



National Plan for Health Workforce Well-Being Public Launch Transcript

Keynote Remarks

Victor Dzau, Don Berwick, Chris Economos

VICTOR DZAU: How about another round of applause for this great panel. We are so fortunate to have them take some time to discuss this whole plan that you have all put together and I thought that we have a lot more to do. We will now turn it over to keynote lecture and we now have two keynote lectures and they will both do it by Zoom, prerecorded and one by pre-recording and one is an and that is Chris, talking about her research study. And implementation of different types of movement because we are clearly in this stage of movement and that is the next slide. Great. As we think about the national plan, this is the conceptual diagram we have actually followed and we did the strategic plan and remember we did this over year ago and we talked about this and what is this movement and what is it take to do a national movement? As you see in this slide, this circle shows you the 10 elements needed for that. I will start by saying make an economic case and you have certainly done that. And evaluate policy. And frame that and create a plan. That is where we are. In going forward, we have to look at communication and activate change makers and inspire advocacy. We are so lucky to have Chris talk about her own research and studying implementation of different types of movements. We have adopted the work from here and following this is a virtual speech about the quality and patient safety movement and where we can learn from him and the member of the steering committee and then we will have kind of a general discussion from all of you about the next steps. Let's hear from Chris, who is professing her -- professor at Tufts University and let's go ahead.

CHRIS ECONOMOS: Hello. I am Chris Economos, professor at the Friedman school of nutrition science and policy at Tufts and join you today to share my study of social movements and to explain how I have use these lessons to inform my work in community-based obesity prevention and the promotion of child health equity. 20 years ago when I began addressing child health at the community level, I asked the question how do you spark social change and create a catalyst for a large impact and to inform my work I would take four other movements of social change in tobacco, recycling, breast-feeding and seatbelts. And I extracted those elements that I could apply to might own work and I quickly learned they all had the following in common, a call for our crisis, a strong build on scientific evidence, the nurturing of spark plugs, the recognition of the importance of economics, development of coalitions and advocacy on the ground, use of government strategically meaning federal, state, local. And the employment of mass communication. The creation of environmental and policy changes and development of a clear plan, which I know you have. All of these findings, I develop and communicate a whole community with prevention study in Massachusetts called shakeup Somerville which led to a reduction of childhood and parental obesity in early and him entry school children and their parents. When the study concluded and results were published, I began to replicate the study across United States using this from the social movements and came to appreciate elements were insufficient without appreciating and addressing the variation and structural and systemic drivers of inequities within the different communities as well as how these impact the patterns of diffusion.

>> This speaks to the importance of not only what we should do but how we should do it. My current work is grounded in a novel framework that we developed called stakeholder driven community



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diffusion and this centers the efforts of a core group of multisector community leaders to shift their own perspective and agency around child health and stimulate diffusion out into the community voting healthy policy and practice changes and collects environments where all children can thrive and we also provide tools and technical assistance and capacity building every step of the way creating conditions for sustained change and long after our work is done and in terms of communications, we promote using narrative change. As you think about the implication face that they will embark on after the release of a national plan, and encourage you to consider lessons from social change, who is needed for effective diffusion and uptake and real-time evaluation that could help adapt and strengthen the process. Thank you. [Applause]

DON BERWICK: Hello. This is Don Berwick. I wish I were in person and I look forward to doing that at the next possible opportunity. I want to thank the national Academy for the chance both to make some comments now and have a chance to participate in this amazing amazing project. There is so much good that what is happening at the national Academy is convening and it proves the special value of the Academy as a convener and a space to hold people together and improves the crucial importance of dedicated leadership that we see from these leaders here and they have been intense in their support for the agenda. And it proves the value of science as a foundation for policy and management and the work that was done in the report, the scientifically grounded nature of it that gives it gravitas and we have other scientists who have been contributing as he has contributed as well and it proves above all that we can do so much more together than we can separately and Lord knows we need that message about cooperation and so many sectors of society and in our very troubled world today. I want to ground this back in reality on my mind, especially having listened to earlier comments by Victor about this was sort of the beginning and we now have a map and we have to follow that now. I want to go back to the leadership in this very difficult time in healthcare delivery but in the United States right now imagine a hospital chief executive who gets in her car in the morning to drive to work and already thinking about stuff she wasn't repaired for or she signed on to become an executive or leader and climate activists demanding that the hospital pledge to decarbonizing care or recently published data on racial disparities and access and outcomes have brought anger about the neck Eddie and the pandemic leaving a wake of exhaustion with staff resignations at an unprecedented level and the shortage of nursing is forcing units to close and a lot of nurses have left the hospital to seek better working conditions by becoming traveling nurses with the paradox that they have to hire back them at higher costs. There has been a recent newspaper story about surgery gone wrong and yet this whole re-ignition of concerns about patient safety and governments at all levels trying to adjust to lessons of the pandemic into plans for participation of public health and preparedness for the next pandemic and on her desk to do that and primary care finish physicians and groups making louder claims about the importance of social determinants of health and asking the hospital to respond by managing food clinics or response to mental health services in hospital support for isolated in-home support. It is really hard to be a leader in healthcare today and it probably always has been. But this is astounding and the national Academy is probably taking leadership positions in almost every one of those issues that I just listed with climate change, social determinants of health and preparedness and so on. Into this context, we have this report on clinician well being and we bring to the table a very urgent problem. We would be on realistic but if we can yell louder a solution to this list of problems is to make our problems more important, that won't happen. We need, with respect to the concerns and pressures on healthcare



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leaders today understand how we can develop a contextual approach to a whole new portfolio for urgent demands and tackle every single one and that list that I recited about pandemics and preparedness and equity and climate change, I don't want to leave any out and we have to pull together as leaders to be successful against a whole front of challenges and everyone which is worthy and deserves our attention and clinician well-being certainly one of them. So how it not kind of pressured environment can you think about success across the whole live of problems that have been brought to the forefront. The only way I know how to do that is to celebrate and understand how much goodwill and pursuit of well-being as a mission not just the healthcare workforce but some are deeply embedded in this nation as a whole only to be achieved by cooperation with all of these things. Can that happen? Yes. I have seen it happen. And you have heard mentioned the campaign for healthcare improvement conducted through the years and I have this extraordinary privilege in a time of pressure in healthcare in 2004 to go forward and propose a campaign which is now invited some controversy and it wasn't perfect but it is an invitation with the conditions that the doctor was just talking about with hospitals to engage in the pursuit of better patient safety. And I couldn't believe the outpouring of support and once we drilled through the crust of complexity and denial and went to the workforce and said will you help and can we get together and deal with this matter, based on the foundational science with the Institute of medicine reports 3100 hospital signed up voluntarily within six months and tens of thousands and maybe hundreds of thousands said how can I help her get involved and leadership and focus and respect and valuing of people in the care system and their hearts and souls, the amount of energy that I saw, it does still move me to remember that and that is happened time and again with respect to the kind of movements that the doctor was talking about involving deep respect for the workforces and a strong sense of invitation and a group of leaders together seeking one voice with levels of cooperation that you now see with this action collaborative and I think there is enough energy to deal with everyone of those items I just listed. It can't be done alone and it has to be done with a sense of invitation to get on board. And to use the intelligence of energies from the entire array of people in the healthcare system and working in the private sector together with front-line workers and leaders together boards of trustees and financiers together to follow the map. And we do have a lot to do and I am not willing to give up anyone of those items on that list but I do think this is a time when execution will be the name of the game and it will happen by inviting good energies to the table with enormous respect for a wide array of improvements in our society. I will finally say the roadmap with the Surgeon General and the plan that has come out of this work, they are exactly what we need and they provide us the ideas we need in order to make progress in their highly specific and actionable. I think we have the will and I want to tip my hat to Don Berwick and his willingness to engage but not just this other issue that the national Academy is bringing forward but I think the will is there and I think it is time to get to work. Thank you for the chance to make these comments and I look forward to the next phase of this agenda. Thank you so much.

VICTOR DZAU: We need these inspiring words and we needed from somebody who has done it before and we will rely on you helping us to think about how we move forward with this campaign. So there are important messages coming and I can show you this is gathering energy and endorsement and support and I will turn it over to introduce some of the speakers who probably are committed to helping us and then also reviewing how many of you have signed up for this movement. Over to you.