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Mark Masselli: This is a conversation on Health Care I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret we're just coming off an important week National Nurses Week.

Margaret Flinter: That's right and that's the time when we honor the incredible work that's done by the vital player on our healthcare team the nurse. To cross multi disciplines nurses provide so many levels of essential care in the health care system and that role is growing.

Mark Masselli: You know it's a significant sector of the health care work force Margaret as of 2012 there were over 3 million RNs and LPNs working in the field and according to the Bureau of Labor Statistics this current trend of growth in nursing employment is expected to continue at a really brisk pace.

Margaret Flinter: Well a couple of forces are driving that growth Mark and as health care gets even more team based and patient centered, nurses play a more pivotal role in care delivery in managing patient care and the population's ageing growth trend towards more folks choosing to age and place so requires more coordinated care certainly between primary care and the home.

Mark Masselli: We will be seeing more people coming into health care system. We will see more nurse practitioners leading primary care practices and community health centers to meet that growing demand.

Margaret Flinter: And according to the Bureau of Labor statistics employment projections, registered nursing RN is listed among the top occupations in terms of job growth through 2022 an increase of 19 percent. Sure Mark it's not going to be in the same settings. It's not going to be in hospital so we see that growth. It's really going to be in the community in primary care in ambulatory care and that is a very exciting development.

Mark Masselli: You are absolutely right and if we pull the thread a little more all the way out to 2030, there is another significant nursing shortage projected. Currently the number of organizations are working to address the shortfall to make more slots available at nursing schools, nursing organizations across the country to help facilitate trained nurses to the highest practice level they can achieve. It's a health care workforce issue that's going to require a concerted effect to meet the growing demands.

Margaret Flinter: It's not just RNs and nurse practitioners but clinical specialists, nurse midwives anesthetist and a host of researchers and educators as well.

And that's something that our guest today knows quite a bit about. Dr. Beverly Malone is the CEO of the National League for nursing an organization that's dedicated to improving the education for nurses and to meet the growing demands in health care. She has some terrific insights. She has worked as a top administrator in leadership capacities both in the US and in England. So really looking forward to hearing her perspective as we come off of National Nurses week.

Mark Masselli: And we are going to also be hearing from Lori Robertson who checks in from Factcheck.org. She is always on the hunt for mistruth spoken about the health policy in the public domain.

Margaret Flinter: And no matter what the topic, you can hear all of our shows by going to chcradio.com.

Mark Masselli: And as always if you have comments please email us at chcradio.com or find us on Facebook or Twitter we'd love hearing from you.

Margaret Flinter: Now we will get to our interview with Dr. Beverly Malone in just a moment.

Mark Masselli: But first here's our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. The nation's uninsured rate is the lowest it's been since gallop began tracking such numbers back in 2008. The rate peaked in about 80% uninsured in the 3rd quarter of 2013 before the start of open enrolment last October. The national uninsured rate is now down to 13.4%. Analysts credit the last minute surge towards the end of open enrolment for the significant decrease certain states though like Texas and the Louisiana still have significantly higher rates of uninsured residents. Still there are hiccups and headaches across the country when it comes to the functionality of the state run insurance market places. Oregon has scrapped its troubled sight entirely defaulting instead to the Federal Exchange. Now Massachusetts is considering the same option as a way past their trouble plagued system which they have deemed too costly to fix.

And speaking of Massachusetts, recent statistics out of that state show that in a 4 years since Massachusetts passed a requirement for mandatory coverage. The death rate began to drop about 3% a modest number but statistically significant to warrant a connection. A direct correlation was drawn between coverage, access to primary care and improved outcomes overtime. The study builds on prior research showing health coverages reducing income and racial disparities in Massachusetts.

And while millions of Americans are newly insured there are still millions who aren't. Study showed just how much it would cost to care for that population. Health care providers faced 75 billion to 85 billion in care cost for the uninsured according to new estimates in the journal health affairs. The urban institute researchers calculated hospitals provided about 45 billion of the uncompensated care publicly supported community providers delivered about 20 billion and office based physicians and other 11 billion. And we know this generation of American youth are heavier than any of the preceding generations and a significant uptick in diabetes to go along with the mix both type-1 and type-2 diabetes. And a significant study charting millions of children up to age 19 from 2000 to 2009 the rise was significant. The prevalence of type-1 diabetes increased to 21%. The prevalence of type-2 diabetes among those ages rose 30% during that period. The study's author speculated the uptick in type-2 diabetes may result from minority population growth obesity, exposure to diabetes and uterine and perhaps endocrine disrupting chemicals. Increase will have public health consequences according to research. I am Marianne O'Hare with these health care headlines.

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Mark Masselli: We are speaking today with Dr. Beverly Malone Chief Executive Officer of the National League for Nursing a membership organization for nurse faculty and leaders in nursing education. Dr. Malone was recently appointed to the advisory committee and the office of Minority Health at the Department Of Health And Human Services which is dedicated to improving the health status of the ethnic minorities and eliminating health disparities in this country. Dr. Malone also served as Deputy Assistant Secretary of Health at the Department Of Health And Human Services under President Bill Clinton. Dr. Malone has served as President of the American Nurses Association as well as General Secretary of the Royal College of Nursing in the United Kingdom and serves on the board of trustees at the Kaiser Family Foundation. Dr. Malone welcome to our conversation on health care.

Dr. Beverly Malone: Thank you so much.

Mark Masselli: You are recently appointed to the advisory board at the Office of Minority Health at the DHHS. And tell us about the mission and the work underway at the office to eradicate racial health disparities and how are we doing on that front and how do you see the Affordable Care Act is having a impact on the needs of old people?

Dr. Beverly Malone: Well, we are still struggling. All the professionals are still struggling with that for nursing in particular that's the one that I have given the majority of my time to and when we are compared to the other disciplines, we look fairly decent. But the truth is we are still not there. We still don't have

enough nurses representing those patients who are receiving the care. 13%, 14% of the population who are the work force is about African-American in terms of nursing. The burden of the illness is frequently on the underserved and the poor and so that means that the people who are most dire in terms of needs of services they are people frequently from ethnic and racial background.

Margaret Flinter: So Dr. Malone this is an area that has gotten so much focus and attention. Maybe you could speak a little bit to some of these community based health initiatives from your perspective that you think have the most promise.

Dr. Beverly Malone: I think that my colleague Dr. Mary Naylor from the University of Pennsylvania is doing a lot of creative work around that understanding that the transition is the issue and that transitions into the community but most people want to be in their homes. They don't want to be in health care facilities. They don't want to be in hospitals. Mary has been doing a lot of work around that how nurses work effectively to make those transitions and when there is not enough physicians out there who are providing primary care services, that nurses are there to make sure that the needs of the patients are met. But we need more advanced practice nurses to do that and so there is a whole piece around that's tie to having enough providers and getting the kind of funding from congress to make sure that those providers are prepared. Nurses tend to stay in the communities where they come from. If you really prepare nurses, they will not move away from their environments. I think probably because we're women to some degree and our families and our roots are there and so we tend to stay.

Mark Masselli: Well let's delve a little deeper into the framing up of the challenges that nursing faces in this service. So many pressures are being brought to bear in the nursing profession. So where do you see the biggest challenges lying ahead and what kinds of new collaborations are being called out for to meet this growing demands?

Dr. Beverly Malone: Well, you know, the nice thing is I am a baby boomer myself and so I know that we are a different breed from the previous generation. And that we're going to be more demanding and expect more. We're going to want to be in our familiar settings and we are going to be healthier and it is going to take us longer to get ill. So the challenge is is the care of the older adult. How are we going to do that? Most providers don't go into the care of older adults. So we've got this whole challenge about how to make sure that nurses and other providers get into taking care of the older adult. Here at the National League for Nursing, we have seven centers and one of our centers that we have is excellence in the care of older adults. And that one is about how we can help faculty be prepared to share information with students, get them turned on about working with the older adult. The other thing is this thing about transitioning from nursing home into hospital and back to nursing home. It can be one of the most dramatic

transitions around so that if we can provide services and bring those services to whatever facility they are at, we are already doing so much more in terms of stabilizing that older adult and making sure that they have a brighter future and time as possible and as active for time as possible.

Margaret Flinter: We are speaking today with Dr. Dr. Beverly Malone, Chief Executive Officer of the National League for Nursing, a membership organization for nurse faculty and leaders in nursing education. Dr. Malone is on the advisory committee at the Office of Minority Health in the Department of Health And Human Services which is dedicated to eliminating health disparities in this country. So Beverly you participated in the Institute of Medicines Ground Breaking 2010 report on the future of nursing. Tell us why that report is so vital to the path forward and how you and the (inaudible 11:08) helping to make sure that the recommendations contained within that report are being implemented.

Dr. Beverly Malone: Well we've never had a coordinated evidence based IOM report that says these are the issues and we got to do something about them and leadership is the major issue. Nurses who have a very interesting perspective about patients and frequently now we enlisted as people who need to be on boards, we're not there. Another one was that we have at least 3 different ways to become a nurse. Diploma Associate Degree and Baccalaureate Degree and there's not a good ladder to get to the Baccalaureate Degree. There has to be that academic progression and that we have to make it as easy and smooth as possible for that nurse who started out as an associate degree or diploma nurse to move up into the Baccalaureate or to the Masters Degree. And then the third one had to do with there is just not enough data, we don't know what we need. I think the government appointed a committee organization to do that work but they never funded it. So we still don't have the data and the report said very clearly that if we're going to meet the Affordable Care Act issues of another 30 million new people we're going to have to have more nurses prepared at that advanced practice level and the thing that's different about the report it verifies that this was not a nursing derived report. That it was others and the IOM the Institute of Medicine who said these are the issues. This is what we have to do.

Mark Masselli: Dr. Malone, tell us a little bit about the National League for Nursing, which was founded 120 years ago. Tell us about the educational directives that you have going on and how people might be engaged with it.

Dr. Beverly Malone: It's not just good enough to prepare students. It has to be that it advances the health of this nation. That's the oldest nursing organization in the country and it's based on 4 core values of caring, integrity, diversity and excellence and the kind of programs that we have are leadership programs in terms of a leadership centre, a transformational leadership centre. We have a care of the older adult centre. We have a innovation and stimulation and technology because so much things changing is going to be around innovations

and simulations. Then we have one for the advancement of the science of nursing education.

Right now so much of nursing education and maybe other types of education and so the way we were taught we teach. And we've got to change that. We got to move it to an evidence based system just like the IOM report was evidence based nursing education needs to be evidence based. And then there is this centre for assessment evaluation and a centre for academic and clinical transitions which is about academic progressions about how to move that associate degree or diploma nurse to his or her Baccalaureate or Masters Degree. All of those are transitions and all of those are academic progressions and we engage with 39,000 individual members, about 1200 schools of nursing. All of them are very committed to seeing us rave up what we need to do to make sure that the programs that are preparing nurses are ones that actually move nurses to advance the nation's health.

Margaret Flinter: Well, Dr. Malone I really appreciate that strong emphasis and call for both innovation and evidence based practice certainly two drivers that underlie our community health centre organization. We like to look globally around the world, look at best practices, see what we can learn, not just what we can teach. And I know that you have had a very global perspective through serving in the United Kingdom as the Executive Director of the Royal College of Nursing. You have twice been a delegate to the World Health Assembly once appointed by President Clinton and then again by British Prime Minister Tony Blair. So you have a very global understanding of health care, health care delivery issues and international nursing issues. What did you learn from your work in the UK and these global experiences that you think is applicable to the work that you are trying to facilitate here in the United States?

Dr. Beverly Malone: You know that it was so interesting because one of the things my colleagues in the UK would ask me, who's best? I mean who does it best or what's the difference between the US and the UK and it really depends on what piece you look at. Amazingly the UK is ahead of us and some of the innovations that they are doing with nurses -- some nurses are performing surgery. So I was a little odd stricken by that but at the same time, there is no one who has a more well developed educationally promoted workforce than the US. The things we've been talking about today with the advanced practice. Those are really striking characteristics of the US healthcare system that we're all more similar than we are different. I guess that's not as profound as it could be but it's the truth. I went there thinking oh it's going to be so incredibly different and it was different. Language was different but bottom line patients are people and providers like nurses and physicians we provide services. So I think that's a pretty big learning thing for providers from the US to understand that our colleagues whether we are talking about the UK or whether we are talking about Sub-Saharan Africa that we are more similar. The other thing was that they have a very acute way of testing whether it's medication or whether it's technology.

There is a whole system of that -- that is used in the UK and that I don't think we have as clearly here. I know we have our FDA and other but it just seems that their system is a little bit ahead of us in terms of making sure that whatever the product is that it has been questioned and that it remains questioned and that everyone knows that there is a big question beside of it.

The other thing I was fascinate with is the educational system is totally different for nurses than it is here and that we produce a general list who is either at the Associate Degree, the Diploma or the Baccalaureate level. In the UK, they produce specialists kind of -- you know the psychiatric mental health nurse, the obstetrical nurse, the pediatric nurse as the first graduation level. So that means they have a slightly like an army of providers who are pediatric nurses, an army of nurses who are psychiatric mental health nurses. And ours are usually not there until the graduate level. So there are pros and cons to that. But I do have to say that I totally enjoyed working in collaboration with Tony Blair because one of the big differences was while Mr. Clinton the President was very attuned to nursing. His mom was a nurse. I never really sat down for 45 minutes and talked just about nursing with President Clinton but twice a year, I would sit down with Prime Minister Blair and speak with him about where nursing was and what I thought could be done differently. So I thought that was a pretty big difference.

Mark Masselli: We have been speaking today with Dr. Beverly Malone Chief Executive Officer of the National League for Nursing and a member of the Advisory Committee at the Office for Minority Health. You could learn more about her work by going to www.nln.org. Dr. Malone thank you so much for taking the time and sharing with us about the great work that you are doing on conversations and health care.

Dr. Beverly Malone: Delighted.

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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 health care reforming policy. Lori Robertson is an award-winning journalist and managing editor of Factcheck.org a non partisan nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: Well the Affordable Care Act increase income tax brackets capital gains and the state taxes in 2014. That's what a viral email says but it's not true. The anonymous message claims that several taxes went up on January 1st 2014 because of the Affordable Care Act but none of the taxes listed had anything to do with the health care law. Most were part of the fiscal cliff package that congress passed on January 1st 2013. For instance the top income tax rate did go back up to 39.6% for singles making more than 400,000 dollars a year and

couples earning more than 450,000 dollars. That increase was part of the fiscal cliff deal in 2013.

Capital gains and dividend tax rates also went up under that deal and not as much as the viral message claims. The top capital gains rate and dividend rates are both now 20% for those earning more than 400,000 or 450,000 a year. The email wrongly says that the estate tax went from 0% to 55%. The tax is still 0% for anyone who dies this year and has an estate worth less than 5.3 million dollars. The top rate is thanks to the fiscal cliff deal 40%. This message goes on to claim that the tax increases -- it list “passed with only democratic votes” not true at all. The fiscal cliff deal passed by a vote of 89 to 8 in the senate was 40 republicans in favor. In the House 85 republicans voted in favor. The ACA does include some tax increases such as a 3.8% tax on net investment income and an additional Medicare tax a 0.9% for those earning more than 200,000 dollars a year or 250,000 dollars for couples. But that increase is no where to be found in this bogus viral message and that’s my fact check for this week. I am Lori Robertson Managing Editor of Factcheck.org.

Margaret Flinter: Factcheck.org is committed to factual accuracy from the country’s major political players and is a project under the Annenberg Public Policy Centre at the University of Pennsylvania. If you have a fact that you would like to be checked, email us at chcradio.com. We'll have Factcheck.Org's Laurie 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. According to Michigan Organic Farmer Michelle Lutz, Health Care spends too much time and money trying to fix the problems that are caused by a poor diet. that the powers would be at the Henry Ford West Bloomfield Hospital agree with her. For a year she had offered organic food growing and cooking demonstrations at the health care facility just outside of Detroit. But when officials drew up plans to renovate the hospital 3 years ago, they decided to take it to the next level and thanks to an anonymous donor a million dollars certified organic hydroponics green house and garden were built and Lutz was hired away from her farm to run the operation.

Michelle Lutz: We really wanted to change the way that food culture was done in a health care setting. When you have the opportunity to heal someone, it’s very important that what they are eating becomes part of that plan, that cliché thing are what we eat is absolutely true.

Margaret Flinter: The facility now provides most of the nutritional organic greens, vegetables, fruits and herbs used in the food that is prepared there. Not just for patients who have come there to heal but for their families and hospital staff as well.

Michelle Lutz: The layout was very important so that we could have a very complex diverse variety of herbs and produce for the kitchen to use. It's rather seasonal. In the winter time and in the fall, we change to more of a cold tolerant crop and then in the summer time like this time we are now transitioning to the point where we are picking cherry tomatoes and we have sweet peppers and things like that that we will be supplying for the kitchen.

Margaret Flinter: Predicated on the idea that modern health care has to be more about well care than sick care, Lutz says there is an educational component to the program that's ongoing and multi generational.

Michelle Lutz: Right now we are averaging 3000 students per academic school year that go through our healthy habit program and so, we are lucky enough to have kind of a dual combination here as offerings. We have a demonstration kitchen inside of our hospital and then we have the greenhouse right behind the hospital to make sure that we are pressed upon especially our youth in our community what does it take to you know have the foundation of healthy habits. We know that our health care employees are sometimes the least. Their priority is to take care of themselves because they are so used to taking care of others. So it is not uncommon for a nice day for us to have a nice dream of doctors and nurses out there and just to be in a beautiful setting and how therapeutic that can be. But to also you know have them ask questions about what it is that we are growing and how is that being used.

Margaret Flinter: The nation's first hospital based year around certified organic hydroponics greenhouse one that provides fresh fruits and vegetables to patients who are healing and the clinicians working to heal them, improving health and well being for the system community wide and teaching the next generation about the benefits of organic produce for a healthier diet.

Michelle Lutz: The idea of being just a hospital doesn't work anymore. You have to be a community centre for wellness.

Margaret Flinter: Now that's a bright idea.

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Margaret Flinter: This is Conversations on Health Care, I'm Margaret Flintier.

Mark Masselli: And I'm Mark Masselli. Peace and Health.

Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University. Streaming live at www.wesufm.org and brought to you by the Community Health Centre.