreciate the many pressures our legislators have and understand them, and we commend them for their courtesy and openness to collaboration. We suggest any nurse interested in this subject contact our state representative and senator now, during the interim period, and offer to be their healthcare/nursing consultant. This is the time to build rapport with elected officials. While our federal officials do not have an interim, they would like to hear from us, as constituents, any time during the year.

Legislative Interim Session Study Topics:

• Implementation Oversight (Medical Marijuana, Medicaid Expansion etc.)
• Behavioral Health (Substance Abuse)
• Cost of Healthcare (Transparency of cost for farm, drugs, etc.)
• Health Impacts of Nicotine Products (Vaping and rapid increase in utilization)
• Utah’s Aging Population (Increasing numbers, impact)
• Adoption
• Statutorily Required Reports and Sunset Reviews

Note the potential purchase of drugs at a lower cost from Canada is not on this list. Rep. Thurston explained this issue has become important in at least one individual’s research;
Medicaid Expansion: Waivers and Public Comment

Kathleen Kaufman, MS, RN, GRC Co-Chair

The accompanying press release and explanation of the per capita cap waiver for SB96 was shared with us by UHPP (Utah Health Policy Project), a nonpartisan policy research group. UHPP has worked steadily to increase access to health care for low income Utahns through multiple paths. This group was a major proponent of Proposition 3 for full Medicaid expansion. If Utah adopts these waivers Utah is requesting from the federal government are not granted in the next year, then SB96 will no longer be law and Proposition 3 will go into effect as law on July 1st, 2020.

You supported Proposition 3 and full Medicaid expansion for your patients and neighbors. Now take the time to enter a public comment against the three waivers that were approved by the federal government before our partial expansion can become law. The discussion of the per capita cap is brought to you now because it is the most serious and the first waiver for which the public can comment. If you complete the public comment survey you will see the rationale against the enrollment cap and the work requirement waivers introduced. You can also go to UHPP’s website for more detailed information.

Your comments are vital to the ultimate defeat of this waiver and the eventual replacement of SB96 with the full expansion which citizens voted into law in November 2018. Please consider your thoughts about this waiver carefully and write your personal view and any applicable anecdote about your patients that might show how a per capita cap that cuts Medicaid services or enrollees as the costs of care rise will affect the patients you see every day.

Instead of the comment end goal is a one-page survey page put up by UHPP who will get your comments on all three waivers into the federal comment period for you. Go to: www.healthpolicyproject.org/comment. This is a very user friendly survey, not too long, and each section explains just what the specific waiver will do.

Your completion of this survey is very important. UHPP is conducting this collection of comments and will make sure that they get into the federal comment period. The state comment period was over as of June 30th.

Voices for Utah Children is a non-profit multi-issue advocacy organization that works to ensure that Utah is a place where all children are healthy and can thrive. https://www.utahchildren.org/

We do this by engaging in different policy areas including: Health, School Readiness, Juvenile Justice, and Economic Stability. Specifically, in healthcare policy one of our focuses is in reducing the number of uninsured children in our state.

Access to health care coverage creates a foundation for children in our state to grow and thrive. Research shows that when children have access to health coverage, they are more likely to succeed in school, and have better economic and health outcomes as adults.

Utah, unfortunately, continues to have one of the highest rates of uninsured children in the country. Additionally, from 2016 to 2017, Utah was one of only nine states that saw an upick of uninsured children from 6% to 7%, or about 71,000 children. This disproportionately affects children of color, who are the areas of concern. Since 2013, the percentage of uninsured children has grown even to become 8%. This is why we have launched a 100% Kids Coverage Campaign to lower the rate of uninsured children in Utah through targeted policy approaches, political, and community engagement efforts.

The campaign aims to ensure that all children have health care coverage regardless of background or immigration status. With four overarching policy priorities, the campaign aims to help children get coverage and stay connected by: ensuring that children are covered all year round, covering all children regardless of immigration status, supporting coverage for parents and pregnant women, and helping families get connected to coverage.

As we officially launched our campaign, we are encouraged by the over twenty organizations that have come together to support this effort. This past year Voices spoke to immigrant families and organizations about coverage and care to understand the barriers they faced. Detailed information about coverage and disparities to care immigrant families face can be read about in our 2019 Utah State of Children’s Coverage Report, 100% Kids. Giving All Kids the Opportunity to Thrive. https://www.utahchildren.org/newsroom/publication/item/988-2019-coverage-report-100-percent-kids

This multi-year campaign cannot accomplish its goals without a diverse group of stakeholders working together. All are invited to join the coalition and support this campaign. For more information regarding this campaign or for opportunities to get involved please contact:

Ciriac Alvarez Valle
Health Policy and Community Engagement Fellow
ciriac@utahchildren.org

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• Amazing State of Utah benefits package - including health, dental, vision, and retirement plans.
• Competitive salary, paid leave, benefits, and additional 401k.
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Health Policy and Community Engagement Fellow
ciriac@utahchildren.org

FOR IMMEDIATE RELEASE:
May 30, 2019

Contact: Stacy Stanford
801-718-6130

SALT LAKE - Tomorrow, the Utah Department of Health will submit its “Per Capita Cap” Medicaid waiver for consideration, which is the next phase of the legislature’s partial Medicaid expansion bill, SB96. Local advocates, including Utah Health Policy Project, warn of the devastating effects that per capita caps, enrollment caps, and work reporting requirements will have on consumers who rely on Medicaid to receive access to necessary health care.

The key feature of this waiver is the per capita cap, which is a way of cutting Medicaid that shifts the financial risk of rising health care costs from the federal government to the state of Utah (and Utah taxpayers) by allocating a set amount of federal dollars for the state’s Medicaid program instead of the current open-ended match-rate system. The current match rate system guarantees that Utah will never pay more than 38 percent of the program’s cost, and no more than 10 percent under a full Medicaid expansion. Due to the limiting nature of the arrangement, there has never been, and never will be a per capita cap deal that is as good as the current match rate system that allows open-ended flexibility and risk-sharing between the federal and state government.

Under a per capita cap structure, the state receives a limited amount of federal dollars, and in exchange, receives permission to make cuts to Medicaid that normally are not allowable - meaning, that the only flexibility gained is the flexibility to cut services and eligibility to Medicaid. Further, per capita caps make it harder to provide services during emergencies or economic recessions - when our community needs help the most. These caps are problematic on the first day, but those problems will compound over time as the growth of the cap fails to keep up with actual rising costs. The trend of per person cost is exploding as health care costs are explosive even in good or stable years.

Per capita caps do not cut health care spending, they simply shift the risk of already-rising health care costs onto the states, without any safety net of added financial protection for the rising health care costs. The rationale these caps will only cut Medicaid spending by cutting vulnerable people off of their insurance, or cutting the services Medicaid provides.
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• Certified Nursing Assistant
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• Clinical Nurse (Ambulatory Care)

For more info, contact Jennifer Urquides:
520-383-6540, x 12724
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