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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, the Federal Insurance Exchange Healthcare.gov is gaining a new leader. Kevin Counihan, CEO of Access Health Connecticut, and a recent guest in this show is going to be running the Federal Exchange which was fraught with so many problems during its opening run, and caused the administration no small amount of headache.

Margaret Flinter: Well, Kevin did a terrific job of rolling out the exchange here in our home state Mark, and he has had significant experience in the exchange arena before coming to Connecticut. He helped Massachusetts when that state opted for universal coverage. So, I think healthcare.gov is in very capable hands and congratulations to Kevin.

Mark Masselli: Kevin's a great communicator, and the administration needs that, because it wants to make certain that it doesn't repeat the problem plague initial roll out. I think, we'll see a system that works more smoothly, and efficiently once open enrollment begins on November 15th, just two months away.

Margaret Flinter: You know, Mark, we are also seeing some and maybe a new tune from the insurance side of things. United Healthcare, which only participated in the exchange in four states this year, is expanding to 24 states next year. The market does seem to be responding to this new online insurance marketplace.

Mark Masselli: And more states are finding creative ways to expand coverage for low income residents. The State of Pennsylvania, which had held out on implementing the Affordable Care Act is using federal funds to help some half million residents per just private insurance. So, it is a different approach to the expansion of Medicaid to expand this coverage.

Margaret Flinter: Well, a number of the nation's Republican Governors refused to expand Medicaid on principle. Pennsylvania's Tom Corbett has become the 9th GOP state leader to buck that trend, perhaps seeing the wisdom of utilizing federal dollars to help more of the state's low income, residence gain access to coverage and healthcare, which also supports his health care institutions in that state.

Mark Masselli: We also have a significant milestone to know Margaret the nation's second largest pharmacy chain is no longer in the business of pedaling tobacco.

Margaret Flinter: CVS has kicked the habit, and is no longer selling cigarette products, the single leading cause of preventable death in this country with roughly half a million tobacco related deaths every year.

Mark Masselli: It's a major step in the right direction.

Margaret Flinter: And speaking of preventable deaths. The International Organization 'Save the Children' is tasked with the mission of helping to ensure the safety of the world's children. CEO, Carolyn Miles is joining us today to speak about some of the latest challenges they are facing.

Mark Masselli: Lori Robertson stops by to uncover another false claim about health policy spoken in the public arena.

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

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

Margaret Flinter: We will get to our interview with Carolyn Miles of 'Save the Children' in just a moment.

Mark Masselli: But first, here is our Producer, Marianne O'Hare with this week's Headlines News.

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Marianne O'Hare: I am Marianne O'Hare with these Health Care Headlines. There is a dramatic shift underway in the pharmacy world. CVS Caremark the nation's second largest pharmacy chain is officially out of the business of selling cigarettes to customers. CVS, which is increasingly going to be a consumer hub for healthcare customers, is rebranding its name to CVS Health, and it will promote smoking cessation programs to its customers. Smoking remains the leading cause of preventable deaths, killing roughly half a million people in this country every year. And e-cigarettes have found a niche market, which has World Health Organization concerned. The WHO issued strict guideline recommendations, governing the sale, and use of e-cigarettes, which has quickly become a \$3 billion a year industry, contrary to industry advertising. A new report by the WHO finds electronic cigarettes pose significant public health hazards because of toxins emitted from the devices. The agency recommends countries adopt e-cigarette rules to prevent misleading marketing of the products, and to educate the public about the potential health risks involved. A Federal Judge in Austin, Texas has blocked a stringent new rule that would have forced more than half of the states remaining abortion clinics to close. The latest administering of court decisions that have at least temporarily kept abortion clinics across the

South from being shuttered. The Texas rule of acquiring all abortion clinics to meet the building, equipment, and staffing standards of hospital style surgery centers, admin has had to yet take effect in recent days. And music, and the mind a recent North Western University study showed, at risk children exposed to free music lessons for at least a 2-year period of time, actually saw improvements to the parts of their brains dealing with language comprehension and learning. Their first study did show that biological impact on the brain of music training in early learners -- the study showed a length between the exposure to that early training over a protracted period of time, and improved academic performance abilities as well. I am Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We are speaking today with Carolyn Miles, President and Chief Executive Officer of 'Save the Children'. An independent nonprofit international organization dedicated to meeting the needs of over a 143 million children in 120 countries, including the US. Ms. Miles first joined 'Save the Children' in 1998. She serves on numerous international boards and the University of Virginia's Darden School of Business where she also earned her MBA. Carolyn welcome back to Conversation on Health Care.

Carolyn Miles: Thank you, Mark.

Mark Masselli: You were on this show a couple of years ago, and speaking to some of the more pressing issues undermining the quality of life for children around the globe. And as an organization that serves the needs of close to a 150 million children around the globe, what do you see the biggest threats to childhood wellbeing in 2014? And how does your mission at 'Save the Children' seek to address these challenges?

Carolyn Miles: You know 'Save the Children' really works on making sure that every child has a healthy start, that they have an opportunity to learn, and that they are protected from harm. So, right now there are a lot of difficult things going on whether you are talking about the Ebola virus in West Africa or kids that are displaced by war in places like Syria and Iraq, or the kids right here in the US on our borders that are fleeing violence from Central America. We are working in all of those areas. And in addition to emergencies, we also spend a lot of our time as you might expect as a organization called 'Save the Children' making sure that no child dies from something that's preventable. So, we also spend a lot of our time with moms and newborns. So, those are some of the things that we are up to and some of the things that we focus on. But it has been a really tough summer I have to say in terms of kids.

Margaret Flinter: I'd like to if we could -- your referenced the humanitarian crisis that has impacted us right here at home, the recent arrival on our borders of

thousands of children fleeing, strife and violence in Central America. And I understand you recently spend some time at the border. Could you give us a bit of an update on this crisis? Tell us about the condition of the children, and maybe a little more for our listeners, little more specifics about what your organization is doing in this crisis?

Carolyn Miles: Sure. I was down in Texas. The vast majority of these kids are fleeing some really horrible circumstances in their home country of Honduras, or Salvador, Guatemala. And, you know, I sat with one little boy who was 12, and told me, you know, about getting beaten up on a very regular basis every couple of weeks from older boys who wanted him to join a gang. You know, the drug trafficking in these countries, we have done a great job as a country to help in places like Columbia, really shut down the drug trade, but it's shifted to many of these Central American countries. And, you know, many of these kids are coming on their own and are being sent by their parents, because the conditions in their countries are so bad. And frankly, I don't think as a country we are doing enough to take care of these children once they do come to our borders. We have been able to visit the detention centers in Texas, and New Mexico. And, you know, frankly the conditions there for children are not what we all would like to see, granted the numbers are very, very large, and our Customs And Patrol Border folks are not, you know, it is not their job to take care of thousands of children. But we have been trying to do more in the detention centers, and not been able to, and that's been really frustrating. But the work that we are doing in these transition centers where kids go after they have been through the detention process continues to go on in Texas, and providing kids there with -- a lot of these kids left without anything. So, they are getting clothing, they are getting food, they are getting, you know, some hygiene supplies. But, you know, we have to do a better job at the border, and we also have to make sure that these children get due process, because they are in many, many circumstances, they are fleeing really horrendous conditions in their country, and they need -- their stories need to be heard.

Mark Masselli: Well, does the father of a 12-year old even more so in Israel, and Gaza, and you recently were, then unless there is a massive intervention and rebuilding of the destroyed infrastructure in Gaza, including hospitals and schools and municipal services like water, that even bigger humanitarian crisis is looming, how to 'Save the Children' help rebuild infrastructure?

Carolyn Miles: I was actually in Gaza before fighting broke out, and it's a very difficult place in the best of circumstances. It's very crowded, the infrastructure is -- it was not great in terms of hospitals and health facilities for children particularly. Now much of that is destroyed. So, there is going to have to be a big rebuilding process, rebuilding process in Gaza. And, you know, it's things like safe drinking water, really, really important for children. Obviously, getting kinds back into school, particularly after such a horrendous emergency that's always really, really important, and 'Save the Children' has been working in Gaza

for about 30 years. So, we have a lot of experience there, and we'll certainly be engaged in rebuilding there, and obviously that war has killed many, many children, and that's something that has 'Save the Children' we have to stand up and say something about. So, we have been doing that.

Margaret Flinter: I am sorry the list is so long that we almost can't remember a time when there were so many, enormously hotspots Iraq and Syria are on our minds where 7 million, and half residents have fled their homes in the wake of the most recent campaign by the group ISIS, as well as, in fleeing serious civil war. The problem is obviously much larger than anyone organization could address adequately. Maybe we could share with us, how has 'Save the Children' partnering with other organizations to address these crisis? And how do you coordinate all of these entities that are attempting, and wanting to help refugees in need?

Carolyn Miles: Yes, about half of those 1.5 million refugees are children under the age of 18. So, it is really huge crisis for kids. And 'Save the Children' is working inside Syria, and then we are working in the 5 surrounding countries. So, Lebanon, Jordan, Iraq, Egypt and Turkey, and in all of those places, we work together with both UN agencies. So, in a place like Jordan, for example, there is a very large refugee camp there. The UNHCR runs the camp. 'Save the Children' provides food everyday to the 90,000 inhabitants of that camp. We work on preschool for the younger kinds, so, there is something for them to do. UNICEF works on elementary school program. So, there is a huge amount of partnership, because it's a huge crisis. But our work is really about making sure that kids and families have places to go, and they are getting the basics, sort of a place to sleep, access to school for kids, which again were three and half years into this crisis in Syria. So, you can't have children out to school for 3 and half years or they will probably never go back.

Mark Masselli: We are speaking today with Carolyn Miles, President and Chief Executive Officer of 'Save the Children' and meeting the needs of over a 143 million children in a 120 countries including the US. And Carolyn the US is also an area of focus for 'Save the Children'. And you recently release a report on American's readiness to respond to another disaster, it's been 9 years since Hurricane Katrina, and yet 75% of those American parents felt that we as a nation are still ill- equipped to handle such event. So, tell us about the findings of 'Save the Children' 2014 disaster report, and what distresses you most about the results?

Carolyn Miles: There was both good news and bad news. We look at these 4 critical factors in terms of keeping kids safe in school, and childcare environments. And the good news is that when we started doing this report there were 4 states that met these 4 criteria. There are now 29 states that meet the criteria, but there are still 21 that don't. You know, everyday 69 million children in the United States leave their parents, and go to either school or childcare, it's

really important that those facilities are prepared for emergencies. And so, the US is I think, third on the list of countries as the most disaster prone countries in the world. So, and we really have to do a better job at making sure that we are keeping our kids safe.

Margaret Flinter: How are you continuing to promote the access to the basic essentials, and to health services in these countries that grapple with other disasters that gives children a healthy start despite these crisis that keep rolling over on top of them. A big intervention that we do around the world is we train community health workers. Most of the places where we work, and the people that we serve, they just usually have a basic education, but they can diagnose pneumonia, for example, which is a huge killer of children all around the world. They can provide oral rehydration salts to dehydrated children from diarrhea. Again, a huge of killer of children. They can help moms make up plans for their delivery, and we do spend a lot of our time to sure up the health systems in these poor countries.

Mark Masselli: You know, sort of going into the internal workings of an organization, they don't run on just good will. The budget, since you have been on has tripled to \$700 million a year, 90% of the funds are raised for 'Save the Children' go to fund actual programs such a significant portion of the dollars you raised. Tells about the funding model? How you sustained it? And maybe sort of what the projection for the need is?

Carolyn Miles: Yes, we do put a lot of focus on accountability, and a lot of focus on measuring where those dollars go and how. And more importantly how effective they were in terms of the program that we do? So, we do measure all of our programs in terms whatever that project is about, and what we are trying to do. Whether its get kids into school, and make sure that they learn and pass through the fifth grade or whether its train more health workers. So, a lot of time is spent on that tracking of those programs to make sure that we -- not only that the dollars have been well-spent, but that we are learning on what works the best. And we are learning also where things are not working, and being able to make them better. So, our funding mix is actually one of the things that I think is really terrific about 'Save the Children is that we have a philosophy that anyone who cares about kids can get involved in the organization. And so, we have donors from \$10.00 donor or kids that bring in their piggy banks to, you know, an individual who gives us \$10 million. So, we get about 30% of our funding through the US government through USAID, and then about 70% of it is from corporations, foundations, and everything from a \$10.00 donation to a \$10 million dollar donation. A lot of our partners like the Gate's Foundation for example pick a particular area that they really want to work on, and will 'Save the Children' in that area with Gates as newborn survival. And so, we have been working with them for 10 years. And we are in that for long-term, and are really trying drive down the number of kids that die in that first month. So, I would say our funding model is quite diverse. We spend a lot of time fund raising, because the needs

frankly are always far outstrip the resources that you have. So, I certainly spend time fund raising, and we have a group of people that's really what their job is all about. And as again, what I think is great about 'Save the Children' is that there is a place for everybody to help in our organization.

Margaret Flinter: Carolyn you blogged earlier this year about your meetings with Bill Clinton Global Foundation at The United Nations, and you suggested that there is still too much talk about what needs to be done to address the global needs of children. And maybe there are to be more shouting about the needs to confront preventable causes of death, and disease in children around the globe. We are in September now, I know the convening of the UN general assembly underway probably more talks. What are the policy initiatives that you are advocating more strongly for?

Carolyn Miles: Well, we are going to try to do some more shouting in September certainly. And I think there is a couple of things on our agenda. One is the Syria, which we talked about earlier, which I think is typically with these kind of very long drawn out civil war type of situations, like Syria people do tend to forget. And they tend to think there really isn't anything that we can do anymore about Syria. And so, we will certainly be talking about what's happening to kids in Syria, and reminding people that there are things that we can do both for people that are still inside Syria, and also for the refugees that are outside, and whether that's providing school or continuing to make sure that these families, you know, have a roof over their head, they are there, they still need help, and so, we'll be certainly pushing on Syria, and trying to get people to remember about Syria. The other piece I also mentioned was on new borns. And, you know, one of the I think the most successful things that the world has done is around child survival. And if you look at the number of kids that die every year of things that we can prevent that number has almost gone down by 50% since 1990, and that's quite a dramatic drop. But again newborns are still the biggest part of that number, and there are still 6.6 millions kids every year that die of things we can prevent. And in many countries that 50% of that number is kids in that first month of life. So, what can we do around newborns? We have been pushing with various countries to put together something called 'Every newborn action plan'. So, they actually have put together a plan in Ethiopia, that says here is the things that we have to do for newborns in our country, and here's what the Ministry of Health is committing to do. And so, almost every country now -- certainly the ones are critical in terms of child survival have put together those plans, and now it's time to actually, you know, do the work. And so, we'll be spending time at the UN General Assembly when leaders of these countries are in town to really push that piece as well. So, those are just two of the things we'll be talking about in couple of weeks.

Mark Masselli: We have been speaking today with Carolyn Miles, President and Chief Executive Officer of Save the Children, independent nonprofit international organization, meeting the needs of over a 143 million children in 120 countries

including the United States. You can learn more about their work by going to savethechildren.org. You can follow her on her blog, Login Miles, and on Twitter at Carolyn Save. Carolyn, thank you so, much for joining us on Conversations.

Carolyn Miles: Thank you both so much. I really enjoyed being with you. Thanks.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about healthcare reform, and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Well, in the run up to the November mid-term elections, we are seeing Republicans claiming that their Republican primary opponents support Affordable Care Act. But the claims used out of context quotes, and exaggerations. In Georgia, in a contentious health raise, Republicans Bob Johnson and Buddy Carter are both opposed to the Affordable Care Act, and have called for its repeal. But you wouldn't know that from their competing ads. Johnson's ad claims that Carter said ObamaCare was 'Not so bad'. That's a cherry picked quote. Carter said that 'Some of the things that have happened so far are not so bad'. But he immediately added that 'The worst part is yet to come'. Johnson's campaign website further claims that Carter left the door open to ObamaCare's Medicaid expansion in Georgia, and it highlights part of an op ad Carter had written, but that too was out of context. Carter was explaining the views of others who favored the Medicaid expansion saying he disagrees with them. A Carter ad meanwhile says that Johnson has 'Membership in and endorsement from groups that support ObamaCare'. The ad doesn't say this but it's referring to Johnson's membership in the American Medical Association, which is generally in support of the Affordable Care Act. Johnson is a surgeon. But Johnson like Carter has called for repeal of the law. As the AMA President said in an interview on C-Span this summer, some members of the AMA support the healthcare law and some do not. The Carter campaign say its other medical groups that support Johnson, but those associations don't change the fact that Johnson has been opposed to the healthcare law. And that's my Fact Check for this week. I am Lori Robertson, managing editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players, and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like

checked, email us at Chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities, and everyday lives. The flu doesn't just exact a toll on public health; it packs a meaningful punch on the economy every year as well. Comprehensive vaccination programs have had an impact on curtailing flu outbreaks, but there is still a lot of room for improvement. In 2011, an estimated 100 million workdays, and close to \$7 billion in lost wages were attributed to the flu, largely because many employees without paid sick leave are more inclined to work while sick. An estimated 80% of those who come down with flu-like symptoms ignore doctors' orders, and go to work leading to more widespread co-infections. In a first of its kind study, researchers at the University of Pittsburgh School of Public Health decided to analyze the impact on flu outbreaks in the workplace, and to ask what would the difference be if there were universal access to paid sick leave. Lead researcher Dr. Supriya Kumar says their study showed a pretty dramatic link between access to paid sick leave and a reduction in flu outbreak in the workplace. They also created another option, what if there were new sick leave category focusing just on flu days. Their model showed that if those workers, specifically diagnosed with flu, were guaranteed just one payday off to recuperate, there would be a 25% reduction in the spread of flu. And when workers were guaranteed two paydays off, the numbers went up to a 40% reduction in co-infection. A universal paid leave program for all workers that has the potential to greatly reduce flu co-infection in the workplace, positively impacting both public health while saving billions of dollars in the overall economy, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli. Peace and health.

Narrator: Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University, streaming live at wesufm.org and brought to you by the Community Health Center.