

- Female: 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. Ernest Grant, President of the American Nurses Association, the largest organization representing the nation's 4 million nurses and the patients they serve. The ANA has been advocating for a safer work environment for nurses who borne the brunt of the pandemic across the care delivery system. ANA has been tracking the impact of the pandemic on nurses' physical and psychological well-being seeking ways to mitigate the harm of experiencing so much trauma and suffering in their work environment.
- Lori Robertson also checks in, the Managing Editor of FactCheck.org and 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 well-being in everyday lives. If you have comments, e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcasts. Now, stay tuned for our interview with Dr. Ernest Grant here on Conversations on Health Care.
- Mark Masselli: We're speaking today with Dr. Ernest Grant, President of the American Nurses Association, the largest organization representing the nation's 4 million registered nurses and the patients they serve. He is a recipient of the Nurse of the Year award under former President George W. Bush for his efforts treating burn victims after the World Trade Center disaster.
- Margaret Flinter: Dr. Grant is a past chair of the National Fire Protection Association Board of Directors and in 2002 the American Nurses Association issued Dr. Grant the Honorary Nursing Practice Award for his contributions to advancing nursing practice. Dr. Grant, it's a pleasure to welcome you to Conversations on Health Care today.
- Dr. Ernest Grant: Thank you for having me. I'm absolutely delighted to be here.
- Mark Masselli: You know, Dr. Grant, I think these terrible numbers continue to grow. 2.5 million people have died around the world over 500,000 here in the United States. The nation nurses they've been really warriors in this crisis, and too many from their ranks have been counted in those casualties. I wonder if you could just paint a picture for our listeners to help us truly understand the sacrifices that have been made by the nursing professions as this pandemic continues to roll over this country.
- Dr. Ernest Grant: I would say that it's coming up on a year since COVID has come to our shores, and during that time, a lot has been asked of nurses. First of

all, to go and provide care for patients for a disease that we knew little about so they had to quickly ramp up some education as to how do I take care of someone who has caught COVID? How do I protect myself and my family from doing that, and also my colleagues as well? We know that we saw the numbers going up and up and up. While more and more demands were made of nurses, working overtime instead of working 12 hour shifts, sometimes they're working 16 and 8 hour shifts, dealing with patients in all sorts of settings in long term care. Of course, that's taken its toll on the nurses as well both from a mental perspective as well as physical also. In some cases, they're only getting perhaps one day a week off. We know that when you yourself are not up to par, it's very difficult for you to provide optimal care that patients are going to need as well. They're going have to take care of themselves before they can take care of the patients that have been involved.

Margaret Flinter: Well, Dr. Grant I know the American Nurses Association is keeping a very close watch on this, both on the pandemic and the physical and psychological impact it's having on our country's nurses. You have surveyed the Pulse on the Nation's Nurses survey and a majority of nurses' surveys are saying exhausted, overwhelmed, depressed, sad from their work experience, while of course at the same time we know that they are also feeling how important their work is. But what are they revealing about the true impact on the profession from COVID-19 and perhaps equally importantly, what does this tell us we need to be preparing for as we go into year two, year three, what is going to be the impact on our country of this?

Dr. Ernest Grant: The American Nurses Association, we do these poll surveys, if you will, about every other month, and there's two central questions that we're always asking. The first one is around PPEs, and the other one is about the nurses themselves, how are they doing and what is happening within their lives. As a result of that, yes, it has shown as this crisis has continued to bore out more and more extreme fatigue, nurses who are recording that, just essentially signs and symptoms of post traumatic stress. They can't sleep, they can't eat, and even though we're making available for them access to receive the psychological or mental health care that they need, nurses are resilient, but it's difficult, I guess, in a way for them to perhaps either recognize or to accept that they need that mental health.

Other things that these surveys are showing as well is that COVID is affecting them financially. You may recall that a number of health care facilities around the country either laid off or furloughed nurses, so that was a huge impact because you still have to meet the mortgage, you still have to make the car payment, or the student loan payments and etc. That's, of course, what these surveys have shown is that, one, we were unprepared not only for this pandemic but for the next

pandemic. I will say that the next pandemic is right around the corner, given how very closely we can do global travel today. Look at the amount of time it took for COVID to come to our shores and the time that we learned about it. We need to not only plan for today, but plan for tomorrow as well.

It's going to affect how healthcare is practiced. We're seeing now, how we're using and relying on telehealth and telemedicine. That has been great for our advanced practice nurses because it allows for people who still have chronic illnesses to still be seen and have those illnesses managed as opposed to sometimes missing those appointments. I think the role of the advanced practice nurses and nurse in general is going to be changed. Hopefully, we know that we have 23 states, where advanced practice nurses already have full practice authority. We're hoping that this will shed light on the need for the other states that do not have that for that to come through fruition, because we've proven during this emergency that if we can do this during an emergency we can certainly do it during more when times return to "normal". But definitely, it is going to change how healthcare is practiced and also how the role of nursing is also going to be changing to help meet those needs also.

Mark Masselli: But I think the good news is vaccine is now available, right? We now have our third that was approved. But there's also quite a bit of hesitancy in the general public. When you present it to the CDC COVID vaccine forum and you really reveal that about a third of the nursing profession has expressed some resistance or hesitancy about the vaccine. I'm wondering if you could just walk us through that about the challenges of vaccine hesitancy and what the ANA is seeking to do about it. How do we really just empower nurses to be really force multipliers in their own community and be front and center on that whole process?

Dr. Ernest Grant: Thank you. Well, one of the first things that I think we have to -- I like to think of them as, perhaps not necessarily being hesitant, but more or less being slow yessers is the term I want to use, because I find out that, yes, they recognize that I need to take the vaccine and etc. but maybe they want to wait and see how their colleagues who have taken it, how it's going to affect them. Also, when they see that their colleagues has taken the injection and nothing has happened to them then that may be the point for them to say, okay my best friend John took it so I'm going to take it because nothing happened to him.

I also think that what the American Nurses Association in conjunction with the Ad Council is doing to get their information from a trusted source, which is extremely important on press from someone like myself, I participated in the Moderna vaccine trial, so I can from firsthand tell them about my experience and what it was like for me,

and that would go a very long way in convincing someone to do that also. But again, I also have to remember that in some cases there may be nurses who, because of prior health, they may have had reactions to vaccines before or that could determine as far as -- or one of the reasons why they are hesitant or perhaps are not taking the vaccine, but answering the question that they may have will go a very, very long way in getting them to move from vaccine hesitancy to vaccine competency and then subsequently on to getting the vaccines.

Margaret Flinter: Well, I like to maybe pull a thread and go back a little bit to those surveys that we talked about earlier in the experience of nurses and I think I am talking mostly about acute care, maybe long term care settings with this. This is the issue of nursing being represented at the highest levels of decision making and authority in our healthcare institutions. I see tremendous progress over the years, the advent of the magnet designations for hospitals and so many wonderful colleagues who are now CEOs or in other executive suite positions within hospitals.

But your surveys, I think, pointed out that there was still a fair degree of skepticism among nurses about whether leadership, whoever was sitting in those seats, had really protected them during the pandemic. I'd be really interested to hear what is ANA advocating for to continue to advance as much as you can of prominent role for nursing in the leadership authority decision making structure within healthcare institutions. I know that's a focus of the association so tell us a little bit about that.

Dr. Ernest Grant: Well, you're very right about the need for nurses to be at the table and to be helping with those decisions that are being made. From that perspective, that is some of the things that ANA is advocating, not only in the healthcare setting but also up at the higher levels, at the government level, the state level and also the national level having nurses there because who knows the community who knows people better than nurses. We're the most trusted profession, have been for the 19 consecutive years in a row and chosen that so that's a high honor to have. It also means that you carry a lot of power. And so by being at the table, where those decisions are being made, you can obviously exert that power.

Now what chief nursing officers can do for the staff nurses or nurses that may be in long term care or in public health and etc, what we are finding, or what I'm hearing from nurses is they want transparency. They understand that there's a lot of decisions that are being made and, of course, sometimes that's not trickling down to them. If they know that, hey, we're trying to get the PPEs that you need but we're running into a brick wall here or we're trying to get some additional help but we're running into a brick wall here, you get more of a buy in

from that nurse who is at the bedside by having like a town hall or something like that, just to be transparent to let them know, these are the things we're working on, these are the roadblocks, if you will, that we're hitting, and who knows, perhaps they may have an answer for the chief nursing officers or other people who are in the decision making arena that perhaps they haven't thought about, because they're viewing their institution as part of the family. When one part of the family is hurt or is ailing or whatever, you want everyone to come to the rescue, and that's what I'm hearing from nurses that I speak with, is that, yes, we understand that our institution is meeting a lot of challenges, what can we do to help them with that, and maybe share in some ideas that perhaps they haven't thought about.

One hand washes the other, because as long as I know that my chief nursing officer is advocating for me then I'm going to do my best to continue to ensure that the care that I give to the patients that are entrusted to me, is going to be optimal care as well. We're in this together. We have to work together and hopefully they will see that and begin to move from that particular perspective.

Mark Masselli:

We're speaking today with Dr. Ernest Grant, President of the American Nurses Association, the largest organization representing the interests of the nation's 4 million registered nurses and the patients they serve. You know, one of your mantras is that Healthy Nurse, Healthy Nation.

You're dedicated to reducing the likelihood of physical harm to nurses, which they face every day, hard to serve balance that with at the same time for the last 19 years they've been recognized as the most trusted profession. But you have a very important serious campaign underway #EndNurseAbuse. I'm wondering if you could give just some examples of what sort of the likelihood of nurses suffering injury or harm is and where does it rank amongst other professions and how is the ANA seeking to mitigate these problems and to protect nurses who were doing such important work on the frontlines.

Dr. Ernest Grant:

Well, thank you for mentioning about the Healthy Nurse, Healthy Nation Campaign. It is definitely one of our hallmark campaigns, and that we want to -- the whole idea behind that particular campaign is to improve the health of America by starting with the nation's 4.3 million registered nurses. How do you do that? Well, one, you arm them with the information and stuff that they need in order to make their lives a little bit better. One of the campaigns of that, as you mentioned, is to end nurse abuse. What do you do when nurses are, they may go into a room, they may be assaulted by a patient, they may be assaulted by a colleague, not only another nurse but perhaps a physician colleague or whatever, that needs to come to an end.

With this campaign what you're doing is we are arming nurses with the resources that they need in order to bring about a culture of change that we're not going to tolerate this anymore and that there's a system in place to address such issues.

If it is a patient related nurse abuse environment then that is handled in one particular way. If it is a fellow healthcare colleague, then that is handled in a different way as well, because you want just culture, you also want a zero tolerance policy, so that means that if someone violates that policy the institution needs to set that as an example so that others will see that this will not be tolerated. Those are some of the examples of what is listed with that campaign.

But again there are other resources that the nurse can use, either within the institution or outside of the institution, like some of the regulatory agencies and etc. that they may be able to access as well if they feel that they're not getting the support that they need from their employer.

Margaret Flinter: Well, that is an incredibly serious concern, and one that we don't care enough about that, so thank you for addressing that. I'm going to take us back maybe out of the acute care setting and into the communities around the United States for a moment, as we think about the now and we think about the future.

Never in my lifetime have nurses been so called upon for a single unifying public health goal, which is to get this vaccine to everybody, right, in the country. We are very engaged in that and in our own state certainly RNs, LPNs, nursing students with their faculty members, retired nurses, Red Cross nurses, nurses of all kinds, and people are responding to that.

I wonder what you see as you look forward strategically with the association this moment when we started in March with New Yorkers banging on their pots and pans to appreciate the work of nurses, to this moment when nursing across the country along with the other health professions are responding and stepping up in the cities and in the country to get vaccines to people. What's the seizing of this opportunity around support for nursing at the national level thinking about our needs in the future which are going to be enormous as people retire and the population ages. Do you have a grand strategy you'd like to share with us about what you would like to see all of this goodwill coalesce into for the very real support that we need for the nursing profession in the years ahead of us?

Dr. Ernest Grant: Yes, I would -- what I foresee is that, one, that nurses continue to maintain the public perception as the most trusted profession and maybe kick it up a notch or two, if you will, but also that this puts nursing in a place where we can be involved more at the table where

decisions are being made. We're seeing now that sort of a response, like what we saw after 9/11, when there was a rush for people to join the military, because they wanted to act. We're now beginning to hear from the deans and directors of various nursing programs that their waiting lists are getting longer and longer because people are seeing what nurses have gone through and they want to be there to help alleviate when the next pandemic comes around and be a part of a true and trusted profession.

I think also, one of the other things that will be most beneficial is that and hopefully our members of Congress and etc will be able to appropriate more funds for nursing programs and the other resources that we need, not only in the healthcare setting but towards nursing education as well. We only have so many nursing schools, so many nursing faculties, so many clinical facilities where you can get that training. Perhaps maybe look at some alternative sources that will be able to meet the rising need, because the average age of the nurse at the bedside right now is it's pretty much close to pushing 60 years of age. That means that we're going to see a significant amount of baby boomers beginning to retire. We already have a nursing shortage, we've got to be able to fill not only for the shortage that is existing now but also as those baby boomers begin to retire fill that shortage as well.

Hopefully, yeah, I'm really proud of the job that nurses have done. It's from the perspective of being in this together. We have risen to the challenge but I'm hoping that those who are wanting to become nurses will be able to have that opportunity to have the enjoyment of being a nurse as well.

Mark Masselli:

In addition to those workforce challenge, I think we're at this moment of inflection in whole healthcare system, delivery system itself, how its organized, technology that we get to use, and frontline nursing professionals are developing real world solutions to everyday problems and in care delivery. Of course there's enormous, as I said, a lot of innovation going on in many areas of the care delivery model. Obviously, telehealth has grown exponentially during this entire crisis. Testing is going on. The vaccine development has been just really just remarkable, right. I mean, who would have thought we would have truncated a process of developing a vaccine by multiple years.

Again, as you said earlier, when we started off, this has been happening over a longer period of time, right. This is not new but it is being applied in a new way. The ANA has an innovation and development branch, which is seeking to promote nurse led innovations across the profession and across the whole health industry. I'm wondering if you could talk about your efforts that are underway at the ANA about promoting innovation, and how that will

enhance not only the nursing environment but patient experience as well.

Dr. Ernest Grant: Well, nurses are historically known to be innovators and to develop these little workarounds, if you will, and problem solvers. So it's only natural that the Innovations and Technology Division of ANA would expand upon that. One of the things that it does is it encourages nurses entrepreneurialship, if you will. Whenever nurses have ideas, we actually, at our annual meeting, we have what we call nurse pitch, which is somewhat like Shark Tank, where we invite people from the industry as well as nurses who think that they may have an idea that either they've already fully developed it or it needs to go, perhaps get a little bit more development. They pitch it towards the members of the industry, and hopefully, it's a way for them to collaborate, and who knows who may have a product that is coming onto the market that will not only make nursing easier or make their job a little bit easier but it also helps to improve the patient care experience as well. Thus, allowing the nurse to spend more time with the patients instead of perhaps a lot of time punching numbers into a machine or whatever else. All that can be taken care of. But it does allow for more one-on-one patient care time.

We're really excited about the office of innovation and technology and there's been some really wonderful and powerful ideas that have come forth out of that. Again, it just taps into the resources that I stated earlier of nurses being very innovative and thinking of better ways to either improve a product or to work around a particular product if there happens to be a problem that they have encountered.

Mark Masselli: Are you all weighing in on the Biden stimulus proposal?

Dr. Ernest Grant: Yes, we are, and of course we're working closely with the administration, particularly as it comes to with the COVID Task Force, making sure that the supply chain is still being maintained. Also we're very happy that President Biden implemented the Defense Production Act so that we can begin to get more and more supplies as opposed to relying on either, we've seen a number of counterfeit products come through which is not good obviously. Also, a lot of facilities are tying up literally millions of dollars for products that they think that they're purchasing and then it turns out they either do not meet our standards, so that's a huge amount of money that is lost as a result of that as well.

We are continuing to work with the administration, particularly the COVID Task Force, to ensure that nurses are getting the supplies and equipment that they need, in order to do the job that is still even though we're seeing the numbers come down and etc, there are still patients that still need to have the care that they need.

Margaret Flinter: It's a very different world for those still inside the ICUs that are full of COVID patients and the rest of us who can celebrate some of this good news, so thank you so much for flagging that.

We've been speaking today with Dr. Ernest Grant, President of the American Nurses Association, which is the nation's largest organization representing the interest of 4.3 million registered nurses and the patients they serve. You can learn more about their work by going to www.nursingworld.org or follow them on Twitter @ANANursingWorld.

Dr. Grant, we want to thank you for your career long dedication to the practice of nursing and to the profession of nursing, and for protecting and advocating for the health and well being and safety of nurses and the patients and the communities they serve all the time, but especially during this pandemic. Thank you for joining us today on Conversations on Health Care.

Dr. Ernest Grant: Thank you very much for having me.

[Music]

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 US politics. Lori, what have you got for us this week?

Lori Robertson: We've seen plenty of misinformation about COVID-19 circulating on social media. One example, headlines on videos and unreliable websites have distorted the facts about a recent order by the Centers for Disease Control and Prevention that mandates face masks be worn on public transportation. The order doesn't require that individuals wear two masks as the social media posts claim.

CDC guidance issued with the order does say that cloth masks should be made of at least two layers as the agency has long recommended. Some independent experts are now advising that wearing two masks such as a cloth mask paired with a surgical mask in some situations could provide greater benefit when it comes to controlling the spread of the novel Coronavirus. The CDC has posted the results of a lab experiment that found a cloth mask worn over a medical procedure mask can significantly improve the fit and effectiveness of the masks.

The CDC's website suggests that form of double masking is one modification for better protection. But the federal agency has not issued a demand that the public wear two masks as the social media posts claim. The CDC order which went into effect February 1st only says that those using public transportation must wear a mask which

the order defines as “a material covering the nose and mouth of the wearer excluding face shields”. It's worth noting that while the text of the CDC order says it reserves the right to enforce the order through criminal penalties. It said it doesn't intend to rely on such penalties and instead anticipates voluntary compliance. That's my fact check for this week. I'm 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 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, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

[Music]

Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. While the world grapples with a global pandemic, public health experts have been simultaneously battling another ongoing health threat. Mosquitoes are considered one of the deadliest animals on earth, leading to hundreds of millions of illnesses and some 2.7 million deaths per year globally. Diseases such as malaria, dengue fever, and Zika are on the rise.

Dr. Scott O'Neill: There is one mosquito called Aedes Aegypti that transmits a range of different viruses to people. They include viruses like yellow fever, dengue fever, Chikungunya, Zika, and the consequences can be very dire from a loss of life through to crippling social and economic cost.

Margaret Flinter: Dr. Scott O'Neill is the director of the World Mosquito Program, which has developed an innovative approach to eradicating the threat.

Dr. Scott O'Neill: I was particularly interested in this bacterium called Wolbachia. This bacterium is present in up to 50% of insects naturally, but not this one mosquito that transmits all these viruses. When we put the bacterium into the mosquito the viruses couldn't grow any longer in the mosquito. We're seeding populations of mosquitoes with our own mosquitoes that contain Wolbachia. We are able to spread the mosquitoes across very large areas very quickly. Once the mosquitoes have it, they're protected from being able to transmit viruses. When they're protected, the humans are protected as well.

Margaret Flinter: Dr. O'Neill's team released the genetically modified mosquitoes into a targeted area and the results showed a dramatic reduction in human infections.

Dr. Scott O'Neill: In Northern Australia we deployed the Wolbachia over quite large areas, entire cities, and we've seen essentially a complete elimination, 96% reduction in dengue in those cities. We believe if we can scale

this intervention across entire cities, we can completely prevent the transmission of diseases like dengue, Chikungunya, and Zika.

Margaret Flinter: The World Mosquito Program is one of the six finalists in the MacArthur Foundation's 100&Change competition, which awards a \$100 million grant to innovative public health interventions.

Dr. Scott O'Neill: We're hoping that over the next five years, we could bring this technology to protect 75 to even 100 million people. We would hope that within 10 years we could bring this intervention to 500 million people.

Margaret Flinter: The World Mosquito Program, an effective targeted genetic engineering approach to eradicating the threat of deadly mosquito borne pathogens, leading to a dramatic reduction in harm to public health, now that's a bright idea.

[Music]

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

[Music]

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at www.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.