

Mark Masselli: This is Conversations on Healthcare; I am Mark Masselli.

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, it seems like California is always ahead of the rest of the country and now it's the case with Healthcare Reform implementation. We have been following the story since this summer. California Legislature passed a bill that would set up a key part of Health Reform. The state-based Health Insurance Exchange, well now it's official, Governor Schwarzenegger signed the legislation making California the first State in the nation to set up the exchange. They will be rolling out this exchange as early as next year. California is always seeming to lead the way.

Margaret Flinter: Well, we have always said California would be particularly interesting to watch during this period of health reform because of its sheer size and the large number of uninsured residents and of course they are doing it in the context of a budget crisis like so many other states. But they are not the only ones making forward progress with that exchange Mark. States are awaiting response to their applications for funds of the million dollars each to help support the development of the exchange in each of the states. And I understand that the federal government very practically has recognized that there maybe a law of changes and who is in the legislature and who is in the governor's mansion in states across the country this year after the election and they are going to allow states to come back and with some modification at least to their original plans for how they want those exchanges to be structured.

Mark Masselli: You know there is a fork in the road how people rule out these exchanges. Some states are thinking about the e-insurance model which simply provides information about health plans that can be purchased through the exchange. California is taking the robust approach. They will be negotiating with vendors so they can get the best prices for the small businesses and individuals.

Margaret Flinter: Well, the exchange is only one element of Health Reform but it is an interesting one and is one that has a clock ticking. This has to be accomplished by 2014 so only a few years to go. And Mark, we know that Governor Schwarzenegger also cares about reversing childhood obesity and in fact, he declared Recess Rocks Day in California recently based on our own National Obesity Campaign here at the Community Health Center. So I wasn't really surprised to hear that he also recently signed a bill that require school districts in California to offer free water during lunch time. Apparently, a survey of California schools found that 40% of respondents did not offer students free water at lunch which is astonishing to me. I wonder if that's the case for the rest of the country too.

Mark Masselli: I hope it isn't. I think our guest today will be happy about the new law, US Surgeon General, Dr. Regina Benjamin joins us today. Dr. Benjamin is in-charge of improving the health of our nation and she comes to the position with first-hand knowledge of community-based health intervention. The need for quality healthcare for all as well as the importance of prevention in healthcare, we are happy she can join us today.

Margaret Flinter: And happy to have a family practice physician in that role.

Mark Masselli: We are.

Margaret Flinter: And no matter what the story, you can hear all of our shows on our website www.chcradio.com. Subscribe to iTunes and get our show regularly downloaded or if you would like to hang onto our every word and read a transcript of one of our shows, come visit us at www.chcradio.com or become a fan of Conversations on Healthcare on Facebook and follow us on Twitter.

Margaret Flinter: And as always if you have feedback, email us at www.chcradio.com. We would love to hear from you. Before we speak with Dr. Benjamin, let's check in with our producer Loren Bonner with Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. First Lady Michelle Obama and her Let's Move Campaign have teamed up with Disney to get more children eating healthy and exercising.

Michelle Obama: Eating better and getting more active is easier than you think.

And it makes you feel amazing, we call that magic.

Loren Bonner: The magic of healthy living campaign will comprise of a series of public service announcements which will run next year on Disney's TV Channels and websites. Disney stars alongside of the First Lady will promote healthy living in a fun way. The Let's Move Initiative to fight childhood obesity has made a point to include all sectors that impact children's health. This new collaboration with Disney will allow the campaign to reach a much larger audience. www.healthcare.gov the new government healthcare insurance website to help Americans find affordable insurance has unveiled a bundle of new features. Consumers can now compare premiums and benefits for 6200 plans offered by 300 insurers. With plan information being updated monthly, insurance shoppers can pretty accurately find premium estimates, maximum out of pocket costs, deductibles and major types of covered services. There is even new data about how often applicants for a particular policy are denied coverage. A new study published in the Journal Cancer finds that mammograms can cut the breast cancer death rate of women in their 40s by 26%. Researchers compared breast cancer deaths in women in Sweden. Since 1986 some counties in Sweden have offered mammograms to women in their 40s and some have not. The study

found that the rate of death was lower in counties with mammogram screening. These findings contradict last year's preventative taskforce recommendation questioning the benefit of mammogram screening for women under-50. October is also Breast Cancer Awareness Month. Interested listeners can learn more about prevention tips at www.coman.org. This week on Conversations we are speaking with Surgeon General Regina Benjamin. Dr. Benjamin, a Former Resident of Bayou La Batre, a tiny Alabama fishing community has been involved with recovery efforts in the Gulf Coast region urging residents who have been affected by the oil spill to seek mental health counseling and medical help. A new Gallup Poll makes the case that the BP Oil spill has shaken the mental health of tens of thousands of Gulf Coast residents and that help is needed. A survey of almost 2600 residents from Florida to Louisiana shows that depression cases are up more than 25% since the oil spill disaster began this spring. Dr. Joseph Bisordi with Ochsner Health in New Orleans says one out of 10 people in the survey say their way of life has gone forever.

Dr. Joseph Bisordi: 10% of the respondents said that their lives had changed completely because of the oil spill and that number increased to 15% of those in the ages of 21 to 54 or the younger patients.

Loren Bonner: A wellbeing index included in the Gallup survey says many coastal residents are stressed out, worried and sad more often than people living in land. It's the sign that spills emotional toll lingers even as most of the oil has vanished from view. Bisordi says the hopelessness and depression follow waves of hard times for the Gulf region with Hurricane Katrina in 2008 and the current recession.

Dr. Joseph Bisordi: It's about money, jobs, it's about security and it's about an anxiety and hopelessness that's affecting entire families.

Loren Bonner: The level of mental health problems with similar to what we have seen six months after Hurricane Katrina bettered the Gulf and experts aren't seeing any improvements yet in mental health five months after the oil spill began. BP has provided \$52 million for mental healthcare in the region but health workers say more funding is needed from both BP and the federal government. Let's turn now to our interview with Dr. Benjamin who can tell us more about her work in the Gulf Coast as well as her role improving the health of every American.

Mark Masselli: This is Conversations on Healthcare. Today we are speaking with Vice Admiral Regina Benjamin MD and MBA and the 18th Surgeon General of the United States Public Health Services, welcome Dr. Benjamin. Before being appointed surgeon general by President Obama, you founded and directed a primary medical clinic in a small fishing village in Alabama, a diverse population of just over 2000 with significant levels of poverty and about 40% of the people who didn't have health insurance, the working poor. The New York Times article

written by you titled Angel in White Coat described this isolated pocket of Alabama as desperate for doctors. First of all, thank you for your service to the underserved. Can you tell us what you learned about diverse populations living in poverty who lack insurance and how do you see these health populations and health disparities being addressed in the new Affordable Care Act?

Dr. Regina Benjamin: The patients are just like any play cells, I mean they are hardworking people who work for a living, they don't make enough to qualify for Medicaid but they don't have enough to have insurance at this point. So the Affordable Care Act is aimed for people just like this who don't have access to health insurance, and so the idea is to make health insurance affordable for everyone, particularly the type of patients that I would see in Bayou La Batre. And some of the things for example, that went into effect just last week, the insurance reform will help even and let me back up a second, some people had insurance but had high deductibles and high co-pays and so last week insurance companies, now new insurance companies are required to cover preventive services and preventive services such as colonoscopy and mammograms, pap smears, flu shots, well-child visits, those are now required by new insurances and they also, the insurance company, cannot charge a co-pay or deductible for that. So, people just like the patients I was seeing Bayou La Batre would benefit from that tremendously and can save you know several hundred dollars just to get those preventive services and stay healthy.

Margaret Flinter: Based on your experience as a family physician providing healthcare in the community and also as a National Health Service Corps Alumina I understand, I can't think of a better surgeon general to lead the country's efforts to promote a quality in healthcare and to promote prevention and health promotion and everything we do as well as of course treating illness and managing chronic diseases and certainly as surgeon general you have an incredible base to put forth your priorities. Can you share with us those priorities and we will be particularly interested in any community based interventions that you might have developed in your practice working in Alabama that you would like to see adopted on a national level?

Dr. Regina Benjamin: Well you know prevention is the foundation of public health system and so prevention is the foundation of my work as surgeon general and so I have made prevention my priority and so there are number of things that come under prevention. As a family physician I like everything. Though I couldn't do everything but I decided to do everything that comes under prevention. So things such as the obesity and overweight issues that we have in our society today and we can talk about that at length but that's one of the major ones. My first paper was The Surgeon General's Vision for Healthy and Fit Nation. And in that I would like to change the conversation from a negative one about being sad and obese to a positive conversation about being healthy and being fit. And we need to just stop telling people what they can't do and they can't have this and they can't do that, and start to tell them about what they can

do, to be healthy and be fit. So, I want people to get back and having fun as they are moving and exercising and enjoy it. So that positive approach I think is really important if we talk about behavioral issues. So obesity is one, we have got HIV AIDS is still a problem in our country. Regardless of the fact that we have drugs to treat the disease we still have people who are dying from HIV AIDS and it's particularly growing in most women and girls, so that's an issue. Violence in our societies at public health level, particularly with youth violence, violence in the workplace, domestic violence, just general violence in the general community and it add into the stress level of our society. We also have issues of mental health. Violence is of course part of that, but behavioral health issue is just as much of a health problem and diabetes or hypertension.

Mark Masselli: You know Dr. Benjamin you have talked about a number of things that we like to delve into a little deeper on childhood obesity and behavioral health. I want to ask question about Rural America, you know they have so many challenges there and one of them is to ensure access to primary care and specialty services. Recruiting and retaining primary care providers is a big one, and I have been a very strong proponent of mentoring young physicians and as a family physician and some one who served rural communities what is your thinking about how we can increase the number of young providers to choose primary care and then how can we convince them to practice in rural communities?

Dr. Regina Benjamin: Well the first thing is exposure and that was one of the things I do when I have students who just shadow me, spend time in those rural communities and they get to feel you know whether they like it or not. It's not for everyone but most people like it. They love the personal touch that's in there, personal feelings and interactions you get to have with your patients and your patients start to treat you like family and they are part of family, and you are part of their family. And students kind of get that experience and whether they end up going to the rural community or into primary care or not if they go into a specialty and they happen to locate in a urban area they know what those primary care physicians need from them when they send them a patient. And so they have that experience and that basic understanding of the need for that rural doctor who sends them a consult or sends a patient to them, what they need when they go back. And that exposure in itself is a tremendous value. As far as getting people to the area, we just need to work on things that help. We need to value the rural clinician services like we do of anyone else's and try to compensate them appropriately and same thing for primary care. If we evaluate enough we should start to pay for some of those things. And in the Affordable Care Act there is some workforce language there to try to help with getting our workforce up.

Margaret Flinter: Dr. Benjamin I wanted to see if I can link a few of these things together. I have been impressed with your walking tours across the country, which seems like both a focus on prevention but also on community engagement. And you have your blueprint for a healthy and fit nation. Do you

know the other night I found myself at a traffic light in a neighborhood that I think anybody would describe as not healthy? I know there are lots and lots of people on street and thinking about what you have said about violence and this tremendous stressed families are under poverty certainly adds to that. How do you put all that together and if you are talking to community organizers and neighborhoods, what's your suggestion to them? Where do they begin to build a healthier community?

Dr. Regina Benjamin: Well it is a community approach and the individuals who want to do well you can tell they want to lose weight, you want them to be actually eat well and exercise. We know that by the amount of money we spend on diet products and weight-loss products, but they need to have a healthy place to do it, a safe place to be able to do those things. And one of the things we say is we want to make the healthy choices the easy choices and the affordable choices, so encouraging the community and the businesses and all of the work together to make walking path. If we want people to walk, we need to have a safe walking path, good lighted areas. We want the parks not to be drug paraphernalia. We want them to be safe. So that's the role for government, for communities to do to be able to make these areas safe and in addition to those we have things like the food deserts where there are no good grocery stores in certain areas in geographic areas. We need to try to bring given finished these grocery stores to come in to these communities. And if they can't give the grocery stores there which we really need to work on, in the meantime we can try to put them refrigerated units in the convenient stores because often times that's all you have in the convenient stores. Put some refrigerated units there with some healthy options and some fresh fruits and some vegetables in those refrigerated units.

Mark Masselli: This is Conversations on Healthcare. Today we are speaking with United States Surgeon General Dr. Regina Benjamin. You have been involved in the recovery efforts in the Gulf region and you mentioned the impact that this spell has had on people's mental health and you have been an advocate for people to reach out and get the services they need. You have also experienced the similar problem when Hurricane Katrina came through, it destroyed your clinic and then it was rebuilt. I want to sort of get at the issue of our preparedness as a country for these disasters, natural and manmade, are we better off now, are we better prepared and what are the things can we be doing to respond to these emergencies?

Dr. Regina Benjamin: You know since 9/11 since the Hurricane Katrina particularly government has put a number of things in places. And so I would say yes we are so much further advanced. Can we do more? Of course, we can always do more. We always need to practice we need to be prepared. One of the things that I particularly learned from my two hurricanes and a fire that destroyed the clinic was that electronic health record really, really helped in a small practice or in a new practice particularly, that we need to protect the patient

information just like we do our financial information. And having an electronic version of it really helped. And so with the program here at HHS that we put through with meaningful use and trying to encourage clinicians, hospitals, doctors groups and doctors' offices to move toward electronic health record really will improve the quality of care that we provide as well as protect this information and have us prepared. So you can go to sleep at night, you don't have to worry about whether the charts get wet in the flood or if they burn because they are backed up saved in different geographic areas. So that's one of the things that we were starting to move towards and we can do better. And there are financial incentives for doctors to do this in hospitals. The HHS has grants available for that.

Margaret Flinter: That's very exciting and Dr. Benjamin we congratulate you a little late but you are the recipient of 2008 MacArthur Genius Award and that's really tremendous honor. And we have read that you debated between putting the \$500,000 price into an endowment for your health clinic or into scholarships for local students to study math and science. And it seems to me that states face these huge budget problems. It's increasingly a choice between funding healthcare or funding education, and a very critical policy issue. How do you respond to this as surgeon general but also as an advocate for education for economically disadvantaged youths?

Regina Benjamin: Well I think everything starts with education and you have a strong basic education. All kinds of doors open, all kinds of opportunities we improve our healthcare when we understand our healthcare. And we really need to make sure our K-12 education system is solid as it can be and there is a lot of conversation going on around that now and I think people are understanding it, and understanding how it really affects your community. An educated community can be a healthy community because we often, it's much easier to get, if you have a good job when you are educated, you have a better income, you can afford your healthcare. I mean there are things that they link to each other. Regarding the MacArthur Fund I actually decided to split them and then when I accepted this position as Surgeon General, the fund had to be cut off because you can't accept them. And so there is sort of, I guess on-hold until -

Mark Masselli: Until you return to private life.

Regina Benjamin: For ten years -

Mark Masselli: Dr. Benjamin we always like to ask our guest that when they look around the country and the world, what do they see in terms of innovations and who should our listeners at Conversations on Healthcare be keeping an eye on?

Regina Benjamin: Yeah I go out and talk to groups and people around the country and the least person that you would think of may have a great innovative idea. And so my thought is that to try to encourage people to think about things

that their little idea that they may think is nothing maybe very-very big. And it usually just starts with just a conversation, and just somebody sitting down and thinking about it. It doesn't have to be someone with a lot of degrees, a lot of awards, just the average everyday person can solve the problem, and that's what innovation is to make a problem either go away or make it easier to do what we do everyday. And so my thing is just the average person or average is probably our biggest pool of innovators that we will have.

Margaret Flinter: That's very well said. Today we have been speaking with US Surgeon General, Dr. Regina Benjamin. Dr. Benjamin, thank you so much for joining us today on Conversations.

Regina Benjamin: Thank you. I would like to just remind everybody that this is flu season and to remember to get their flu shots.

Mark Masselli: Thank you. Each week Conversations highlights a bright idea about how to make wellness a part of our communities in everyday lives. This week's bright idea focuses on the winners of the Apps for Healthy Kids Competition – a USDA sponsored contest for software tools and games to motivate children to eat a more nutritious diet and engage in more physical activity. Healthy Kids Competition is part of First Lady Michelle Obama's Let's Move Campaign, which aims to eradicate childhood obesity within a generation. This first place prize went to zisboombah.com. Their application titled Pick Chow allows children to create meals by placing foods onto their virtual plates. Pick Chow also involves the whole family in crafting a healthy diet by allowing children to send their meals to their parents in an email, which includes the meal recipe, a shopping list and coupons from the local grocery store. Apps for Healthy Kids awarded the first place game prize to Trainer – an online game in which children play the role of an animal trainer. You must attend to creatures' nutritious and fitness needs. By working to meet both in game and real life fitness and diet goals, children care for their own health the same way they care for their virtual animals. The Apps for Healthy Kids Competition has encouraged creative innovation in youth health education in a time when such developments are surely needed. One-third of American children are overweight or obese today. The Apps for Healthy Kids winners are working to reverse that trend by making important diet and exercise information available to children in fun and interactive ways. Now that's a bright idea.

Margaret Flinter: This is Conversations on Healthcare. I am Margaret Flinter.

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

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