**Champion Nursing Council and Champion Nursing Coalition Meeting**

**September 20, 2017**

[00:00:31] Susan Hassmiller: So welcome everyone. Welcome to our fifth meeting where we have brought our nursing council and our nursing coalition together. We are very excited to have you here today and we know that really since the beginning of the work with the Institute of Medicine recommendations, we always know that we could never do this work alone, even nurses knew that, so it's very vital to have all of you as partners here today. So I welcome you, and my partner, Susan Reinhard welcomes you as well.

This is not in the notes, but I thought appropriate for today, don't get nervous Wynn, but I think appropriate for today with all of the many hurricanes and the earthquakes and people have lost family members and their possessions and their homes and their livelihood, so I thought I would ask for a moment of silence.

(MOMENT OF SILENCE)

[00:01:46] Susan Hassmiller: Thank you. I know that in my own work, the Red Cross is doing unprecedented work, not only with bringing volunteers in, but nurses and other health professionals. I don't think there's anybody in this room that is not currently being touched by some of the devastation, whether you have, your association has sent nurses or money or prayers or whatever, I know that no one is untouched by all of these tragedies, so thank you.

What do we want to do today? We want to update you on the Institute of Medicine's recommendations, and also on our work on building a Culture of Health. It's an initiative that Robert Wood Johnson Foundation started a number of years ago; two, three years ago, and we have adopted it as a framework with our own Campaign for Action. We have two wonderful panels that you'll hear from. The first panel will update you on the [00:02:47] progress that we've made in a couple of, what we call, pillar areas. So, education, leadership, diversity, and data. And you'll also hear from a couple of these folks on how they've incorporated the building a Culture of Health into their work. And a second panel, very interesting, because the second panel is comprised of three organizations that don't always end up at the same end of the policy table. But we are so thrilled because they are in agreement that eliminating practice barriers for advanced practice nurses are really, really important. The Heritage Foundation, AARP, and Families USA, so we're thrilled to bring you that panel.

We hope that the panels will start a conversation at your table, you'll bring those conversations into the reception, and then you will [00:03:46] continue making connections maybe with folks that you never even met today, so that is our hope. So, before we bring up the first panel over here, before we turn it over to the first panel, I wanted to tell you a little bit about our Culture of Health movement at the Robert Wood Johnson Foundation.

Culture of Health is really addressing one of the most pervasive challenges of our time, and that's really ensuring that every single person, no matter race, creed, income, location, where they live, everyone can live the healthiest life possible and also one that brings them a sense of well-being, and that's really, really important because some people can attain to their healthiest life and no illness, but not everybody can walk out of the hospital as I [00:04:47] have come to find out, too, so it's a matter of being well, no matter what area of the well/illness spectrum you are on.

I wanted to show you, if you go to your notebook, this is the framework. Some of you may have seen it, some of you may not have, but I really encourage you to look at it. Again, it's a framework, a very powerful framework that we have adopted in the Campaign for Action. We've always said from the beginning that we can't do this alone and although we've encouraged all of our Action Coalitions from the beginning to bring in lots of diverse partners, I will tell you that the diversity and partnerships really started ramping up once we used the Culture of Health as our framework. Because it's a framework that really [00:05:46] talks about health as a shared value for everyone in this country. Not only those in the health professions, but working in transportation, the library system, businesses, everyone really has a stake in keeping our people and our communities healthier.

This year, three Action Coalitions, New Mexico, Wisconsin, and Idaho cohosted with us Culture of Health meetings where we talked about and brought new partners, where we talked about how we all might build a Culture of Health together. There's a lot of healthy movement coalitions going on in this country, so it's a matter of us connecting with those coalitions and bringing those people (“those people”) into our coalitions as well. And we're seeing a lot of [00:06:46] fruits with this labor.

A couple of examples of building a Culture of Health that I thought I might convey to you; one is that nurses are really teaching family caregivers how to care for their loved ones. We know that over half of all the caregivers in this country are really called upon to perform very complex operations, procedures at home for their loved ones, and again, in the spirit of being well, and as healthy as possible, we really believe that nurses can help family caregivers do their jobs better, for the betterment of all of us in this country.

Another example is with our Nevada Action Coalition in Las Vegas, nurse leaders from the Nevada Action Coalition have partnered [00:07:46] with the city's only urban farm, Vegas Roots Community, and the garden is centered in a lower socio-economic area of Las Vegas. The nurses are helping in all kinds of ways to expand the community garden. They even have a competition going amongst the schools of nursing in the area to expand the chicken coop because if you expand the chicken coop, there are more eggs, I have learned that from a niece who has a farm.

Anyway, I could share a lot more examples but there's a lot of good work going on. I really do want to make this point though that you've heard a lot about building a Culture of Health; I know our Action Coalitions have heard a lot about it, and we say this all the time that really implementing those IOM recommendations are really first [00:08:46] and foremost our priority and I think we've done a good job, I hope, of connecting the work of implementing those recommendations to how we also might build a Culture of Health so that we might see a win-win in all of this.

With that, I'm delighted to turn this over to Susan Reinhard and her panel and thank you very much for being here today.

[00:09:17] Susan Reinhard: Thank you, Sue. I'm never going to forget the chicken coop thing, that's good to know. Being a Jersey girl, I really need to know that. Well thank you, all of you for coming today. Just looking out on this group and knowing others that were not able to be here too, this group, the Champion Nursing Council which is comprised of nursing organizations that guide us basically, they're counseling us, and the Champion Nursing Coalition which we call Champions, not non-nurses like they're non-people, non-physicians or things like that, have been in place for quite some time. The Center to Champion Nursing in America is celebrating its 10th anniversary in December, and so we had already started the council and the coalition shortly thereafter. Actually, Peter Reinecke was brought on to help us with the Council, so thank you, Peter. But it became a model for the Action Coalitions in the *Campaign* [00:10:17] that started almost seven years ago where we would have this combination of nurses and others from business, from industry and the health care sector and not in the health care sector to come together and really try to advance these recommendations of the Institute of Medicine. So, we think of all of you as having a vested interest in the work that we're doing, and we thank you for being here.

This first panel, as Sue has already mentioned, is going to focus on the progress that we've made, the successes that we've made and we made it easy for you by putting it in your packets so you have it, but we really want to hear the insights from those who have been quite involved in doing this. And this panel was focused on, we call them pillars in the campaign for those who know our inside language, the pillars. These are on education, leadership, and diversity, and the discussion, the link to the Culture of Health that Sue has just laid out, too, that I call them metaparadigm, like this huge umbrella that carries it all together and ties it all together.

So you have their introductions [00:11:18] in your packet and they're quite distinguished. I'm just going to say a word or two about each of them just because I have to. It's just amazing that they're up here. So, Deborah Trautman is the president and chief executive officer of the American Association of Colleges of Nursing. I knew her in her Johns Hopkins days when she was the executive director of the Center of Health Policy and Healthcare Transformation. She's got lots more but what we were really just talking about how she was a Robert Wood Johnson Health Policy Fellow in 2007 and 2008 and worked for Nancy Pelosi during the whole ACA development, so she's sitting her with teeth on edge about what's going on.

Edna Cadmus is the Clinical Professor and Specialty Director of Nursing Leadership Program at Rutgers University School of Nursing and the executive director of the New Jersey Collaborating Center for Nursing. That's a nursing workforce center name, and she is also the co-lead of the New Jersey Action Coalition. [00:12:17] She's from Rutgers and that's my former place, too, so we love to have her here.

Karren Kowalski, well known to many of you, too, is the president and CEO of the Colorado Center for Nursing Excellence and Nursing Workforce Center. They're a major leader in that organization. She has been a project director for three HRSA grants on leadership development and for the Colorado Trust Grant on Frontline Leaders, leading a quality initiative. She's got lots going on. We look to her about how you get money and many other things, particularly around leadership.

Andrea Devoti is a long-time leader in home care and hospice; 18 years as the president and CEO of Neighborhood Health, which is a home care and hospice company serving in Pennsylvania. And she is now the executive vice president of the National Association for Home Care and Hospice. And we were talking, she had years in acute care and found her way to home care and said, where have I been? I'm a visiting nurse [00:13:17] background, so I'm a little biased there.

Barbara Nichols, I've known Barbara for a very long time when she was president of the American Nurses Association. Barbara's amazing background; she is the executive director of the Wisconsin Center for Nursing, so she heads up, is also the co-lead for the Wisconsin Action Coalition. She's a consultant for the *Campaign* in diversity, so she's worked with many states in that area, and is the former chief executive officer of the Commission for Graduate of Foreign Nursing Schools International. So those again, just hitting on a few.

And finally, we have George Zangaro who is with us here. Had 25 years at service in the Navy. I have to start with that. Thank you for that service (applause). He is the director of the National Center for Health Workforce Analysis, and prior to that had been the director of the Office of Performance Measurement in the former Bureau of Health Professions at HRSA. So data, lots of data.

This is the amazing group that we're going to [00:14:17] start to talk to, starting with nursing education, the head will talk to the, there's other heads here, I know, but the head next to me, how's that? Talk to us about what progress we've made on the Institute of Medicine's recommendations and how that has influenced nursing education in general.

[00:14:37] Deborah Trautman: Well, thank you very much. It's an honor to be here with this distinguished panel as well as many distinguished heads in the room. There are many great leaders in this room who I have a lot of good news to report as you all know, and so do the rest of our panelists, but although I'm excited to share this good news, our work is not yet done, so we have a tremendous amount more to do, but I'd like to take a moment to share some of the data that some of you are familiar with and others may not be, that is, that with respect to the goal of the 80 percent of RNs of the workforce that have a baccalaureate degree by 2020, some of the data I want to share, and let me tell you, I'm trying to go green, but I'm not quite there yet because I've got a paper copy under my lap if my iPad doesn't work, so I don't have too much credit for that, but I'm going to try and use my iPad for this.

On that data, there are 91 new entry level BSN programs and the number of students that have been enrolled now, we've increased it by almost 25 percent. We've gone from 161,540 [00:15:38] to now over 201,000 students in these programs. The enrollment from our end to BSN degree completion programs, that's increased by 78 percent. We were at 77, a little over 77,000 and now it's over 137,000. I think the report has also been, and many of you in this room would concur, a catalyst to continue to strengthen our academic practice partnerships. And I am thrilled to say last year, I was actually attending the WAMC meeting and my Seattle dean pulled together a meeting of the deans in the area with the chief nurse execs, and the conversation was about what can we do to continue to escalate this progress, accelerate this progress and drive even more innovation in our programs, because they're worried with the demands of the future that if we don't change and create a little bit more innovation, we may fall backwards on some of this great progress. So want to share with you data about employers.

In 2010, AACN started to collect data [00:16:38] on employer preferences for baccalaureate preparation. And over the seven years that we've been collecting the data, those who require a baccalaureate degree has gone from 30 percent to 54 percent. Those who prefer it, 76 percent when we first started up to 98 percent. So we have all done a good job with recognition of the data that this education matters and indeed is important for the care of patients in the community.

With respect to our work in academic progression, one of my dear colleagues and also, I'd like to say, friend in the room, Dr. Donna Meyer is here. Donna is leading continuation of the work that APIN did and to make sure I get it right, it's the Organization for Associate Degree Nursing, and you are leading the nursing collaboration, it's called National Education Progression in Nursing Collaborative. NEPIN, right, [00:17:38] is the acronym, and this is really going to continue to build upon what we learned through the APIN work and Donna working with also the state nursing workforce centers and others to continue to advance this agenda. There's much work yet to be done.

There was, as you know in the report also, interest in focusing on doctoral education as well, and in terms of doubling the numbers of nurses with doctoral degrees. We've made some great progress with respect to DNP, the Doctor of Nursing Practice where we've gone from the enrollment's been, it was 7,000 students, 7,037 to now 25,289 in DNP programs. And we are seeing the graduates of these programs enter the health care delivery system and make big differences in how we deliver care and improve the quality and outcomes for individuals, but we need to do more work in documenting that value. Now with respect [00:18:38], as you know we have the DNP, but we also have a PhD in Nursing and what we have seen is a steady level, it's almost 5,000 and that matches some of our other health professions, but we really need to do more to strengthen the opportunities for nurse scientists. So we have not seen the growth there yet that we would like to see.

The other comment that I would want to make with respect to all of our academic programs is faculty. And while there isn't an agreed upon standard, you may or may not be aware that only 49 percent of nurse faculty have doctoral degrees, so we have been working very hard to try and continue to increase that number. There are great programs; the Robert Wood Johnson Foundation, the Nursing Scholars Program as well as the Jonas Nurse Leaders Scholar Program have helped us to increase the production of doctorally prepared faculty, but they alone, as great as they are insufficient, so we need to continue to find ways that we accelerate that pipeline. [00:19:39]

And then, I do want to take a moment to speak briefly about diversity because that was one of the goals as well. What are we doing to strengthen and to expand the diversity within the student population and also with our faculty? And while we, again, still have a journey to travel, we now have 32.3 percent of students in entry level baccalaureate are from minority and/or underrepresented groups. We have 33.6 percent masters students, and we have almost 33 percent at 32.8 percent in the research focused doctorate programs. But when you look at faculty, we see the same challenge here in that only 14.9 percent of faculty come from underrepresented groups. So we must do more. And we had a great program, New Careers in Nursing that helped us, it was funded by Robert Wood Johnson, and we made great strides in changing not only the diversity of the student population, but the success of the students, the quality of the education [00:20:39] was outstanding. So there's much more for us to do in that regard, but I do think that we all should take a moment to commend ourselves for some great progress. Thank you.

(applause)

[00:20:52] Susan Reinhard: Well done. You did good on that. Well done. So Edna, we asked you to focus particularly on how you're incorporating a Culture of Health into the curriculum. It's very important to move nurses more, progress them more through, but also what? What are we trying to emphasize?

[00:21:21] Edna Cadmus: Thank you very much. Let me start with the baccalaureate education because obviously that's the first step here, and we have worked on both the adult one and two courses as well as the pediatric and their community courses to develop simulations that bring them across the spectrum. So, for example, for the pediatrics, we started with the school nurse going to the emergency medical services, looking at children that have acute asthma, bringing them through to the hospital, bringing them into the emergency department, and then looking at what are some of the community resources that they need so they work through the vignettes and high fidelity simulation to really look at how they then go to home care and look at some of the issues that trigger asthma in the environment, to really understand how to [00:22:21] prevent that child from coming back into the same situation and having the same problem. They create asthma plans through this process, and then again, look at some of the community resources. So that's in the pediatric component.

In the adult one and two, they focus around for example congestive heart failure, and they've developed again, vignettes of simulations to look at how they go to the emergency department, how they go through the intensive care unit, back out into the floors and then going to the home situation where they get followed up in an advanced practice nurse community clinic. Looking at the resources that are out there for the client, and then going through a first palliative care visit. Again, to help in terms of planning with congestive heart failure over a period of time. They did this looking at some of the goals [00:23:21] of making sure that there was cultural competence, and they actually measure some of this through some of the research that they've been doing and looking at the students pre and post. They've looked at advanced behavioral changes in self-management, again looking at care gaps, and then helping them look at using the electronic health record, because in many facilities they don't have access to that. So we've certainly worked with them on that.

They look at the data in their communities, so again, to understand what that environment is like within that area. So, again, with the baccalaureate program, I think we've done a nice job of really unfolding case studies over time using high fidelity and again video vignettes to help them in this process.

***[on combining culture of health and nursing education]***

At the graduate level, at the leadership level, their first leadership course is focused on [00:24:21] leadership across the continuum. So our focus in that course is really to bring them out into the community and we actually have them learn about the county health rankings, have them go through the community needs assessments, look at AARP's livability index, and then it's their job to really go out and find within the communities that they live, opportunities for them to develop and engage with the community. And we've had some great successes with that group in teaching them how to bring in partners that are, again, champions, I don't want to say non-nurses, but champions to help them in terms of really making that work within the community, and it's been a win-win for the student and what we find is that the student doing that in their first semester, as they're moving through and many of the students are going for their doctorate in nursing practice, when they're starting to think about their [00:25:21] projects now, I'm seeing this shift to thinking more community rather than some of what I would say are some of the traditional things that they did in the past. So that has certainly been very successful.

And then the last piece that I want to mention is around the work that the Action Coalition has done, because obviously we all wear many hats, which was to develop a long term care nurse residency which we were funded for by CMS over a period of time. And our concern was, how was that going to be sustained? And so Rutgers now has a post-acute residency which was funded for four years by the (inaudible) Foundation. And nurses are now, and they just started in the fall being hired by these facilities, but we're developing the residency program. And we have students that are going into the insurance agency, such as Horizon, long term care, assisted living, [00:26:22] sub-acute, acute rehab, home care, and psychiatric areas in the community, and again, that helps new nurses transition because we're trying to again, shift the whole process of understanding that everything does not center around a hospital, but it centers around the community, so we feel that this is a great way of getting them exposed to that in their first job, and hopefully they will continue along that journey.

[00:26:50] Susan Reinhard: Thank you. You can clap.

(applause)

[00:27:02] Susan Reinhard: So those are our education, the focus on education and I want to note that a lot of the work, I mean we all have been part of this in other words, and I want to recognize Pat Polansky for the work that she has done over the years on education and now leadership because a lot of the APIN came from work that we did with the Action Coalitions in general, and trying to find out what was going on in the field, what models would emerge and then Sue was able to put that together into a program that was called APIN. But lots of people have been involved with that, and lots of people have to continue that is what we're trying to say, so let me turn to leadership and say a few words first, and that is that just two points. I mentioned the Council and Coalition. Council members of the nursing organizations have worked for years on trying to get nurses into leadership appointments for certain, but I want to recognize the Coalition. So we have 60 members of the [Champion Nursing] Coalition and of that group, 56 nurses serve on their boards. [00:28:05] So that is a tremendous, I think, indicator of progress because these again are not nursing organizations. So that's a big step.

The other one is around leadership where, again, we, right Pat and others, Sue was there, went around and talked to nurses across the Action Coalitions, across the country about what it would take for nurses to step up more. I think that's what we called it: Step Up and Lead. And one of the things they said is, where are the national nursing organizations? We need them to come together and that's what happened. So they kind of incubated in the campaign at CCNA, but now have been birthed as the Nurses On Boards Coalition, and the goal is to have at least 10,000 nurses on board by 2020 and Karren is here as the secretary of the NOBC. We want to hear from her and also Andrea after her about her association, I already mentioned [00:29:03] hospice and home care, to talk about the role of nurses on your board. Karren.

[00:29:10] Karren Kowalski: Thank you. First of all, you have to understand the genesis of this whole thing was the Sues, which we thank you very much. And one of them happened to say, we really need to operationalize and be able to measure recommendation number 7, which is about leadership, and so it occurred that we could measure it by the numbers of nurses who were on boards, and so we started out as a steering committee in, I think it was 2015, and it's been amazing what's happened in that length of time. I want to clarify; the goal and mission of the NOBC is to improve the health of communities and the nation through the service of nurses on boards. And the reason that I stress that is because 10,000 nurses on boards by 2020 is a strategy. It's not the mission. So you might say, [00:30:10] well why in the world would you want all these nurses on boards? I see there's a nod over there. Oh boy, OK.

So, what I want to do is I want to just allude to the fact that we have nurses across the country who are serving not on big important national boards, but in fact, on very important local boards, such as school boards, such as department of health boards, and this is really important for us in the state of Colorado because, in fact, I know you can't believe that I wouldn't mention this coming from the state of Colorado, but we have growers moving into the state in the rural communities and they're significantly impacting both the... Did you all get that it was marijuana?... oh, OK, all right. It would significantly impact the health of the [00:31:10] community because they bring a whole lot of transient folks with them who have children, who bring disease. I mean it's really a health issue at this juncture. And see, nurses understand those issues, and so when they are a part of the school board, and they are a part of the county health department board, they can bring these issues forward, and they are critical for the survival and the livelihood of the community. I just wanted to be clear about why that's so important.

Consequently, we are, as part of the 10,000**, we've really focused our efforts on boards, commissions, councils, that are strategic and influence the improvement of health, and we also are really focused on four types; corporate, governmental, nonprofit, and advisory.** And we really look at those at the local [00:32:10], the regional, the state levels across the country because it's so important. Now you say, well what about nurses who serve in their professional organizations and I see several who are represented here today. And what I would say to you is we see professional organizations of nursing as the pipeline. That's where nurses can learn the skillset they need to effectively function on county, school boards, governmental boards appointed by the governor, etc., and so it's very important that we start off with the skillset so that nurses are affected in their service.

We've grown from 20 to 29 members organizations. We have now become free standing and have applied for our 501(c)(3) status and we expect to hear about that practically any day. Officers include Marla Weston who's the chairperson, [00:33:10] Kim Harper who's chair-elect, and treasurer Kate Judge, and then of course I do the short, no, I didn't draw the short straw, but I was nominated to come and speak with you today about this whole thing.

We also have partners and sponsors of other kinds of organizations, businesses for example such as the Walmart care clinics. We have publishers and Wolters Kluwer would be an example of one of those. We have hospitals such as Mass General, we have schools of nursing such as the Ohio State University, and so we can see that we have a mixture of all kinds of sponsoring organizations that are really focused on successfully having nurses appointed to boards and commissions.

Now, I remember Sue Hassmiller telling a story about being on an elevator and running into [00:34:10] a CEO who had no idea why he should have a nurse on his board. And so Sue began to explain to him in her 30-second elevator speech about why we should have a nurse on the board. And I was fortunate enough to be appointed to the Colorado Veterans Commission for Community Living Centers which is the long-term care facilities in the state, there are five of them, and I thought, you know, I'm not sure exactly what we're supposed to be doing here in this commission, but I'm sitting here listening and trying to figure this out. When there is a discussion about the fact that they cannot get physicians in the rural communities to take care of patients, and I said, wait a minute. You need family nurse practitioners. And if you have one in each of the facilities, you will be amazed at what will happen to your emergency [00:35:10] room visits and your hospital readmissions. Because they will be there all the time and monitor those patients. So that's the kind of contribution that nurses can make in terms of problem solving, in terms of alternative suggestions for how it is that we meet the needs of our communities and how it is we meet the needs of our population across the country.

(applause)

[00:35:43] Susan Reinhard: So Andrea, do have any nurses on your board?

[00:35:49] Andrea Devoti: I can now leave after Karren. No, the National Association for Home Care and Hospice is probably a little different than many other boards. We were founded in 1982, and have always had a majority of nurses as board members. The reason I believe that we've always been so strong is that we were founded in home care and hospice following Lillian Wald who founded New York Nursing Service, and then of course Boston and Philadelphia founded other nursing organizations, but they were primarily home-based because that's where people were. They didn't go to hospitals. They couldn't afford to go to the hospitals and these people, our nurses, went out in the tenements. We ran the home care companies and that's continued to our current day. So of our 26 member board, we have 16 nurses, three doctorally prepared [00:36:49] and the rest are master’s prepared nurses. Of our 12 chair over the 35 year history, only one has been a non-nurse, so I think that we've shown across the years that we believe the leadership of nursing in our communities is what's needed to progress nursing across the country.

We find the analytical, the assessment and the listening skills of nursing are three of the things that are valued in the community because so many times people will say, oh that board member doesn't care. They don't hear what I'm saying, but they do know that the nursing member is listening. The nursing member knows what's going on in the community and most of our board members currently sit in at least one, if not several, four or five various boards in their communities, their states, [00:37:49] and representatives across the nation. So, I'm really pleased to be able to say that.

We find that when our nursing board members take an elected official on a home visit and we do that all the time to try to get them to understand who elected them and what we're fighting for, it's that board members conveying what the patients are usually afraid to say in their homes until they get started and then you usually can't stop them, because this is an exciting opportunity, but we find we get a lot further with that, with our board members.

Our founding president, Val Halamandaris, was very emphatic that he felt the world would be a better place if more women were both on elected positions as well as on boards, and should be chairs of boards, because he felt women were much [00:38:50] more strategically focused in how they look at health care, human relations, and human service. So, we follow his lead and have continued to do that across the years through today.

(applause)

[00:39:11] Susan Reinhard: Keep it up, keep it up. So, Barbara, this is our third pillar we're talking about now, diversity. So you've heard education, leadership, diversity. Barbara has, as I said, a very distinguished background and I'm only giving her a few minutes to talk about sort of a sense, Barbara, just a sense of where we started.

[00:39:30] Barbara Nichols: That means don't go over your time.

[00:39:33] Susan Reinhard: She's quick, isn't she? Where we started...

[00:39:36] Barbara Nichols: She knows me.

[00:39:38] Susan Reinhard: Progress we've made, and what's going on in the states? What do you think?

[00:39:41] Barbara Nichols: Okay, I'm one of three consultants on diversity, that's the campaign in the foundation (inaudible). The other two are Dr. Adriana Perez, who's at the University of Pennsylvania, and I can never remember Piri’s real name. Kupiri Ackerman-Barger, I know where she's from, but the three of us work on behalf of the campaign in diversity. Before I make my brief remarks as to where the *Campaign* is, I have to give three contextual points. The first is that as we sit here today in 2018, five states in America have ethnic [00:40:42] minority majorities. Secondly, the U.S. Census Bureau predicts that by 2040 the United States will be a majority minority population. And third, the health professions are pitiful, pathetic, woeful, remiss in terms of having a cultural diverse workforce, either in education or in places of work. And then my fourth comment back that I like to make and I make it every opportunity that I can is this: two-thirds of the world is non-white and non-Christian. Of the [00:41:42] 17 million women who are nurses, and I saw women because the majority of nurses in the world are women, are women of color. And so, what you have to be sensitive to is that although America is a country that has a large workforce, it is atypical because the majority of nurses are, in fact, non-white. So, as you think about diversity and as you think about utilizing nurses of color, you also need to be thinking about other ethnicities and nationalities.

Within that context, let me say a few things as it pertains to the work of the *Campaign*. Diversity is a foundational pillar to all of the work done by the campaign. And the *Campaign* does take the approach [00:42:42], diversity matters. I'll say it again. Diversity matters. And as one consultant and the other two, we are like a broken record. Diversity matters, and we always raise the issue where is diversity? The reason the issue constantly has to be raised is because we all know academically and theoretically we're all for diversity. Diversity here, diversity there, diversity everywhere, but what are the measurable results and what are the outcomes? This is one of the things that the *Campaign* does very well.

To that end, diversity addresses what I feel are the toxins of stereotypes, closes the gap between rhetoric and action, creates a web of mutuality around the significance and [00:43:41] import and impact of diversity, and ultimately acknowledges what is by knowing with measurable results and understanding what must be. All Action Coalitions of which there are 50, must have a diversity action plan, and they all do. Of course, you know, they're in a variety of states. But we can in fact say they all have a diversity action plan.

At the state level each diversity action plan is unique and distinct to that state. So, for example, in Wisconsin, in my Action Coalition, our focus is on dealing with the Native American and the Asian population, particularly the Hmong, although in the Milwaukee area we're concerned with blacks and Hispanics. But Milwaukee doesn't represent the state of Wisconsin, [00:44:42] so, as an example.

At the national level there is a dashboard to which the work of the states is reported and measured and in this year, we have created one measure that we expect all of the Action Coalitions to abide by and accomplish by 2020. And that is, that at least one nurse from a minority nursing association or men in nursing are on an executive level committee of an Action Coalition, either appointed or elected. We believe having that standard raises that question and helps them to seek. An example I always like to use is Wisconsin is involved [00:45:42] at the state level with leadership training program, and so I ask, do you have diversity folks? Oh, they say, we can't find any. We send out the applicants and they don't apply. Right.

One of the things that the *Campaign* has identified is that to be successful in diversity work you must have focused intent. Did you hear me? Focused intent, so it's more than just sending out the application and saying no one applied. It's calling the director of nursing and saying, you've got five Hispanics or 20 whatever, can you send one of them or would you sponsor two of them to come to our workshop? Focused intent.

We believe that this one small action that will yield meaningful results, because they will be there [00:46:42] to raise what we hope will be important focus on diversity. We have also suggested that Action Coalitions combine fundraising activities with diversity, because all Action Coalitions have to worry about survival. How are we going to sustain ourselves? And we believe because our population is changing, and because the population is becoming diverse and the needs of those populations coalesce with the social determinants of health and the Culture of Health, diversity is an avenue to which you can seek funding because you are talking in a larger arena.

We believe that such work will strengthen actually the coalition, and Karren who's here today, [00:47:43] Colorado is a great example in that their coalition has attained funding from both a private philanthropy in Colorado, and from HRSA with a focus on increasing the number of baccalaureate-prepared nurses in the southern rural areas of the state as well as recruitment and the retention of Hispanic nurses to become family nurse practitioners. This program has been very successful and so successful that as a diversity group, we're heading to Colorado next month, hopefully that she will teach us during an educational workshop her mentorship model. And the first part of that training we'll also focus on fundraising.

So, in conclusion, I've made the point that diversity matters. [00:48:42] I've made the point that diversity is central and foundational to all of the work done by the *Campaign* and I close with a quote from Dr. Martin Luther King that puts the significance of this work in perspective. "We are all tied together in a single garment of destiny in the web of mutuality if we are going to deal with diversity."

(applause)

[00:49:17] Susan Reinhard: Good job. I know that's hard to stick to a few minutes, thank you. So, George, not that this should be last, because data undergirds everything. We have that right on the base of our visual of the campaign, and we know it's tough to coordinate and standardize nursing data, it's very complicated. We had a meeting just about a year ago, May 2016, where we brought together several federal departments, labor, education, folks in the Census office, and wondered if you could share part of that conversation where you think you're going. I also want to acknowledge Andrea, where's Andrew Brassard, who helps summarize this. Yes, Mary Sue Gorski is not in the audience, she facilitated. So please, George, let us know your thoughts on this.

[00:50:08] George Zangaro: Thank you. The meeting that we had back in May, we brought together experts from the federal government, from universities and from several nursing organizations to address the recommendations of the Institute of Medicine, which were to increase the collection of data, but also promote collaboration across all the different agencies, so that we could make data more available to researchers, policymakers, and planners in the states.

During the meeting we ended up, we had a lot of back and forth and we started workgroups. So, one of the workgroups that we started was the National Nursing and Healthcare Data group. And with this group, where Patricia Moulton is the chair of the group, and we're building. We're trying to build a national repository for the nursing workforce data and develop a master file. You've all heard of the AMA master file that physicians have, we're [00:51:08] trying to replicate that for nursing. That's what our goal is. It would include all states; nurses where they work, who they are, there they train, where they went to school. We have a lot of different thoughts about what should be in there.

We wanted to make this available to the policymakers and the researchers for nursing. We've made a lot of progress with the group discussing possible approaches to the repository. The National Council of State Boards of Nursing, and the National Forum for State Nursing Workforce Centers both have lists of nurses and have provided those and we're cross-matching those lists, so that if we're missing any states, looking at the people that they have in the National Council has in theirs as compared to the other, we're trying to correlate those together. The National Council and the National Forum, we were having a lot of discussion about where this [00:52:08] should be housed. Who should maintain a nursing master file? We're having that discussion. I'm thinking that the National Forum is a good place, the National Council, but we haven't gotten to that point yet as to where this would be housed. We're also compiling, right now compiling a list of national surveys that have nursing workforce data in them.

So, the second group is making the case for state-level data collection. That group was led by Jean Moore at the Health Workforce Technical Assistance Center and Peter Buerhaus in Montana at the Center for Interdisciplinary Health Workforce Studies. [00:53:08] They co-sponsored three webinars which have already been completed in January, February, and March of this year, that focused on a series of nursing workforce data collection analysis and research. They also put out a blog to announce the webinar series and then to make the case for state-level nursing data collection.

So now the National Sample Survey of Registered Nurses. HRSA, the National Center of Workforce Analysis and the Division of Nursing in Public Health, we are bringing back the National Sample Survey of Registered Nurses. It was on a hiatus and in 2008 was the last time it was administered, and when I went into the National Center four years ago, I asked the question why, because when I was a student, when I was doing my dissertation [00:54:09], when I was writing papers, I constantly went to that source, and I noticed that a lot of other researchers cited that source. So, we had some discussion with Mary Wakefield and we were bringing the survey back.

What I've done with the survey, or what we have done; we're trying to incorporate health care reform issues into the survey. In the past it's been very descriptive, you know, this is how many nurses we have, this is where they work, this is where their education is. We're trying to increase the health reform issues so you can use it to drive policy with, and then also we have the National Sample Survey of Nurse Practitioners. We ran that in 2012 and we've taken that survey and combined it with this one, so we'll only have to put one survey out every four years. So, when you enter into the survey, you'll enter in and one of the first things you'll do is identify yourself as a nurse practitioner, a CNA, [00:55:09] a CRNA, a nurse-midwife, a CNS and that'll take you down a particular road of questions. There is going to be a paper survey that will be mailed out and there'll also be a mobile app and one that you can do on your PC.

We've done an interagency agreement with the U.S. Census Bureau, so we are fortunate enough there that their developing the survey with us, they've helped us with the survey design, and they are going to be administering the survey, and we were able to take the list that we got from the National Council of State Boards of Nursing who have been an exceptional partner in this for us developing our sampling frame. We've been able to combine them with the administrative records at Census, so we'll have more accurate addresses for nurses and hopefully get a higher response rate

The IOM recommendation was for the survey to be done every two years. I'm not [00:56:08] sure that that's going to be possible given the time it takes us to get this together, get it mailed out. It's a six month process; the collection, the analysis. We're still looking at every four years, but again, I've not made any firm decisions on that yet. We're going to see how this first one goes first. The survey is final, and I'd like to thank all the nursing organizations, the universities, researchers and reviewers who provided comments to us during the development process of the survey. The comments were incorporated, as many of them as we could, incorporated into the surveys, but those that were not, I've had some discussions with some of you; we are going to put those into the next round.

Our plan is to release the survey in January of February of 2018. We'll probably have a four to six month data collection period. Our sample size that we're shooting for is 75 to 100K. We have [00:57:08] developed our sampling frame, as I said, with the National Councils, State Boards of Nursing. They're going to put their survey out this fall and they gave us their sampling frame so that we won't be sending ours to the same nurses that they sent theirs to, so they don't get thrown into the trash, think they've already done them.

We are going to oversample NPs to hopefully get state level information on NPs. The last survey that we did, we were only able to report at the national level. Our goal here is to get down to the state level. We probably will not be able to do that for CRNAs, CNSs and, certified nurse-midwives, because there's just not enough of them nationally to get a representative sample by state

And then several of the nursing organizations, you have asked us to help promote the survey; working now on an infographic with Census. I need to come up with some catchy phrases, so while I'm here I'll bring this up because it's been a big calling...

[00:58:15] Susan Reinhard: We have a communications director, Mary Boyle is in the room.

[00:58:18] George Zangaro: I want something that will draw the staff nurses, draw the registered nurses to it when they see it. So something maybe around their work environment that we want to improve work environments in hospitals or some phrases, so I was going to contact some of you and pass some thoughts around that I have and see if you can give us some feedback on how we can catch the nurses eyes when they see this in their newsletters or whatever venue you're going to put it out in. Thank you, again, to everyone for your help with the NSSRN. It's very much appreciated and I hope that this is successful.

[00:58:57] Susan Reinhard: That's a home run, don't you think?

(applause)

[00:59:01] Susan Reinhard: 2008, we'll make it 2018. That's great. So, I have another question for everyone, but before I do, please let me know if you have any questions or comments. Yes.

Q: (inaudible)... future nursing West Virginia. In terms of data, one of the initiatives we are starting is one for nurse entrepreneurship and helping nurses to build businesses, because that economic development piece is important in our state. Will that be one of the drop downs that you can select? It's usually not on these surveys, and I just wondered.

[00:59:47] George Zangaro: We do have questions on there and I'm sorry I didn't bring the survey with me. I should have. We do have questions on there asking nurses about their role and if they are an entrepreneur. We have them if they're working in different, what type of organizations they're working in. If they're working in (inaudible), if they're in their own business, if they're managing. You know, something I heard today in the meeting this morning, by the way, to comment on one of the discussion points, nurses in our community health centers, we find that HRSA, 1300, 1400 of them we think a lot of them are being run by nurse practitioners. So we're going to investigate that and find out because I think that that's a really... it caught my ear when I heard this today, this morning, but to answer your question, there's probably one or two questions where we would ask about them being an entrepreneur and if any of you that reviewed the survey remember, help me please. I've only looked at it for the last [01:00:50] six months.

[01:00:53] Susan Reinhard: Any other questions? There's one over here. Yes.

Q: Hi, Mary Lou Brunell, Florida Center for Nursing. You mentioned about state level reporting. Are you going to collaborate with the state nursing workforce centers before you publish reports with data about their workforce to make certain that we aren't in conflict with each other?

[01:01:13] George Zangaro: No, what we're going to do is develop a public use file and it's going to be up to the states. We're going to report the data out at the national level. But we'll have a public use file that's put out for all the states to use, so you could look at your own state's data, if it's representative.

[01:01:33] Mary Lou Brunell: A report just came out, I believe, in July that does make comment about state level workforce comments.

[01:01:42] George Zangaro: Was that the projection report?

[01:01:43] Mary Lou Brunell: Yeah.

[01:01:43] George Zangaro: That came out, yes. Those we put down, we do the projections at the state level. But you also have the model that we put up, the web-based model that you can go in and upload your own state's data in and get your supply and demand numbers from there.

[01:02:00] Mary Lou Brunell: Not to belabor, but there are some issues with the model at the state level. And so, what happens is then the data that's being reported or projections that are being made at the state level, may not be fully accurate, and so, if there is possible that things could be coordinated and collaborated where there is an active state level nurse workforce center, it would be greatly appreciated.

[01:02:26] George Zangaro: OK.

Q: Good afternoon. My name is Marcia Proto from the state of Connecticut and just a quick tagline maybe for your campaign is "practice excellence in America," who knows you can throw that out. My question actually is for Andrea. Andrea, are you working with your different state constituents to really cultivate their active participation in the campaign? We have brought ours in and right now, based on legislative, regulatory, etc., they're really not at the human capital aspect of things, so how can we use a pearl of wisdom for us to engage them.

[01:03:25] A: We have a forum of state associations where we have all the state executives from them, and we are working with them to try to encourage them to have nurses be on the boards, so whatever. We're willing to work to do that.

[01:03:52] Marcia Proto: So, cognitively for six years she's understands what I've been doing in my role at the Connecticut Center for Nursing Workforce. It just dawned on her two months ago, "Oh, I'm having a terrible time. My members need nurses." I'm like, really? So, in addition to the, especially our VNAs, many are going out of business, so more the fact of getting nurses on boards, the fact to really share how critical it is at this juncture, that if they're going to need nurses, especially at different levels with specialties, it takes a while for us to produce that nurse. I'm also the executive director for the Connecticut League for Nursing, meet with all of our schools on a regular basis, so to get back into the formal education is a long time, especially if you need to produce APR in the site. They've got to work, provide, etc., so I think really clearly, maybe articulating with your membership and with the help of, whether it be the forum, the nursing leagues, to share more educationally how long it takes for that human capital to be prepared, and that they also need help to invest in that as well.

[01:04:57] A: Absolutely, thank you. One of the things that I did in my former job was I worked on the economic development council for my county and for the state, and we were very active and we actually started recruiting in elementary school by bringing them in for hands-on demos. And I would love to get that started, I've been there 9 months, so give me time, but I really... yeah, and I would love the help of everybody, cause I think we do have to start really early and not only focus on women, as you said, but we were very excited because our local associate nurse program had a real push for a number of men coming back from service that started and got in the LPN to Associate to RN program to it was great, so thank you.

[01:05:56] Barbara Nichols: I just wanted to give an example. The nurses on board coalition in Wisconsin is working with United Way of Dane County to do a pilot project through our center, and the project is, which we're working up the details of it now, is the United Way of Dane County has a 40 member board that consists of all the businesses. And we are going to ask each of those United Way member companies to put a nurse, or to consider having a nurse on their board. And, United Way of Dane County, also does an orientation on how to be on a board, and so, we will combine the NOBC orientation with United Way. So we're in the throes of working out the details of that, but we hope to have that implemented within the next month or so.

[01:07:00] Susan Hassmiller: Please give a great round of applause for this panel. You can start stepping down, and let me introduce the second panel, but Win, I want to recognize Winifred Quinn who has organized this event and Win, maybe you could identify our strategic advisory council members.

[01:07:26] Winifred Quinn: Hi, everybody. Good afternoon, it's really great to see everyone. I'm thrilled and delighted to acknowledge the leaders from two of our advisory committees. We have three members of our national Strategic Advisory Committee, Swannie Jett who's sitting right next to Sue, Dr. Darrell Kirch from the Association of American Medical Colleges, and the one and only Bill Novelli, who's now with Georgetown University, and we also have with us two members of our Diversity Steering Committee. We have Dr. Lisa Martin who's the president of the National Alaska Native American Nurses Association, and Dan Suarez who had to step out. He's with the National Association of Hispanic Nurses. Thank you.

[01:08:16] Susan Reinhard: And Bill Novelli hired me, so. Special kudos to you, Bill. So now we're turning to our other pillar, a very important pillar which we call removing barriers to practice and care for nurses and professionals, it's like removing barriers to practice. For consumers, it's removing barriers to care, so we get a longer title so that we can actually talk about this. So the good news is that since the *Campaign* began, nine states, South Dakota, Connecticut, Maryland, Minnesota, Nebraska, Nevada, North Dakota, Rhode Island, and Vermont have removed barriers, yeah, come on.

(applause)

[01:09:01] Susan Reinhard: And there's been progress at the federal level, particularly for the Veterans Administration, so I'm going to turn this over to Peter Reinecke, I've already mentioned him, he's going to moderate. He works with Winifred Quinn you just met, and Andrea I've already mentioned as well, our resident nurse practitioner, who they work together and Peter is the former chief of staff to Senator Tom Harkin, so he's been on the Hill for quite some number of years and gives us great guidance. Peter.

[01:09:27] Peter Reinecke: Thank you, Susan. We have a great panel here today to finish out the program for this meeting and I just start out by saying that we were thinking about the timing of this meeting; Win and I and others at the Center were saying, well, when would health care reform be done so that we wouldn't have such an interference or people wouldn't be tied up with all that. And we said, well it has to be done by summer, right? It couldn't go over, so we weren't exactly expecting that we would have the meeting in the throes of another round on health care reform, but we are, so we're thankful to you guys for being with us, even in this busy time and we're also happy to say that this is maybe the one health care gathering today on the Hill where people are smiling, and in agreement. [01:10:27]

We have here, today, Amy Anderson who's a health policy consultant with the Heritage Foundation. In addition to that role, Amy is an associate professor of nursing in the division of graduate studies at Indiana Wesleyan University. She's also played a key role in state efforts to remove barriers for nursing practice, and she'll talk about that.

We also have Elaine Ryan who is a vice president for State Advocacy and Integration, and I love that acronym, SASI. That's basically all of AARP's work which is massive at the state level to work with governors and state legislators to advance policy. We're also very proud and happy to say that she is also a long time nurse champion and we really appreciate [01:11:30] that, it's made a big difference, a huge difference. And finally, we are happy to have Caitlin Morris who is the director of Affordability Initiatives at Families USA where she helps and directs family policy initiatives and with a particular focus on those related to payment reform, delivery reform and quality agreement, which are certainly hot topics today in health care policy. So thank you all for being here.

As I was saying, there aren't too many areas in Washington, D.C. these days where you can have people with different perspectives agree on policy issues and it's particularly true in health care today, but so we're really delighted that the topic we're talking about today brings together a broad array of perspectives in support of this common goal and also [01:12:28] groups that have been working together both at the national level and at the state level to advance these policies. So, we're really going to look at today sort of why these different diverse groups are invested in this topic, what they see as their role in benefits of changing policy in this area. I'll start off with a question for Amy. The Heritage Foundation and the role that you played in West Virginia and elsewhere, we've had in these states that have acted as Susan mentioned, the states that have made progress, there really has been a broad array of groups; that would be consumer groups, AARP, insurers, obviously nursing groups, but other provider groups, convenient care clinics, there have really been strong diverse coalitions that have been working on this. How is this tied into the Heritage Foundation's core set of principles and their agenda?

[01:13:33] Amy Anderson: Hi, thank you for having me here today. I appreciate the opportunity speak about the conservative side of this issue. So let me just give you a little bit of background. I went to the Heritage Foundation as a Graduate Health Policy Fellow in 2013 right in the midst of the government shutdown and the discussions on the ACA. What I did at The Heritage Foundation was write a paper on how the ACA would affect the workforce and the shortages that we were facing and the many things that were coming together as a problem in health care that would affect health care professionals.

I brought this particular issue to The Heritage Foundation when I wrote the paper on workforce issues. As one of the key solutions to fixing the problem with doctor shortages, specifically in primary care, so we are facing problems with maldistribution or providers, rural community issues, the workforce is aging, faculty are aging, and this seemed to be a great solution [01:14:34] to helping change the provider model for health care and health care system.

The Heritage Foundation is really focused on looking at creative solutions to two problems, including health care, and knowing that we don't always agree on the answers to those. They were very supportive of this idea as looking at different health care professionals that might be able to fill in, in a role that would allow for each health care professional to train and work at the top of their license, and that's really where we need to be as we're working at the top of our license, whether you're a physician or a nurse. So that's a little bit about the background on where that came through.

Obviously, The Heritage Foundation is puts forth principles on freedom, freedom of choice, that's also something that is great for this because consumers have the right to choose whether to go to a nurse practitioner [01:15:33] or a nurse midwife or a CRNA or any of those things, so allowing for choice, supportive of small businesses where nurse practitioners can open their own small business. That also brings around tax revenue for the state which is great from a financial and fiscal perspective. Nurse practitioners tend to have a lower charge for their services than physicians in many states, and that also is the fiscally responsible way to go about looking at it. So these are just some of the thought that would come from the conservative strategy in order to support this idea of a APRNs practicing to the full extent of their authority.

[01:16:20] Peter Reinecke: Thank you, and I also note that you go to the *Campaign* website and see there's a brief fact sheet there on a range of different think tanks which include The Heritage Foundation as well as the AEI, there's a full range of more free market groups that are in support of this concept as Amy noted. A lot of them come from the perspective of reducing unnecessary governmental barriers to access to care and supporting choice in competition and the health care marketplace.

Elaine, obviously, AARP has been very actively engaged particularly at the state level on these issues. Your group has been working actively in the states and I know that you've even had this on your dashboard indicators. Could you give us a little bit of insight as to what drives AARP in this and the benefit they see.

[01:17:27] Elaine Ryan: Thank you, and good afternoon. You know, I would have to say our first inspiration was Dr. Susan Reinhard, who's always a champion and an advocate with any organization is also externally, but I think it, for us, it's really a focus on caregiving is where we started. You know, so many millions of family caregivers really rely on nurses as their front line of education, of instruction, of partnership, of real collaboration, and I think that having been a family caregiver myself, I saw up close the role that nurses played in my parents' care, but I think even more, as you step back and start a national campaign like AARP did in 2014, [01:18:28] we realized that there were real ways to come together at the state level. So my favorite description of Washington, D.C. is 68 square miles surrounded by reality. And that is to say that while there is constant turmoil, for really probably the last two decades here in Washington, just a constant churn of Democrat, Republican. When you drop down into state legislatures in leadership, and at the local level of government people see their constituents face to face. They see the financial burdens that states are shouldering, they see the inequities of how is it that nurses could invest so much in their own education, [01:19:28] but couldn't practice up to the full extent of that education. And so, for us at AARP, it really started with empowering family caregivers by creating various access points; access to care, and one of their lead access to care nurses. And if nurses can't practice up to that full extent, those caregivers and those patients are not receiving the care they deserved to receive. It really doesn't get more complex than to say that I think our experience, and I see Ilene Henshaw here who's our director of health and family and Glen Fewkes is on her team, when we drop down and work with our 53 state offices on legislation, we need to show up as teams. We need, and are pleased, to show up with The [01:20:27] Heritage Foundation with Families USA, with a broad coalition, because so much churning and time is spent pitting each other against each other in legislative sessions, both here and at the state level, that they're really just trying to time out the clock so that change can occur.

So if we can show up and break that logjam together with one voice and with one cause which is that people deserve to get the best care that they're paying for, and nurses and those in other professions deserve to be able to practice to the full extent of their education just makes sense, and I would just say one other note that I remember some time ago we had an executive of Target which I think now has long since left the business of those care clinics, but at the time [01:21:29] when our Minnesota office was engaging, it just didn't make business sense to invest in a nationwide network, but realizing... I remember talking to the executive and breaking it to him, that you do have to do state by state, code by code, law by law, politician by politician, administrator by administrator, doctor by doctor. A whole bunch of traps that you have to run at the state level, even to try to envision a nationwide network. It didn't make sense then, it doesn't make sense now, but we're committed to continuing on behalf of frankly AARP members who are struggling out there to give them the best care they deserve to get. So, thanks. I don't have an opinion on this by the way.

(applause)

[01:22:31] Peter Reinecke: Thank you. Thank you, Elaine. Caitlin of Families USA is very successful, an active national advocacy organization that was founded in the progressive cause of raising status of particularly lower income and under resourced communities. Talks have been a major force in health care reform debate here in Washington. Your role in sort of looking at their payment delivery and other efforts, how do you see this full practice authority, reducing barriers for nurses in the Families USA agenda?

[01:23:15] Caitlin Morris: Sure, well I'm so pleased to be here and Peter, I liked your comments earlier about finding common ground so close to the Capitol. We can see it from here. Families USA, for those of you that aren't familiar, we're an organization that's been working for nearly 35 years to expand coverage and we've made a lot of significant gains, some of which we are still fighting for, if you will, but we're not here to talk about that today. We're not just focused on coverage and access to an insurance card really doesn't always guarantee that access to health care will be made meaningful for individauls, and so there are lots of parts of our portfolio that really touched on and all that we're talking about here in ensuring that an insurance card means access to a health insurance provider, and that that care is affordable and accessible for individauls. I think that removing barriers to practice for APRNs [01:24:15] is really tied into those two areas in key ways. We talked a little bit, Amy mentioned provider shortages is something we care about very much in ensuring that individuals, wherever they live, can find a provider that meets their needs. You know, Barbara made some comments in the earlier panel about diversity. I think they're really important as well, and this is another area where APRNs can be really impactful in ensuring that individuals not only have access to providers but access to providers that speak their language, or come from their communities or understand their diversities.

On the affordability side, that's truly not just about the cost of care for an individual when they go to the doctor. We are in a scenario in which vast changes are underway in which how we pay for care and how we deliver care, we're really starting to think through some opportunities to address unsustainable spending, to ensure that care is affordable [01:25:15] for individuals. And I think that this is another area in which removing these barriers can be really critical, and we're focused on primary care is the center of care delivery and we need to ensure that we have both the availability of providers to do that, but also people that again, speak diverse languages, etc. And so, I think that as an organization like Families USA that cares very much about ensuring that care is affordable and protecting public programs like Medicare and Medicaid, finding sustainable ways to deliver care, to reduce costs, and to ensure quality is something that we care about very much, and I think ties in very nicely to what we're discussing today.

[01:25:59] Peter Reinecke: Great, thank you so much, Caitlin. A follow-up question: Amy, you played a role in an effort in West Virginia which was successful recently along with AARP and nursing groups and another group, the Americans for Prosperity which is very active, pro-business, reducible government in a number of policy areas. Can you speak a little bit about the messaging that you found to be successful in reaching out to conservative and other lawmakers?

[01:26:43] Amy Anderson: Sure. AARP was really instrumental in putting together a group of individuals and also organizations that were supportive of the issue. They found my paper at The Heritage Foundation and contacted The Heritage Foundation who then sent them to me and asked me to come to West Virginia to speak to legislators who were conservative and bring the, what's the right word?... the conversation to them in a conservative manner. That experience was wonderful and the groups that AARP put together really were some exceptional people, they knew how to message to their legislators, and basically, I went in and presented the bill to those on the conservative side and used terminology that they would be receptive to talking about fiscal responsibility. They were really having a problem with the Medicaid expansion at the time [01:27:43] figuring out how to fund it because the expansion ended up being a lot larger than they anticipated and so that because that was going to cost the state so much more money they were looking for solutions to fix part of that problem, and we could certainly voice that and AARP could be an answer to that problem. Also, it's a large rural state. They have lots of rural locations and nurse practitioners, they're twice as likely to practice in rural locations so that was another message that they really like to hear.

They were also, and as we all now in our nation are in the midst of the opioid crisis, so there are many concerns about whether nurse practitioners would impact that in a positive or a negative way, so we had data that showed that that really didn't affect the opioid prescriptions to individuals in a state. Nurse practitioners weren't a cause of increased use of narcotics, and so that was a great point and something that people felt really comfortable hearing and knowing and that made them [01:28:44] much more comfortable moving forward with the legislation.

They were also interested in the idea that some of the surrounding states had gotten rid of their restrictions on nurse practitioners and that their nurse practitioners in the state of West Virginia were being recruited by those states, and so they were losing people to states who were very close and were easy to get to. They might live in West Virginia and go work in Virginia because that was a possibility. So they weren't, we obviously talked about the provider shortage; West Virginia has a significant provider shortage and they have people in the state that are working in other states because of this one pertinent issue. So that was another message that really came across.

One thing they were concerned with of course was the education. There's a lot of misinformation about how nurse practitioners, advanced practice registered nurses are educated and so we could bring the message to them about the education, explain how they were educated solely for a specific health care [01:29:44] delivery component, not as a generalist of anything in particular, and that made them feel a little bit better that they weren't providing the authority for a nurse to provide care in a manner for which they were not trained for. They didn't want to be responsible for letting nurse practitioners do things that they weren't supposed to be doing. And yet, they were allowed, they understood the training when we were finished, and that made them much more comfortable with that message.

Obviously, like was talked about before the fiscal issue, especially with the Medicaid expansion really was an important component at the time because that was a really big issue in that particular point during the legislative session. And I could probably go on. There's many more, but I'll let my fellow colleagues here speak.

[01:30:38] Peter Reinecke: That's great That's really helpful, very useful. And related to that, Elaine, just as an example of these strange bedfellow partnerships, AARP now is working in partnership with Americans for Prosperity, the Texas Business Coalition in Texas on legislation similar to this. As we've worked with others in other states and at the national level, sometimes you get the reaction, both from nursing and from nurse champion groups, like gosh, we don't work together with certain groups. We're working in opposite ends with them on other priority issues. How do you speak to that about having these constructive relationships on with groups that you may not be working with in agreement on some issues and speak to other groups out there who might be considering these same kind of partnerships?

[01:31:36] Elaine Ryan: Thank you, and thank you so much for what you did in West Virginia to help move this along. Our volunteers are incredible at AARP and you do that 1-800 turn it on, and we've got people who have left their own professions to volunteer in their retirement years with AARP as our advocacy volunteers and we welcome them. They are a formidable force, and I think that one way of avoiding a lot of the churning that I talked about is the fact that people come with genuine personal stories, examples of how barriers actually prevented them from getting the kind of care that [01:32:36] they deserve, and I think that the power of telling those personal stories can't be overstated.

You know, since we launched our Caregiving campaign in 2014, 200, over 200 laws have been enacted in every single state and territory in the United States. Multiple wins for family caregivers in multiple states, and we did so, I think, my finding places where we agreed with partners and frankly I like the surprise of it all. In my career in advocacy, I always liked to surprise people to say you know, these are things we can honestly agree and can use the power, think about AARP, think about The Heritage Foundation, think about Families USA, and think about the surprise of elected officials [01:33:36] that we agree and can put our considerable assets together and brainpower to be able to move change.

You know, we're finding different places, scope of practice as one. Another area that's been really quite compelling and successful in the last couple of sessions is telehealth. And there is a nexus between scope of practice and telehealth. I would say don't operate in a niche. Think the broader scope, the intersecting issues where groups will agree. And I think a lot about diversity, so thank you so much for your comments and leadership because technology can help bridge those gaps, but creating and remaining a structured system of [01:34:37] rules that far outlive their usefulness, you know they're so yesterday in terms of how people really access care. Being able to point out the fact that these are moribund laws that have been crafted years ago by people who have long since left the chamber.

Let's think new thoughts, let's bring together a coalition of volunteers, of nurses, of patients, of a diverse political spectrum. I think mostly people realize in this country that for all of our strength, we've got a lot of issues to resolve, and so if we can join and surprise people that we can move things together forward, I just see just a bright, bright future. [01:35:36] If it starts in Racine, Wisconsin, or if starts in my trip to Riverton, Wyoming, or a recent trip to Billings, Montana, people are hungry to see progress take place and hopefully working together, we can find additional areas to press the envelope and make change in real time, because my bumper sticker is long term care, fix it before I need it.

So we've got a lot of change, the role of nurses is not only in primary care, but it's also very much in long term care, so let's put our heads together, let's put desperate coalitions together, and let's get answers.

(applause)

[01:36:27] Peter Reinecke: Thanks, Elaine. I have one last question for Caitlin, and then I'll turn it over to you guys in the audience for questions. I just wanted to point out something in your packet which is really a terrific resource on this topic. It's Charting Nurses of the Future. It's called (inaudible) of The Robert Wood Johnson Foundation. This is a special issue on moving barriers to APRN practice and it really is terrific in terms of giving you where the state of play is involved, American Association of Nurse Practitioner Map here that we've worked with on the campaign. Shows you where we still need to make some progress, where we still have a need for work, but also, it gives some great case examples of the benefits of the moving barriers to consumers and how there's a variation of support including support of a great number of physicians for this kind of work. [01:37:27] Take a look at that and use it. There's also, I think, an electronic version of that on the campaign website.

Caitlin, one last question, that is, at the federal level, do you think there's potential for something like this, for example, there's legislation out there, it's been out there for a few years that would enable nurse practitioners and I think, PAs to authorize Medicare home health services? Right now, a nurse practitioner can certify the need for skilled nursing facility care, but not home health care. Do you think that's something that diverse sets of groups could be getting behind? It could be an area of bipartisan agreement?

[01:38:13] Caitlin Morris: I'd like to say yes. I don't want to sound Pollyannaish given the events on the hill, but I do think that there's a real hunger across the health care spectrum for conversations about solutions, and that really requires diverse groups coming together around things that we know work. I think that extends to the group that we work with on the more leaning side of the spectrum all across. And this is one area, and as you can see from the panelists up here, that there is this broad agreement, and I have to believe that with a unified voice you can start to make really positive moves, make change in Congress, garner the attention of interested parties at the federal level that are engaged in thinking about what to do next on health care, and so I do get that there is an opportunity. We've seen some not on this issue in particular, but some movement toward bipartisanship over the past couple of weeks, and I have to [01:39:14] believe that trend will continue in the future and hopefully we can start to bring issues like this up more and more, create goodwill, create opportunity, and continue to move forward with all of us carrying the flag.

[01:39:28] Peter Reinecke: Thank you so much. Questions from the audience on this topic.

Q: Hi, Vince Holly, I'm the president of the National Association of Clinical Nurse Specialists, and I love what I'm hearing, especially Elaine talking about coming together as teams, it's quite apparent why you're the Vice President of SASI, thank you. And a unified voice as we come together to remove these barriers for advanced practice nurses. I just want to make the point that we want to make sure that include all advanced practice nurses as we move forward. You mentioned that it's the case for removing barriers that grants advanced practice nurses, yet the graphic is just focused on nurse practitioners, so I think that we have an opportunity within our coalitions amongst states as we move legislation forward and nationally to represent all APRNs, and although some of our numbers may be smaller than the nurse practitioners, I think that unified voice will just make us stronger as we move forward.

[01:40:39] Peter Reinecke: Thank you.

[01:40:44] There are states that are doing that really well. California is one of them, although we still haven't met removing the barriers, but bringing those, all advanced practice nurses together, but I would say this is about all of nursing. So, in California we really recognize that even our ends, I shouldn't say even, that's an improper word, but that all levels of nurses should be able to practice to the full extent. And by working together across all those groups, hopefully we'll start to move the needle.

[01:41:21] Amy Anderson: When I was doing my research for The Heritage Foundation on workforce, one of the things that I noticed was I literally called every board of nursing in the country and I talked through what APRNs were available in those states, and we are not unified across the country. So that's part of the problem that we're having, and it's difficult to educate legislators on what these roles are, because we have not unified that process either, so that might be something that we need to talk about as a profession, ensuring that there is a common title and a common explanation of what they are doing, so that that can be then used at a state legislature when you're educating those legislatures on what that type of APRN is and does and what their training is. So I'm sure there's some things out there, but maybe a more formal document to do that, or maybe even a more formalized way of doing it across the country.

[01:42:30] So, I just wanted to let you know or put this out there, Caitlin, you heard a lot about how AARP has already worked a lot with Heritage and Amy in one state and actually having engaged her in Texas also. There are a couple of very important, very big, especially California, very populace, more progressive leaning states that are as intransigent on this issue as other states, and so be prepared that Peter and I will be reaching out to you along with our friends here from SASI and our colleagues. Just a heads-up on that.

[01:43:17] Caitlin Morris: Thank you. If I can just say I think we'd welcome that conversation and for those of us that know us primarily as a federal organization, we do a ton of state work on a number of different issues and have had a lot of success in the past working with diverse coalitions to make change.

Q: Melinda Ray, National Association of Clinical Nurse Specialists, and I just wanted to respond to your very timely and important comment about the differences in the states when you say one word and what they respond to. There's actually a document that has been written to try to unify all of those descriptions that you were asking for. I'd be happy to share it with you. My short name is the Consensus Model for APRN Practice. People call it different things, but the nursing community has been working for at least 14 years, maybe more, to try to address that issue. So, you hit the nail on the head and we do have information out there, it's just really getting it into those grassroots communities, and frankly, some of the individuals working at the boards of nursing are not necessarily nurses, and then that adds a whole different level of complexity as you well know, so thank you.

[01:44:31] Peter Reinecke: I'd just add one last thing before another question, is we haven't talked about it, something that's really important that is, just how closely this issue aligns with really what has been sort of a silent transformation that's going on within the health care world, moving more towards value-based purchasing and delivery system reform. Health policy wants here, we all know about that, but for the general public, but I think this issue so closely aligns with that, that's another avenue of discussion, particularly at the state level as people continue to work to try to make progress on APRN scope of practice.

[01:45:14] Thanks, Peter. My name is Denise Bottcher, I'm state director for AARP Louisiana, and co-lead of the Louisiana in Action Coalition. So, I'm also a Nurse Champion, so any time I come to these meetings I get so excited because nurses are doers, and it is so neat to see so many things happen and they know how to execute them. I'm very proud to be a Nurse Champion, I have to tell you. Looking at this chart, it's gotten prettier, hasn't it? But I do see that in the deep South we certainly have a long way to go and Louisiana is no different, so I'm wondering when we've brought on The Heritage Foundation it was such sweet music to my ears because it helped us lean into that conservative messaging that we so desperately need in Louisiana. I'm wondering if we have explored anything with one of the most powerful constituencies and that is veterans? So, to really leverage the Veterans Administration and their policy decisions, and what went into them to then help at the state level because I think, [01:46:14] even though it's also a federal agency, it's one that I think state legislators would respect and would honor something different that may help them change their minds. So, I'm wondering if you all had any comments about that.

[01:46:30] Peter Reinecke: It's a great point. Anybody?

[01:46:34] Elaine Ryan: Well, I would say that the VA has been really a powerful force and a force of change. And I think that Ilene and I are participating on a national conference of state legislatures health innovation roundtable. I think that the changes that are going on in the VA would be just eye-opening to state legislators to actually see where real change is occurring and positive change is occurring, so Denise, absolutely, and I think also again, I don't want to go too off topic, but I will say that sometimes when nursing issues are treated in the state legislature as nursing issues, it pits everyone against the professions. My advice [01:47:35] is to think about other issues that are also moving through legislatures so that you can pair with them. I mentioned before telehealth. Now there's another area where the VA's way ahead in a lot of reimbursement and all the rest, is there some kind of nexus between telehealth advocacy that's going on, the veterans, nursing, so that it doesn't get pitted in that professions fight, which we see bubble up and really are showstoppers, so I would say, and then just the other piece I think is the consumer or the patient focus. A lot of these get very pitted against rules and regs and definitions, but often people are forgotten there, and I think one of the pieces that really has moved the VA forward, other than some really enlightened leadership, and real leadership in caregiving as well internally at the VA. [01:48:37] It's that they're focusing on the veterans themselves and their families and the caregivers, not what's in it for the people practicing. And I just can't overstate the fact that that's just an important lens to also help propel issues forward faster. So those are just some thoughts.

[01:49:03] (inaudible) specific to the veterans, so Denise, I'm not sure if you're aware of this, but earlier this year the Veterans Administration approved updated rules, actually a new rule about full practice authority for most APRNs except for certified nurse anesthetists. And piggy-backing on what Elaine said, I think there's now a really great opportunity in engaging the veterans specific to this issue to talk about how their care has improved as a result, so great idea. I also wanted to give a shout out that AARP national worked on that issue a lot with the nursing community, Suzanne Miyamoto is in the audience, and many of the nursing lobbyists who are here in this room. So thanks, everyone.

[01:49:49] Peter Reinecke: Thank you guys, very much, for a great panel. Thanks.

(applause)

[01:50:05] Susan Hassmiller: OK, well I'm convinced. What about you? This is a great meeting. I have this vision, right, I know that some at CCNA get worried when I have a vision, but both panels were absolutely great. It was great to hear about the successes in our, what we call our pillar areas, wonderful. Of course, much more work to be done and we are on it, but for this one I think we out to take this one on the road. This is a really friendly audience, right? But I think we ought to start, Mary, you heard that California is the largest state west of the Mississippi that this is how I say it, that is not allowing nurse practitioners to practice what they learned in school. I always say it that way. So, I think we should start with our roadshow in California, right? And then Florida, you know, coast to coast, coast to coast, [01:51:05] and there'll be several safe in-between, the southern states. This was great.

I, too, want to particularly thank members of our Strategic Advisory Committee for being here right at this table. Bill Novelli that was really with us from the beginning on the Institute of Medicine, the Future of Nursing study. (applause). And Darrell Kirch and Swannie Jett, so really appreciate, they have a meeting coming up, so they will be far ahead of the other members of the committee in their advice back to us. Great meeting, more to be done, and Susan?

[01:51:49] Susan Reinhard: Really, we'd like the Action Coalition co-leads to stand and be recognized. There we go, come on, yeah. Thank you so much. As they said, they have other day jobs, so there is a lot that goes on in their lives. We didn't get to talk on the first panel, I had one question for all of them, like one or two pieces of advice would you give to Council and Coalition members what you could do, what your organization could do, so instead, you could talk about that at the reception, but we really do want you to think about some concrete things that you can do. Like, if you are state affiliate, in fact that came up with Connecticut, right, you said how do I connect with Connecticut? How do I do that? How do I get your organization there? So that's one thing you can do. Increasing the numbers of nurses on boards. I said 56 of our Coalition have members on boards. We had some good examples of what's going on in Wisconsin, so think about that.

If you're interested in this scope of practice or removing [01:52:49] barriers to practicing care, we have a learning collaborative, I think it's monthly, yeah. And Andrea runs it, so anyone who wants to join us, you're certainly welcome and just talk to Win or Andrea and they would be happy to do that. And if you're a nursing educator, we are just really beginning this whole effort to incorporate a Culture of Health into the curriculum and into the education, along with leadership and the other things we've been talking about. So, we're ready to help. It sounds like we're going to have even more to do, so please join us at the reception. I'm not even sure where it is. Downstairs. So we'll see you there. Thank you very much. (applause)

***END OF TRANSCRIPT***