



There is a practice in Minnesota of collecting food and other donations for food banks every March. Other than obtaining lists of suggested donation, how much do most of us know about food shelves and the people who depend on them? Debbie Kammerer, a retired registered nurse from the Twin Cities, is a volunteer at a food bank. She occasionally writes insightful posts about her experience on Facebook - posts that remind the reader that the people who use food shelves are people just like us. Here is an example:

Food Shelf to the Rescue

Without giving it a second thought most of us have signed on to bring something to a pot luck. Sometimes we bring our signature dish. Other times we get lucky and can sign on for chips and salsa.

Volunteering at the shelf has introduced me to different food needs. Sometimes people mention that they need something in particular. They maybe hoping we have coffee creamer, or laundry soap. This week, it was a mother who has 3 kids. " It is my daughter's turn to bring snack for her basketball team". We were able to give her a box of cookies from the local grocery store bakery. I am thankful that we could give her mom something so her kid was able have treats for her team.

We asked Debbie if she would be willing to write more about her experience and learnings volunteering at a food shelf. She eagerly agreed. Here is what she wrote:

When I retired a few years back, I had no trouble keeping myself busy. I did some volunteering at the church garden and caroled at a nursing home, but the idea of signing on for particular day and time, for years on end seemed too much of a commitment.

Two years ago there was a blurb in the paper saying the South St Paul food shelf needed volunteers. Knowing that helping kids learn math, or going into prisons to teach reading wasn't my strength, I called for an interview. I asked if I had to lift 50 pounds of food and was reassured I did not. I asked if I could take a day off now and then if I had a physician's appointment. Yes, of course I could. After passing a background check, I was ready.

The South St Paul food shelf is unique in that most of the donations come in the form of actual food. The money that comes in goes to purchasing eggs and milk etc. Other food shelves tend to get money donations, then buy food from the Second Harvest

warehouse. Regardless of how the donations arrive, they are all appreciated. Everyday volunteers pick up donations from CUB, Hy-Vee and Kwik Trip. Target regularly sends items too. Sometimes food comes unexpectedly... a local restaurant closes and sends in can goods and cleaning supplies.

About half of what I do is tend to the donated food. We note expiration dates and recalls, then shelve it by expiration date. The other half of the time I 'shop' with people. We can only give out what we have and that can vary week to week. A family of two gets 1 roll of toilet paper, except when there isn't any to give out at all. Most of the time we have pancake mix available, and sometimes we have syrup.

Regardless of family size no one gets more than one can of beans. Sometimes onions are available and a person can take two.

Once in a great while, someone comes in with a fancy cell phone, designer jeans and an attitude. They might be followed by someone in tears because they haven't eaten in 2 days. Then there are those who live in their cars. Bags of rice and noodles don't help the homeless much, but canned ravioli can be eaten cold.....unless you don't have a can opener. Occasionally I do some on the spot teaching. One person had never seen rye bread and another had no idea how to scramble an egg.

The overwhelming amount of people coming in are down on their luck. Age, physical or mental illnesses bring them to the food-shelf. For myself, I have had a chance to brush up on my high school Spanish. I know bar soap is usually in short supply. But most of all I know there is hunger among my neighbors.

The end of the year is always a good time for reports. Nearly a million pounds of food were distributed last year. (I hesitate to say this because I don't want people to think what one person gives isn't important.) Six thousand pounds of produce were donated from the city farmers market over the growing season. More than 5000 families came through the food-shelf in 2018. Volunteers accounted for more than 7 FTEs, equal to at least \$100,000 in wages.

In December donations fill the shelves. By early February things are thinning out. Remember that March is Food Share Month and the Letter Carriers collect food in May.

And we can always use grocery bags.

What to donate

Some 20 years ago, a nurse friend of mine had sinus cancer. It left her unwell enough that she could no longer work as a nurse. I remember her saying "Deb, you can always get mac and cheese at the food shelf, but paper towels and deodorant are hard to find."

You will often hear that donating money is best because food shelves are able to buy from warehouses. On the other hand, they pay full price for non-food items. Most of the soap we give out is from people who travel and give their collections of travel size shampoo and bar soap.

Whatever you give is much appreciated, and we humbly accept it on behalf of our clients. Anytime you give a cake mix, it could become someone's birthday cake. Many families use the shelf. Whether or not you think individual cups of pudding are nutritious, it is a treat for kids.

Occasionally we get things that probably aren't in high demand. A couple weeks ago we got some ovulation predictor kits.....

Some things probably depend on the neighborhood. The food shelf I volunteer at usually has tooth brushes and toothpaste, but as I say, thank heaven for travelers who send their soap.

Additionally, I am in an area where jalapeños and masa fly out the door. Some areas may have different needs. You can't go wrong with donating pancake mix and syrup. Canned tuna or chicken. Rice....and toiletries.



- Canned coffee, fruit, meat, veggies, soup,
- tuna
- Pancake mix & Syrup
- Jelly
- Rice
- Cooking oil
- Hamburger Helper
- Toothpaste, Toothbrushes
- Deodorant
- Shampoo
- Toilet paper
- grocery bags

Thanks to Debbie and all other nurses who volunteer at food shelves. March is a great month for us all to remember the importance of food shelves to our neighbors and communities. Maybe every month should be food shelf month!



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Email: nursing.board@state.mn.us
Website: www.nursingboard.state.mn.us

February 27, 2019

Katheren Koehn
Executive Director
Minnesota Organization of Registered Nurses
753 Ashland Avenue
St Paul, MN 55104

Dear Ms. Koehn:

The Board of Nursing notifies you of Governor Tim Walz' recommendation to repeal Minn. Stat. § 214.17-.25, the human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C (HCV) Prevention Program for licensed health care professionals (HCPs). This statute enacted in 1992, required the Minnesota Department of Health (MDH) or the professional regulatory boards evaluate and monitor licensed HCPs who have HIV, HBV, or HCV. The law also requires a person with knowledge of a regulated person with HIV, HBV, or HCV to file a report with MDH. This statute includes licensees of the Board of Nursing.

In the past 26 years, there have been numerous and significant advances in the treatment of these blood borne infections, including treatments that cure or decrease infections undetectable levels with laboratory testing. There have been no documented cases of transmission of HIV, HBV, or HCV in a Minnesota healthcare setting since the program began in 1992. Further, "standard precautions" have become the standard of practice in all healthcare settings, effectively minimizing infection transmission to individuals. In addition, the Society for Healthcare Epidemiology of America has established standard practice guidelines for HCPs who are infected with HIV, HBV, or HCV. The current statute requires redundant and unnecessary regulation of healthcare workers infected with HIV, HBV, or HCV. State boards that regulate licensed HCPs retain the power to suspend, either temporarily or permanently, any licensee who presents an imminent risk to the public. Formal disciplinary processes to address improper infection control practices.

Minnesota is the only state in the United States with a statutorily monitoring program for licensed HCPs who have a bloodborne infection. Therefore, Governor Walz recommends the repeal of this unnecessary law (Minn. Stat. § 214.17 to 214.25) and has included the repeal in his proposed budget. MDH and the Boards of Nursing, Dentistry, Medical Practice and Podiatric

Medicine have researched this and are pleased to collectively support the action by Governor Walz. Please contact me with any questions or concerns.

Sincerely;

A handwritten signature in black ink, appearing to read 'Shirley A. Brekken', written in a cursive style.

Shirley A. Brekken MS, RN, FAAN
Executive Director

cc: Michelle Harker, Board President
Kristen Ehresmann, Director- Infectious Disease Epidemiology, Prevention and Control
Division



Opioid antagonists and PHN practice: An overview

Many public health nurses witness the challenges and heartaches of the opiate abuse epidemic. The [National Center for Health Statics Data Brief \(Issue 329\): Drug Overdose Deaths in the United States, 1999–2017](#) reveals a dramatic increase in the number of opioid related deaths in the United States. This trend and its devastating impact on families and communities resulted in opiate abuse being declared a public health emergency in the U.S. and in several tribal nations. As licensed health care professionals and as community and family members, nurses are impacted by the tragic consequences of opioid addiction. The statistics are not just numbers; they are people we know and have known.

New Minnesota laws increase the availability of opiate antagonists, such as Naloxone, to save lives during an overdose. These laws include protocols for administration ([Minn. Stat. § 151.37. Legend drugs, who may prescribe, possess: subd. 12-13](#)). The Good Samaritan Overdose Prevention statute ([Minn. Stat. § 604A.04](#)) releases health care professionals from liability and allows non-health care providers to carry and administer Naloxone making it more accessible to individuals and communities.

Some public health nurses are inquiring about nursing practice issues related to Naloxone, including:

- How can we learn about accurate assessment of opioid overdose, availability of overdose kits, training for administration of an opiate antagonist, and follow-up protocols?
- Should nurses carry Naloxone for use in schools, jails, home visits, and community events?
- What licensure implications are there for nurses?
- What should a public health department opiate antagonist overdose kit policy include? Would all staff, or just the nurses, be required to carry an opiate antagonist overdose kit during work hours? Should it be voluntary? Would the medical consultant sign a Naloxone administration protocol for public health staff?

Public health nurses may also be concerned about the potential for secondary exposure of staff to opiates upon entering high-risk situations. This could trigger a separate but related conversation regarding carrying Naloxone for personal safety. Consider having further discussions and trainings on identification of risk situations, safety protocols, and available resources to address and respond in these and other potentially hazardous situations.

One useful tool when addressing a nursing practice issue is the National Council of State Boards of Nursing's [Scope of Practice Decision-Making Framework](#). Links to other resources are provided below.

Resources

- For statewide data related to opioid use, misuse, and overdose death prevention visit the MDH [Opioid Dashboard](#).
- For more information on how community pharmacists can provide naloxone to persons at risk for opioid overdose, or know of someone at risk for opioid overdose, visit MDH's [Expanding Naloxone Access for Preventing Opioid Overdose](#).
- The Minnesota Board of Nursing has a [Joint Statement on the Prescribing of Opioid Antagonists](#) and a list of resources for [Safe Opioid Prescribing and Use](#).



OFFICE OF THE MINNESOTA
SECRETARY OF STATE **STEVE SIMON**

Notice of Vacancies in State Boards, Councils and Committees

CURRENT VACANCIES

Please visit our [website](#) for complete descriptions.

Advisory Task Force on Lowering Pharmaceutical Drug Prices

Vacancies: 1 Seat -- Health Insurance Industry Representative

Vacancies: 1 Seat -- Healthcare/Pharmaceutical Academic

Vacancies: 2 Seats -- Medical Practitioner Representatives

Vacancies: 5 Seats -- Patient Advocate Representatives (including labor unions, advocacy Groups, and patients)

Environmental Health Tracking And Biomonitoring Advisory Panel

Vacancies: 2 Seats -- Citizen Member

Mn Board On Aging

Vacancies: 1 Seat -- Member

Orthotics, Prosthetics, and Pedorthics Advisory Council

Vacancies: 1 Seat -- Member

Statewide Independent Living Council

Vacancies: 1 Seat -- Advocate

Traumatic Brain Injury Advisory Committee

Vacancies: 2 Seats -- Member

HOW TO APPLY

Visit the [Open Positions page](#).

Scroll down to find the correct Agency/Board/Council.

Choose the correct seat type, and click button that says APPLY

The system will walk you through creating an application profile.

Page 2 of the application will now allow you to attach the following documents:

- Letter of Interest
- Resume or Biography

Applicants are encouraged to use the online application as the Appointing Authority will have access to your information as soon as it is submitted.

Applications submitted via downloadable application may experience some delay in reaching the Appointing Authority.

[Paper applications](#) may be submitted by email to: [Open Appointments](#) or by mail or in person to:

Office of the Minnesota Secretary of State

180 State Office Building

100 Rev. Dr. Martin Luther King, Jr. Blvd.

St Paul, MN 55155-1299



Alliance of Nurses for Healthy Environments
Bringing Science and Passion to the Environmental Health Movement

ANHE Environmental Health Nurse Fellowship Fellows Information and Application

The Alliance of Nurses for Healthy Environments' (ANHE) Environmental Health Nurse Fellowship is designed to increase the capacity of nurses to address environmental and health equity issues in collaboration with communities, agencies, and public health and nursing organizations. The Fellowship will have a particular emphasis on climate change and health equity, but will include content on a variety of environmental health topics such as chemical exposures; food, air, and water quality; energy and health; and environmental justice. Environmental justice, the notion that no community should be disproportionately impacted by environmental exposures is a core value of ANHE in all of our work.

This new Fellowship program is being offered to increase nurses' capacity to assess and address environmental health issues, with a focus on community-level impact and solutions to advance health equity for those disproportionately affected by environmental hazards. The Fellowship is a year-long program including environmental health education to gain a more thorough understanding of how environmental risks impact human health, as well as advocacy and community organizing, engagement, and empowerment basics. Fellows will be assigned a mentor and both the fellows and mentors will be funded to attend two national Fellowship meetings.

Program Requirements

Three fellows will be selected from each of the 10 U.S. Environmental Protection Agency (EPA) [regions](https://bit.ly/2SzLe6C) (https://bit.ly/2SzLe6C) for a total of 30 nurses. Each fellow will be paired with a nurse mentor with significant experience in environmental health and community partnerships. Together, the mentor and fellow will identify a target community and develop a plan to guide the Fellowship experience. Fellowship participants will enhance their knowledge and build a breadth of experience. Program requirements for fellows include:

- Commit to year-long participation in the fellowship program (June 1st, 2019- May 31st, 2020)
- Attend monthly webinars (2 hours/month)
- Communicate with mentors at least on a monthly basis (1-2 hour/month)
- Develop a project that addresses an identified community need in partnership with a community-based organization (a local school, faith-based organization, civic organization, non-profit association [including environmental organization], community-engagement programs of hospitals/health systems, etc.)
- Hold three educational sessions for health professional colleagues on environmental health that includes work conducted during the program
- Provide quarterly reports to mentor and program staff on project and Fellowship progress
- Attend two 2-day, in-person national Fellowship meetings throughout the program period (June 3rd-5th 2019 in Philadelphia, PA and March 2020 location TBD). Note: The cost of travel and lodging will be covered by ANHE.

Through participating in the program, fellows will receive at a minimum 36 hours of nursing continuing education hours and demonstrate learning through a community-based project addressing a specific environmental health concern. Time commitment is estimated at 12-15 hours per month.

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Nursing Knowledge: Big Data Science Conference June 5-7, 2019

Pre-conference: June 5

Conference: June 6-7

Minneapolis, Minnesota

The conference is open to all who have an interest in advancing the alignment and use of health data for improved health outcomes and research. Now in its seventh year, the conference brings together policy and thought leaders in health care, government, the private sector, education and advocacy organizations convening to report their progress and chart a course for the coming year.

[Register today!](#)

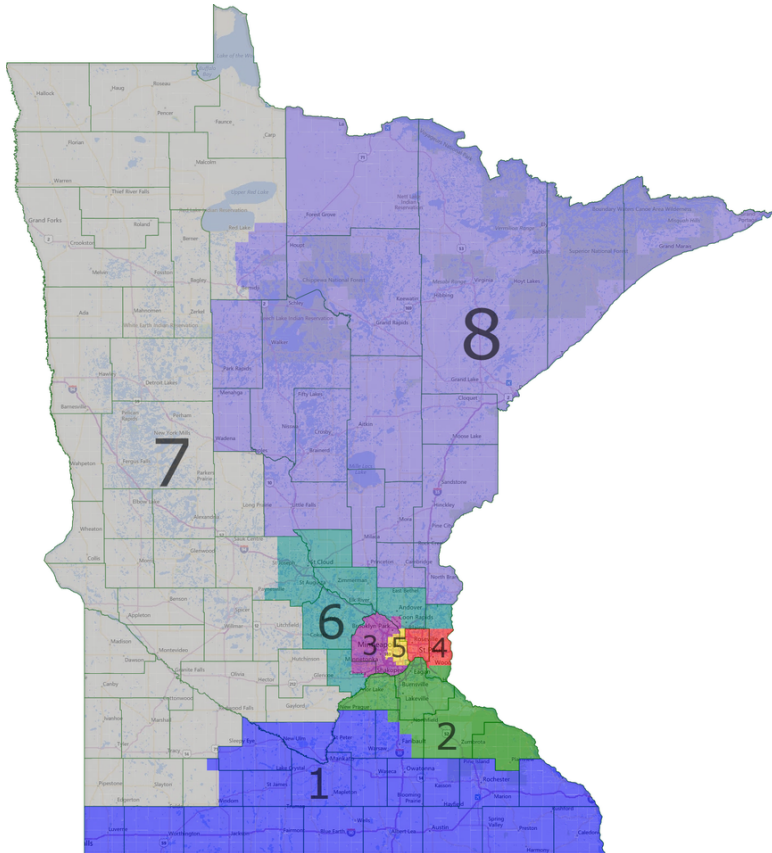
The keynote speaker is year is Cyrus Batheja, Ed.D., M.B.A., P.H.N., B.S.N., R.N.. Dr. Batheja is the Chief Growth Officer for myConnections™ and Medicaid Vice President at UnitedHealthcare Community & State. myConnections™ is a UnitedHealthcare program that helps low-income individuals and families access essential social services that are the gateway to better health. UnitedHealthcare Community & State proudly serves nearly 6.4 million Medicaid members in 29 states, plus Washington D.C. UnitedHealthcare is a division of UnitedHealth Group which is a diversified health and well-being company with a mission to help people live healthier lives and help make the health system



For more information or to register:

z.umn.edu/bigdata

Minnesota Congressional Districts & Representatives



1st District: Jim Hagedorn

Committees: Agriculture; Small Business
(202) 225-2472; (507) 323-6090

2nd District: Angie Craig

Committees: Agriculture; Transportation and Infrastructure
(202)225-2271; (651)846-2120

3rd District: Dean Phillips

Committees: Financial Services; Foreign Affairs. Caucuses include Problem Solvers Caucus and Gun Violence Prevention Task Force
(202)225-2871; (952-563-4593)

4th District: Betty McCullum

Committees: House Appropriations; Interior-Environment Subcommittee; Defense Subcommittee. Many caucuses, including Addiction, Treatment and Recovery and many disease-disease-specific caucuses
(202)225-6631; (651-224-9191)

5th District: Ilhan Omar

Committees: House Budget Committee, Foreign Affairs Committee, subcommittee on Global Health, Education and Labor. Caucuses include LGBT Equality Caucus, Congressional Black Caucus, Women's Caucus
(202)225-4755; (612)333-1272

6th District: Tom Emmer

Committees: House Committee on Financial Services and related subcommittees. Bipartisan Taskforce to Combat the Heroin Epidemic, Task Force to Combat Identity Theft and Fraud; Congressional Cuba Working group.
(202) 225-2331; (763) 241-6848

7th District: Collin Peterson

Ranking Member House Agriculture Committee. Many health-related caucuses, including Disabilities; Brain Injuries; Addiction, Recovery & Treatment; Diabetes, Home Health, Nursing
(202) 225-1593; (218) 847-5056

8th District: Pete Stauber

Committees: House Committee on Transportation and Infrastructure; Small Business; Caucuses include Problem Solvers; Law Enforcement
(202) 225-6211; (218) 355-0862

ANA Federal Legislative Update

- ANA is supporting the *Bipartisan Background Checks Act of 2019* (H.R. 8) which would make background checks for gun purchases universal except for some family transfers.
- ANA is supporting H.R. 1114, which requires the Surgeon General of the Public Health Service to submit to Congress an annual report on the effects of gun violence on public health. This bill will create a loop hole to get around the Dickey amendment.
- ANA is supporting the *Workplace Violence Prevention for Health Care and Social Service Workers Act* (H.R. 1309)
- ANA submitted a letter to the Oversight and Investigations Subcommittee of the House Energy and Commerce Committee in relation to the hearing on family separations at the border. We signed onto additional letters.
- ANA signed onto several proposals asking Congress to fund the CDC for \$50 million for gun violence research.
- ANA submitted letters regarding stabilization of the Affordable Care Act in regard to short-term insurance plans and pre-existing conditions to several Congressional Committees.
- Title VIII reauthorization legislation has been introduced in the House. Still waiting on final language from the Senate.
- ANA staff met with Hill offices regarding the potential of mandatory RN and APRN Residency requirements. Unknown how real of a possibility this is. ANA will most likely oppose this.
- ANA is remaining neutral on the National Nurse Act as the result of a technical assistance document from the U.S. Dept. of Health and Human Services and opposition to the legislation from Quad Council and other nursing organizations.
- ANA Staff has been meeting with Hill offices to reintroduce several pieces of legislation, including Safe Staffing, Safe Patient Handling and Mobility.



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University of Minnesota Nursing Research Day 2019

Join us for **Nursing Research Day 2019**

Research, Innovation and Technology
Friday, April 12, 2019

8:45 a.m. to 3:30 pm (registration opens at
8:00 a.m.)

Throughout the day, faculty, students, and community partners will lead concurrent oral and poster presentation sessions that showcase findings from innovative research and evidence-based projects that improve health and quality and quality care.

Our keynote speaker is Karen Drenkard, PhD, RN, NEA-BC, FAAN. She leads the **GetWellNetwork's** clinical team, advising on best practice implementation in the use of technology to enhance the patient and family experience. As the Senior Vice-President/Chief Clinical Officer and Chief Nurse of the **O'Neil Center**, the patient engagement industry's first "think tank," she oversees research and efforts to help health care providers translate patient and family engagement theory into practice.



Dr. Drenkard is the past Executive Director at the American Nurses Credentialing Center (ANCC) and the Magnet Recognition Program. She was the recipient of the ANCC's Presidents award. Prior to that, Drenkard served for 10 years as the chief nurse executive of Inova Health System in Fairfax, Virginia. She is currently the President of the Friends of the National Institute for Nursing Research (FNINR); a newly elected board member of the American Academy of Nursing and serves as the co-chair of the Institute for Nursing Leadership at the American Academy of Nursing. She is a fellow in the American Academy of Nursing and the National Academies of Practice. Dr. Drenkard received her PhD in nursing administration from George Mason University, a Wharton Nurse Executive Fellow, and a Robert Wood Johnson Executive Nurse Fellow.

ANCC contact hours will be awarded for this activity. The number of ANCC contact hours is pending.

Online registration will open in mid-March. <https://www.nursing.umn.edu/research/research-day-2019>