### Rachel Culpepper, DNP, RN, NE-BC

#### **BIOGRAPHY**

Dr. Rachel Culpepper serves as the general medicine service line director at IU Health West Hospital in Avon, Indiana. She has been in this role for three years and has served as a nursing leader in various roles for eight years. She is currently the president of the Central District of Indiana Org. for Nursing Leadership, a board member of Indiana Org. for Nursing Leadership, and an AONL Advocacy Committee member. She has been actively involved in nursing advocacy initiatives and recently had the opportunity to do a podcast on "Adventures of an Amateur Advocate."

Rachel obtained her Doctor of Nursing Practice from the Indiana University School of Nursing in 2019 and a master's in nursing in 2016. In addition to her bachelor's degree in nursing, she holds a Bachelor of Science in psychology. She earned the Nurse Executive Board Certification since 2019.

Rachel lives with her husband, two sons, and two dogs. In her spare time, she enjoys watching her son's play youth sports, "glamping", boating, and snow skiing. A successful day to Rachel is one where she can make a difference or positive impact on someone, in either her personal or professional life.

### **STATEMENTS**

## 1. Statement describing the significant issues facing AONL and potential strategies to address them.

For the next few years, AONL should continue to lead the conversation around strengthening the workforce by advocating for federal funding for nursing schools, developing our current workforce through changing the staffing models, and redesign how we deliver care to patients. As an organization, we should empower our membership to take a stance against workplace violence by prioritizing how frontline teams and leaders report events, providing data to policymakers, and creating a platform for this discussion. Lastly, rebuilding and rejuvenating our nursing leadership workforce through resiliency training, and mental health resources. I believe AONL can have the impact to change the future of healthcare.

# 2. Statement describing the applicant's perspective of diversity, equity and inclusion and strategies AONL can take to demonstrate its commitment.

I believe that we first need data to understand the gaps in our membership to be able to partner with minority nursing organizations. Partnering with other organizations, such as the National Black Nurses Association or National Association of Hispanic Nurses, Inc., will allow us to learn from them on their perspectives and priorities. By partnering, this can show our membership or future membership that we value diversity and are willing to partner with minority organization on nursing topics. I believe changing the name from AONE to AONL helped tremendously with inclusion, but the next step is getting more frontline leaders to see the value in the membership through awareness, mentorship, and cost.