

(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, summer just began last week but the heat makes it feel like we are in the dog days of summer already. And speaking of heat the posters are still taking everyone's temperature around healthcare reform, I noticed that Washington post blogger Ezra Klein noted in his blog that the bill's popularity seems to be on the rise. He said that USA Today/Gallup poll that showed 49% of Americans now think healthcare reform is a good thing. The latest AP Poll shows the same movement. The posters had an interesting graph showing support rising as the temperature does.

Margaret Flinter: Well I am _____ 1:04 very glad at summer and maybe it's the summer holidays maybe it's 4th of July weekend coming up but there does seem to be a little bit of a lull in the health reform activity but it turned as positive in the polls and that's great and what we are hearing about this week is the first real way that implementation as states begin to enroll people with preexisting conditions and to the temporary high risk polls. This is the group of people we heard from over and over joining health reform who are being so harmed by the old policies. The web portal where consumers can shop around for affordable options launches this Thursday July 1st and I am proud to say here in Connecticut we just became the first day in the country to expand Medicaid enrollment to a group that historically has been shot out of Medicaid and that is low income adults without young children. Under the new law CMS estimates that 45,000 adults in Connecticut will now become eligible for public health insurance under the expansion and that is great news.

Mark Masselli: That is great news and speaking of CMS, it still remains rudderless. Don Berwick who is the nominee just can't get in front of the senate. The senate finance committee has not scheduled a hearing on Berwick as of yet. That was being held up by a couple of republican critics who just don't want to see this health care reform be successful you know the surprising thing is Berwick is supported by George Bush's former CMS administrators as well as Gail Wilensky who has been on this show before along with a whole host of national healthcare associations, let's give them hearing, let the public have a leader in CMS.

Margaret Flinter: Well anyone who knows Dr. Berwick's work knows that he is a real reformer and those reforms come down solidly in improved quality improved, safety and decreased cost through both of those measure. So we are still cheering foreman in his corner and there is lots of work ahead. Mark, did you see the latest Commonwealth Fund Report, the US ranks last in overall

performance compared with 6 other industrialized countries Australia, Canada Germany, the Netherlands, New Zealand and the United Kingdom and won't it be the true measure of how successful health reform is if that changes not just recover more people.

Mark Masselli: Well I hope as the benefits of this law start to take hold our healthcare system will move up in the ranks as the report notes various legislative remedies and funds will help those symptoms under healthcare reform. In any case we still have a long way to go in improving the key elements of our healthcare system.

Margaret Flinter: And speaking of legislation and legislative remedies our guest today is Congresswoman Lois Capps who represented California's 23rd district. Congresswoman Capps who is also the founder and cochair of the House Nursing Caucus is a nurse, public health advocate and since being elected to Congress in 1998 she has made her legislative priority to help underserved populations gain access to quality healthcare. We are so happy she can join us today.

Mark Masselli: And no matter what the story, you can hear all of our shows on our websites Chcradio.com. You can subscribe to iTunes to get our show regularly downloaded or if you would like to hang onto our every word then read a transcript of one of our shows, come visit us at Chcradio.com.

Margaret Flinter: And as always if you have feedback email us at Chcradio.com we would love to hear from you. Before we speak with Congresswoman Capps, let's check in with our producer Loren Bonner for the headline news.

Loren Bonner: This weekend on Conversions on Healthcare we are interviewing Congresswoman Lois Capps. Congresswoman Capps has championed several pieces of legislation that concern access to quality affordable healthcare, prevention and increasing the number of health professionals. One year ago congresswoman Capps introduced the school-based Health Clinic Establishment Act which also made its way into the Healthcare Reform Legislation passed in March as an authorized federal program to provide a stream of funding to support School-Based Health Clinics or SBHCs. Approximately two million American children have access to one of the 1700 existing SBHCs in 44 states. Most of the health centers serve children who face barriers obtaining health services in their communities. School Health Centers provide access to comprehensive medicare care, mental health and sometimes even dental services. The Children's Aid Society operates five SBHCs in New York City as part of their community schools program. From the get to the implemented SBHCs as the foundation because they knew that healthy students learned better. Dr. Lisa Handwerker is the Children's Aid Society's Medical Director.

Dr. Lisa Handwerker: Child doesn't have to leave school to see the pediatrician when they are six or if the kid is coming, child is coming in with an asthma attack, if the child is first diagnosed with asthma we can take care of him onsite and give them the medications they need to keep them in school. And then communicate with the pedestrian about how well this child is managing his or her asthma or his or her diabetes, are they in good control, are they in poor control?

Loren Bonner: SBHCs are designed to be a source of primary care but not to replace the child's medical home. Most of our staff by nurse practitioners will support staff like outreach workers to help parents enroll their children and to maintain good communication. Many operate year round even when school is closed providing a vital link to healthcare and underserved communities. And most SBHCs like the ones the Children's Aid Society operates provides services regardless of insurance status or ability to pay. Dr. Handwerker says that SBHCs also work in partnership with the child's own primary care physician to enhance care.

Dr. Lisa Handwerker: To have a nurse practitioner at the school who sees that child when they are sick or who can manage the child on a diabetes for instance on a day-to-day basis who then can communicate with the primary care provider. In that communication, when you have a child who has asthma you can work along with the child in the family because you are where the children are. There has been numerous studies that have been done that show that School-Based Health Centers actually prevent emergency room utilization and considerably decrease healthcare cost for children with asthma specifically.

Loren Bonner: SBHCs rely primarily on state and local funding but with the current economic crisis and states slashing local funding many are at-risk of cutting services or worst closing. The Health Reform Legislation allocated \$200 million in capital expenses for current SBHCs to expand their facilities or buying new equipment but there were no funds allocated for personnel costs or direct health care services. Let's turn now to our interview with Congresswoman Lois Capps, a nurse, school advocate and now United States Congresswoman and Founder of the House Nursing Caucus.

Mark Masselli: Today, we are speaking with California Congresswoman Lois Capps representing California's 23rd District, a Champion of Nursing, supporter of Health Care Reform and an Advocate for Health Care for the poor and underserved. Welcome, Congresswoman Capps.

Lois Capps: It's my pleasure.

Mark Masselli: You started your career with the degree in nursing practiced at Yale New Haven here in Connecticut and then went on earn degrees in Divinity and Education, you devoted many years to advocating for school health before going on to congress where you were one of only handful of members of the

house who were nurses. Could you tell us about some of the core health care initiatives that you are particularly involved with as the Health Reform Bill was being crafted?

Lois Capps: Thank you for allowing me to talk about it. The subject very dear to my heart is of course as one of the just three nurses in Congress, we all bring our life experiences with us. And I have been blessed to have had real opportunities to understand the challenges that many folks face, families particularly because they have worked with school age children and pre schools families as well where families are so concerned that they can survive and given the high cost and difficult access to health care. So reforming health care and reforming insurance and expanding health care to cover everyone it has goal of mine long before for coming to Congress actually and long before the opportunity came to work on this legislation.

Margaret Flinter: So congresswoman, we had the pleasure of watching you join Department of Health and Human Service Sector Kathleen Sebelius and announcing new funds to support the education and training of more advanced practiced nurses and other nurse practitioners as well as funds to expand the number of Nurse Managed Health Centers and I know that you founded the first Congressional Nursing Caucus in 2003 as the form for members of congress to be informed in to really discuss issues that affect both the nursing community but also affect patients who need nurses to take care of them . So I am curious about the link between the caucus and some of those innovations that we saw in the health reform build it. Some of those ideas come directly out of the caucus.

Lois Capps: They came out of the caucus and the caucus was worn out of mind, my awareness and passion about involving nurses in the health care decisions. When I was first elected in a special action as you referenced, the Patient's Bill of Rights was being debated on the floor. We weren't able to pass it. We almost did. And now you know there are so many elements in our health reform legislation that really have to do with a Patient's Bill of Rights, who is speaking up for patients, who is speaking up for consumers of healthcare, and for those without it and those with difficulties accessing it. Well, it's nurses who do because nurses provide healthcare delivery. So I knew when I was first elected that this would be a topic that would fit with my background. I also was aware early on with the shortage of nurses that we were experiencing in California was nationwide. And that led me to introduce the Nurse Reinvestment Act and it became a law. And so the need for more primary healthcare providers because of my interest in primary care and prevention in health care. These important areas are offered and expanded upon by training and educating more family practice nurses, nurse practitioners, physician's assistance with the particular skills in this area and also MDs who have an interest in providing primary care.

Mark Masselli: Congresswoman, you have a broad and sophisticated understanding of public health and really understand the intersection of

community practice and policy. And talk to us little bit about what you see on the horizon in terms of public health issues that you see still needing some more cultivation and understanding by the public and by your colleagues in Washington.

Lois Capps: We know we have challenges because the cost of healthcare is so high and hard to reach for so many people. But it's measured in how we access treatments that are life saving and we want them to be available but we would hope that there would be behavior changes and these changes that are needed are seen as very clearly in the epidemic which we now know as obesity. And this is an epidemic that begins in childhood. Now to our credit First Lady has really taken this one as an issue and brought it to the forefront of public awareness so that a few days ago when I was in my district I was able to be part of a program in California at least and I wonder that it isn't in different parts of the country called Rethink your Drink and I was at a boys and girls club and here is a way of melding some federal dollars with some state resources and focusing on exercise and nutrition and making it available in summer programs like boys and girls summer. Kids are they spent some time during the day and just getting young people to understand what's in a **soda**.

Margaret Flinter: Well obesity has certainly grabbed everybody's attention finally and that's a really interesting program you described. We will follow up on that. Let me ask you about another area that I don't get as much attention within the health reform bill and that's behavioral health, mental health, substance abuse and parity. And I would like to ask you, do you think that there is enough in the Reform Bill that addresses this issue in terms of both access and innovation, were there things that you wanted to see that might have to wait for another day or another legislative session?

Lois Capps: This is not a perfect bill and of course I would have like, I would like to have seen much more in the area that you talk about, because this in many ways underlies a many of our health care needs and compounds experiences that veterans come back from service with that we see you know in terms of our homeless populations, that we see hogging up our emergency rooms, areas that can be addressed also in preventing that primary care ways. There are some good parts of the bill and there are some standards that I am very proud of. One is to include in the basic healthcare package that will brow out at 2014 all insurance companies must provide is mental health coverage. Now, this is going to be a striking change. We started it before the health care bill by passing as you referenced mental health query. So that mental health no longer can be stigmatized by having it the way of the charts not even considered at all but must be considered as a health challenge but as many of our other chronic conditions are considered.

Mark Masselli: One of your roles as a congresswoman is obviously political practitioner and art of politics is so important in terms of communicating with the

public. The polls on health care reform certainly we would like them to be going up but what advice would you have for the president in terms of the types of communication that he needs to do and I am sure everyone else needs to do as well. So that we can get a better understanding and turnaround any negative use that some people have about their reform bill that's been passed.

Lois Capps: You know Mark what you finger on something that started very long before the bill was finally passed and signed into law and that was the special interest that you know are sustained by the status quo and that have prevented us from passing legislation in earlier administration perhaps because the status quo is much easier to maintain the way you know maybe easier than the way you don't and so people are fearful of change and we saw a tremendous pushback. Now, we want that to change in the best way for to change and the president has been doing the best he can I think under the circumstance and we want him to do as much as he can to help us, to get the word out about the ingredients in the bill that are actually in place now that people can begin to take advantage of. And my colleagues and I are doing this as well as we now rag shortly for few days in our district around the 4th July I will and I know my colleagues will as well be talking about the points in the healthcare legislation such as being able to stay on your parents insurance, a coverage until you are 26, a huge boon to those just graduating from college who thought they were going to be swamped not only with finding a job but finding some access to healthcare. Now they have this cushion of time and the donut hole, you know people who fall into that Medicare recipients who will now get the first installment on our beginning to close that donut hole, things like that and small business getting an insurance incentive to provide insurance for their employees. These ingredients that are tangible that can be realized now will help us take the story to negate some of this fear that still maybe lingering here.

Margaret Flinter: Well let's springboard that a little bit into, let's look at California as a bit of a reference planning, we have referenced it on our show several times because of a large size and significant population of people who are both uninsured and on public insurance and we notice that your legislature there took action early just recently to implement the health insurance exchanges that are going to help individuals buy affordable insurance and really to control that so once again California seems to be out ahead and I guess the question would be how is it playing out in California specifically. How is public response changing both in your district but also statewide as the state simultaneously faces just such enormous budget challenges.

Lois Capps: Well you see out of that challenge that we have with our own budget comes to this opportunity to take the good in the healthcare legislation and to meet it halfway because ours is a state that will benefit so enormously under many of the provisions because we have a large number of people living in low income communities and with poverty needs are so expanding Medicaid we know it as Medicare in California to serve a wider population is a definite benefit

for the State of California and enough of these other kinds of interest that our state legislature widely has seen as a possibility. It means that the public in California has already become attuned to the fact that this is a win-win for our state and therefore you see that our phone numbers, when the health care bill is still not fairing so well in some areas because of our great need, we have embraced it more quickly and it is now a positive part of the political landscape in California and that's a good thing. And now I am eager that other states will see the same kind of opportunities I don't know if there are state houses will be as responsive as ours but I know there are ways that communities can come together as hospitals reached out you know and worked with a private practice and outcome based studies and so forth. There are many pilot projects in the legislation that folks are bidding to look at and seeing if they want to apply for the communities will see some growth in the support for the legislation as communities take hold of the issue.

Mark Masselli: Congresswoman, when you look around the country and the world, what do you see in terms of innovation and who should our listeners at Conversations keep an eye on?

Lois Capps: I believe keeping an eye on some modeled projects that spring up in Connecticut where you are based in communities around the country if individuals are listening to this show of your specific program and one of my doubt was going on their member of Congress then can put them in touch with some best practices that are already in place, we are going to be modeling the future on what's already working in communities and incentivizing communities of both professional communities and also just communities at large to look to reach out. This is a legislation that is very creative in its scope. It doesn't mandate from the Federal Government and this is the fear people have, they don't want the government telling them what they must do but holding out panoply an array of opportunities that people that can take advantage of, communities can take advantage of, by bending together, by forming consortia or best practices of grouping then there will be resources for them and we will see what we do best is where our local communities can make great price forward.

Margaret Flinter: Today we have been speaking with California Congresswoman Lois Capps, supporter of Healthcare Reform and an advocate for quality healthcare for everyone. Congresswoman, thank you so much for joining us today.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday life.

Margaret Flinter: This week's bright idea comes from a Cleveland-Ohio organization called City Fresh which is tackling obesity by improving access to healthy affordable food in low-income neighborhoods. Like many of the countries urban areas Cleveland is plagued by food and security. Many residents live in

food desserts, regions where food sources are nonexistent or unhealthy. For example, residents of Cuyahoga County which includes the Cleveland Metro area travel twice as far to reach a full service grocery than a fast-food restaurant or a convenient store. This kind of food insecurity is one of the main culprits behind obesity and low-income urban areas because when people try to maximize their caloric intake per dollar they are much more likely to purchase cheap, processed, packaged food versus fresh healthy fruits and vegetables and that's where City Fresh comes in. Founded in 2005, City Fresh is a nonprofit organization with a goal of building a more just and sustainable local food system in Northeast Ohio and much likely increasingly popular community supported agriculture programs, City Fresh distributes weekly shares of locally grown fruits and vegetables to fresh stop pickup locations around the city. Unlike CSAs though members pay for their shares by week rather than all at once at the beginning of the season and this makes the program accessible to people who can't pay several hundred dollars upfront to join a CSA. There are two sizes of weekly City Fresh shares, \$12 single shares, \$24 family shares, all of which are cheaper than any of the city's grocery stores and contain more abundant amounts of fresh fruits and vegetables. 1/3rd of City Fresh members are low-income and they pay half price which is completely subsidized by those paying full price. When combined with a large number of fresh shops around the city, this subsidy makes fresh, healthy food affordable and accessible for low-income Cleveland residents. And City Fresh also works to help stimulate the local economy by purchasing all of the food it distributes from urban and rural farmers no more than 50 miles away. By making healthy food accessible to all Clevelanders, City Fresh is combating obesity, stimulating the economy and making Cleveland a healthier and safer place to live. Now that's a bright idea. This is Conversations on Healthcare, I am Margaret Flinter.

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

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

(Music)