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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, we are celebrating the birth of our nation at this very auspicious time, July 4th, celebrating our independence, our thriving democracy, but also, the Supreme Court decision to uphold the Affordable Care Act.

Margaret Flinter: Well Mark, it's the time when we are expanding the health care system to include all Americans and intrinsic to the right to life, liberty and the pursuit of happiness is the right to the best health that you can enjoy and the best health care.

Mark Masselli: People are still abuzz about Justice Roberts being the swing vote on the ruling opinion.

Margaret Flinter: And there were a lot of behind-the-scenes negotiating we understand with the conservative branch of the court doing a full court press on Justice Roberts to change his allegiance with the progressive wing of the court on this decision. But in the end, Justice Roberts felt the law, including the individual mandate, had a valid constitutional basis and had to be upheld.

Mark Masselli: They did on a five-to-four ruling and now, of course the real work begins. A little more than a dozen states have begun the process of setting up the insurance exchanges to cover the uninsured.

Margaret Flinter: Some governors say that they are not going to set up their own health insurance exchange regardless of the Supreme Court ruling and regardless of the financial benefits that the federal government is providing to states to do that, that's going to help states with screening people who are uninsured for Medicaid. So kind of an interesting decision, not sure if it's politics or value there.

Mark Masselli: I think it's politics through November and then we will really see what states do. But for those states who fail to set up health insurance exchanges, the government is going to come in and setup a federally run exchange.

Margaret Flinter: Well, one thing seems clear; the political stonewalling over the Affordable Care Act is not going away, Mark. And of course, there is the Medicaid expansion since the Supreme Court ruled that the federal government can't force states to expand Medicaid to incorporate more folks living close to the

poverty line without suffering some pretty severe consequences. It's going to be left up to states to decide on that one.

Mark Masselli: So in states like Texas where one-fourth of the population is uninsured, Medicaid expansion looks doubtful under Governor Rick Perry.

Margaret Flinter: I think we can say as we hit this holiday time that the exhilaration of the Affordable Care Act victory is strong and real but tempered with some reality, still some tough work ahead in meeting the demand for primary care providers and for containing cost but closer on access and coverage.

Mark Masselli: Well, it's an exciting time to be an American and also to be working in health care as these reforms pave the way for our long held belief that health care is a right and not a privilege.

Margaret Flinter: But for today, our guest is Carolyn Miles, President and CEO of Save the Children, an organization on the frontlines of providing health and wellness to the world's children.

Mark Masselli: She will be telling us about their recent report on the scope or the problem of infant mortality and what they and other organizations are doing to reduce those numbers.

Margaret Flinter: FactCheck.org's Lori Robertson looks at some misrepresented facts from the campaign trail.

Mark Masselli: But no matter what the topic, you can hear all of our shows by Googling CHC Radio.

Margaret Flinter: And as always, if you have comments, e-mail us at www.chcradio.com; we love to hear from you.

Mark Masselli: We will get to Carolyn Miles in just a minute but first, here is our producer Marianne O'Hare, with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with this Headline News. It's barely been a week since the Supreme Court upheld the legality of the Affordable Care Act and the battle lines are still drawn across the nation. Many of the governors who sued the government over the law are still vowing to continue the battle against it and seek to have the Affordable Care Act overturned. Some states with Republican governors are warning they won't comply with the law's directive to setup an online insurance exchange system to provide low cost insurance options for the uninsured under the health care law. The government says,

“Those states that don’t comply will have a federal program put in place for them”.

Meanwhile, the Obama Administration is sweetening the pot, offering states federal dollars to help setup those exchanges. So where do we stand now with the Affordable Care Act? Health insurers now can't cancel your policy when you get sick, a practice known as rescission. Young adults can stay on their parents' plan till 26 years of age and health insurers can't place a lifetime minimum limit on your benefits. The law also expands Medicare's coverage of preventive services such as screenings for colon, prostate and breast cancer which are now free to beneficiaries. Medicare will also pay for annual wellness visits to the doctor, and in 2014, you cannot be denied insurance for having a preexisting condition.

The American soda lobby is shaken up as well, **shaken** bottle of soda, their target, the proposed ban on large servings of sugary soft drinks in New York City and now Cambridge, Massachusetts. The lobby has started canvassing for signatures on the streets of Manhattan to block the soda ban and have launched a huge social media campaign. Mayor Michael Bloomberg is not backing down from his initiative to block the big gulps of empty sugar calories, saying it's directly impacting obesity and diabetes in this city and is considered a public health matter. I am Marianne O'Hare with this Headline News.

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Mark Masselli: We are speaking today with Carolyn Miles, President and CEO of Save the Children, the world's largest independent nonprofit organization that has been serving the needs of children globally for more than 90 years. Save the Children has 30 member organizations around the world and programs in 120 countries that are impacting health and well being of 85 million children per year, including here in the United States. Carolyn, welcome to Conversations on Health Care.

Carolyn Miles: Thank you Mark and Margaret, great to be here.

Mark Masselli: You know, your organization recently published a pioneering report on global childhood mortality, A Decade of Change for Newborn Survival, which was published in the medical journal Health Policy and Planning. The first of its kind report involved three years of work with 60 main authors and 90 contributors from around the world, offering really a comprehensive meta-analysis of the persistent problems of newborn mortality. There was some real disparity in survival rates among newborns. Tell us about your reports, details, and any troubling trends they revealed.

Carolyn Miles: Well, thanks Mark. And I think this report really does highlight the issue of newborns and how that fits into the overall issue of child mortality. And

the statistics are actually pretty shocking; 3.1 million babies die in the first month of life each year. So that's around the world, and most of those deaths obviously occur in the developing world. And in many countries, the death of newborns so that first month is more than 40% of the kids that are dying under the age of 5. One thing our report found that was despite these figures and despite the big piece that newborns make up in terms of preventable child deaths, only about 6% of the world's official development assistance actually mentions the word 'newborns' and only about 0.1% of these programs actually exclusively target newborns.

Mark Masselli: Carolyn, you took the report and the results have been presented to a world gathering in Washington recently, the Child Survival Call to Action, which was a gathering of officials from USAID, I understand Secretary of State Hillary Clinton was there, government leaders from 80 countries, private players in the global health arena, all coming together to work on the same goal, eliminating those preventable causes of infant and child death around the world. Maybe you could share with us what's unique about how Save the Children and these other organizations are recalibrating their efforts to meet the global challenge.

Carolyn Miles: Well, I think there was a moment in time here and the Secretary of State really very eloquently I think called on all of us to do everything we possibly could to save the life of children. We have made a tremendous amount of progress on child survival but there are still key countries and key areas like newborn mortality and care, where we really have to come together to do this. So I think it's a real chance to build on the success that we have had in the last decade; we know what works in terms of saving kids' lives and now, we are really putting together an actual what we are calling a roadmap and I think it's important for the US to continue a leadership position but we have to get others to join as well. And that initiative, that event, really highlighted India and Ethiopia for example, as examples of countries, where kids are dying and there is something that can really be done.

I think it also highlighted the role that the public can play whether that's talking to their elected officials to say we care about kids dying in other countries or whether that's giving to organizations like ours and others. And Save the Children actually has a petition that we are asking world leaders to commit to ending preventable deaths and listeners can go to our website at www.savethechildren.org and actually sign that petition.

Mark Masselli: In your report, you highlighted the serious scope of the newborn mortality but you also outlined data on some of the programs that with a relatively small investment could have a huge impact on newborn survival like the Kangaroo Mother Care Program and Alive and Thrive. Tell us about some of these programs you have initiated in recent years that have yielded success and hopefully are being applied more broadly.

Carolyn Miles: Yeah, there are some great examples and I have been out actually to see these programs in the field. So, Kangaroo Mother Care is a great example of that and it's especially effective with premature babies. So what the mom does is actually wraps the baby and often times these babies are very small. They put the baby on their stomach and they wrap the baby in a cloth so that the baby is, first of all, kept warm. So they use the mother as really an incubator for the baby. And then it's very convenient for the moms to breastfeed. And access to breastfeeding and exclusive breastfeeding in those first six months is really, really critical. So this is a very simple thing. It really takes communication with moms and training moms how to do it but there is no fancy equipment that's needed to do this; you need a mom and a cloth and a baby and so it really works. And I saw this in Malawi with moms actually doing it and it really works tremendously well.

Alive and Thrive is another example and in places like Vietnam, Ethiopia, Bangladesh, we are working on child nutrition in that first thousand days. So that's from the time that a mom conceives to the end of the second year of the baby's life since malnutrition can permanently stunt children and leave them far more likely to die of preventable disease. So, that's another example, and again, have seen that happening in a lot of countries.

Margaret Flinter: Well Carolyn, with so many sites around the world, as you try to empower communities to learn the steps that they need to take to improve health outcomes for themselves, I know there has been a significant push around community health workers and empowering community health workers. Tell us about that training and how are these programs making a difference in health outcomes in the communities you serve.

Carolyn Miles: Well, I will tell you that the frontline health workers are really the heroes here. They are the people who actually save lives every single day and so in many of the countries, where we work, they are on the ground. A lot of times it's women but also men who live in the communities and they really focus on getting basic proven health care to families that need it. Because kids are dying in these communities, right, they are a lot of times not even within reach of a facility but even if they are, they really need the community health care. So those health workers really help make sure that kids are served in the places where they are sick. There aren't enough doctors; there aren't enough nurses, clinics or hospital really to save these children. So, one of the things that Save the Children spends a lot of our time on is training these community health workers and making sure they understand how do they recognize, first of all starting with pregnancy, how do they recognize the signs of a difficult pregnancy, how do they work with moms to have a plan to deliver, how are they going to deliver, who is going to be there. We do a lot of work with midwives making sure that somebody is there at birth that can really help moms. And then for the first really critical time period after birth, that first month, making sure that moms have

the care that they need and that these health workers can recognize when a baby is sick, make sure they know what to do. So there is a lot of very simple things, administering antibiotics for pneumonia for example which kills many, many children. So, really focusing on what do kids need in that early period, what do moms need and then continuing to follow up and focus on kids under the age of 5.

Mark Masselli: We are speaking today with Carolyn Miles, President and CEO of Save the Children, the world's leading independent organization for childhood health and welfare. Save the Children just released a groundbreaking report on childhood mortality called, A Decade of Change for Newborn Survival, which details a drop in overall preventable child deaths worldwide. Carolyn, a key component of the success of the work you do comes through impacting health policy in the countries you serve and it's pretty clear that one of the themes that drives through success in countries is strong leadership and partnership, critical to developing national strategies. Talk to us a little bit about some examples of countries where that is in play.

Carolyn Miles: Well I think that's very true. At the end of the day, we really need national governments to take this issue up. And in the countries where we have seen real progress on child survival, and on newborns, very, very poor countries, a critical factor is leadership at the government level. So that might be in Uganda for example; we have really worked closely with the Minister of Health. And they have made sure that health funding would get to training midwives for example so that moms actually have skilled attendants at birth. In Nepal, again, community health workers, getting them to actually be able to administer antibiotics. So in a place where there are few doctors but there is still kind of this sense that only a doctor could do these kinds of things, we work a lot with the Nepalese government to say really when it comes to administering an antibiotic or treating an infection of the umbilical cord, these are things that can kill babies, we really can train community health workers to do this. And so now we are working with the government to integrate those community health workers into the government system to make sure they can administer antibiotics. And in Ethiopia, another really powerful example, there pneumonia is the leading cause of child deaths. Now, we all think of pneumonia here at the developed world, it would rarely kill a child but in Ethiopia it's a huge killer of kids. And now literally tens of thousands of community health workers who are known there as health extension workers can actually deliver these life-saving antibiotics. So you do have some real champions inside these national governments to do this.

Margaret Flinter: Carolyn, your organization really is a perfect partner to assist USAID and others in setting up a global network to facilitate these public health initiatives. And I understand you are part of their TASC3 team, the Technical Assistance and Support Contract, which is designed to provide technical support in many areas of maternal, newborn and child health. And you are advising countries on ways to build that institutional capacity, the infrastructure, the

policies, the financing some of the research and the quality control. And it strikes me as you talk about the examples we just looked at focusing on the community health workers that is just such a huge and critical piece. Tell us about some of those infrastructure changes that Save the Children has helped to facilitate in these countries.

Carolyn Miles: Well that's right Margaret, a lot of this is about families that are kind of at the end of the health care system and it's about getting the health care system to them but it's also making sure that the rest of the health care system can serve them. So a lot of our work does focus on this idea of the continuum of health care from the household and then leading into the hospital. And even when infrastructure is in place, often times it's the link between the elements of a health care system so it's the link between the community health worker and the clinic that might be located relatively close by and the link between the clinic and the primary hospital. Sometimes it's pretty simple things convincing health workers on the way they should talk to patients.

A great example is I talked before about women making a plan for delivery. So if they have a facility nearby, we obviously want them to deliver in a facility. But they sometimes don't have the money even to be able to take a taxi to get to the facility in more peri-urban areas, so creating a savings fund that women can borrow from to use for the taxi to the hospital. Things like that really make a big difference. And it really is about looking at the health care system and saying how can the health care system work for these poor families because that's where kids are dying and how do we make a health care system work for them.

Mark Masselli: Carolyn, while the vast majority of the work of Save the Children is done overseas, your program serves hundreds of thousands of American children as well, many of whom continue to live in poverty. And Save the Children started its work here in the United States about 80 years ago to assist impoverished children living in Appalachia during the depression, focusing on improving their nutrition and that program was a precursor to our National School Lunch Program, which provides millions of children access to nutritious meals. So a couple questions, one, on childhood fitness and obesity. Tell us a little bit about your work there but also talk to us about the poor ranking infant mortality rate has in America and we are not happy with where it is and what are you doing to improve that number.

Carolyn Miles: Sure. I will start with your second question first. In our recent State of the World's Mothers report, we actually look at things like infant mortality and maternal mortality around the world, and the U.S. ranks 25 in terms of developed countries. So if you ask most people on the street, where would we rank on such a thing in terms of where is it a great place to be a mom, I think they would probably think it was much higher. But it is a real issue still in the United States if you compare it to developed countries. And on the obesity issue, we are doing a lot of work in the United States. Again, we work with poor families

and it's primarily in rural although we are moving into some urban centers now in the US as well but mostly work in rural communities. And there, the access to healthy foods, the access to physical activity, things for kids to do in terms of sports teams and things like that, it's much different than in suburban communities or even in urban communities and so you see a huge obesity rate among poor rural kids. And so we are working hard to make sure that kids, particularly linked with working with schools, have healthy food and they have physical activity to do as well. So it's a big problem in the US.

Margaret Flinter: And Carolyn, I would like to take a moment to look at an area where Save the Children is often the most visible and that is after a disaster strikes, could be a natural disaster like a tsunami in Southeast Asia or the earthquake in Haiti, chances are you already have booths on the ground when a natural disaster like that occurs. You are also in the thick of war zones where children of course are in perpetual danger when there is a war going on. Tell us about the scope of that work and how you have been able to use newer technologies to support your response during emergencies and also maybe how do you find the human resources when suddenly there is a drastic uptake in the level of need in an area to get in there and make a meaningful difference.

Carolyn Miles: Sure. Well certainly, on the technology side, we actually are pioneering some new ways to work. Actually right now we are doing a large response to a big-big food crisis in Africa including Kenya, Ethiopia and Somalia. And we are actually live streaming some of our work out on to the Internet and turning that into YouTube videos and doing all sorts of things with that but bringing people much closer to the people who are suffering in those emergencies and I think the whole issue is people seeing really what's happening and feeling like they actually can help.

Mark Masselli: Carolyn, we like to ask all of our guests this final question. When you look around the country, and the world, what do you see in terms of innovation that our listeners at Conversations should be keeping an eye on?

Carolyn Miles: Well you know we are doing a lot with mobile technology now and actually part of this session with Hillary Clinton did focus on something called mHealth, which is how do you really use mobile technology to get information out into isolated communities, things like working with community health workers and sending out reminder messages out to them using cell phones or sending out videos that they can actually access on mobile phones, how we get data back from communities in order to really understand what's happening in terms of child survival or in terms of an epidemic, how do we use connections with cell phones to do that and how do we even connect it to doctors that might be at a hospital far away from that community, all using mobile phones. And it's amazing when you go out to these communities, you are out, way-way out than these rural areas but everybody has a cell phone.

Margaret Flinter: We have been speaking today with Carolyn Miles, President and CEO of Save the Children, the world's largest independent non-profit organization seeking to improve the health and lives of children around the world. Carolyn, thank you so much for joining us today on Conversations.

Carolyn Miles: Thank you Margaret and thank you Mark as well.

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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 health care 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 US politics. Lori, what have you got for us this week?

Lori Robertson: Mark and Margaret, this week, we will look at a claim about the federal health care law from Mitt Romney, the presumptive GOP Presidential nominee. Romney made comment shortly after the Supreme Court ruled that the law was constitutional. He repeated several claims we have heard before, such as saying that the law "puts the federal government between you and your doctor". But that's not true. The law does call for minimum benefit standards that all insurance plans will have to have but that's more like the government coming between you and your insurance company.

Republicans have often pointed to a board setup by the law when they make such claims, it's called the Independent Payment Advisory Board and it's passed with recommending ways to slow the growth of Medicare spending. But the 15 member board, which includes medical professionals, economists and health care management experts, can't ration health care and Congress can replace or reject the board's recommendations. Also, Romney's claim sounds like the claim that the law is government-run health care. But as we said before, the law doesn't setup a system like Britain or (22.23 inaudible) has where government is the insurer and/or the provider of care. Instead, the law built on the current US system of primarily work-based insurance. And that's my fact check for this week. I am Lori Robertson, Managing Editor of FactCheck.org.

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 www.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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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. The obesity epidemic is taking its toll on the youth population. A third of America's children are obese or overweight and the numbers are much higher in African-American communities. Another startling statistic, 1 in 10 African-American teens has high blood pressure, a solid indicator for future cardiovascular disease. A study at the Medical College of Georgia has uncovered what could be a simple yet powerful weapon, meditation. A recent study published in the journal Evidence-Based Complementary and Alternative Medicine looked at a group of teens with high blood pressure. Half were given instructions on how to lower their blood pressure, the other half were also instructed in Transcendental Meditation, which they practiced both with a group and at home each day for about four months. Electrocardiograms taken before and after the four months period showed those who mediated twice a day for 15 minutes had far lower left ventricle mass than those who did not. Increased mass of the left ventricle is caused by the extra workload exerted on the heart muscle from high blood pressure. Another benefit, school records also showed better behavioral outcomes among the meditating group. A simple self-directed practice that could reduce the deleterious effects of high blood pressure in an at-risk youth population, impacting not only their health but well being as well, now that's a bright idea.

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

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

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