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Mark Masselli: This is Conversation on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margret we are celebrating a 50th anniversary this year.

Margaret Flinter: That's right Mark, it has been 50 years since the surgeon general's first report on the harm of cigarette smoking and its direct link to lung cancer was revealed.

Mark Masselli: Well, the surgeon general's reported back in 1964 ultimately led to sharp drop in the number of people smoking. It's still the leading cause of preventable deaths in this country, just under a half of the million people a year die from the smoking related illnesses.

Margaret Flinter: And it is interesting to know Mark that the numbers have declined more in recent years, thanks to the smoking bans now in place in most public spaces. You know these public health policies and social marketing impact really has an impact on the health and wellbeing of a population, New York City just celebrated 10 years of a public smoking ban and noted that and estimated 10,000 lives have been saved in that city alone as a result.

Mark Masselli: New York City has certainly been a trail blazer as well as other states across the country have increased the taxes on cigarettes smoking think that maybe one of the reasons there's been a dramatic decline in the recent years the number of young to middle aged to adults have been diagnosed with one cancer as well as the bans on smoking. These are certainly preventative interventions that worked.

Margaret Flinter: And we need all the good work we can get because we still have opposition, hard to believe but the tobacco industry is still working on it's been business which is a profit business. A recent study showed that cigarettes been manufacture today are actually made with more addictive levels of nicotine in them than in years past. As the Institute of Medicine, Dr. Harvey Fineberg recently told us greed is definitely one of the seven deadly sins when it comes to negative impacts on health.

Mark Masselli: That it is indeed, Margaret. And also we're commemorating another anniversary as we do this time in January every year that is the life and work of Dr. Martin Luther King who once said that of all the forms of inequality, injustice and health care is the most shocking and inhumane. And those words unfortunately still ring true today.

Margaret Flinter: And that is something that our guest today is quite expert quite with, Dr. Beverly Malone is on the Advisory Board of the Office of the Minority Health at the Department of Health and Human Services. And she will talk about their goal of ending ethnic and racial health disparities in this country.

Mark Masselli: She is also the CEO with the National League for Nursing. She will talk about the change in landscape and the nursing profession how educational adjustments need to be facilitated by enhancing nurse's education in this country to meet the growing demands.

Margaret Flinter: Lori Robertson the Managing Editor of FactCheck.org looks into misstatements spoken about health policy in the public domain.

Mark Masselli: But no matter what the topic you can hear all or our shows by going to CHCRadio.com and as always if you have comments please email us at CHCRadio.com, find us on Facebook or Twitter because we'd love hearing from you.

Margaret Flinter: And 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.

Marianne O'Hare: I am Marianne O'Hare with these Health Care Headlines. 2014 and earnings potential hospital groups are cautiously optimistic at the recent JP Morgan Health Care Conference, representatives from a number of hospital organizations were looking at continue trends from recent years in-patient volume down but out-patients visits are up. There are signs that the outpatient volume will continue, ambulatory facility's growth is in the forecast for many parts of the country in the coming year and beyond. The trend being is more jobs for physicians and other practitioners to fill those spaces. Now, to the Medicaid expansion, well business is on the insurance exchanges languished in the early days, business has been brisk in those states that expanded Medicaid who are broader swath of their income populations, recent analysis says that the millions of additional Americans qualifying for medicare expansion had been previously uninsured and often deny care or avoided care they knew they couldn't afford whereas the bulk of the two million plus who have signed up for the insurance coverage on the exchanges had some kind of coverage before signing up on those exchanges. And what about those cancelled policies that didn't need minimum requirements for the Affordable Care Act although **(4:21 Inaudible)** corporation study looked at those folks being allowed to keep of their substandard plans. And said it won't have a significant impact on the overall sign up numbers under the Affordable Care Act. Many opted for more comprehensive exchange plans that offered more coverage and also attack subsidy on the backend in many cases. And concussions in kids, study showed some 56 out of 350 girls in a recent survey had some form of head injury playing middle school aged soccer. It's an under reported or treated sector of the youth athlete population. Many of those girls continued to play even after their head injury and the presence of symptoms of concussions. I'm Marianne O Hare, with this Health Care headlines

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Mark Masselli: We are speaking 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 in 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 Conversations on Health Care.

Dr. Beverly Malone: Thank you so much and happy Martin Luther King Day.

Mark Masselli: Absolutely.

Dr. Beverly Malone: His birthday, yeah.

Mark Masselli: Yeah, thank so much. And Beverly it is that time of year where we really honour the Legacy of Dr. King whose quest for a (inaudible 6:05) touched on the need to correct for lack of access to health care for all and you were recently appointed to the Advisory Board of the Office of Minority Health at the (inaudible 6:16) Tell us about the mission and work under way at the office to eradicate racial health disparities and how are we doing in that fun and how do you see the Affordable Care Act as having an impact on the needs of all people?

Dr. Beverly Malone: Well, when we talk about diversity and inclusiveness, we spread it out in terms of not just racial and ethnic diversity but all types of diversity so that's the bigger picture but I will focus in on the representation and that we are still struggling, all the professions are still struggling but that no one's got it right that the people who are providing the service look like the people who are receiving the service to some degree. For nursing in particular that's the one that I've given the majority of my time too 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 but that's still a big leap in terms of how services are provided because the burden of 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, there are people frequently from ethnic and racial background.

Margaret Flinter: So, Dr. Malone, this is in area that has gotten so much focus and attention deservedly so within the nursing profession both on developing community based health initiatives, 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, she will trail blazer in terms of understanding that the transition is the issue and that transitions into the community but most people want to be in their home, they don't want to be in health care facilities, they don't want to be in hospital, hospital should be just a past, Mary has been doing a lot of work around that how nurses work effectively to make those

transition 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 patient are met. But we need more advanced practice nurses to do that and so there is whole piece surround it tied to having enough providers and getting the kind of funding from congress to make sure that those providers are prepare, nurses tend to stay in the community where they have come from. They feel really prepared nurses, they will not move away from their environment. I think probably because we are women to some degree and our families and our roots are there and so we tend to stay.

Margaret Flinter: Well let's dive a little deeper into the framing up of the challenges that nursing faces in this sort of so many pressures are being brought to bear on 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 those growing demands?

Dr. Beverly Malone: You know the nice thing is I'm a baby boomer myself and so I know that you are a different breed from the previous generation and that we are going to be more demanding and expect more. We are going to want to be in our familiar settings and we are going to be healthier and it's going to take us longer to get ill so the challenge 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 centres and one of centres that we have is excellence in the care of older adult and not 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. So we've got to indoctrinate the faculty. The other thing is this thing about transitioning from nursing home into hospital and back to nursing home. It can be one of most dramatic transitions around so that if we can provide services and bring those services to whatever facilities they are at including their home that 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 a time as possible.

Margaret Flinter: We are speaking today with Dr. Beverly Malone, Chief Executive Officers 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 at Human Services which is dedicated to eliminating the health disparities in this county. So Beverly you participated in the institute of medicines ground breaking 2010 report on the future of nursing. I think you have called the release of that, tell us why that report is so vital to the path forward and how you and the NLN are helping to make sure that the recommendations contain within that report are being implemented?

Dr. Beverly Malone: Well their all issues that we have been working on for a long time but we've never have a coordinated evidence based IOM report that says these are the issues and we've got to do something about them and they are basically like leadership is a major issue, nurses who have a very interesting perspective about patients I mean we work with them 24 hours a day and so we know them in a very different ways than other providers. Frequently, while we are listed as people need

to be on board, were not there. That's one of the big issues in terms of leadership that the IOM report talked about. Another one was that we have at least three different ways to become a nurse diploma associate degree and baccalaureate degree. And it's not a good ladder to get to the baccalaureate degree. And so one of things that report says very clearly is there has to be that academic progression and that we have to make it as easy and smooth as possible for that nurse who studied out as an associate degree or diploma nurse can move up into the baccalaureate or to the master's degree and then the third one had to do with there's 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. Then every nurse should practice to his or her fully scope that they have been prepared and the reports said very clearly that if we are going to need the Affordable Care Act issues of another 30 new people on the list, we are going to have had more nurses prepared at that advance practice level and the thing that's different about the report is it brings all of nursing together and it verifies that this was not a nursing derived report. That it was others, MD IOM, 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 engage with it?

Dr. Beverly Malone: The faculty peace to promote and to build a strong and diverse nursing work force. The diversity issue is in there that it's not just good enough to prepare students, it has to be that it advances the help with this nation. So we feel very connected to what's going on in terms of the Affordable Care Act, that's the oldest nursing organization in the country and it's based on four 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 an innovation and simulation and technology because so much of things changing is going to be around innovation and simulation. We have a leadership centre for diversity and global initiative. Then we have one for the advancement of the science of nursing education and that's the idea that you need evidence based nursing practice. Right now so much of nursing education and maybe other types of education and sort of the way we were taught, we teach and we've got to change that, we've got to move it to an evidence base system just like the IOM report, was evidence based nursing education needs to be evidence based. And then there is centre for assessment and evaluation and the centre for academic and clinical transitions which was about academic progressions, about how to move that associate degree or diploma nurse to his or her baccalaureate or master's degree or how to move them from the baccalaureate degree to the doctoral degree. All of those are transitions and all of those are academic progressions. So the league is involved in all types of programs that revolve around those seven centres and we engage with 39,000 individual members about 1200 schools of nursing, all of them are very committed to seeing us rev up, what we need to do make sure that the programs that are preparing nurses are one that actually move nurses to advance the nation's health.

Margaret Flinter: Well Dr. Malone I really appreciates that strong emphasis and call for both innovation and evidence based practice certainly two drivers that underlie

our community health centre organisation which in turn is supported by just an exemplary primary care and advanced practice nursing workforce. 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've had a very global perspective through serving in the United Kingdom as the Executive Director of the Royal College of Nursing, you've 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. May be you could share with us, just a little bit 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 UK would ask me, who is best, I mean who does it best or what's the difference between the US and the UK and it really depends on what's piece you look at? Amazingly the UK is ahead of us in some of the innovations that they are doing with nurses. Some nurses are performing surgery so I was a little awe-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 have been talking about today are the advance practice, those are really striking characteristics of the US Health Care System. So the kinds of things that I learned that were all more similar than we are different and I guess that's not as profound as it could be but it's a truth that I went there thinking oh it's going to be so incredibly different and it was different. Language was different. There were other differences 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 UK or whether we are talking about (18:17inaudible) here Africa that we are more similar than different. The other thing was that they have a very acute way of testing whether its medication or whether its 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 but it just seems that there 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 there is a big question mark beside of it. The other thing I was definite with is the educational system is totally different for nurses than it is here and that we produce a generalist who is either at the associate degree or the diploma or the baccalaureate level. In the UK, they produce a specialist kind of, you know the psychiatrist mental health nurse, the obstetrical nurse, the paediatric nurse as the first graduation level so that means they have a slightly like an army of providers who are paediatric nurses. An army of nurses who are psychiatric mental health nurses and ours are usually not there until the graduate level. There are pros and cons to that but I'd have to say that I totally enjoyed working in collaboration with Tony Blair because one of the big differences was that well 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 to 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, a member of the Advisory Committee at the Office for Minority Health. You can learn more about her work by going to www.nln.org. Dr. Malone thanks so much for taking the time, sharing with us about the great work that you are doing on Conversation on 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 reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, non-profit 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, readers have asked us if the Affordable Care Act allows states to confiscate the assets of seniors on Medicaid when they die. The answer is no but a 1993 federal law does require state to recover Medicaid cost for long term care from the estates of deceased Medicaid beneficiaries over the age of 55. The claims about the ACA have gone viral, one conservative website claimed that the Obama administration was quote turning the dead into cash cows but the ACA did nothing to change existing federal law. What it did do was expand the number of people eligible for Medicaid, so more could be subject to the old 1993 law. Here's the background on what's called the Medicaid Estate Recovery Program. Since, Medicaid began in 1965, all states have been able to recover medicate cost spend on those 65 or older after those recipients died. In 1993, congress passed the budget bill that required states to recover the cost of long term care such as nursing home care for Medicaid recipients 55 and older after they died. In fact, the law gave states the option to recover all Medicaid expenses for such recipients. If the deceased recipient has a surviving spouse, minor child or adult disabled child, the state can't recover any cost. There are also exemptions to allow family members to keep a family farm or home under certain circumstances. Because the ACA expands Medicaid eligibility more people between the ages of 55 and 65 potentially will be subject to the medicate recovery program after they die. And that's my FactCheck 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 of Annenberg Public Policy Centre at the University of Pennsylvania. If you have a fact that you'd like to check email us at 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. Primary care providers have their work cut out when seeing patients after patients all day long, in brief basis it can be difficult to cover all of the important basis and often science of drug and alcohol dependents can get overlooked. And many patients are put off by link the

questionnaires that are aimed at determining whether you have a problem with drinking or using drugs. Researchers at the Boston University School of Public Health have determined that asking one simple question could actually determine the level of a patient's possible drug or alcohol dependency. For alcohol use, participants were asked how many times in the past year they have consumed 5 or more drinks in a day? For other substance use they were asked how many times in the past year have used an illegal drug or used a prescription medication for nonmedical reasons? The researchers compare alcohol screening responses with the alcohol dependant's reference standards and drug screening questions with drug dependant standards. The single alcohol screening question detected 88% of those with alcohol dependants, the drug question detected 97% of those with drug dependency. Lead researcher Dr. Richard states says this could provide a valuable rapid assessment for primary care providers to help patients and get them to the treatment options they need. A single simple question aimed at revealing drug or alcohol dependency that could help primary care providers diagnose the problem more readily, getting patients sooner to the help they need. Now, that's a bright idea. This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

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