

Dr. Susan Hassmiller

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Moderator: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the healthcare of the future.

This week, Mark and Margaret speak with Dr. Susan Hassmiller, Senior Advisor for Nursing at the Robert Wood Johnson Foundation and Senior Advisor to the President on Nursing at the National Academy of Medicine. She talks about the International Year of the Nurse. It's America's largest health profession, 3.8 million nurses working as the glue for the health system here, with nurses risking their lives to treat COVID-19. Also for work promoting the growth of the profession to the 21<sup>st</sup> century.

Lori Robertson also checks in, Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing in everyday lives.

If you have comments, please e-mail us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook, Twitter, or wherever you listen to podcast. You can also hear us by asking Alexa to play the program.

Now stay tuned for our interview with Dr. Susan Hassmiller here on Conversations on Health Care.

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Mark Masselli: We're speaking today with Dr. Susan Hassmiller, Senior Advisor for Nursing at the Robert Wood Johnson Foundation, where she also directs the foundation's Future of Nursing Campaign for Action in Partnership with the AARP. She's currently Senior Scholar and Residents and Senior Advisor to the President of Nursing at the National Academy of Medicine, is currently working to craft the Future of Nursing 2020 report.

Margaret Flinter: Dr. Hassmiller is a Fellow of the American Academy of Nursing and served as the Executive Director of the United States Public Health Service Primary Care Policy Fellowship at HRSA. She is a recipient of the Florence Nightingale Medal which is the highest international honor given to a nurse by the International Committee of the Red Cross. Dr. Hassmiller, welcome to Conversations on Health Care.

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Dr. Susan Hassmiller: Thank you for having me.

Mark Masselli: Yeah, you know, we're celebrating your nurse, and I don't know how to describe the time that we're in. Certainly with the backdrop of COVID-19 pandemic, nurses are clearly on the front lines of the response, particularly for critical care or emergency nurse specialists are really everywhere in the response. But perhaps more shocking is the number of nurses who are actually dying on the frontlines really being sent into battle with inadequate protection, such as even some of the most basic PPE and all this harsh reality has shown a spotlight on the profession. I'm wondering if you could just talk about how the crisis has put a spotlight on nurses, the role that they play.

Dr. Susan Hassmiller: I think if people didn't know this before, they would know this now. Nurses have never been more in the news, and I think people are seeing that nurses are the glue that is really holding this altogether. I was struck by a table that I saw in the economist of the most dangerous profession, and right on the top right hand corner with the biggest bubble was nursing, and any nurse and physician really understand that both physicians and nurses are equally important, but it's really the nurse that's in the room mostly, and you see nurses with their iPads. This is the most crushing thing that I saw throughout this whole pandemic was nurses with their iPads trying to connect the patient with their family members because the family members couldn't be there when their loved one was even dying. We always, you know, with the Future of Nursing Campaign for Action that I direct, we are always letting nurses know speak up for your rights, and I think we are seeing nurses who have found their voice, they really are doing the work that they feel that they were called to do, and I think they are getting recognized.

I've been struck by the number of nurses who are feeling psychologically battered. I wonder if our profession is going to be decimated? Or will nurses feel wow, this is what we have been called to do all this time and people are recognizing this. I think nurses are finding their voice. Some nurses have been fired over their voice, and demanding more PPE, but we're clearly seeing them as the glue, really expressing a lot of compassion. Nurses and physicians, all healthcare providers really go into their profession to connect with people in this way, but with all of the technology and the rules and the regulations that nurses have to follow, sometimes they don't have the time and can't make that connection they want to make. I think this pandemic, as horrible as it has been, has

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allowed nurses to really come forward and show the compassion and empathy that they've always wanted to in their career.

Margaret Flinter:

Well, Susan, you have such a really large role. You've been advising the Robert Wood Johnson Foundation and the National Academy of Medicine on the critical importance of investing in the continued advancement of the nursing profession, the largest discipline within healthcare in the U.S., 3.8 million nurses, to advance training and education for nurses and then to make sure that they can use that training and education to practice at the highest level, and we're very instrumental in drafting the national study that led to the Institute of Medicine report the Future of Nursing 2020. Can you highlight some of the goals that we're established then and share with us, how closest we come to achieving them and maybe in some cases even exceeded them?

Dr. Susan Hassmiller

So the first report was about building capacity. We need more nursing leaders, we need more nurses to go on for doctorate degrees, we need more nursing faculty, we need to diversify our profession. All nurses here's the big one, right, one of the big ones all nurses need to practice to the top of their education and training, and more nurses need to have a baccalaureate degree. Back when the first report was published, we had more associate degree nurses in this country than we had baccalaureate masters and highly prepared nurses. It matters when it comes to not only the quality of nursing care. If you have a baccalaureate degree, you're going to have more information and more clinical experience around population health. We also knew it was more important to have a baccalaureate degrees because of the pipeline. We always have had a severe nursing faculty shortage.

Now, for the first time in the history of forever, we have more baccalaureate nurses than we do have associate degree nurses. We haven't reached the goal, the goal was 80% by 2020, but we have reached a cultural shift in this country around that particular recommendation because any nurse now that is in their associate degree program, you ask them to raise their hand, how many of you will go on for a baccalaureate degree? They pretty much all do. It is just the way the culture is now. I will tell you where we do not have a cultural shift and that is for nurse practitioners to go to school for all the years that they go to school, and then they come out and they can't practice what they learned in school. We've made progress since 10 years ago, we brought along seven

more states. But that's not a cultural shift. We only have 22 states in this country where nurses are allowed to practice as I say what they learn in school. Unfortunately, we've had a pandemic, but fortunately, seven additional states have relaxed their regulations so that their nurse practitioners could easily provide Telehealth and practice without physician supervision.

We know more nurses are getting onto boards of directors. We are trying to encourage nurses all over the country to have a voice like we are in this pandemic. You have an important role to play in health care prevention, population health, and your voice as one of the biggest and trusted advocates in this country, need to be on that board. Recommendations, diversity, we aren't where we should be. But I think we're making very important strides in diversifying our profession, more blacks, Hispanics than ever are coming into nursing. The thing we're not seeing is that the higher the nurses go in their profession, the least likely they are to be diverse.

Mark Masselli:

Well, Dr. Hassmiller, you're now overseeing the development of the Future of Nursing 2020 report and we know, nursing is this incredible blend of science and complex technology and the art of healing into practice. I think in part because of this pandemic, the wind has been put in the sail of technology, particularly Telehealth, and I'm just wondering how both technology is guiding your vision here but also just this has really captured everyone, and I think it's globalizing how we have to think about the future of any one of the professions, right? How are we starting to think about the role of nursing as a particular profession, not only in the issues of technology, but the globalization of our responses and the role that nurses will play?

Dr. Susan Hassmiller:

I characterize the first Future of Nursing report as an attempt to build the capacity of the nursing profession. Now we're saying, building the capacity of the nursing profession to what end? What are those things that really matter most in our country, in the world globally in terms of keeping someone healthy and well? It's not always having the best brain surgeon, the smartest nurse practitioner but really the most important things that keep our country and really all countries healthy are social determinants and the inequities and the disparities that we need to pay more attention to, where someone lives in a neighborhood they live in, the transportation system they have, the food supply in their community and all these issues are so important and they've been brought to excruciating light during this pandemic.

So the second report has to do with the nurses' role in addressing health equity in this country. Technology will be a part of this report. It has been such an important part of our healthcare system and even more so in this pandemic. But we have to make sure that everyone has a fair and just opportunity to be healthy and well. We want to make sure that technology is used to justly provide care. 15% of everybody in this country do not have broadband access in their home. So technology is going to make a big difference. It's already made a big difference. But we can't let it be a barrier to the compassion, to the empathy that people feel for us.

Four years ago, I lost my husband in a bicycle accident, and he lived for 10 days in an Intensive Care Unit and I was horrified, quite frankly, with the level of technology that was used. But it came at the cost of not providing the empathy and the support that I also felt was critically needed at a time where I was losing my best friend.

Margaret Flinter:

Well, Susan, the Robert Wood Johnson Foundation has as its mission statement that it's going to promote a culture of health in this country and the biggest one that we focus on is the difference in life expectancy in groups that endure racial and ethnic disparities. We're in advantageous spot as nurses to address many of these systemic issues. But we're also seeing COVID claiming more people of color. What's your vision of how nurses leverage their role as this largest group of healthcare professionals to really fundamentally address these health disparities in the country?

Dr. Susan Hassmiller:

I know the audience is fully aware of the Gallup Poll that's taken every year that shows that nurses are the most trusted profession, and that goes a long way when we are talking about inequities trying to ensure that everyone has a fair and just chance at being healthy and well when I'm sitting here in Minneapolis where the George Floyd incident happened, and just horrible. So there's so much distrust, but nurses have got to play a critical and primary role in this relationship building in this trust. We have found through a survey that nurses do want to make connections for people in terms of their food supplies, and whether they can get into doctors offices, and they have access to healthcare once they leave a hospital.

But there's not always the mechanisms or the support, the technological support, or the administrative support, for nurses to ask those questions and make those connections. Healthcare systems are bringing in technology so that nurses

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in their assessments can ask these very important questions of people and flag some of the inequities that may be occurring in that person's life. But where the moral distress comes in, and this would be moral distress for any profession, that if nurses ask these questions, if they don't then have a means of connecting the patients or people to those resources, then that becomes a sense of moral distress.

My role with this next report is to remind nurses of the history that has been so vivid in their own life, Florence Nightingale, Lillian Wald. Lillian Wald was the first Public Health Nurse in New York City, the Henry Street Settlement. She paid every bit of attention to the kids' education level, whether they were going to school. She found that men who lost their jobs, the children were more at risk for being healthy. She made all of these connections. Nurses have been doing this. It's part of their history, and I feel it's my role to remind nurses of this very important role, trusting role that they have, and to get back to that, but hospitals and health systems have got to support nurses in this role that they want to play with the resources that are needed.

Mark Masselli:

We're speaking today with Dr. Susan Hassmiller, Senior Advisor for Nursing at the Robert Wood Johnson Foundation, where she also directs the foundation's Future of Nursing Campaign for Action in Partnership with the AARP. She currently is the Senior Scholar in Residence and Senior Advisors, the President of Nursing at the National Academy of Medicine. Dr. Hassmiller, you just mentioned Florence Nightingale, among the many awards, you've also received the coveted Florence Nightingale Award from the International Red Cross. I understand you were inspired earlier in your career with the work of that organization. I'm wondering if you could share with our listeners what you learn and what we might learn from other countries and how their nursing professions are able to impact the health systems.

Dr. Susan Hassmiller:

I'm so proud to have been a volunteer for the Red Cross since my college days when the Red Cross helped me find my parents in an earthquake in Mexico City. So that's the connection. You know, the International Red Cross is guided by humanitarian principles, a man by the name of Henry Dunant, who stumbled across a war that was going on and tried to help both sides, and he figured out that there was no real organization to provide humanitarian support, relief healthcare. The International Red Cross is always involved in refugee health, the border crisis, and in a very neutral stance. The Red Cross has a particularly very difficult job right now

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because they are, in our country, they are congressionally mandated, it's an unfunded mandate, all money to the Red Cross comes through voluntary contributions, but they are congressionally mandated to respond to disasters. So how hard is it now to respond to any disaster and our hurricane season is coming up, to respond to people in a humanitarian compassionate way, during a pandemic.

They have to protect their volunteers just like you have to protect your employees. The Red Cross has to protect their volunteers and cannot put them in precarious situations. My heart goes out to people who are victims of disasters these days. They'll get what Red Cross can give them at this point, but my heart goes out to everyone trying to deal in this pandemic. And then globally, things are different for those of us who are fortunate to be in other countries to have been in other countries, we know that other countries pay much more attention to population health. There's one graph, a graph of about I'll say, 20 countries, of what country spend on medical care. Every other country spends more on social care and the social needs of their people, and that's where we get into trouble with our indicators.

Margaret Flinter:

If I can, I wonder if I can just go back for a moment to one of those recommendations in the Future of Nursing 2020 report, and that was about creating opportunities for postgraduate training, as nurses have entered advanced practice or change specialties, we talk a lot about shortages of primary care providers and primary care physicians, the need for primary care nurse practitioners, but we need advanced practice nurses everywhere. Certainly the pandemic has laid bare how acute the need for behavioral health is in psychiatry and mental health, but we need people in public health, in elder care facilities, the schools, home, and of course, in policy and politics. Where do you see education and training evolving next to support nursing and exerting its full capabilities to meet the challenges of this global society we live in?

Dr. Susan Hassmiller:

Clearly, we need to do a better job if this pandemic hasn't shown us now, I don't know what else will the need to retool our workforce. We really need to pay much more attention to public health and population health, getting nurse practitioners more clinical experience in the communities and with elderly populations. I saw that actually a lot of associations were trying to get their nurses into leadership positions like that, well, why don't we just all work together on this? So we formed nurses' on board's coalition. What we're trying to do is get more nurses' on boards that need a health

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and an advocacy voice. If we go back to what is keeping people healthy and well in the first place, you know those social determinants, I'm talking about getting nurses' on boards of transportation councils and public health departments and food banks, maybe neighborhood councils because there's not generally a health voice on those types of boards or councils. I think that's a good example of trying to bring health into all kinds of policies that we need to think about now.

COVID-19 has really been a catalyst for change, and some people we didn't see this coming. But for those people who are in public health, then said, A, we saw this coming, and B, we've been warning that this is coming. If we had a better infrastructure, a public health infrastructure, we could have been in a little better shape than we are now. Public health nurses are needed more than ever. Nurse practitioners are needed more than ever, and I'm hoping that we can take the lessons learned from this pandemic and really grab hold of those and then bring stakeholders around say, we got to do better next time because it's coming again.

Mark Masselli:

We've been speaking today with Dr. Susan Hassmiller, Senior Advisor for Nursing at the Robert Wood Johnson Foundation, where she's also directs the foundation's Future of Nursing Campaign for Action. You can learn more about her important work by going to [www.campaignforaction.org](http://www.campaignforaction.org) or you can follow her on Twitter at Campaign4Action. Dr. Hassmiller, thank you for your tireless dedication to advancing and elevating the profession of nursing, and for joining us today on Conversations on Health Care.

Dr. Susan Hassmiller:

It's has been pleasure.

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Mark Masselli:

At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. Politics. Lori, what have you got for us this week?

Lori Robertson:

At a White House meeting in May with fellow republicans, President Donald Trump said without evidence that the Coronavirus "is going to go away without a vaccine." Experts say it's unlikely that the virus will simply go away. Marc Lipsitch, an epidemiologist at the Harvard T.H Chan School of Public Health said there was no basis for the statement, calling



it “completely fanciful and not evidence based.” On Fox News Sunday, Tom Inglesby, Director of the Center for Health Security at the Johns Hopkins Bloomberg School of Public Health also objected to Trump's claim. “No, this virus isn't going to go away,” he said. Hopefully, over time, we'll learn to live with it and we'll be able to reduce the risk of transmission, but it's going to stay as the background problem in the country and around the world until we have a vaccine.

Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, and a prominent member of the Coronavirus Task Force has said that it will take a vaccine to allow society to let up on all of its mitigation efforts. Researchers at Harvard and the University of Minnesota have attempted to model how the virus will spread under different assumptions to understand what the possibilities might be. The Harvard team found that repeated wintertime outbreaks will probably occur and resurgence could occur as late as 2024. That's my fact check for this week. I'm Lori Robertson, managing editor of FactCheck.org.

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Margaret Flinter:

FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at [www.chcradio.com](http://www.chcradio.com), we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter:

Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. It's a known fact that the current generation of American children is more obese than any previous generation, and at our Washington DC Community Health Center, Unity Healthcare, a pediatrician was in a quandary over how to tackle this growing health scourge. He began with a unique solution targeted to a teen patient whose body mass index or BMI had already landed her in the obese category. What he did was write a prescription for getting off the bus one stop earlier on her way to school. Dr. Robert Zarr of Unity Community Health Center understood that without motivation to move more kids just might not do it. The patient complied with the prescription and has moved from the obese down to the overweight category, certainly an improvement. He then decided to expand this program by working with the DC Parks

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Department mapping out all the potential walks and play area kids have within the city's parks –

Dr. Robert Zarr: -- how to get there? Parking, is parking available if someone's going to drive bike racks, there's a section on pets, park safety.

Margaret Flinter: Dr. Zarr writes park prescriptions on a special prescription pad in English and Spanish with the words Rx for outdoor activity and a schedule slot the S when and where will you play outside this week?

Dr. Robert Zarr: I like to listen and find out what it is my patients like to do, and then gauge the parks I prescribed based on their interests, based on the things they're willing to do.

Margaret Flinter: He wants to make the prescription for outdoor activity adaptable for all of his patients and adaptable for pediatricians around the country, Rx for outdoor activity, partnering clinicians, park administrators, patients and families to move more yielding fitter healthier young people. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Margaret Flinter: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at [chcradio.com](http://chcradio.com), iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at [chcradio@chc1.com](mailto:chcradio@chc1.com), or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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