Promoting Healthy Behaviors in Michigan: Collaboration, Advocacy, and the Advanced Practice Registered Nurse

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Introduction

In 1979, the U.S. Surgeon General Julius Richmond issued the first report on Health Promotion and Disease Prevention ("Healthy People 2020," 2014). This report presented an emerging consensus in the health community that the nation's health policy had to be dramatically recast to emphasize the prevention of disease. The report established, for the first time, ambitious, quantifiable objectives for improving the nation's health, to be achieved by 1990. The 1979 report also encouraged people to take more personal responsibility for their own health through proper nutrition, regular physical exercise, and other appropriate behaviors ("Healthy People…" 1979). The Healthy People document provides science-based national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaboration across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities. Subsequently, the Healthy People federal initiative and objectives have been revised every ten years—in 1990, 2000, and 2010—and they will be revisited again in 2020. These documents are now formulated by the Health and Human Services Secretary's Advisory Committee on National Health Promotion and Disease Prevention and provide guidance to individuals and governmental agencies on promoting individual and communal health and wellness. The Healthy People 2020 initiatives were launched in December 2010. Beyond promoting the well-being of American citizens, these initiatives present an opportunity for nurses to become more involved in their communities and work as community advocates.

Ethical Considerations for Nurse Practitioners

The American Nurses Association (ANA) gives clear and specific guidance in defining the nurse's role in caring—and advocating—for populations in the *Code of Ethics for Nurses with Interpretive Statements* (2001). First, a family nurse practitioner (FNP) must always consider a patient's autonomy. The FNP should provide the best information to the patient, but the patient is allowed to

exercise his right to self-determination and treatment course. Another principle the FNP uses is beneficence, which is defined as compassion, as taking positive action to help others, and as a core principle of patient advocacy (*Code of Ethics*…, 2001). An FNP also uses non-maleficence, an avoidance of harm or hurt to patients, which is a core of nursing ethics and the medical oath. Other principles include fidelity, requiring the FNP to remain loyal and to demonstrate fairness, truthfulness, and dedication to patients. A final ethical principle described in the *Code* involves distributive justice; taken from the work of John Rawls, this refers to an equal and fair distribution of resources based on an analysis of benefits and burdens of the decisions (2001). Examples of this are all citizens having rights to services from police and firefighters, access to public schools, safe water, and public sanitation, as well as the right to a medical screening exam in emergency departments.

When discussing professional advocacy, Woolbert (2012) described the role of advanced practice registered nurses (APRNs) for improving access to care and reducing health disparities in communities. Bent (2012) also has noted that the World Health Organization (WHO), in 2000, identified nurses as the "critical professional link" to create communities that are healthier for individuals and for the entire population (p. 653). Nurses have the tradition of actively creating and fostering partnerships for health promotion and community health, and that role becomes even more crucial for the APRN. In the area of public policy, nurses may be needed to evaluate the primary focus of health policy from two different views. Nurses may be asked: "Is the primary purpose of health policy to deliver health services or to improve the health and well-being of populations" (Bent, 2012, p. 653)?

Carnegie and Kiger, however, have suggested the political role of nurses is underdeveloped, and nurses must have an understanding of the background of key concepts and conduct an analysis of power to "fashion a more equitable society" (2009, p. 1977). Nurses must understand the determinants of health before they can become advocates for others. Determinants involve social, economic, environmental, and historical relations, and factors that may influence the health of populations include, but are not limited to, income, education, occupation, transportation, sanitation, housing, access to resources and services (including access to healthy fresh foods), social supports, and environmental hazards (including the safety of the communities in which patients live). All of these factors present an opportunity for nurses to work with community groups and employers to promote good health. An individual nurse can even get involved by writing a letter to the editor, working with community groups, or running for a local school board. They can also look for programs and coalitions that have been successful in promoting healthier behaviors and meet with the organizers of the group to determine how they sought funding and, if they used grants, how did they go about organizing them.

APRNs must be aware of and use expert power to their advantage when working with coalitions and legislators to remove barriers that prohibit the implementation of practice laws for APRNs. APRNs need to support and join organizations that have the goal of advancing practice and meeting the healthcare needs of the population. In regards to promoting healthy behaviors in Michigan, specifically through the Michigan Health and Wellness 4x4 Plan, where does the individual nurse start the process to expand his/her role in advocacy beyond the single patient? In the following pages, we provide background about this program, and others like it, as a means of highlighting existing opportunities for nurses to work as health advocates.

Political and Legislative Landscape

To enter the legislative arena, one must understand the legislative process and how legislation moves through the system. The legislative process is similar to the processes governing the healthcare system—both take time. Legislation must go through multiple channels including a public agenda, committee meetings, and public hearings before it is introduced for a final vote. This is very similar to how new or updated policies travel through a health system for approval; information needs to be gathered and discussed, and agreement reached, before change can occur.

Michigan's Health and Wellness 4x4 Plan follows Kingdon's policy streams model where policymakers agreed that something needed to be done (Berkowitz, 2012), in this case regarding Michigan's preventable health problems. Researchers, special interest groups, various agency officials, congressional committee members, and our governor—all of whom were influenced by Healthy People 2020 initiatives—could see how Michigan's obesity numbers were linked to chronic health conditions.

With the help of several state universities and many stakeholders, a plan of policy goals and ideas was identified (Berkowitz, 2012). The window of opportunity came with changes tied to the Affordable Care Act (ACA). The effects continue as our local governments and health departments interact with area businesses, healthcare facilities, school systems, and the entire community.

With passage of the Health & Wellness 4x4 Plan, transformation to healthier lifestyles can occur in our communities—and the plan represents an opportunity for nurses to get involved. In the Michigan Health and Wellness 4x4 Plan, forty-six coalitions publicly supported the program and have committed that support in writing. The Michigan Health and Wellness 4x4 Plan has the support of the legislature, governor, and sixty-six partnering organizations (including Healthy Kids, Healthy Michigan; the Department of Community Health; the Department of Education; and the Restaurant and Soft Drink Association). This plan recommended using current state and federal programs already in place to affect nutrition, activity, and exercise, and to decrease obesity and chronic illnesses. Recommendations also included interventions in childcare centers, schools, and worksites, as well as behavioral care, pharmaceutical, and web-based interventions. Emerging research continues to point us to areas in which to intervene, including obesity and cognitive functioning, and environmental influences on physical activity ("Our Health…," 2012).

Federal Initiatives and Financial Indications

To be effective advocates, nurses must understand the political landscape beyond the state level. For example, under the ACA, $200 million have been allocated to prepare APRNs with skills to provide primary care, preventive care, chronic care management, and other services appropriate for Medicare beneficiaries. (In 1998, the U.S. Congress changed Medicare's program to include nurse practitioners and clinical nurse specialists as providers who could bill for Part B services [Abood, 2007].)

Furthermore, federal health spending is projected to grow from 5.6% of Gross Domestic Product (GDP) in 2011 to about 9.4% by 2035 ("Health Care Costs," 2012). The cost per person in the past 40 years has increased from $356 to $8,402, and the share of the GDP devoted to healthcare was 17.9% in 2010 ("Health Care Costs," 2012). Also, nearly half of all healthcare spending (49.5%) in 2009 was used to treat just 5% of the population ("Health Care Costs," 2012).

With the ACA signed into law in 2010, the federal government has also anticipated a need for multiple creative plans to improve healthcare provision, coordination of services, and payment for services. The Centers for Medicare and Medicaid Services (CMS) issued an opportunity for states to develop their individual plans through innovations in state programs. In March 2013, the Michigan Department of Community Health (MDCH) was awarded a grant from CMS for $1.65 million to develop its State Health Care Innovations Plan. Federal funding was subject to successful completion of the specified conditions. The pilot program ran from April 2013 to September 2013, and the data submission was due to CMS by March 2014. (If federally approved, a second round of model testing awards may be available.)

The ACA also included federal legislation allowing each state to decide whether to participate in a Medicaid expansion program with 100% federal funding for the first three years. In response, Michigan representatives Matt Lori and Al Pscholka introduced House Bill 4714 on May 9, 2013, to expand Medicaid eligibility to Michigan residents. House Bill 4714 was titled "Accept federal health care law Medicaid expansion" and listed as Public Act 107 of 2013 (HB 4714, 2013). Political support for HB 4714 required bipartisan support. It traveled through the state political system in a relatively short time and received the signature of the governor on September 16, 2013. In comparison, the Michigan Health and Wellness 4x4 Plan did not require legislative approval. It was an initiative that required approval of the governor.

Michigan's Plan, Stakeholders, and Supporters

Michigan's Health and Wellness 4x4 Plan was developed in collaboration with a group of experts from the University of Michigan, Michigan State University, Wayne State University, an Obesity Steering Committee, and MDCH in response to objectives in Healthy People 2020 ("Our Health…," 2012). Michigan's vision statement for the Health and Wellness 4X4 Plan was unveiled by Governor

Snyder on September 14, 2011: "Our vision is for Michiganders to be healthy, productive individuals, living in communities that support health and wellness, with ready access to affordable person-centered and community-based systems of care" ("Our Health…," 2012, p. 1). On September 21, 2011, the MDCH held an Obesity Summit attended by nearly 500 participants from around the state. The group identified key priorities and made recommendations to be implemented in Michigan's plan to reduce and prevent obesity, and the issues associated with obesity. In June 2012, Michigan's plan, titled "Our Health Begins With: The Michigan Health and Wellness 4x4 Plan," was developed and introduced to participating colleagues and partners ("Our Health…," 2012), with the estimated first-year funding required for the plan being around $18.25 million ("Our Health…," 2012). The plan authors stated in the document they would seek various sources of grant funding, including tax-based federal and state funds, along with private sector funding.

The stakeholders for the Michigan Health & Wellness 4x4 Plan are all citizens in the state. The plan encourages citizens, community groups, religious groups, professional associations, schools, businesses, healthcare providers, and food producers to work together to provide resources and promote a healthy lifestyle. Unfortunately, some residents unintentionally could be left out based on their age, ability to read, or transportation barriers. These groups include children, if their parents do not participate in or encourage these activities; citizens who are illiterate; people without transportation to events like farmers' markets or health fairs; or the disabled population. Individuals in rural areas may also be affected. The 1990-2005 MDCH report listed rural areas in Michigan as accounting for about 19% of the state's population and 5% of the state's land mass, and the report defined such areas as having an average population density of 45 people per square mile ("Michigan Rural…," 2006).

Collaboration with other coalitions is vital to the plan's success. The following organizations are several that support Michigan's Health & Wellness 4x4 Plan: Coalition of Michigan Organizations of Nursing, American Nurses Association, Michigan Health and Hospital Association, American Medical Association, Michigan Fitness Foundation (MFF), the Governor's & President's Fitness Councils, Michigan Primary Care Consortium, Michigan Association of Food Producers, Weight Watchers, and various consumer groups.

Major Components of the Michigan Health and Wellness 4x4 Plan

The objectives of Michigan's plan are in alignment with those listed in Healthy People 2020. Strategies are aimed at reducing obesity among Michigan residents by increasing the amount of fruits and vegetables consumed by children and adults, along with increasing the percentage of children and adults who achieve the recommended levels of physical activity ("Our Health…," 2012). The plan also includes strategies for increasing sales of healthy foods in schools, creating more worksite wellness programs, and encouraging health care providers to offer counseling to reduce obesity ("Our Health…," 2012).

The Michigan Health and Wellness 4x4 Plan (2012) suggests practice of four key healthy behaviors as follows:

- Maintaining a Healthy Diet: The guidelines include consumption of vegetables, fruits, low-fat and fat-free dairy products, and whole grains, and emphasize the need for a diet containing a variety of nutritious foods and beverages. This plan also encourages citizens to limit the consumption of saturated fats, added sugars, and sodium; to keep trans-fat intake as low as possible; and to keep track of caloric intake and calories burned as ways to manage body weight.
- Engaging in Regular Exercise: The plan promotes health through increased physical activity and less sedentary lifestyles. Maintaining a healthy weight through physical activity contributes to the health of bones, joints, and muscles, along with a reduction of feelings of anxiety or depression. In Michigan, less than half of adults engage in 2.5 hours of moderate-intensity physical activities, such as brisk walking, biking, or swimming, every week. Children should get one hour of physical activity per day and have limited time, up to two hours per day, devoted to sedentary activities such as the use of computers, televisions, or gaming systems.
- Getting an Annual Physical Examination: Obtaining a yearly physical can address current health issues and help prevent future concerns. Screenings for early detection of disease (particularly those linked to family history trends) can also promote longer and healthier lives.

- Avoiding All Tobacco Use and Exposure: The 4x4 Plan encourages cessation of smoking or exposure to smoking by avoiding cigarettes, cigars, smokeless tobacco, pipes, and hookahs. In Michigan, we have 15,000 annual deaths related to smoking, and despite a decline in smoking over the past fifty years, we still see the many diseases with which smoking is linked: heart disease, cancers, pulmonary disease, periodontal disease, and asthma, as well as other diseases.

The four key health measures addressed in Michigan's Health and Wellness 4x4 Plan are body mass index (BMI), blood pressure, cholesterol level, and blood glucose levels. BMI is calculated as weight in kilograms divided by height in meters squared, rounded to one decimal place (Ogden et al., 2012); "obesity" is defined as a BMI of greater than 30; and "overweight" is considered a BMI greater than 25 and less than 30 (LeBlanc et al., 2011). The 4x4 Plan stresses the importance of lowering BMI into a healthy range between 18.5 and 24.9. Maintaining a BMI within the healthy range can reduce blood pressure, cholesterol, and blood glucose, and lower the risk for heart disease, stroke, cancer, diabetes, and kidney disease ("Our Health…," 2012). One source reminds us, however, that children's BMI values are expressed differently than adults. Doctors determine children's BMIs by using the Center for Disease Control's (CDC's) 2000 BMI-for-age growth charts, which are expressed in percentiles and are sex specific. Overweight parameters for children are defined as those in the 85th percentile on the growth charts, and children in the 95th (or greater) percentile on the growth chart are considered obese. Childhood obesity creates greater risk for short-term health consequences, along with the potential for obesity lasting into adulthood (Ogden et al., 2012).

Michigan's Health and Wellness 4x4 Plan noted reductions in BMI could save $13 billion annually in unnecessary health care costs ("Our Health…," 2012). In fact, APRNs and others can help reduce healthcare costs by targeting the 5% that are the costliest healthcare consumers. With the multitude of chronic diseases being faced in the U.S. and especially in Michigan, creative plans, ideas, and initiatives should be closely reviewed and embraced for change that can be sustained.

Obesity Trends

The Michigan Health and Wellness 4x4 Plan targets obesity as the root cause of most chronic illnesses. As one source noted, "[a]n unhealthy diet, insufficient physical activity, and excessive weight gain are among the primary risk factors of premature morbidity or mortality due to chronic disease" (Wolfenden et al., 2012, p. 2). Michigan's obesity numbers have increased from 18% of the adult population in 1995 to 32% in 2010 ("Our Health…," 2012). Currently in Michigan, 2.5 million adults and 400,000 children are obese and showing signs of chronic illness. Obesity affects all age ranges with national data from 2009-2010 demonstrating obesity in 35.5% of adult men and 35.8% of adult women (Flegal et al., 2012). The prevalence of obesity in adults ages 60 and older is estimated to be around 37% and affects around 20 million people in the United States. As a result, members of this group are likely to suffer lower life expectancy, higher disability, and higher health care costs (Tai-Seale, Tai-Seale, & Zhang, 2008).

Researchers have noted a trend of increasing obesity in children and adolescents carrying over into adulthood with the likelihood of this increasing if at least one parent is obese (Freedman et al., 2007). Almost half of overweight adults were overweight as children, and two thirds of children in the highest BMI quartile transitioned into the highest BMI quartile as young adults (Biro & Wien, 2010). In fact, "[i]t is estimated that by 2015, 40% of U.S. adults will be obese" (p. 1499S). Childhood obesity traditionally has been higher in urban settings, but more recent data revealed that rural settings have shown an increase in the incidence of overweight children by 50%; Colorado, Michigan, Iowa, North Carolina, South Carolina, and Texas have all have reported rates of rural children being more overweight than the national averages (Hessler & Siegrist, 2012). In fact, rural areas have their own specific challenges: "Adult rural inhabitants have been shown to have higher dietary fat and caloric consumption, higher amounts of sedentary behavior, lack of health education, lower exercise rates, and limited access to nutritionists and exercise promotion programs" (Hessler & Siegrist, 2012, p. 99). Hessler and Siegrist also reported that residents in rural communities are more likely to live at the poverty level with inadequate insurance coverage, and they have diminished access to primary care providers and specialists (2012).

Whether affecting rural or urban dwellers, the economic costs of obesity are staggering. According to the Centers for Disease Control (CDC) in 2008, the estimated annual medical cost of

obesity in the U.S. was $147 billion with the medical costs for people who are obese $1,429 higher than those within normal weight parameters (Centers for Disease Control and Prevention, 2012). Due to these economic and health costs, Michigan public health officers are obligated to inform and educate Michiganders about this threat to their health, just as they do when there is a threat of pandemics or epidemics. Such diseases and conditions as Type II diabetes, arthritis, stroke, and dementia may all be consequences of obesity, with unnecessary suffering being the result of sedentary lifestyles and unhealthy eating habits. These facts point, once again, to an opportunity and need for nurses to become involved as advocates.

Michigan Programs Promoting Lifestyle Changes

Michigan has many different programs with which nurses can get involved that promote exercise and healthy eating to target the growing trend of unhealthy children and adults. One program is the Nutrition, Physical Activity, and Obesity Program offered through the MDCH. The MDCH initially partnered with the National Kidney Foundation of Michigan to sponsor the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program, which looks at improving the nutritional and physical activity quality of children in the Head Start program ("Nutrition and Physical…," 2013).

Additionally, there is "[t]he Michigan Fitness Foundation (MFF) and the Governor's Council on Physical Fitness, Health and Sports[, which] work to bring about behavior change through programming, special projects and events that encourage citizens to build physical activity and sound nutrition into their daily lives" ("Our Vision," 2012). The Governor's Council was formed in 1992 by an executive order from Governor Engler, and the MFF is funded through the Governor's Council. The MFF is involved with policy initiatives concerning health, fitness, and nutrition as linked to the Michigan Health & Wellness 4x4 Plan. Their common goal is to transform the overall quality of life for Michiganders. The MFF is also a member of the Healthy Kids Steering Committee, which has the goal of reducing childhood obesity in Michigan ("Healthy Kids…," 2012). In addition, the MFF has partnered with the Michigan Trails and Greenways Alliance to increase walking and biking trails across Michigan. Currently, Michigan ranks as the #1 state for biking and walking trails ("Michigan Trails…," 2012).

Other programs in Michigan that promote healthy choices and exercise are some of the following:

- Double Up Food Bucks allows individuals to use their Bridge card at many farmers' markets. Markets are found in most towns and cities in the Mid-Michigan area, and they have flexible days and hours of operation from summer into the fall season (http://www.doubleupfoodbucks.org).
- No Child Left Inside is sponsored through the Michigan No Child Left Inside Coalition, which has the goal for all children in Michigan to have access to and opportunities to safely enjoy our state's outdoor heritage. The members of the Michigan No Child Left Inside Coalition are committed to rekindling the connection between children and nature by promoting activities and policies for outdoor play, recreational opportunities, hands-on environmental education, and increased knowledge about nature (http://michncli.org).
- The SNAP-Education (SNAP-Ed) program is sponsored through the MFF and facilitates the development of effective, high-quality nutrition education and physical activity promotion for people eligible for the Supplemental Nutrition Assistance Program (SNAP). Through a competitive proposal process, partners are selected each year to work throughout Michigan to implement SNAP-Ed programming (http://www.michigannutritionnetwork.org).
- The Fuel Up to Play 60 program is sponsored through the United States Department of Agriculture (USDA) and the National Dairy Council (NDC) "huddled" with the National Football League (NFL). This program empowers youth to take action to improve nutrition and physical activity at their school and for their own health (http://www.milkmeansmore.org/schools/fuel-play-60). The United Dairy Industry of Michigan (UDIM) is the umbrella organization for The American Dairy Association and Dairy Council of Michigan.

In addition to these programs, the MDPH awarded $900,000 in grants to several counties and alliances to implement a multi-component community-wide campaign to create environments that increase availability of healthy foods and access to physical activity opportunities. The awardees included

Berrien County Health Department; Capital Area Health Alliance; District Health Department #10, which includes Kalkaska, Crawford, Missaukee, Wexford, Manistee, Mason, Lake Newaygo, Mecosta, and Oceana counties; Greater Flint Health Coalition; Inter-Tribal Council of Michigan; and Oakland County Health Division ("MDOT Announces Michigan…," 2012).

One final program is the Safe Routes to School project. This project was funded from 2005-2012 to all states under the federal transportation legislation Safe Accountable Flexible Efficient Transportation Equity Act: A Legacy for Users (SAFTEA-LU). In July 2012, Congress then passed "Safe Routes to School," which was combined with the Transportation Enhancements and Recreational Trails Program to form a new program called Transportation Alternatives (http://www.saferoutesinfo.org). The Michigan Department of Transportation (MDOT) now oversees this program and determines where improvements will be made. In 2012, grants were awarded in varying amounts to six schools in five Michigan counties. These grants were to be used to install sidewalks and crosswalks, build bicycle racks at schools, and create incentive programs to encourage students to walk and bike to schools ("MDOT Announces 'Safe Routes…,'" 2012). This program relates to the goal of engaging citizens in exercise under Michigan's Health and Wellness 4x4 Plan.

A Local Example of Plan Implementation

For an excellent example of a community's openness for change, a factor that helps nurses working as advocates, one can look to the Manistique Empowers the Community Project. Manistique, Michigan, was one of six winners of the inaugural Robert Wood Johnson Foundation (RWJF) Roadmaps to Health Prize. Other cities that claimed the prize included Santa Cruz, California; Cambridge and Falls River, both in Massachusetts; Minneapolis, Minnesota; and New Orleans, Louisiana.

Manistique, whose population battles many of the same chronic conditions that plague towns and cities across the rest of the nation, recently ranked 60th out of 82 in Michigan's County Health Rankings. In 2009, a health educator hired by the Sault tribe stated, "We're struggling with diabetes, obesity and an aging population" ("Manistique, Michigan,…," 2013, para. 6), but since the tribal and community leaders had been trying to address those issues for years, they were ready for broader community-based efforts. Manistique focused on improving the health of the entire population by increasing the opportunity for healthy choices. The community initiatives involved the following: 1) Tribal Health, 2) New Farmers' Market, 3) Access to Healthy Food, 4) Non-motorized Transportation Plan, 5) Safe Routes to School, 6) Healthy School Lunch, 7) Flag Football at School, 8) Fun Physical Activity for Life, 9) Building a Climbing Wall, and 10) Being Active in Snowy Manistique. Two aspects of this undertaking are clearly aligned with the APRN'S purpose regarding advocacy and healthy behavior in Michigan. Part of the master plan included a program titled "Complete Streets," the non-motorized transportation plan to get everyone in the community out walking and biking safely. In 2009, the city brought in a walkability expert to conduct a "walking audit" to help identify and eliminate barriers to walking through the town safely ("Manistique, Michigan,…," 2013, para. 9). Manistique also implemented Safe Routes to School, a federal program, to make it safe, convenient, and fun for children to bicycle and walk to school. With safe routes, walking or biking to and from school is an easy way for children to get the regular physical activity they need. These programs have very similar objectives to the Michigan Health and Wellness 4x4 Plan, the Michigan State Innovations Models Initiative, and Healthy People 2020, and because these programs are well established, other communities can easily duplicate them and nurses can easily become involved with them.

Implications for APRNS in Michigan

Nurses have a long history of advocacy for patients, families, and communities in the promotion of health, equality of care, and social justice. Despite a history dating as far back as Florence Nightingale's revolutionary advocacy concerning the relationship between environment and patient care, advocacy remains complicated for the nurse. Advocacy is defined by Priest as "pleading the cause of another and has moved from the legal and political settings to involvement in family, system and community issues" (2012, p. 31). Nurses are educated and trained in collaboration and conflict resolution, but, according to Priest (2012), would benefit greatly if nursing schools and institutions would increase

preparation for advocacy. Advocacy usually does not start with only one person or one group. It is more commonly seen in nurses working with other nurses, parent groups, community groups, and professional organizations.

The APRN would be able to meet all of the four key health measure and healthy behaviors described in the 4x4 Plan while practicing: "Nurse practitioners (NPs) have long considered clinical prevention, including health promotion and disease prevention, a major part of their clinical practice, and one that distinguishes them from other healthcare providers" (Berry, 2009, p. 454). With opportunities identified in the ACA and the Michigan Health and Wellness 4x4 Plan initiatives, the APRN is poised to focus on the prevention and health promotion area of practice with screening, education, and support all being done in one primary setting.

Whether they formally acknowledge their role as advocates, all nurses are touched by the policy and politics of the healthcare system. If nurses are going to make an impact on the success of the Michigan Health and Wellness 4x4 Plan, the State Innovations Model, and Healthy People, they must start on an individual level, perhaps by modeling the four healthy behaviors of diet, exercise, getting an annual physical, and avoidance of exposure to tobacco products. Nurses can also strive to maintain normal levels of blood glucose, blood pressure, and cholesterol, and a healthy BMI. While individual goals are being met, nurses must continue to advocate for those who cannot advocate for themselves, and work with other organizations and coalitions to support the vision of Michiganders leading healthy and productive lives in accessible, affordable community-based systems of care.

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