“If the Safe Patient Care Act becomes law, there will be a lot fewer heartbreaking stories to tell. And I, like every other nurse, look forward to that day.”

– Katie Scott, RN and MNA board member
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from the COVER
Katie Scott, RN and MNA board member, testifies before the House Health Policy Committee. See page 10 for more details.

Contract Victory: Leanne Heilig, ER RN, speaking as part of the December 19 informational picket at Sparrow Hospital. Two days later, PECSH/MNA members reached a tentative contract agreement. Learn more on pages 3 and 6.

Breaking news, photos, comments, questions – you’ll find all of these and more on MNA’s Facebook page. “Like” US TODAY! www.facebook.com/minurses

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from the Director

WORTH THE FIGHT:
MNA Members Stand Up for Fair Contracts

Forming a union gives nurses and other health care professionals the opportunity to improve their workplace through a legally binding contract. Such was the case this year at the Michigan Nurses Association’s second largest unit, as 2,300 caregivers at Sparrow Hospital in Lansing renegotiated their collective bargaining agreement.

Heading into negotiations in August, members of the Professional Employees Council of Sparrow Hospital (PECSH/MNA) already boasted one of the strongest contracts in the state, if not the country. Thanks to previous generations of active union members, their agreement (which expired in October) included a staffing grid by department based on acuity. But members felt that patients could still be safer, and they were willing to fight to make it happen.

Throughout negotiations, the nurses and other health care professionals rounded in the hospital to talk to each other about latest developments. They posted a billboard near the hospital, circulated a petition in the community, and used social media to share concerns about staffing. Their actions were strategic, and escalated toward public pressure for a fair contract.

On December 19, I was proud and inspired to join PECSH/MNA members on an informational picket line outside of the hospital. The weather was frigid, but...
Our Collective Nurse Power

“With all their faults, unions have done more for humanity than any other organization of people that ever existed.”

– CLARENCE DAWSON

The attainment of broad professional goals for Registered Nurses is enhanced through a collective voice. For example, while an individual RN may be able to improve his or her own personal workload on a specific day, more enduring and widespread progress in improving our practice environments can only happen through unity and collective action.

The best way to ensure staffing levels are sufficient to deliver quality care, that RNs are not forced to work mandatory overtime, and that RNs have a voice in their workplace is by organizing a union. Without a union and a contract most employees in our nation have insufficient protections and opportunities to improve their working conditions. And don’t be fooled that either Magnet recognition or some form of ‘shared governance’ can provide the bona fide voice which only collective bargaining delivers!

Some of the material benefits of belonging to the Michigan Nurses Association through a local bargaining unit include:

• Negotiation power at bargaining table – did you know that without a union and contract, the employer can unilaterally change almost all aspects of your work life?
• A collective voice in your workplace – did you know that many of the MNA’s contracts ensure concrete RN to patient limits, and prohibitions on mandatory overtime?
• Protection against unjust discipline and discharge – did you know that most RNs in our state are considered ‘at will’ employees, who may be fired without cause with little recourse for the RN?
• A strong voice in the legislative process – did you know that the MNA has a strong influence at our state Capitol in advancing our profession’s interests?

Recently, where I work, the employer announced plans to build a new parking structure and lot that will improve capacity by over 900 new parking spaces. That commitment only came after a number of interventions that included petitions, direct actions by members, and meetings with union representatives and management.

Another tangible example of the benefits of MNA membership concerns our efforts in advancing the Safe Patient Care Act legislation. This package of three bills – which would ensure RN to patient limits, cap mandatory overtime, and require basic transparency for the public’s review regarding RN staffing for each hospital in our state – received a historic hearing in the state’s House Health Policy Committee on November 29th of last year. (Read more about this on page 10.) The MNA is the only statewide, professional organization committed to lobbying and educating legislators on the critical role that RN staffing contributes to the public’s safety when they are patients in hospitals.

If you already benefit from a local bargaining unit, make sure your LBU and
Through collective bargaining, nurses speaking with a unified voice are recognized as equal partners in health care. The Michigan Nurses Association has more experience representing nurses at the bargaining table than any other organization in the state.

In today’s health care environment, collective bargaining is proving to be one of the most effective ways to protect patients from inadequate and unsafe care. It also ensures that nurses have fair pay, good benefits, and safe working conditions; establishes effective channels of communication with those who make decisions that impact nursing practice; and advances nurses’ professional growth and development.

The following collective bargaining agreements have recently been ratified by nurses represented by MNA (in alphabetical order):

**Baraga County Memorial Hospital:** Nurses ratified economic reopener agreements with wage increases.

**Dickinson-Iron District County Health Department:** RNs ratified a one-year agreement with a wage increase, as well as greater paid leave benefits for personal and family medical leaves.

**Gogebic Medical Care Facility:** Registered nurses ratified a contract reopener with a significant wage increase, which took effect on January 1, 2018.

**Jackson County Health Department:** After a wage study conducted by the county confirmed fears that JCHD RNs were severely underpaid, nurses ratified a three-year agreement, in which wages are updated annually to work toward recruiting and retaining RNs to serve Jackson County. Other victories in this contract include an improved wellness plan, as well as maintaining PTO and retirement.

**Marquette County Health Department:** RNs ratified a three-year agreement that will increase nurse wages anywhere from 7-9% over the life of the contract. A 2016 wage study showed nurses were severely underpaid, and this wage increase will help the health department attract and retain skilled nurses.

**Mercy Health Partners:** After months of tough negotiations with management, nurses from the Hackley campus in Muskegon secured an agreement that will ensure the best interests of patients and staff as the Pediatrics unit moves to a new location on the same floor as Mother Baby/Specialty Nursery units. This new agreement, which focuses on patient safety for the youngest and most vulnerable, was only possible because RNs raised their voice as a union.

The agreement specifies that Pediatrics will move to N5 but will remain a separate unit. RN staffing levels, competency, and training requirements, as well as patient placement, were clearly defined to protect pediatric patients. The Pediatrics service line staff will increase. No current Pediatrics nurse will be required

Katie Oppenheim, RN and chair of the University of Michigan Professional Nurse Council, stands in solidarity with Jeff Breslin, RN and president of the Professional Employee Council of Sparrow Hospital, outside of the PECSH/MNA informational picket on December 19. Two days later, the bargaining team reached a tentative contract agreement, which was ratified by PECSH/MNA members on January 4 and 5.
to accept a N5 assignment and no current N5 nurse will be required to accept a Pediatrics assignment. Either may volunteer to cross-train.

**ProMedica Bixby Herrick:** MNA members ratified a new three-year agreement on December 20, 2017. Highlights include an automatic employer 401(k) contribution of between 2 and 5%, improvements to long- and short-term disability, and significant wage increases in every year of the contract. The agreement also protects nurses when ProMedica completes building a new hospital.

**Saginaw County Community Mental Health Authority:** Nurses agreed to a one-year successor agreement with a wage increase and increased tuition reimbursement, as well as additional paid holiday time and bereavement leave. More importantly, members won contract language to ensure proper orientation both for new employees and for nurses assigned to new units. They also improved safety by moving to first name only ID badges.

**Schoolcraft Memorial Hospital:** Nurses ratified a three-year contract with a significant wage increase each year.

**Sparrow Hospital:** Following a successful informational picket (see page 3), members of the Professional Employee Council of Sparrow Hospital (PECSH/MNA) voted to ratify a new contract on January 4 and 5.

Safety highlights from the PECSH/MNA contract include:

- **STAFFING:** The previous PECSH/MNA contract contained minimum acceptable staffing levels for nurses as well as other staff. The new contract increases staffing levels in several departments such as the ER. It also increases the fines that the hospital pays for violating these rules, and fines escalate for departments with repeated offenses. The fines are intended to deter understaffing before it becomes a chronic problem.
- **THE RIGHT TO REFUSE:** Language new to this contract explicitly states that nurses who feel they do not, in their own judgement, have the competency to care for a patient may decline the patient assignment and will not be subject to any discipline for doing so. This will help RNs resist the pressure to float to areas in which they do not feel fully trained.
- **VISITOR IDENTIFICATION SYSTEM:** The new contract improves security so that public visitors do not create surprise security hazards for patients or staff. The hospital also agreed to guarantee a timely response to an assault or threat, new limits on where and how an employee’s image can be posted, better lit parking lots, and a guaranteed security escort to an employee’s car if it is requested.

The PECSH/MNA contract also maintained high quality health care benefits and prevented management from using invasive tracking badges to monitor employees.

**St. Clair County Health Department:** RNs and supervisors ratified a new three-year contract with improved wages based on the county’s wage comparison study. The agreement includes annual wage reopeners to ensure that the county can attract and retain highly skilled RNs. Nurses raised many safety concerns during negotiations, and the health department agreed to work with our union to develop better practices to keep staff safe.

**VNA Home Health Care (Port Huron):** Nurses ratified a contract reopener with additional paid time off and wage increases.

**Western U.P. Health Department:** Nurses ratified a new contract, retroactive to September 2017, which raises wages and reduces health insurance deductibles by 33%. The agreement includes annual wage reopeners and guarantees that the department will maintain current nurse staffing levels through October 1, 2018.

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**About 500 members and community supporters participated in the PECSH/MNA informational picket.**

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**Nurses are stronger when we stand united.** For more information about your contract or bargaining unit, please contact your local MNA representative. If you are interested in forming a union at your health care facility, please contact Mark Belkin in the MNA Organizing Department at 517-853-5512.
the mood was optimistic as about 500 participants sang Christmas carols with altered lyrics:

**Deck the halls for patient safety.**
Fa la la la la. La la la la!

**Staffing levels matter greatly.**
Fa la la la la. La la la la!

**Fewer falls and less infection.**
Fa la la la la. La la la la!

**When staff have time to pay attention.**
Fa la la la la. La la la la!

During an informational picket, work continues as scheduled. But the publicity from an informational picket can encourage a hospital to do the right thing before a strike is ever necessary.

State Rep. Tom Cochran (D-Lansing) joined us on the picket line, as did MNA members from other locals. Most importantly, PECSH/MNA members shared their stories and concerns directly with the crowd and with journalists. About 500 people joined the picket line, which received great coverage from local television and the *Lansing State Journal*, and the outpouring of community support was tremendous.

After the picket, PECSH/MNA negotiated almost nonstop and reached a tentative agreement with Sparrow in just two days. That agreement became a contract when members voted to ratify it in the new year.

The new PECSH/MNA contract increases staffing levels in several departments such as the ER. It also increases the fines that the hospital pays for violating staffing rules, and fines escalate for departments with repeated offenses. The fines are intended to deter understaffing before it becomes a chronic problem. You can read more about the tremendous gains in the new contract in the MNA Bargaining Update on page 6.

Acting together for the good of patients and ensuring that improvements carry the force of law with a collective bargaining agreement; that is the union difference. Congratulations to PECSH/MNA members! You have given future nurses and health care professionals an even stronger contract to build on as they advocate for patient safety.

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**Take Advantage of MemberLink**

Michigan Nurses Association members have an online tool to help stay on top of nursing news and issues, both locally and statewide. Here is what you need to know:

**What can I find on MemberLink?**

Your local union information is easily accessible. Read your local’s newsletters and bargaining updates, download your contract and other documents that relate to your local union, access forms you might need such as the ADO form or a grievance form, and find your local leadership contact information. You will also see select news from other nurses around the state. You can even track your PAC contributions and your CE credits.

**I’m an MNA Associate member. Is there anything on MemberLink for me?**

Absolutely. Associate members can track their CE credits, receive the latest news from around Michigan, and access their PAC contributions. Learn more about Associate membership on page 14 of this magazine.

**How do I start using MemberLink?**

You will need your MNA member ID to register. If there is a number in the red box under your mailing address on the back page of this magazine, that is your member ID. Go to minurses.org and click on MemberLink at the top of the page. If you have any questions, call 517-349-5640.
Organizing for a Better Future

Over the course of a two-day election conducted by the National Labor Relations Board on August 9 and 10, more than 1,000 RNs at Munson Medical Center in Traverse City won the right to form their union.

Dagmar Cunningham is a nurse in the critical care float pool who began organizing at Munson even before RNs reached out to the Michigan Nurses Association. Since the union election, Dagmar was elected by her fellow nurses to serve on the bargaining team. We interviewed Dagmar about her experience shortly after negotiations for Munson’s first contract began.

How long have you been a nurse? What attracted you to the profession?

I’ve been a nurse for 42 years. My home situation at age 16 was not very nice, so I found this paid three-year apprenticeship with room and board at the University hospital in my home town of Frankfurt, Germany. (We were part of the service workers union.)

It consisted of six months of pre-training, like learning how to cook, set a proper table, serve wine, sew, and take care of toddlers. We were four girls to a room, with the head nurse next door and a curfew of 10 o’clock.

The nursing training started at age 17 when we moved to a dorm with seven girls to a unit (and more freedom). We had two days of lessons and three days a week working on the floor, concurrent with the lessons. Every year our duties became more extensive.

The last year we spent in the various ICUs. The final exams were written and practical performance. You prepared a case and took care of the patient for several days with no idea when the commission would show up. My first patient, a 16-year-old boy with myocarditis, died before the exam. I had to pick another patient.

I really liked the training, because you grew along with it. Also, you found out very soon if this line of work is meant for you. Earning money while getting the education is simply the best. I started traveling during the annual 5 weeks of paid vacation. My first trip was a month on the Greyhound bus all over the US, from Chicago to LA and back at age 18.

What department do you work in? What is your favorite part of your job?

I am currently a critical care pool RN. I started out in the surgical ICU, with the brand-new cardio thoracic program. We recovered two patients in a room together. Then they added the kidney transplant unit. Very taxing at the time before immune suppressants, with a 40% mortality rate. This included picking up the kidneys at the freight airport.

continued on next page
Why did Munson RNs decide to form a union?
Have you seen any improvements at your hospital since RNs decided to come together?

I have been at Munson now for 23 years. There are more patients, the patients are sicker, and the hospital has grown. Nurses used to be on a clinical ladder and able to earn some extra money. In the summer of 2016 the clinical ladder was unilaterally stopped by management, which meant a possible loss of thousands of dollars in annual income. That hurts. The administration would like to see our union go away, so they don't have to make improvements.

What is the process for forming a union? Was it difficult to talk to your coworkers and get their support?

We started out with eight people talking at a brew pub. One nurse had called the MNA, an organizer came to speak with us, and the rest is history. At every subsequent meeting, more nurses attended. News spread fast through word-of-mouth and face-to-face conversations, and the time was ripe. It takes a lot of dedication and work. Nothing changes overnight.

This is the second time that nurses at Munson have tried to organize during your career. As someone who was involved in both campaigns, what do you think was different this time?

We had a different approach this time, and it was nurse driven and grass roots. MNA was very helpful, and our team was enthusiastic and intuitive. It is a different style of organizing than 16 years ago.

What was the night of the National Labor Relations Board election like? Now that you have a union, what happens next?

The night of the election was extremely thrilling. I was not too sure of our win, and the hospital was taken by surprise. We knew winning the election was only the beginning, and now comes the hard work of bargaining, and we are in the middle of that. The union busting tactics from the employer never stop.

Have you felt support from other MNA nurses? Have other MNA members provided resources or inspiration?

Before the election, we had nurses from other hospitals visit us or speak via Skype. We also met great colleagues at MNA conferences and events in Lansing. Their solidarity means a lot. I continue to discuss crucial issues with fellow MNA nurses, both at events and less formally.

Do you have any advice for nurses who are thinking about forming a union in their workplace?
What would you say to a nurse who is interested in learning more about unions and organizing?

Educate yourself (learn about union history in general, read union contracts like crazy), attend any conference or event your union offers. Develop a core group of fellow nurses, and remember that solidarity is the most important thing to learn. Stay in constant communication and share thoughts. It is all collaboration and learning from the experiences of others. You are trying to change a culture, and that takes endurance. And have fun together!

What are your priorities heading into contract negotiations? Who sets those goals and who will represent nurses at the negotiation table?

We are currently in negotiations for the first time. The goal is to get a fair contract for all the nurses. Our bargaining team of nurses was democratically voted in by the membership.

Is there anything else that you would like to add?

I feel honored to be able to participate in a historic process, and especially since unions have only played a minor role in our region of Michigan. It is a joy to be working on something for the future of our profession with very incredible people. I can only recommend it, even if people have all these other things going on in their lives and they feel too busy. This is a once in a lifetime chance to personally influence your trajectory.
Michigan’s registered nurses celebrated a huge milestone recently: for the first time, a legislative committee took up the Michigan Nurses Association’s bills related to staffing ratios, mandatory OT and hospital transparency.

As the Lansing State Journal wrote about the bill to set RN-to-patient ratios: “The legislation has been introduced in one form or another each legislative term since 2004, but it’s seeing its most significant progress this year.”

The successful hearing before the House Health Policy Committee featured nearly 70 RNs, from as far as the U.P., in red in the audience to show their support for the Safe Patient Care Act, a bipartisan package that would:

• Set safe limits on patient assignments for hospital RNs, on all units at all times.
• Prohibit mandatory overtime for RNs except in certain circumstances.
• Require hospitals to publicly disclose their actual RN-to-patient ratios.

MNA members also presented 4,000 postcards signed by RNs across the state.

The highlight of the hearing was MNA Board member Katie Scott, RN, sharing the tragic experience of a patient dying due to understaffing on a critical care unit. The patient fell when left alone in a room and couldn’t be revived. Shortly afterward, Katie saw the woman’s grandson standing alone in the hall. Just an hour before, his grandmother had been alive.

“Today,” Katie told the committee members, “my ask for you is to take your power and make sure there isn’t another 6-year-old boy who loses his grandmother because a nurse was asked to do the impossible.”

Katie also answered legislators’ questions to provide a bedside nurse’s view of why a law is necessary to end the widespread practice of hospitals failing to properly staff.

Rep. Aaron Miller spoke about his bill based on knowledge from the many RNs in his family, including his wife, brother and son, who all are MNA members working at Sturgis Hospital. He told the committee about a family friend who died in a hospital after getting herself out of bed.

“There was simply nobody around, and so she couldn’t hit the emergency button, she had fallen, and ended up dying alone because nobody was with her,” Miller said. “These stories are not theoretical, they are not anecdotal in nature, they are real-deal stories from local communities across the state.”

A nurse administrator recruited by Trinity Health System wrapped up the hearing. Her words were full of half-truths and empty platitudes about nurses controlling staffing and how hard hospitals work on RN staffing.

There’s no doubt that the Michigan Health and Hospital Association will keep using its power at the Capitol to fight the Safe Patient Care Act.

If nurses stay strong and active in this fight, though, hospitals will not win.

RNs, supported by MNA’s government affairs team, will continue to work to persuade legislators to hold a Senate hearing and vote on these bills.

Activism by MNA nurses got the Safe Patient Care Act this far, farther than it’s ever gone! Can you do your part to keep the momentum going?

“If the Safe Patient Care Act becomes law,” Katie said, “there will be a lot fewer heartbreaking stories like this one to tell. And I, like every nurse, look forward to that day.”

continued on next page
Whether you’re new to legislative advocacy or are ready to take your skills to the next level, the MNA Advocacy Academy is for you.

The Advocacy Academy is a free, 6-month professional development program that gives nurses the tools to be effective legislative advocates for the Safe Patient Care Act and other nursing issues. This program is open to any MNA member who wants to build their knowledge and skills in legislative advocacy. The Academy will meet a couple of times in person and complete our work remotely through conference calls, webinars, and online assignments with a total time commitment of about three hours a month.

Words from the House sponsors...

Rep. Jon Hoadley (D-Kalamazoo)
sponsor of HB 4629
(sets RN-to-patient ratios)

“Without a basic standard for nursing care — without a law putting a safe limit on the number of patients a nurse can be assigned — nurses are stretched too thin, too often, in too many of our hospitals.”

Rep. Stephanie Chang (D-Detroit)
sponsor of HB 4630
(limits forced overtime):

“While nurses are hard-working and dedicated professionals, it’s unreasonable to expect them to provide good care when they are exhausted or sleep deprived. We have laws that limit working hours for truck drivers and airline pilots to keep the public safe, and we should have a law for nurses, too.”

Rep. Aaron Miller (R-Sturgis)
sponsor of HB 4631
(requires hospital disclosure of RN-to-patient ratios):

“Transparency in health care is essential. Since the number of patients per nurse is a key indicator of good outcomes for hospital stays, it’s one of the factors that we all should have the right to know.”

Nurses from Munson Hospital in Traverse City and UP Health Systems in Marquette deliver more than 4,000 signed postcards in support of the Safe Patient Care Act to legislators.

Advocacy Academy’s Launch:

- Saturday, March 10, 2018
- 8:30 a.m. to 12:00 p.m. (noon)
- Washtenaw Community College Morris Lawrence Building
4800 East Huron Drive
Ann Arbor, MI 48105

- Breakfast and refreshments will be provided.
- Limited spots are available, so sign up soon.

Sign up online: minurses.org/AAregistration

Questions? Contact Jennie Gies, Legislative Program Coordinator at jennie.gies@minurses.org or call 517-775-1914.
MNA members recently did something that’s never been done in Michigan: Cleared $1 million in medical debt for 500 families across the state.

Members of the Professional Employee Council of Sparrow Hospital (PECSH/MNA) led the project, partnering with RIP Medical Debt of New York. In addition to giving those families a clean slate, they also wanted to shine the light on medical debt, which affects 1 in 5 families and is a leading cause of personal bankruptcy.

Because medical debt is sold for pennies on the dollar, MNA leveraged $10,000 into $1 million of relief. The groundbreaking debt buy earned state and national media attention.

MNA members also put the spotlight on the need for nonprofit hospitals to meet their obligations to provide free and low-cost care to the community. Hospitals accept those responsibilities in exchange for skipping millions of dollars of taxes, but meet that rule in varying degrees.

“Once your credit score is ruined because the hospital reported you, families face a downward spiral,” said John Armelagos, RN and MNA president. “Too many people are just one medical emergency away from a bankruptcy. As nurses, it’s not enough for us to take care of our patients; we will fight to change the system that hurts them instead of helps them.”

PECSH/MNA members Eva Lund, RN, Jessica Lannon, RN, and Katie Pontifex, RN, spread the news of MNA retiring $1 million in medical debt for 500 Michigan families.
UNIONS IN OUR COMMUNITIES:
Assessing Food Insecurity

Sue Nehring
retired RN and recipient of the 2017 MNA Political Nurse Activist Award

What does monthly food insecurity look like?

Imagine Margaret, a 58-year-old with type two insulin dependent diabetes. She has been admitted five times in the last five months for blood sugar levels in the 800 to 1000 range.

The staff treating Margaret are frustrated. She has had extensive training as to her medication and diet. Upon reviewing her chart, a pattern of admission appears. Each admission is at the end of a month.

When Margaret is asked what goes on at the end of a month, she begins to cry. She is living on a small Social Security check and receives SNAP government food assistance. When her food assistance was reduced five months ago, she began to run out of food before the end of each month. Reduced to eating rice, potatoes and grits, she is unable to control her blood sugar.

Margaret worked hard all of her life, and she was ashamed to tell the hospital staff that she runs low on food. She didn’t think they would be able to help her. But she is grateful that they asked and were able to direct her to a local church food pantry.

Food insecurity, according to the U.S. Department of Agriculture, is a lack of consistent access to enough food for an active, healthy life. Nurses and healthcare professionals are uniquely positioned to identify food insecure patients and refer them to assistance programs.

As a retired nurse, I have spent the last year working on food security issues in Washtenaw County.

If you are a retired nurse or close to retiring, I hope you will take the opportunity to stay active in our community through our union. Contact Sara Wallenfang at sara.wallenfang@minurses.org or 517-974-4966 if you are interested in learning about MNA’s Retirement Committee.

Who is food insecure?

Food insecurity is a problem throughout Michigan. Urban or rural, it is likely that some of your neighbors are food insecure. There are two groups of food insecure individuals.

The first group needs monthly food assistance in order to survive. Older men or women who worked in low paying jobs and are now trying to live off a small Social Security check often fit into this category.

The second group may only have periodic needs. A young, working mother whose budget was stretched thin by an unexpected car repair or an hourly worker whose weekly schedule has been cut, for example, may only need temporary help.

But whether the need is short-term or long-term, it is equally critical that individuals experiencing food insecurity are identified and assisted.

Questions that can help assess

It is my belief that we can and should assess every patient for food insecurity. Those who aren’t in need will become more aware of the problem, and many patients who do need help will be relieved. Two simple screening questions, added to intake forms or other admit paperwork, could go a long way:

Within the past 12 months, I was worried about whether food would run out before I could buy more. Often true / Sometimes true / Never true

Within the past 12 months, the food I bought just didn’t last and I did not have money to buy more. Often true / Sometimes true / Never true

By screening everyone, we can help remove the stigma some patients feel when they need help.

Responding to food insecurity

Many nurses put in a social work referral for a patient who has been identified as food insecure, and in many cases, that is the best response.

However, some nurses work in settings where social work is not readily available. Therefore, it helps to become familiar with the programs available in your local area. Food assistance may be available through a local church, senior center, city, or county government. Meals on Wheels may be an option for home-bound seniors.

Why food insecurity matters

Food insecurity is silently harming many people in our community. Without consistent access to healthy food, it is impossible to address chronic health conditions such as diabetes or high blood pressure. Nurses can do our part to reduce food insecurity by being aware of the need and supporting local food programs in our communities.
MI NURSES
Association

Become a member today!

As a member of the Michigan Nurses Association (MNA), you’re part of the largest and most effective labor union and professional association for registered nurses in Michigan! By belonging to MNA, you have access to a wide range of benefits to support you in your personal and professional life including member-only editions of the Michigan Nurse; free or reduced-rate MNA events and continuing education programs and more. As the voice for all registered nurses in Michigan, MNA advocates for nurses and their patients at the Capitol, in the community, and at the bargaining table.

MICHIGAN NURSES ASSOCIATION

Associate* Membership Application

*Associate members are registered nurses not represented by MNA for collective bargaining.

Last/First/Middle Name ____________________________ Personal E-Mail ____________________________

Home Address ____________________________________________ License ID # ____________________________

City/State/Zip ____________________________________________ Employer ____________________________________________

Home Phone ____________________________ Unit/Dept. ____________________________ Shift ____________________________

Cell Phone ____________________________

ASSOCIATE MEMBER/DUES

☐ MNA Associate Membership .............................................................................................................................. $ 75 year

☐ Lifetime Membership ............................................................................................................................................. $ FREE

RNs who are 62 years of age or older and have been a member of MNA for a total of 30 years are eligible for a complimentary lifetime membership. If you qualify, attach a note with details of your eligibility.

PAYMENT OPTIONS (Check one)

☐ Credit Card – I authorize MNA to charge $75.00 to my credit card.
  Charge my ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

  __________________________________________  __________________________________________

  CARD NUMBER EXP. DATE

  SIGNATURE DATE

☐ Check – I have enclosed a check for $75.00 made payable to Michigan Nurses Association.

QUESTIONS? Contact Member Services, 888/MI-NURSE or 517/349-5640 • Fax 517/349-5818 • www.minurses.org

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To become an Associate member online, visit: minurses.org
Visit our website for current CE independent study offerings and for a complete schedule of CE workshops offered at locations around the state.

All CE contact hours are FREE for Michigan Nurses Association members.

For more information contact
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Michigan Nurses MARCH! is moving and improving.

Join your fellow nurses in Lansing for the first

MNA NURSES Capitol Action Day

Tuesday, May 15th
7:30 a.m. to 3:30 p.m.

WHERE: Radisson Hotel and the Capitol (Lansing, MI)

Register online: minurses.org/NursesAction

You won’t want to miss this new, expanded event that replaces the Nurses MARCH! This free event is open only to MNA members. Non-represented RNs are welcome to join MNA as associate members.

Join your fellow NURSES from across the state to:

• learn to be an effective advocate for your patients and profession
• meet your legislators
• rally for safe patient care