



In partnership with Black Nurses Association, Greater Phoenix Area

## Webinar

# 2024 Pulse Points in Nursing

- Maternal Health: Stillbirth and Infant Health
- Career Fatigue: Understanding Nursing Burnout and Mental Health in the African American Nursing Profession
- Building Your Network

March 23, 2024

A business of Marsh McLennan



# 1

## Agenda and Panelist Introductions

### Nursing Fact – [Adah Belle Thoms](#)

She acted as the director of the nursing department at New York's Lincoln Hospital for 18 years beginning in 1906. However, because Thoms was Black, the law forbade her from holding the director title. Instead, she was named the assistant superintendent of nurses. Later, she helped found the NACGN with Mary Eliza Mahoney.

Black nurses were allowed to serve in the Army Nurse Corps and American Red Cross during the First World War thanks to Thoms' lobbying, and, with her many notable accomplishments, she was one of the first members inducted into the American Nurses Association Hall of Fame in 1976.



# Our discussion today

## Your facilitator



**Wendy Woske, BSN,  
MHA, RN**  
Principal, Mercer

Wendy is a Principal and National Program Leader for Mercer's Complex Case Clinical Oversight solution. Her extensive experience includes working with various healthcare delivery models, insurance products and waiver programs, and building sustainable healthcare delivery systems for vulnerable populations.

## Maternal Health: Stillbirth and Infant Health



**Thelma Brandon-Williams,  
RN, MSN-Ed**

An experienced educator and clinician with specialties in education, pediatrics, behavioral health, emergent care, women's health, and public health. She has worked at various institutions and is known for her ability to manage multiple priorities. Mrs. Williams has received awards for her work and is actively involved in professional associations, focusing on reducing health disparities and improving birth outcomes for women.

## Career Fatigue



**Dr. Rosa Norris,  
APRN, DNP**

Dr. Rosa E. Grayson-Norris is a dual board-certified nurse practitioner with expertise in primary care and mental health. She specializes in chronic illness management and psychiatric care, with a focus on substance use disorders. With over 30 years of experience, she is dedicated to improving patient care and serves as an educator and community advocate.

## Building Your Network Through LinkedIn



**April Lindquist**  
Principal, Mercer

Lead health marketing strategist for Mercer Government focusing on state Medicaid agencies including behavioral health, policy, finance, and mental health. She manages relationships with numerous Medicaid centers of influence and the management and participation in Medicaid conferences and events.

# Poll

Please select your current role in nursing today

- A. Direct patient care
- B. Administrative role in a patient care setting
- C. Administrative role outside of a patient care setting
- D. Other non-direct care role that requires a nursing license

# 2

## Stillbirth and Infant Health

### The Best Beginning Journey of A Soul

Thelma Brandon-Williams, MSN-Ed.

“We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color.”

Maya Angelou

# Purpose and Objectives

Analyze current **statistics** and trends of stillbirth and infant mortality.

Renew the stillbirth and infant mortality **action plan**.

Engage members in the stillbirth and infant mortality **action plan** through community collaboration opportunities.



# Fetal Deaths

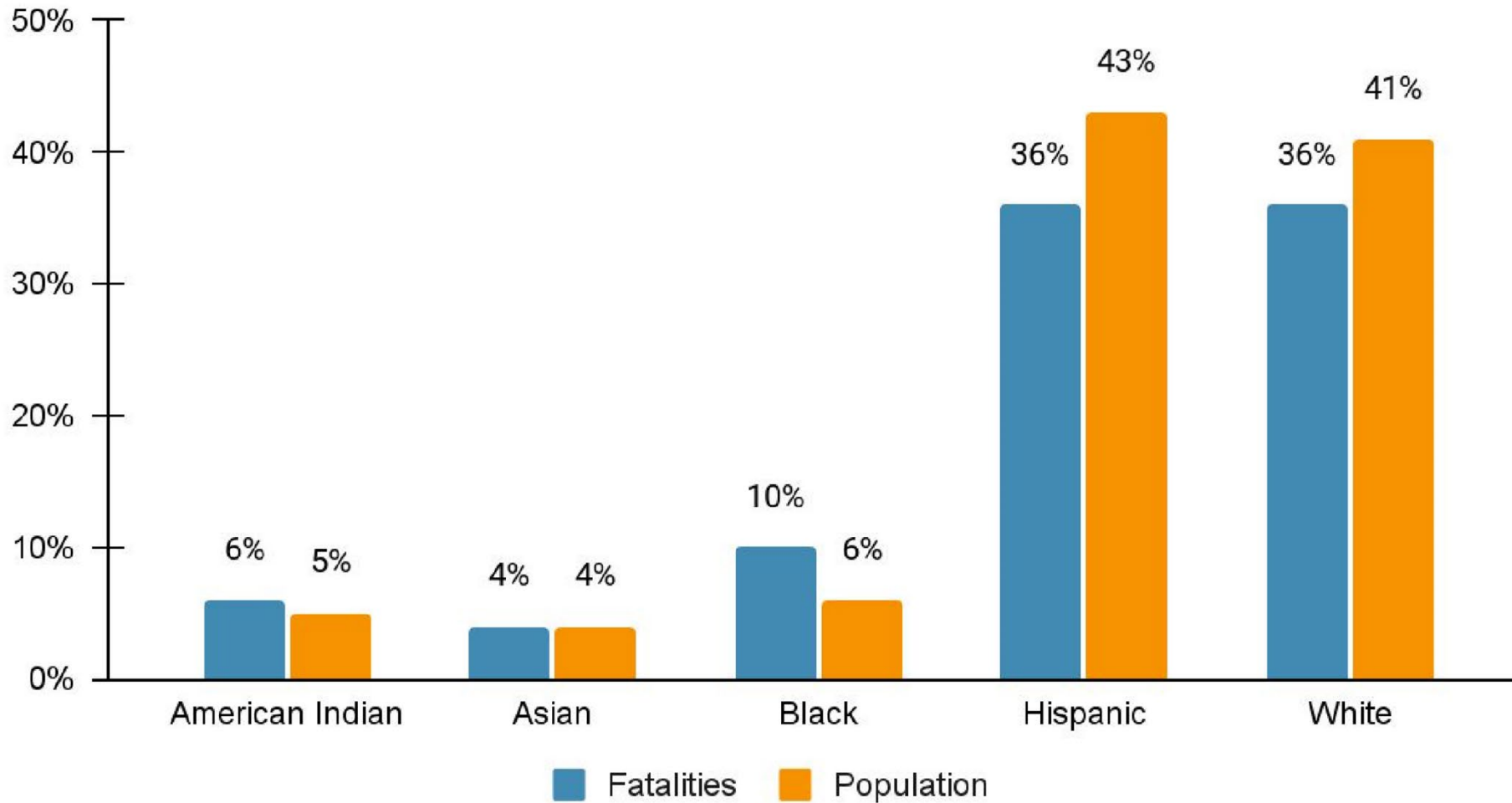
In Arizona, stillbirths are *reportable* fetal deaths under this criteria:

- Completed 20 weeks of gestation, **or**
- Fetus weighs more than 350 grams.

Fetal deaths include:

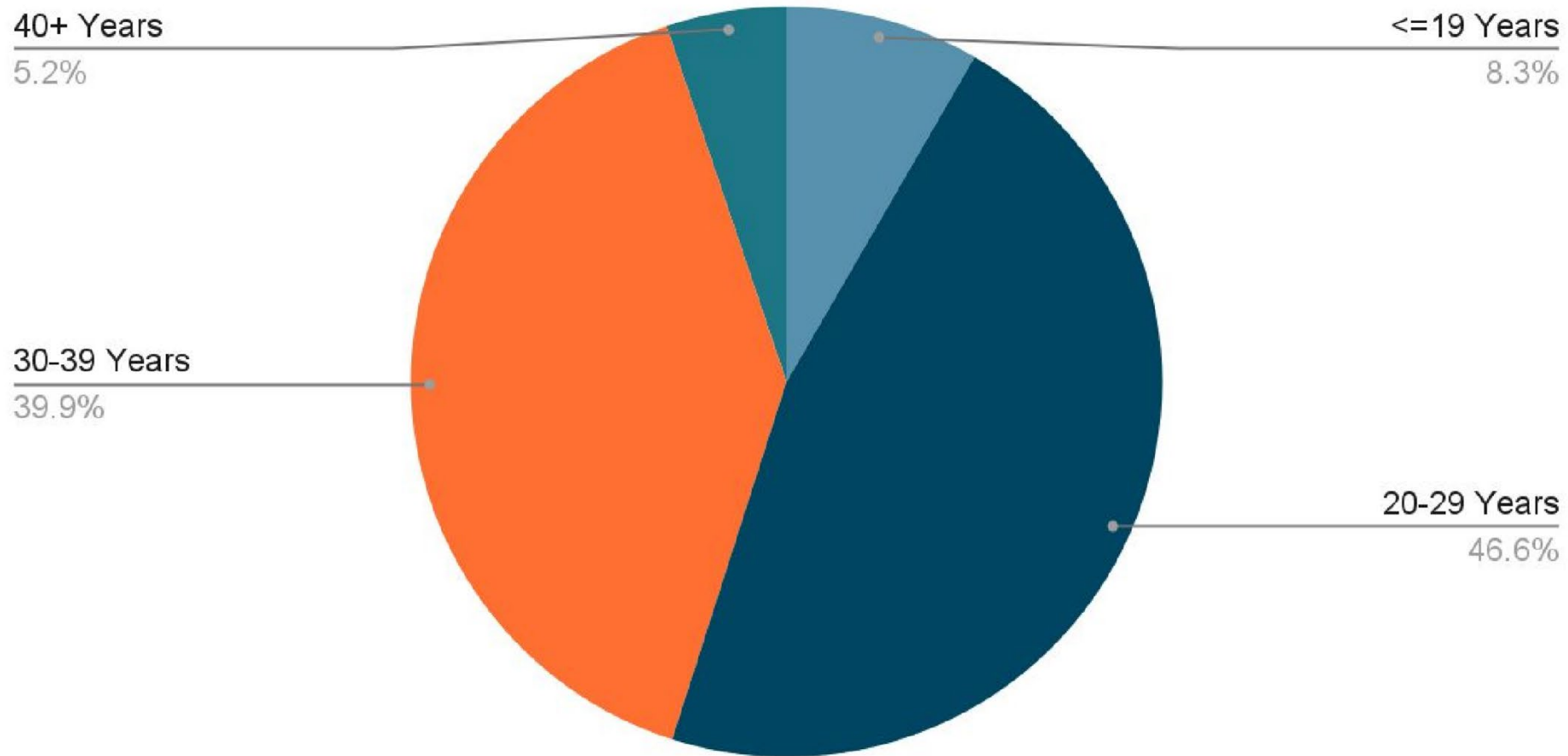
- Spontaneous stillbirths **or** induced termination **and** requires the completion of a fetal death certificate.

# Fetal Death by Race/Ethnicity, 2022





# Fetal Death by Mother's Age, 2022



# Fetal Death by Mother's Education

Mother's Education Level	Number	Percentage
No HS Diploma	86	14.3%
HS Diploma	181	30.1%
Some College	154	25.6%
College and Above	104	17.3%
Unknown	76	12.6%

Mother Received Prenatal Care	Number	Percentage
Yes	420	69.9%

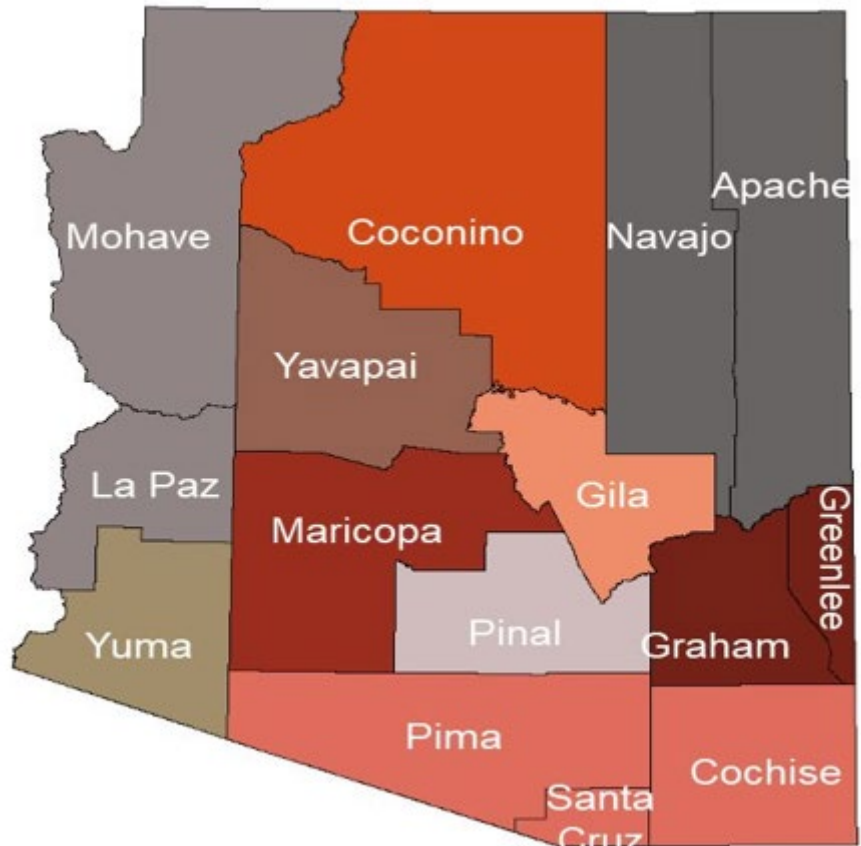
# Medical History

Medical History	Number	Percentage
Previous Cesarean Delivery	61	10.3 %
Gestational Hypertension (induced hypertension, pre-eclampsia)	54	9.0 %
Gestational Diabetes (dx during)	27	4.6 %
Other Previous Poor Pregnancy Outcome	27	4.6 %

# Medical History

Medical History	Number	Percentage
Pre-Pregnancy Hypertension (chronic)	20	3.3 %
Pre-Pregnancy Diabetes (dx prior)	20	3.3 %
Previous Preterm Birth	16	2.7 %
Infertility Treatment for Pregnancy	12	2.0 %

# Arizona Child Fatality Review Program

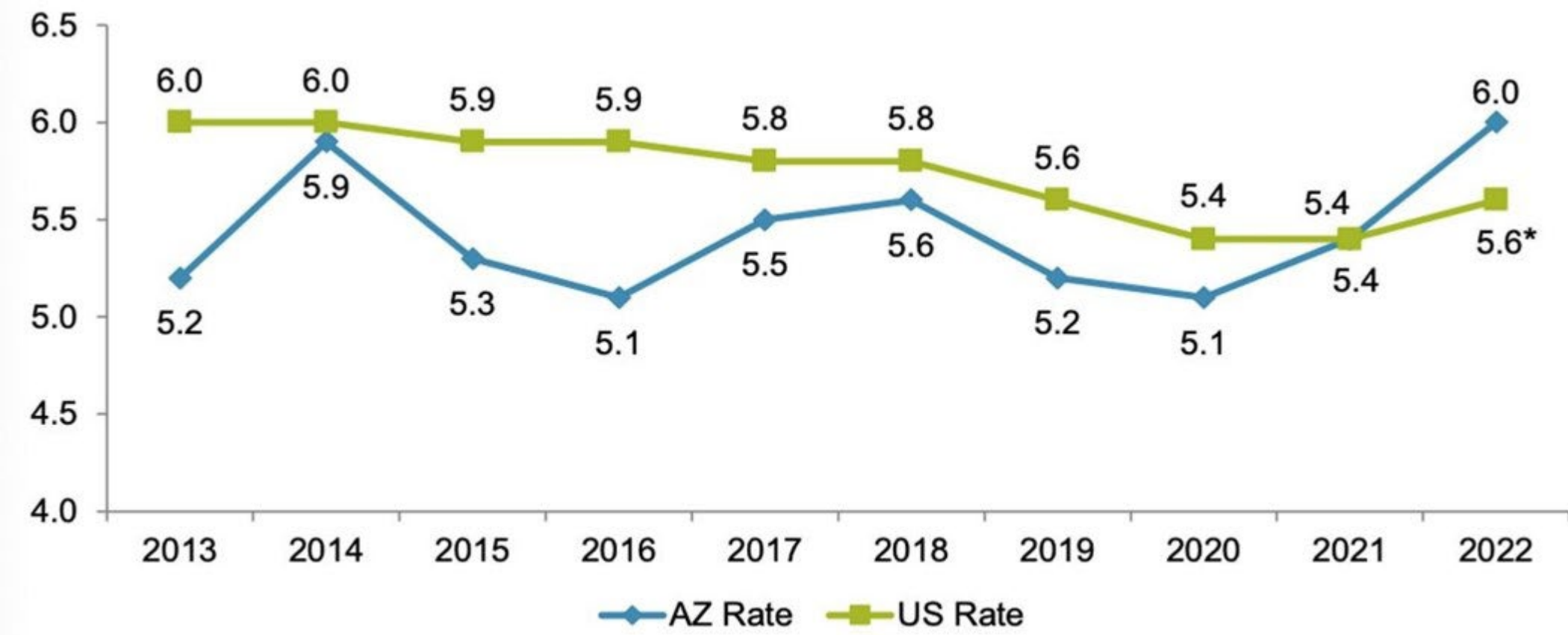


Legislation was passed in 1993 ([A.R.S. § 36-342, 36-3501](#)) authorizing the creation of the CFR Program.

The Arizona Child Fatality Review (CFR) Program was established to review all possible factors surrounding a child's death.

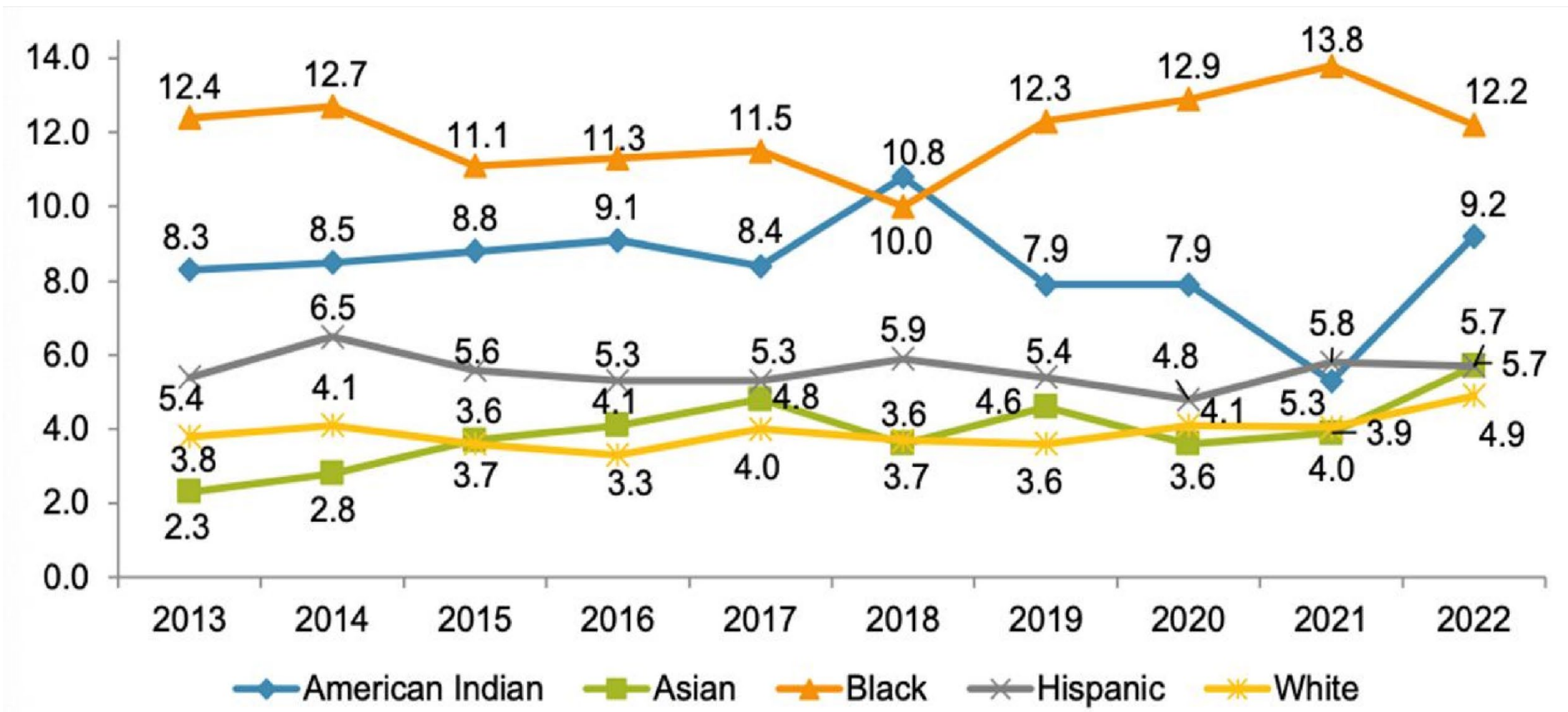
The program's mission is to reduce preventable child fatalities in Arizona through a systematic, multi-disciplinary, multi-agency, and multi-modality review process. Prevention strategies, interdisciplinary training, community-based education, and data-driven recommendations are derived from the annual report to aid legislation and public policy.

# AZ Versus USA Infant Mortality Rate



\*Preliminary infant mortality rate as reported by the National Center for Health Statistics, National Vital Statistics System.

# Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity

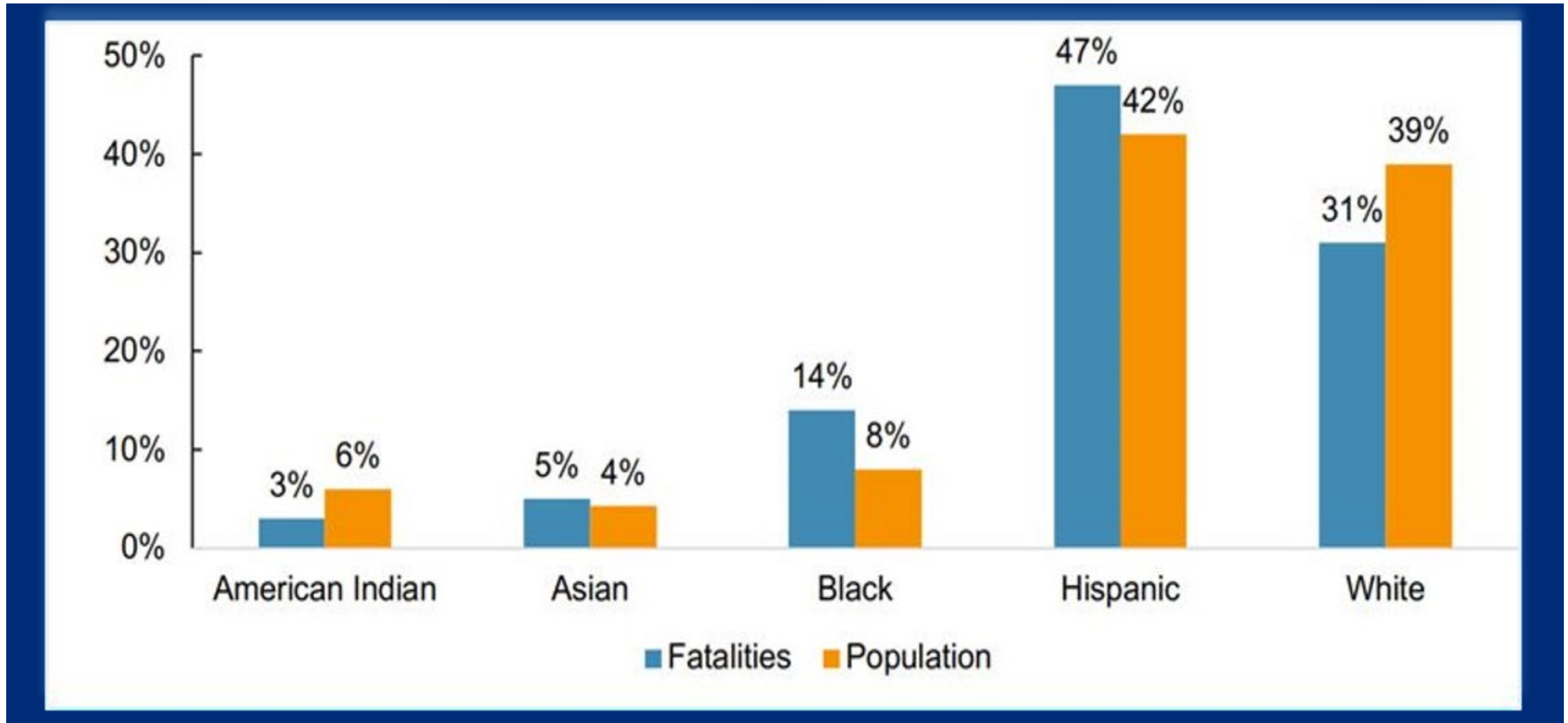


## In 2022, 479 Deaths in Arizona (55% of all child deaths)

Causes of Death	Number	Percent
Prematurity	206	43%
Congenital Anomaly	97	20%
Suffocation	58	12%
Cardiovascular	29	6%
Other Infection	17	4%
Undetermined	17	4%



# Percentage of Premature Deaths by Race/Ethnicity, 2022

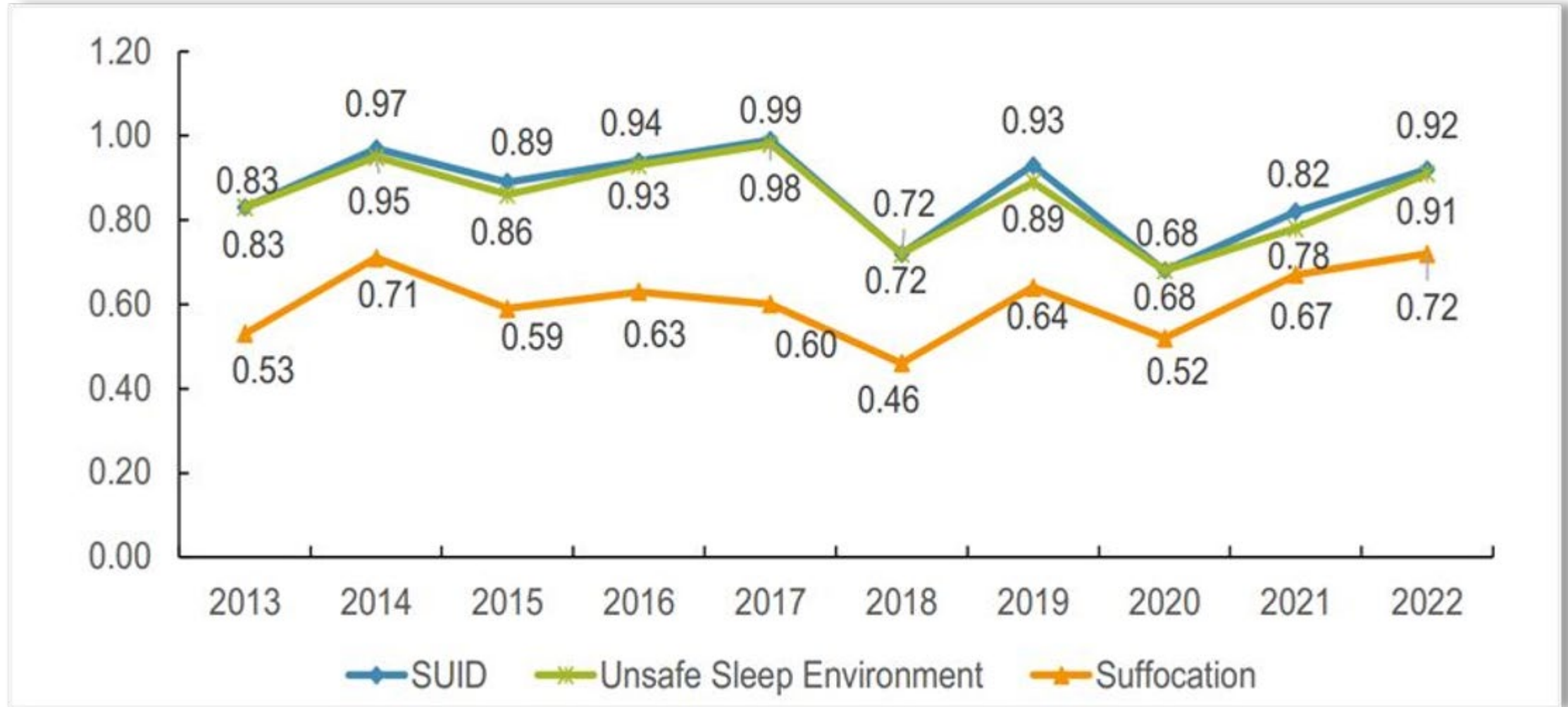


# Premature Death Risk Factors

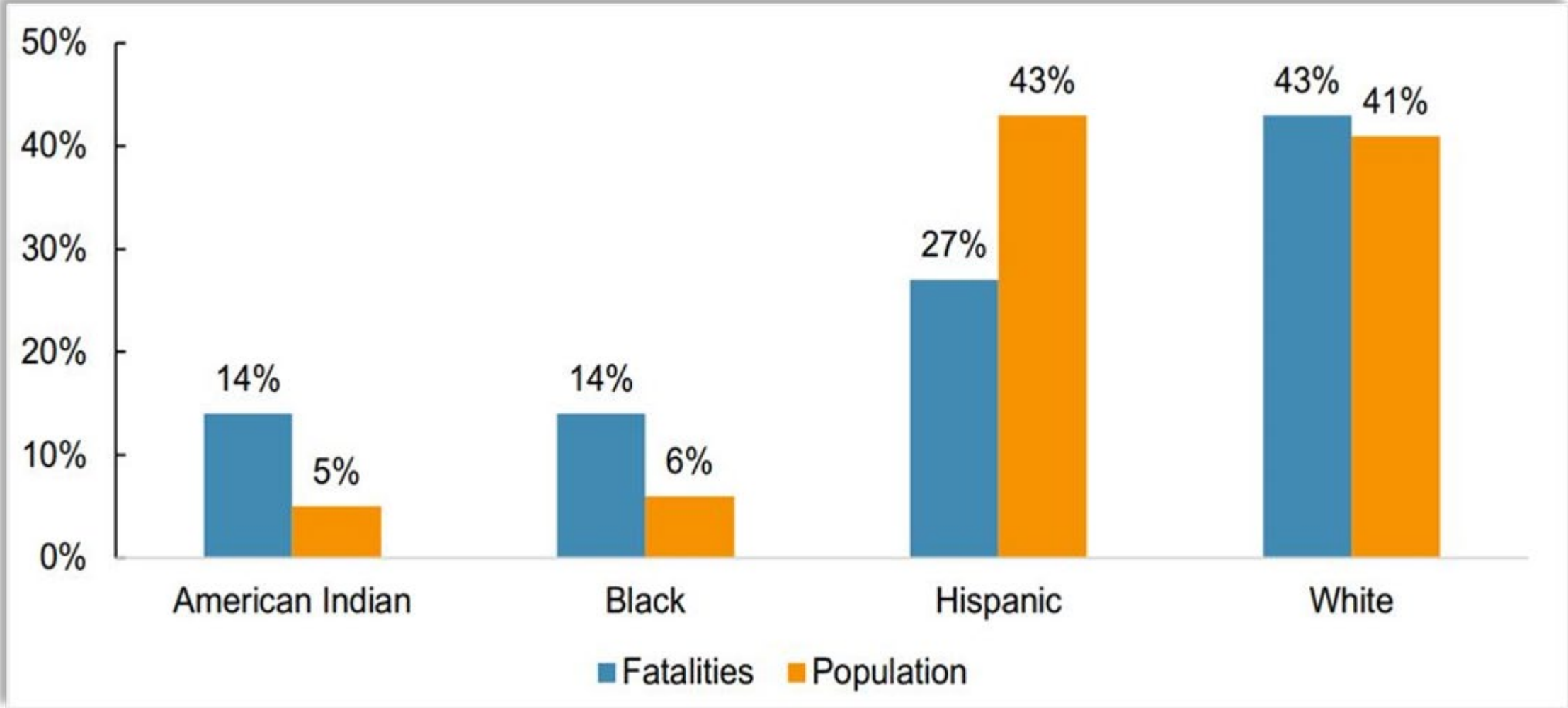
<b>Risk Factors**</b>	<b>Number</b>	<b>Percent</b>
Poverty	118	57%
Premature Rupture of Membrane (PROM)	76	37%
Preterm Labor	48	23
Maternal Infection	37	18%
No Prenatal Care	31	15%

\*\*More than one risk factor may have been identified for each death

# Percentage of SUID among Infants, 2022



# Percentage of SUID among Infants by Race/Ethnicity, 2022



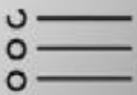
# SUID Risk Factors, 2022

<b>Risk Factors**</b>	<b>Number</b>	<b>Percent</b>
Unsafe Sleep Environment	72	97%
Objects in Sleep Environment	62	84%
Unsafe Sleep Location	59	80%
Poverty	53	72%
Bedsharing	39	53%
**More than one risk factor may have been identified for each death		

# In 2022, 49 Infant Deaths from Infectious Disease



21% of infectious disease-related deaths were preventable.



Cause (For all Children)

#1 Cause: Other Infections (n=32)

#2 Cause: COVID-19 (n=17)

#3 Cause: Prematurity (n=17)



American Indian children were disproportionately affected. American Indian children made up 16% of infectious disease-related deaths but only 5% of the total population.

# Congenital Syphilis Deaths/ Factors

Nationally, congenital syphilis-related deaths have increased **464%** since 2001 with 220 congenital syphilis-related stillborn and infant deaths in 2021.

In Arizona, the CFRP identified **11 cases** with congenital syphilis, nine of which were related to death. This is a much higher number than previous years ( $n < 6$ ). The AZ Congenital Syphilis mortality rate was 0.12 deaths per 1,000 live births in 2022.

<b>Risk Factors**</b>	<b>Number</b>	<b>Percent</b>
No Prenatal Care	7	78%
CPS History with Family	6	67%
Substance Use	*	*
Poverty	*	*
*Number/Percentage suppressed due to count less than 6		
**More than one risk factor may have been identified for each death		

# Substance Exposed Newborn

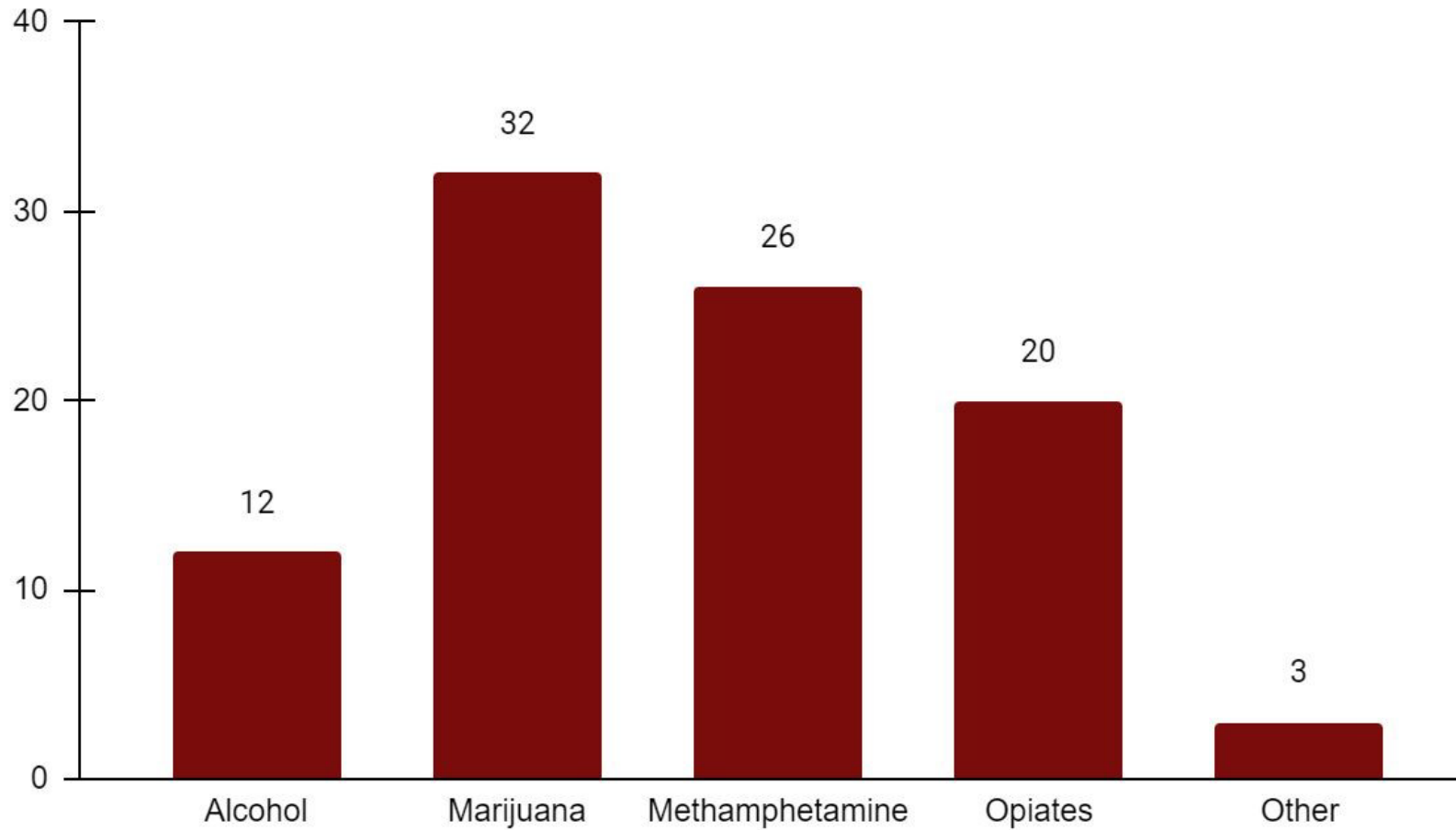
## Substance Use Related Infant Deaths (11% of infant deaths)

- Parent's history
- Clinical Presentation of newborn
- Laboratory testing



# 58 Deaths Exposed, 2022

## Types of Substance Identified in Substance-Exposed Newborn



# Reduce Prematurity/Preterm Births

## Increase awareness on the risk factors

- Identify best methods to reach target populations

## Prevent, detect, and treat maternal STIs

- Configure the Arizona congenital syphilis campaign to reach at-risk communities (i.e. methadone clinics, tribal health facilities, social service organizations, homeless shelters, needle exchange sites (harm reduction sites), as such)

## Expand the use of the Arizona Smokers Helpline (ASHLine)

- Strengthen the use of evidence-based screening tools and assessments for tobacco, alcohol, and other substances by providers and home visiting programs.

**Women at risk for preterm delivery** need to be identified and offered access to effective treatments to prevent preterm birth.

- Improvement partnerships with providers to identify those at risk for preterm delivery.

# Reinforce Term Births

**Provide statewide training opportunities** for clinical and non-clinical professionals

- Promote the Strong Families AZ Statewide, Tribal, and HRPP Annual Home Visiting Conference

**Improve oral health** status for pregnant women

**Support innovative community-based models** that promote equity-centered initiatives

- Collaborate with organizations and governments

**Increase training opportunities** for underrepresented populations

- Promote and expand family health cultural perspective training series

# References

1. Arizona Department of Health Services. (2021). Annual Vital Records of Birth. Phoenix.
2. Arizona Health Status and Vital Statistics 2011 - 2021. Table 1C-4.
3. Arizona Health Status and Vital Statistics (2021). 1C Fetal, Perinatal, and Maternal Deaths.  
<https://pub.azdhs.gov/health-stats/report/ahs/ahs2021/pdf/text1c.pdf>
1. National Vital Statistics Report; vol 72 no 8. <https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-08.pdf>
2. Arizona Department of Health Services (2024). Lalani K, Newberry S, Rimsza ME, Garlington T, Glidden M, Celaya MF. Arizona Child Fatality Review Team: Thirtieth Annual Report.  
<https://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/child-fatality-review-annual-reports/cfr-annual-report-2024.pdf>

# Questions

Submit your questions through the “Chat”  
function in Zoom

We will address as many questions as possible



# 3

## Career Fatigue

### Understanding Nursing Burnout and Mental Health in the African American Nursing Profession

Dr. Rosa Norris, APRN, DNP



# Defining Nursing Burnout

## Definition

"Nursing burnout is a state of physical, emotional, and mental exhaustion caused by prolonged exposure to work-related stressors."

Burnout is a **psychological syndrome** characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. In the nursing profession, burnout can have significant negative impacts on nurses' well-being and patient care.

## Signs of Burnout

"It's essential for nurses to **recognize signs** of burnout, such as feeling overwhelmed, experiencing physical symptoms like headaches or fatigue, and losing interest in work."

Early warning signs to be aware of include the following:

- You feel constantly overworked
- You regularly feel too tired to go to work
- You don't look forward to your job
- You feel unappreciated or like you or your work doesn't matter

# Impact Nursing Burnout

## Prevalence of Burnout

According to ANA, nursing burnout affects approximately **15% to 45%** of nurses in the United States.

According to a 2020 survey, 62% of nurses experience burnout, and 69% of nurses under 25 report it.

## High Stress Levels

Studies have shown that nursing is one of the **most stressful** professions with high levels of job demands, emotional exhaustion, and physical strain contributing to burnout.

The demanding nature of nursing, including long work hours, heavy workloads, and exposure to traumatic events, **can increase** the risk of burnout among nurses.

## Disparities in the Workplace

Studies have also shown disparities in the prevalence of burnout among **different demographic groups**, including racial and ethnic minorities.

African American nurses may face unique stressors and challenges related to workplace discrimination, systemic inequalities and cultural factors that contribute to burnout.



# Impact of Nursing Burnout on Mental Health

## Effects of Burnout

"Burnout can lead to feelings of frustration, cynicism, and emotional exhaustion, impacting nurses' mental well-being."

## Emotional Exhaustion

Nurses experiencing **emotional exhaustion** may feel drained, overwhelmed, and emotionally depleted. They may struggle to find energy or motivation to perform their job responsibilities.

## Depersonalization

Burnout can lead to feelings of cynicism, detachment, and negativity towards patients, colleagues, and the work environment. Nurses may become **emotionally distant** or develop a cynical attitude towards their job.

## Reduced Personal Accomplishment

Nurses experiencing burnout may feel a sense of **inefficacy and reduced personal accomplishment** in their work. They may doubt their abilities, experience feelings of inadequacy, and question the impact of their work.

# Impact on Nurses' Wellbeing

## Negative Effects

Burnout can have profound **negative effects** on nurses' physical health, mental health, and overall well-being.

It can contribute to increased levels of stress, anxiety, depression, and insomnia among nurses.

## Impact on Job Satisfaction

Nursing burnout is associated with decreased job satisfaction, **lower morale**, and increased turnover rates within the profession.

Burnout can lead to:

- Feelings of disillusionment, disengagement, and
- A diminished sense of personal accomplishment among nurses.

## Relationships

Burnout can impair nurses' **interpersonal relationships**, including relationships with patients, colleagues, and family members. It may lead to conflicts, communication breakdowns, and social withdrawal.

# Impact of Nursing Burnout

## Negative Health Outcome

Nursing burnout is linked to negative health outcomes for **both nurses and patients**.

Burnout can contribute to higher rates of depression, anxiety, insomnia, and other mental health issues among nurses.

It can also **impair nurses' ability** to provide quality patient care, leading to medical errors, decreased patient satisfaction, and compromised patient safety.

## Cost to Healthcare Systems

Nursing burnout has significant **economic implications** for the healthcare system, including increased healthcare costs, higher rates of absenteeism and turnover, and reduced productivity.

Burnout-related factors, such as staff shortages and turnover, can strain healthcare resources and **impact the delivery** of patient care.

# Avoiding Burnout Begins With Awareness

## Breaking the Stigma Surrounding Mental Health

“Stigma associated with mental illness can prevent nurses from seeking help and accessing support services.”

### Tips for Reducing Stigma

- **Education and awareness:** Host workshops and training sessions to educate staff about mental health conditions and challenge stereotypes.
- **Normalize discussions:** Encourage open dialogue about mental health in team meetings or support groups to create a safe and supportive environment.
- **Lead by example:** Promote a culture of empathy and acceptance by openly discussing personal experiences with mental health challenges and seeking support when needed.
- **Use inclusive language:** Avoid language that stigmatizes mental illness and promote respectful communication that emphasizes empathy and understanding.
- **Empowerment through community:** Encourage the formation of support groups or affinity networks where African American nurses can share experiences, offer mutual support, and advocate for change.
- **Cultural competence training:** Offer cultural competency workshops and training programs to healthcare staff to foster understanding and sensitivity to the unique needs and experiences of African American nurses.
- **Advocacy and policy change:** Encourage nurses to advocate for policies and practices that promote diversity, equity, and inclusion within the workplace, including anti-discrimination policies and fair treatment practices.

# Increase Self-Compassion

- **Recognize the resilience** of African American nurses in the face of adversity: "Despite facing systemic challenges, African American nurses demonstrate remarkable resilience and determination in their professional endeavors."
  - **Cultural affirmation:** Encourage African American nurses to connect with their cultural heritage and draw strength from cultural traditions, rituals, and community support systems.
  - **Mentorship and role models:** Facilitate mentorship opportunities where African American nurses can receive guidance, support, and encouragement from senior colleagues and role models who have navigated similar challenges.
  - **Self-advocacy and empowerment:** Equip African American nurses with tools and resources to assertively address discrimination, advocate for equitable treatment, and navigate institutional barriers.
  - **Promote self-care practices rooted in cultural traditions,** such as holistic healing modalities, spirituality, and communal support networks.
- By acknowledging the **unique challenges** faced by African American nurses and offering culturally sensitive strategies for support and empowerment, healthcare organizations can **create inclusive environments** that promote mental health and well-being for all nurses.

# Organizational Support for Burnout Prevention

Discuss the role of healthcare organizations: "Organizations can support nurses by promoting a positive work culture, providing access to resources like counseling services, and implementing policies that prioritize staff well-being."

Highlight initiatives or programs within healthcare settings aimed at preventing burnout and supporting mental health.



## Workplace Violence Prevention Regulations:

Workplace violence prevention regulations aim to protect nurses from physical and psychological harm resulting from violence in the workplace. These regulations may require healthcare facilities to implement violence prevention programs, provide training on de-escalation techniques, and offer support services for employees affected by workplace violence incidents.

## Employee Assistance Programs (EAPs):

While not mandated by legislation, many employers, including healthcare facilities, offer EAPs to provide confidential counseling, referral services, and support to employees experiencing mental health challenges. EAPs can be an important resource for nurses seeking help with mental health issues.

# Decreasing Challenges Faced by African American Nurses

- **Promote Diversity and Inclusion Policies:** Management should prioritize implementing diversity and inclusion policies that foster a supportive and equitable workplace environment. This includes hiring practices that promote diversity, creating opportunities for career advancement, and ensuring fair treatment and representation of African American nurses in leadership positions.
- **Provide Cultural Competency Training:** Management can offer cultural competency training programs to educate staff about the unique experiences and challenges faced by African American nurses. These programs should focus on increasing awareness of unconscious biases, promoting cultural sensitivity, and fostering respectful communication and collaboration among team members.
- **Implement Anti-Discrimination Policies:** Organizations should have clear policies and procedures in place to address discrimination, harassment, and microaggressions in the workplace. Management should enforce a zero-tolerance policy for discriminatory behavior and provide channels for employees to report incidents confidentially without fear of retaliation.
- **Offer Supportive Resources and Counseling Services:** Management should provide access to mental health resources, employee assistance programs, and counseling services to support the well-being of African American nurses. These resources can help nurses navigate stress, burnout, and trauma related to workplace discrimination or systemic inequalities.
- **Foster Mentorship and Peer Support Networks:** Establishing mentorship programs and peer support networks can provide African American nurses with guidance, encouragement, and a sense of belonging within the organization. These programs can help foster professional development, build resilience, and create a supportive community where nurses can share experiences and seek advice from their peers.
- **Engage in Community Partnerships and Advocacy:** Community organizations, advocacy groups, and healthcare institutions can collaborate to address systemic inequalities and promote diversity in the nursing profession. By engaging in community partnerships and advocacy efforts, stakeholders can work together to advocate for policy changes, support educational initiatives, and empower African American nurses to thrive in their careers.
- **Promote Leadership Opportunities:** Management should actively identify and support African American nurses for leadership roles within the organization. Providing opportunities for leadership development, mentorship, and professional growth can empower African American nurses to become influential leaders and advocates for positive change within the healthcare system.

By implementing these strategies, management and community members can create a more inclusive, supportive, and equitable environment for African American nurses, ultimately enhancing the quality of patient care and promoting diversity in the nursing profession.

# Cultivating a Culture of Support and Advocacy

Emphasize the importance of peer support and advocacy: "Peer support networks, mentorship programs, and employee resource groups can provide valuable emotional support and advocacy opportunities for nurses."

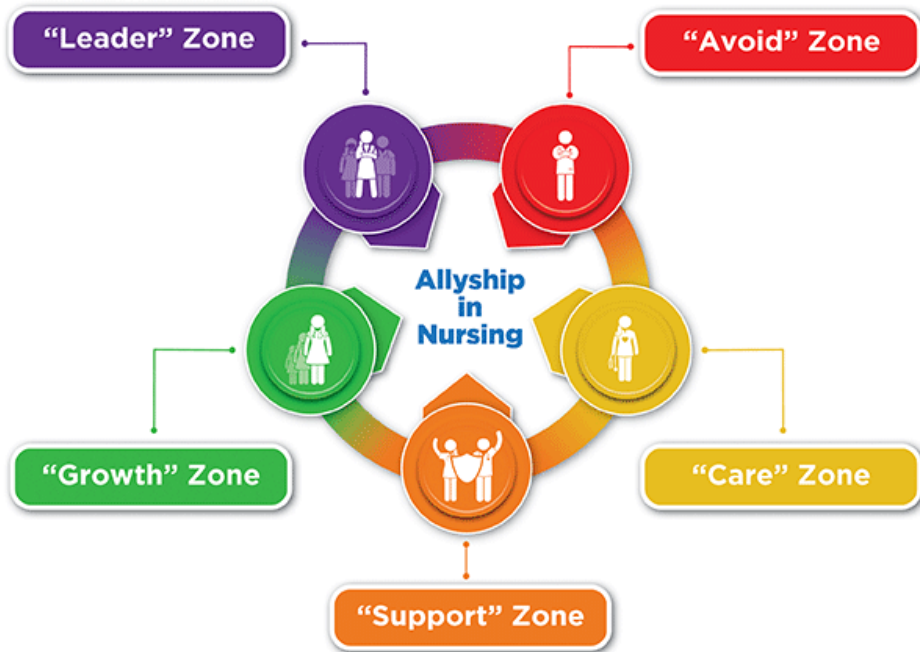
BNAGPA is an examples of grassroots initiatives / community efforts aimed at fostering a culture of support and inclusion within nursing.





# ANA Resources

## Educational Videos & Webinars



## Actionable Allyship To Address Racism in Nursing

- Navigate Nursing Webinar, 1.0 Contact Hour CNE (Free for ANA Members)
- Launched on November 14, 2022
- What does it mean to be an ally? Who is impacted when you do not speak up? How do you create unit/clinic and systems change in your workplace towards allyship?
- Nurses that view this webinar will learn that being an ally benefits all nurses and will have the tools to empower them to take actionable steps towards combatting racism.
- [REGISTER NOW](#)

# Additional Resources

## Project Echo: Addressing Racism in Nursing



### Project ECHO: Racism in Nursing

- The National Commission’s Project ECHO® on Racism in Nursing serves as a forum for nurses to increase their knowledge about how racism “shows up” in the profession and in healthcare.
- This 8-session series provides education to hone the skills needed to confront systemic racism and empower nurses to become allies.
- In 2022 two series were completed, with over 1,000 nurses engaged. Videos of the didactic portions of these sessions are available to view and share with your colleagues.
- [LEARN MORE](#)

# ANA Resources and Reading Materials

## Top 10 Ways to be an Anti-Racist in Nursing

- This infographic shares 10 ways every nurse can be an antiracist.

[Download \[PDF\]](#)

## ACTIONABLE ALLYSHIP Self-Assessment Tool

- Allyship is a never-ending commitment. Use this tool to assess where you are today! Work to progress through the continuum and to improve your score in each zone each time. Then rinse, repeat.

[Download \[PDF\]](#)

## Allyship in Nursing Flyer

- Allyship is a never-ending commitment. Use this flyer to assess where you are today and work to progress through the continuum.

[Download \[PDF\]](#)

## National Survey on Racism in Nursing

- This survey of 5,623 nurses in October 2021 shows racism is a substantial problem within the profession. The survey was conducted by the National Commission to Address Racism in Nursing.

[Read More](#)

## Summary of Listening Sessions

- The Commission held listening sessions to hear directly from nurses of color. These conversations informed policies and practices to address systemic racism.

[Read More \[PDF\]](#)

# Conclusion

**Thank you!**



# Questions

Submit your questions through the “Chat”  
function in Zoom

We will address as many questions as possible



# 3

## Building Your Network with LinkedIn

### Nursing Fact – Mary Eliza Mahoney

In 1878, she became the first black nurse when she was one of only 4 individuals to graduate out of 42. After decades as a private nurse, Mahoney became the director of the Howard Orphanage Asylum for black children in Kings Park, Long Island in New York City. She finally retired from nursing after 40 years in the profession but continued to champion women's rights and was among the first women to register to vote in Boston after the 19<sup>th</sup> Amendment was ratified.



# Why LinkedIn

Building your network AND your opportunities

## Nursing Crossing

This group brings information about job openings and employers to its members. It is owned by Employment Research Institute, the world's largest conglomerate of job search-related companies.

Members: ~2,400

[Link](#)

## American Nurses Association

ANA advocates for nurses by establishing and promoting high standards in nursing and advancing the rights of nurses in the workplace. This group is a great resource to stay up to date on all things nursing.

Members: ~87,500

[Link](#)

## Nursing professionals

Whether you are an active nurse or in nursing school, you will be welcomed with resources and connections. It is not open to recruitment companies or others selling to nurses

Members: ~13,300

[Link](#)



# LI Audience

Here and there

**1.5+M**

**Registered Nurses  
(as of 2020)**

**930 million**

**Members worldwide**

**6.65M**

**Healthcare  
professionals globally**

# Three Actions to Take

Prioritize your time and create habits that will drive impact

**Optimize your LinkedIn profile**

- picture  
- who you are

Increase your professional brand visibility  
This is your personal 'website'

**Share/create content to engage your target audience**

We must cut through the noise, be seen, and be selected

**Comment and post at least once a week if you are actively job searching or building your network**

Focus on building your visibility, community, visibility and reference

# It starts with a strong profile

## Custom url

Pick a custom URL – just your first and last name, initials, etc.

## Professional photo

Upload a high-quality, professional headshot that captures you at your best.

## Summary

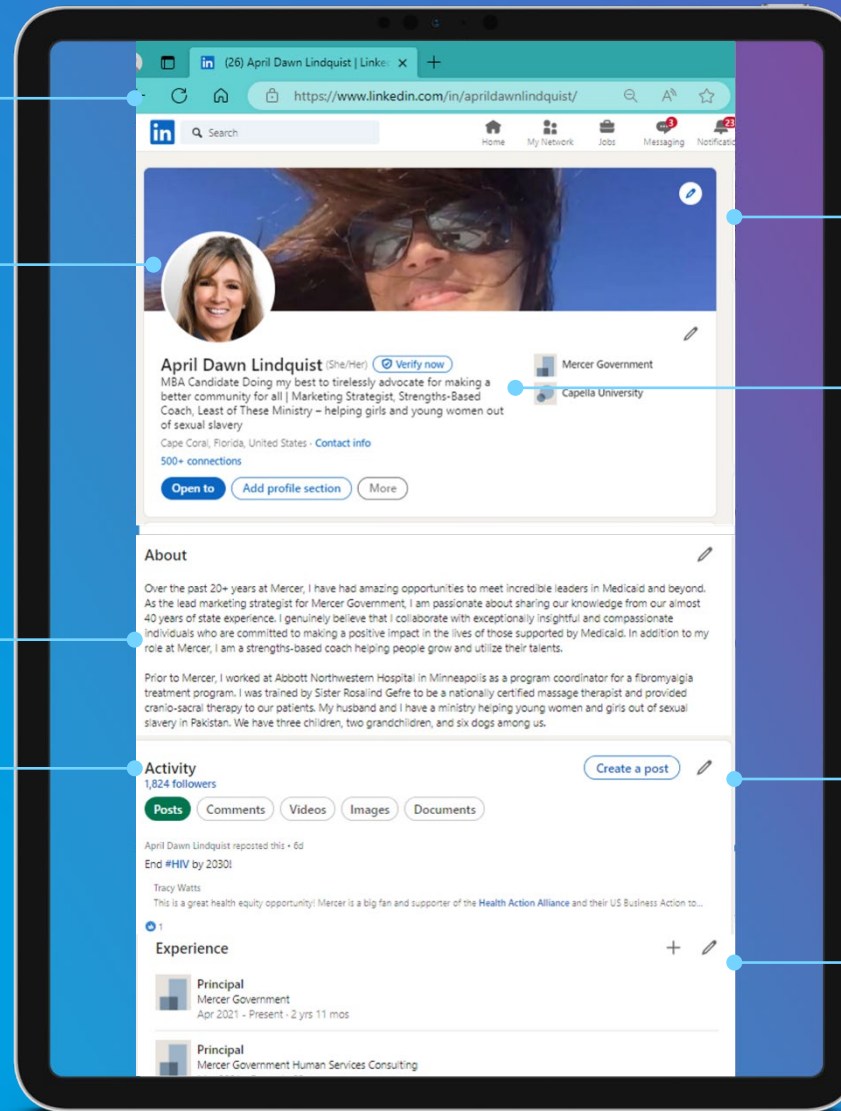
Use this space to make yourself memorable. Talk in first person about your expertise, how you help your audience, and why you are passionate about your role.

## Rich media

Add relevant content like videos, whitepapers, infographics, presentations that showcase the value you bring.

## +Recommendations

Ask for recommendations from happy customers – Nothing speaks louder than their experience.

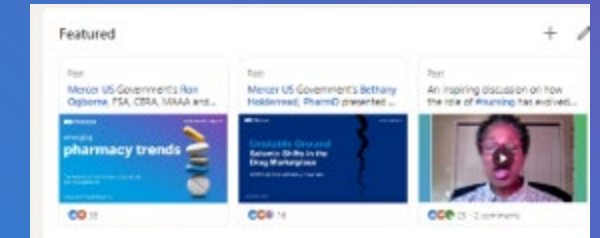


## Background photo

Upload a photo that reflects your brand, your industry, or a professional interest.

## Headline

Write an attention-grabbing headline – a one-liner that states the value you bring.



## Experience

Use a tone that speaks to your customer, avoid a bullet point copy-paste of your resume.

# Important LinkedIn Profile Settings

Get set up before you build your visibility

## Custom URL

Go to your profile (click on your picture, view profile)  
Top right “public profile & URL”, click the pencil. Top right, click on “Edit your custom URL”, click pencil. Use your name, removing all numbers and dashes. For it to work, you must only use letters or numbers, no spaces or special characters. Click Save. **Note, someone else may have your name.**

## Name pronunciation

You can only do this one on mobile. Go to your profile, click on the pencil by your name, click “Add Name Pronunciation”. Add your audio recording. You have 10 seconds. Say your name, and tell people what you do, or how to contact you, or both!

## On Your Page, Click Pencil Under Background Image

### Contact info

Make sure your contact information is up to date. Your email, website and other social media links, as appropriate. Bottom of form – “Edit contact info”

### Pronoun

Scroll down for the Pronouns section. Make your selection to tell people how to refer to you.

### Location

Complete ‘location’ section. If you live in a suburb / rural area, use largest metropolitan city closest to where you live.

### Industry

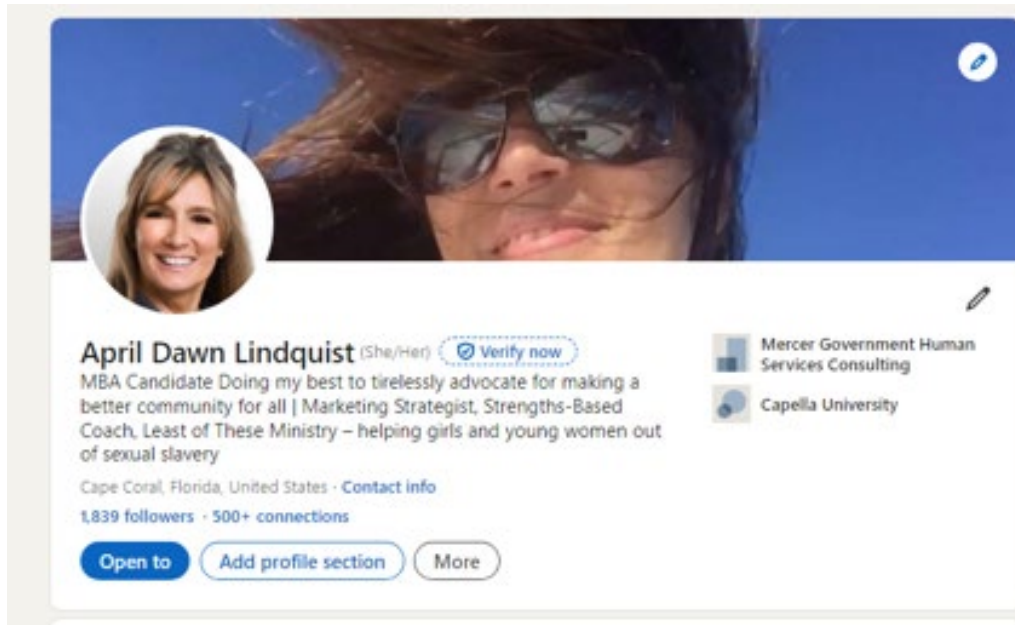
Scroll down to ‘industry’. Start typing and the list will appear. This will help you be found in searches.

# Important LinkedIn Profile Settings

Get set up before you build your visibility

## Create a Profile PDF

Go to your profile (click on your picture) Click on “More” under your picture and intro. Select “Save to PDF”



**Contact**  
612-642-8889 (Work)  
apridawnlindy@hotmail.com  
[www.linkedin.com/in/apridawnlindquist](http://www.linkedin.com/in/apridawnlindquist) (LinkedIn)  
[www.mercer-government.mercer.com](http://www.mercer-government.mercer.com) (Company)

**Top Skills**  
Marketing Strategy  
StrengthsFinder  
Project Management

## April Dawn Lindquist

MBA Candidate Doing my best to tirelessly advocate for making a better community for all | Marketing Strategist, Strengths-Based Coach, Least of These Ministry – helping girls and young women out of sexual slavery  
Cape Coral, Florida, United States

### Summary

Over the past 20+ years at Mercer, I have had amazing opportunities to meet incredible leaders in Medicaid and beyond. As the lead marketing strategist for Mercer Government, I am passionate about sharing our knowledge from our almost 40 years of state experience. I genuinely believe that I collaborate with exceptionally insightful and compassionate individuals who are committed to making a positive impact in the lives of those supported by Medicaid. In addition to my role at Mercer, I am a strengths-based coach helping people grow and utilize their talents.

Prior to Mercer, I worked at Abbott Northwestern Hospital in Minneapolis as a program coordinator for a fibromyalgia treatment program. I was trained by Sister Rosalind Gefre to be a nationally certified massage therapist and provided cranio-sacral therapy to our patients. My husband and I have a ministry helping young women and girls out of sexual slavery in Pakistan. We have three children, two grandchildren, and six dogs among us.

### Experience

**Mercer Government Human Services Consulting**  
Principal  
March 2001 - Present (23 years 1 month)  
Minneapolis

**Winning Souls for Christ Ministries**  
Co-Founder  
January 2007 - Present (17 years 3 months)  
America and Pakistan

Helping girls and young women out of sexual slavery, spreading the word of

# Important LinkedIn Profile Settings

Get set up before you build your visibility

## Create/Edit Experience

Go to the Experience section on your profile. Edit your experience.

## Create a Resume

Go to your profile (click on your picture) Click on “More” under your picture and intro. Select “Build a Resume”

You can click Preview at the top or Save as PDF

***Do you want your network to be notified of these edits?***

You can indicate a different choice for each item.

**April Dawn Lindquist**  
Cape Coral, Florida, United States

april Dawn Lindquist@hotmail.com 612-642-8889  
[linkedin.com/in/aprildawnlindquist](https://www.linkedin.com/in/aprildawnlindquist)

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Jan 2007 - Present (17 years 3 months)  
Helping girls and young women out of sexual slavery, spreading the word of Christ and counseling those touched by the ministry
- Demand Planning**  
Best Buy  
Aug 2007 - May 2010 (2 years 10 months)
- Program Coordinator/National Certified Massage Therapist**  
Abbott Northwestern Hospital  
1995 - 2001 (6 years)
- Office Manager**  
Business Intertec Corporation

# Talent and Prospects Trust You

People build trust with people first, then brands

## 84%

of candidates trust what employees say about a company, compared to only 19% who trust what the CEO says

– Edelman Trust Barometer

## 92%

92% of people trust brand information shared by their friends and family, while only a fraction of those same people trust company social media posts (51%) or advertising (38%)

– Nielson

# Everyone on Social Media Plays a Role

Share your points of view and advocate for the brand

## 98%

of employees use at least one social media site for personal use, of which 50% are already posting about their company

– Weber Shandwick

## 8x

Content shared by employees receives 8x more engagement than content shared by brand channels

– Gartner

## 561%

Brand messages reach 561% further when shared by employees vs. the same messages shared by brands

- MSL Group



# When Should I Post?

Small steps over time lead to great results



Try posting a minimum of once a week. Aim for three times a week if you can (up to once daily!)



Try posting between 8 - 10 AM Monday – Friday – Biggest audience

And Saturday and Sunday from 8 – 10 AM when less people are posting but more people are consuming



**All days of the week** are good



Post 1-2 times per week, 3X more follower growth

Post 3-4 times per week, 5X more follower growth

5 or more posts a week, 8X more follower growth

# What Should I Share

## Four key frameworks for success on LinkedIn

### 01

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#### Share management and career advice

- Milestones, relationships, opportunities
- Share what you know about navigating careers
- A new initiative to create a happier or more productive workforce
- Tactic to increase your own productivity

Example: <https://bit.ly/3UvjUCd>

### 02

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#### Explain industry trends or regulations

- Which trend or regulation do peers/audience need to make good business decisions
- What do people keep asking for your perspective on?
- Which area in tech are you keeping your eye on?

Example: <https://bit.ly/3P4u6kf>

### 03

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#### Take us behind the scenes

- Speaking on a panel, at an offsite, doing a team gathering, people love to see it
- Mention 2-3 takeaways or what you got from the experience. Share 1-3 photos and tag people

Example:  
<https://bit.ly/3F3tXZy>

### 04

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#### Share company news or share content from others

- Do you have company updates, big hires, new raises, new launches to share?
- ANA – other orgs or influencers

Example:  
<https://bit.ly/3BaZXtH>

You have **1/10th**  
**of a second** to  
make a good  
first impression  
on LinkedIn



# Measuring Impact

What gets measured gets done

Write down **today's date**

Write down how many **followers you have today**

Write down how many **profile views you have**

Look up your last three posts and add up the total for each of these three metrics:

- **Views**
- **Reactions**
- **Comments**

Track progress against these KPIs in 30-day increments to see the growth



# 4

## Let's Engage Questions?

### Nursing Fact – Estelle Massey Osborne

The first black woman to earn a master's degree in nursing. She had a goal to ensure black nurses had the same opportunity for high-caliber education. She helped to get the color ban lifted from nursing in the US Army and Navy and assisted in almost doubling (within 2 years) the number of training schools to accept black schools. In 1945, she became the first black member of NYU's teaching faculty and her legacy lives on with a scholarship in her name.



# Our discussion today

## Your facilitator



**Wendy Woske, BSN,  
MHA, RN**  
Principal, Mercer

Wendy is a Principal and National Program Leader for Mercer's Complex Case Clinical Oversight solution. Her extensive experience includes working with various healthcare delivery models, insurance products and waiver programs, and building sustainable healthcare delivery systems for vulnerable populations.

## Maternal Health: Stillbirth and Infant Health



**Thelma Brandon-Williams,  
RN, MSN-Ed**

An experienced educator and clinician with specialties in education, pediatrics, behavioral health, emergent care, women's health, and public health. She has worked at various institutions and is known for her ability to manage multiple priorities. Mrs. Williams has received awards for her work and is actively involved in professional associations, focusing on reducing health disparities and improving birth outcomes for women.

## Career Fatigue



**Dr. Rosa Norris,  
APRN, DNP**

Dr. Rosa E. Grayson-Norris is a dual board-certified nurse practitioner with expertise in primary care and mental health. She specializes in chronic illness management and psychiatric care, with a focus on substance use disorders. With over 30 years of experience, she is dedicated to improving patient care and serves as an educator and community advocate.

## Building Your Network Through LinkedIn



**April Lindquist**  
Principal, Mercer

Lead health marketing strategist for Mercer Government focusing on state Medicaid agencies including behavioral health, policy, finance, and mental health. She manages relationships with numerous Medicaid centers of influence and the management and participation in Medicaid conferences and events.

Thank you for joining us today > let's connect!

## Contact information

Dr. Rosa Norris > [LinkedIn](#)

Thelma Brandon-Williams > [LinkedIn](#)

LaTanya Mathis > [LinkedIn](#)

April Lindquist > [LinkedIn](#)

Deidra Abbott > [LinkedIn](#)

Wendy Woske > [LinkedIn](#)

## Download the materials

This presentation, the webinar recording, and other helpful career-related materials can be found on our website at:  
[mercer-government.mercer.com/Mercer-BNA-Webinar.html](https://mercer-government.mercer.com/Mercer-BNA-Webinar.html)





welcome to brighter