

Minnesota Nursing Community Policy Forum¹ Initial Meeting

The initial meeting of the Minnesota Nursing Community Policy Forum was held at the Bentson Innovation Center at the University of Minnesota School of Nursing on February 15th, 2018. Dan Pesut facilitated the meeting.

Invitation

The following invitation was sent nursing organizations where the planning committee could identify a contact person (with hopes that more organizations could be invited to future meetings once contact people were identified):

Each Nursing Organization is invited to bring two individuals to the meeting. Space does not allow for additional attendees.

Background:

Last summer MOLN invited nurse leaders from around the state to a meeting to discuss the status of the MN Action Coalition, which had been dissolved by RWJ. During this meeting, while there wasn't support at that meeting for a newly formed Action Coalition, there was support for some sort of a process for Minnesota nurses organizations to come together to discuss legislative initiatives and ways organizations might support these initiatives (similar to the success of the APRN bill, with the APRN Coalition taking the lead and other organizations supporting).

A task force was named to develop the framework for a first meeting. Members of the task force are Dan Pesut, Mary Chesney, Susan Stout, and Kathi Koehn. We have met several times over the Fall/Winter, and now have details for a first meeting, which we are calling a "pilot meeting."

Agenda:

- 1 Introductions
- 2 Basic Principles - example of success of APRN legislation
- 3 Liberating Structures Dialogue
- 4 Individual nursing organizations - sharing your legislative and policy issue interests for 2018. Can others help?
- 5 Networking opportunities - looking for common ground

¹Working title

Proposed Goals:

- Leverage the power of nurses across all areas of nursing (Home Health, LTC, Acute Care, APRN etc) to support public policies which improve the health of Minnesotans.
- Build the capacity of the nursing community for grassroots organizing to support the goal of improving the health of Minnesotans. (communication, activating membership)
- At the end of the meeting we hope to have agreement from the group to meet twice a year going forward (pre and post legislative session)

ORGANIZATIONS IN ATTENDANCE	ORGANIZATIONS INVITED, UNABLE TO ATTEND
MN Board of Nursing	Assoc. of Southeast Minnesota NPs (ASMNP)
Faith Community Nurse Network	MLPNA
MN APRN Coalition	MN Affiliate of American College of Nurse Midwives
MNNP	MN- DONA
MACN	MN-NACNS
GTCAC-AACN	MNANA
MN Holistic Nurses (SEMNAHNA)	Northern Minnesota Nurse Practitioner Assoc.
MNA	Public Health Nurse Directors - APHN Region 5
MN NAPNAP	Southeastern Minnesota Chapter of AAMN
MNNP	
MNORN	
MOLN	
SNOM	
UMHLPLC (Healthcare Legal Partnership)	

After an exercise used for participants to meet each other, Mary Chesney told the story of the successful passage of the APRN Bill in 2014.

Basic Principles - example of success of APRN legislation

Reflections on lessons learned from Mary Chesney's story about the successful passage of the APRN Bill:

- Greater Good
- Strong leadership
- No games
- Not fear-based
- Professional credibility, higher ground
- Frame was on what public needs and not on protecting professional identity
- Coalition included consumer organizations - AARP, NAMI - what are issues for the greater good?
- Great legislative champions
- Nurse shortage matters to all
- Keep talking with each other
- Leverage strength of communication - "own it/use it/negotiate it"
- Relentless persistence (grit)
- Timing
- Hang together - commit to each other
- Leverage entirety of nurses, including students
- Nurses courted support by attention to priorities
- Communication across organizations to support each other, both large and small organizations (could be applied to other issues like elder abuse)
- Wisdom from failures
- Rally together
- Commit to talking points
- Truth of lessons learned

Hot Topics

Next, the entire group brainstormed potential "hot topics" that nursing organizations might be able to support:

- Interstate Licensure Compact
- Elder abuse
- Opioid crisis
- APRN Compact
- Funding for CHIP
- Immigration
- Gun control/gun safety
- School nurse/student support
- Mental health/ provider shortage
- Climate change/environmental issues, including asthma and air quality
- Single payer/ health care for all

- Workplace violence and prevention
- POLST/end of life care
- End of Life Options Act
- Medical marijuana
- Increase alcohol tax
- Funding for nursing education
- State response to national healthcare changes

25/10 Crowdsourcing

Following the Hot Topics brainstorming exercise, the group used the Liberating Structure, 25/10 Crowdsourcing to prioritize the most actionable topics. Here they are in rank order:

Mental health	24
Access to health care - provider shortages/ funding nursing	23
Single payer health care within Minnesota	23
Mental health issues - treatment/access/ shortage	23
Multi-state license - APRNS	23
Mental health	22
Gun Violence	22
Mental health care and providers	21
Universal health care	21
State response to national healthcare rules	20
Single payer/healthcare for all	20
State funding for healthcare/ single payer health care	20
Healthcare for all	19
Opioid crisis - increasing medication-assisted treatment options/providers	19
APRN Compact and increased access to care	17
Work with AMA on opioid crisis	16
Elder abuse	16
Single payer system	16
Single payer system	16
Minnesota to join nurse licensure compact - RN and APRN	15

And, here they are sorted by topic:

Single payer health care within Minnesota	23	
Universal health care	21	
Single payer/healthcare for all	20	
State funding for healthcare/ single payer health care	20	
Healthcare for all	19	
Single payer system	16	
Single payer system	16	Total for single payer = 135
Mental health	24	
Mental health issues - treatment/ access/shortage	23	
Mental health	22	
Mental health care and providers	21	Total for mental health = 90
Multi-state license - APRNS	23	
APRN Compact and increased access to care	17	
Minnesota to join nurse licensure compact - RN and APRN	15	Total for licensure compact = 55
Opioid crisis - increasing medication-assisted treatment options/providers	19	
Work with AMA on opioid crisis	16	Total for opioid crisis = 35
Access to health care - provider shortages/funding nursing	23	
Gun violence	22	
State response to national healthcare rules	20	
Elder abuse	16	

Specific 2018 Legislative Issues were identified

2018 Legislative Issues

- School nurse bill allowing for disposal of medications (SNOM - perhaps NAPNAP)
- APRN Compact (MOLN, MN APRN Coalition)
- APRN signature recognition bill (MN APRN Coalition)
- Felony assault bill (MNA)
- Nurses Peer Support Network bill to allow for a voluntary donation of \$10 upon re-licensure (MNORN, MNA)

Evaluation of the Meeting

A formal evaluation completed at the meeting indicated that the concept of this meeting has value to the nursing community and that it should be continued.

Evaluation questions:

1. I'd like to see Minnesota nursing organizations share ideas for legislative/policy initiatives to improve health and health care delivery in Minnesota. (20 respondents)
 - Strongly agree - 19 (95%)
 - Agree - 1 (5%)
2. Connecting with other Minnesota nursing organizations is helpful in amplifying the nursing community's voice in shaping health policy in Minnesota. (21 respondents)
 - Strongly agree - 21 (100%)
3. My nursing organization would be interested in notifying our members to contact their legislators about another nursing organization's legislative issue if the issue was one we could support. (20 respondents)
 - Strongly agree - 13 (65%)
 - Agree - 6 (30%)
 - Neither agree or disagree - 1 (5%)
4. It is helpful for nursing organizations to be candid with each other about legislative initiatives we agree or disagree upon. (20 respondents)
 - Strongly agree - 14 (70%)
 - Agree - 6 (30%)

For the following statements, choose the response that best matches your thoughts:

5. My nursing organization would be willing to participate in this type of legislative/policy forum again. (20 respondents)
 - Yes - 19 (95%)
 - No - 0
 - Unsure - 1 (5%)

6. The time allotted for today's policy summit was: (20 respondents)
 - Just the right amount of time - 16 (80%)
 - Too little time - 3 (15%)
 - Too much time - 1 (5%)

7. To what degree was today's summit and information sharing helpful to you? (20 respondents)
 - Very helpful - 9 (45%)
 - Somewhat helpful - 11 (55%)

Additional comments include:

- It is of value to know what other groups (organizations) are doing
- Prioritization of topic - would like it to drive a Minnesota Nursing agenda with short term and long term goals
- None of the organizations are currently working on the "biggies" e.g. healthcare for all, reduction of gun violence. The "biggies" are issues that one organization could not do alone, but we could do it together
- Would like to consider moving this meeting into the Fall so we would have more time to work on a unified agenda. What could we do if we, as organizations, support something? Not make it formal, but say to the state that Nurses in Minnesota are concerned about the greater good
- Open to other nursing groups, want to be inclusive, widen the circle
- It is important that we are not afraid of crucial conversations

Contact List of Attendees

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**A Facebook Page - MN Nursing
Community Policy Forum - was created
to share photos**

