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Mark Masselli: This is conversations on Healthcare. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret it's been really tough to watch the spread of Ebola across several West African nations. The CDC is predicting really an epidemic outbreak here that could quadruple to 20,000 cases within just a few weeks.

Margaret Flinter: Well Mark as providers and public health people we know how vital it is to get ahead of these outbreaks but this one was so insidious at first, so hard to pin down, and once it was clear that they were dealing with an Ebola epidemic, the wildfire had spread. Just a perfect storm to allow it to spread.

Mark Masselli: And it's interesting to know Margaret that more countries are stepping to help. The US is expected to spend a billion dollars on the crisis and is sending 3000 American troops to help provide support on the ground.

Margaret Flinter: Well the UN, the World Health Organization, the CDC.

Mark Masselli: Still half of the 6000 people infected and died and treatment still to scarce. We will certainly be keeping our eye on the situation, and we are reminded that global health issues are really everyone's issue.

Margaret Flinter: And at the same time back at home a lot of folks are keeping their eye on healthcare.gov. The Federal Insurance Exchange has undergone some revisions and the word is they are not promising it will be perfect but it should be more user friendly than the first government.

Mark Masselli: And you know the administration is promising to redesign healthcare.gov, well meeting at 70% of the users across 36 states will have fewer questions to answer, fewer pages to navigate and would allow insurance sign-ups with a fewer clicks of the mouse and that's all good news.

Margaret Flinter: And I know that the leaders also know that the site has to be secured and our conducting hacking attempts to see how penetrable the site is. I understand there were both some good and some cause for worry from those attempts.

Mark Masselli: There was in the so called white hackers found a critical vulnerability at the site but also the praises from professional hackers who said that they were still unable to get pass the firewalls put in place and that vulnerability has since been addressed so it seems the backup safeguards have worked quite well.

Margaret Flinter: And the Department of Health and Human Resources also ran a test on some of the state exchanges so not just focusing on the Federal Exchange and we understand well Kentucky held up admirably. New Mexico's exchange reveals dozens of vulnerabilities. Actually we think all of this is good information is good information as we gear up for the next round of open enrollment. We want to fix these problems before November 15<sup>th</sup> that's vital to the success of the country second open enrollment experience.

Mark Masselli: Another good idea in healthcare Margaret is just beginning to take hold and that's using sustainable architecture practices in the building of healthcare facilities. Our guest today is world renowned expert on this subject.

Margaret Flinter: Robin Guenther. He has been a leader in thought as well practice. She is the author of Sustainable Healthcare Architecture. Her experience very much needed as we better understand the vital importance of sustainability as one approach to building a healthier community.

Mark Masselli: Well also we have Lori Robertson Managing Editor of FactCheck.org stop by examining these statements spoken about health policy in the public domain but no matter what the topic you can see all of our shows by googling CHCradio.

Margaret Flinter: And as always if you have comments please email us at chcradio.com or find us on Facebook or Twitter. We would love to hear from you. Now we will get to our interview with Robin Guenther in just a moment.

Mark Masselli: 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 these healthcare headlines. The Ebola epidemic is claiming more victims and the world is moving in to respond with several thousand infected and dying. There are startling numbers looming. 20,000 could be infected within weeks and the worst case scenario has the number at 1.4 million within a few months if gone unchecked. Health officials say many victims are dying at home due

to the lack of available clinic beds in these West African nations. The US and other countries are stepping into intervene with money, supplies and military personnel offering backup support. More insurers are jumping into the Health Exchange Game. HHS secretary Sylvia Burwell announcing there would be a 25% increase in the numbers of insurers competing for business on the exchanges and this year's open enrollment. This will give consumers more choices for coverage. Meanwhile, hospitals and states where Medicaid has expanded are seeing the benefit in fewer unpaid bills roughly 6 billion dollars coming into hospital covers now that people have covers with the healthcare. CVS is continuing to expand. It's pushing to the healthcare arena rebranding itself recently as CVS health and discontinuing the sale of cigarettes. In a push further into the healthcare space CVS Health is partnering with several hospitals and health systems to be a point of care at the pharmacy chains 900 minute clinics now in patients get a care those facilities or information will go into electronic health records connected to the hospitals. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with architect Robin Guenther fellow of the American Institute of Architect and principal at Perkins and Will an internationally recognized leader in sustainable health industry design. Ms. Guenther is senior advisor to healthcare without harm a global movement dedicated to environmentally responsible healthcare. She coordinated the green guide for healthcare, served on the US green lead for healthcare committee and recently released the second edition of sustainable healthcare architecture. Ms. Guenther has won numerous awards for her work, was twice named as the most influential designer in healthcare by Healthcare Design Magazine and received the Center for Health Design change maker award for her leadership and innovation in the design of healing environment. She earned her degree at the Architectural Association of London. Hi Robin. Welcome to Conversations on Healthcare.

Robin Guenther: Thank you Mark.

Mark Masselli: And you know it's great that we are meeting now, happen to be March in New York City over the weekend there has been a huge sea change over the years with more institutions getting engaged in this. I think there are still a disconnect on healthcare on exactly what sustainable architects really means?

Robin Guenther: Well what I mean by it is that sustainable healthcare architecture incomes this built environments that basically do no harm to the environment or the house of artisans, communities or the planet. If in fact our built environments had been

doing that all along of doing no harm we might not be experiencing either environmental or the health crisis of our age that all those people were marching about meaning around resource depletion, pollution, complexities of chronic disease burden so what we need to get to are built environments that don't deplete but truly are able to be sustained for generation on generation.

Margaret Flinter: Robin you were on the US Green Building Council Board that actually developed the lead certifications standards for new buildings now we came to be pretty familiar with those standards when we set out to build a lead gold building at our community health center headquarters here in Connecticut but we have learnt so much about the complex of construction requirements, building material standards, energy used standards that yield these lead ratings maybe you could describe for our listeners what are some of the standards and their goals and what does it take to achieve the highest level of lead certification and since I have designed some of those buildings maybe you have a favorite example of lead certified healthcare facilities that maybe transformed both the healthcare experience as well as improving or shrinking that carbon footprint?

Robin Guenther: Well as you noted the lead certification system is the most common certification tool in the world and it really covers land development resource use meaning energy, water and raw materials as well as the **archipel [PH]** experience everything from acoustics to indoor air quality to daylight views to achieve the highest level of certification which is platinum. Buildings need to both minimize their physical development impacts less paving, more nature, better storm water management and use less resources while producing actually a higher quality of **archipel** experience. We need to contrast today's green buildings with the first generation of green buildings in the 1970s when the energy crisis caused people to tighten up the air circulation in buildings and that led to a whole host of health issues from sick building syndrome to building related illness so this time around the Green Building Movement is focused both on reducing resource use but coupling with improved indoor environment. My personal favorite building in the healthcare world I will say is these days my own or one of my firms and that's the Spalding Rehabilitation Hospital in Boston and I think that building demonstrates both a real transformative idea about how healthcare occupants can use a building. It has operable windows in the rehab gym so that patients can actually exercise in ambient air and hear the sound of the birds and the boats on Boston Harbor. I think we are getting into sort of what I would call a second generation of sustainable building where hospitals and healthcare facilities are actually getting more innovative. They are not just optimizing the way they have always done things but they are really crossing into territory that we haven't seen a long time.

Mark Masselli: So if your earliest efforts were addressing the unhealthy qualities of building blocks, actually the building materials themselves and you and your colleague put together a list of 25 precautionary building materials to watch out for any in over the past 50 years there has been an increase in chemically based materials that have been shown to have a harmful impact on human health so again you could tell our listeners about your concerns about questionable materials and how they are affecting human health.

Robin Guenther: Yeah Perkins and Will developed what we call the precautionary list which is a list of 25 substances that are commonly found in building materials that we believe the weight of science suggest should be saved out of commerce. These include things like polyvinyl chloride, Bisphenol A, Phalate, Plasticizers and one that is front page news these days brominated and halogenated flame retardants. I think what people don't realize is that building materials unlike food and pharmaceuticals are not tested for health and safety before they enter commerce and all building owners certainly paid the price associated with earlier generations of building materials that have been removed because of health and safety issues. The one that comes to mind are asbestos, leaden paint to understand the consequences of these materials is important before we purchase them and install them in our buildings and so that idea of transparency which is the term for that knowing what's in a product is emerging as the key corner stone as the materials, the healthy materials economy.

Margaret Flinter: Well Robin you have co-authored what many call the definitive book on Green Construction in healthcare you know receiving is Mark said this rapid transformation how healthcare is delivered but we also have this triple A in front of those better quality, better safety and lower cost and care and all of these forces sort of have to be thought of almost simultaneously what's the conversation that happens in the field today between individuals, the experts like yourself and the people within the healthcare institutions that are struggling with issues of safety and cost what's the form for that conversation in that exchange?

Robin Guenther: I think that healthcare without harm through the organizations practice green health in the healthier hospitals initiative have really begun to engage the healthcare organizations at a kind of booths on the ground level from the inside of the healthcare deliver settings all the way up to CEO's in the healthier hospitals initiative working top down in order to really transform practice not just in building design but in operation and all that is proving to actually come with pretty interesting reduction of waste as well as saving money, so it's showing that there is a lot of ways in healthcare that can be ferried it out through thinking about sustainable process and what moving healthcare upstream does and how that relates to sustainability which I think has an

interesting over lapse around the transportation. The idea of getting healthcare where it's convenient to consumers is an idea that for example in the UK National Health System they are doing that to reduce their carbon footprint so if you can place the healthcare in a more convenient location you can reduce your carbon footprint.

Mark Masselli: We are speaking today with architect Robin Guenther fellow of the AIA, principal at Perkins and Will an internationally recognized leader in sustainable health industry design. She is also a senior advisor. Robin I was thinking as you were talking I want to talk a little bit about your featured speaker this year's TEDMED conferencing yet the topic you spoke about was I was thinking too small and tell us what do you think people were thinking too small when it comes to healthcare and healthy design? Tell us about your thoughts of the underlined speech as well as the TEDMED experience?

Robin Guenther: So the theme of that closing session was thinking too small, and I realized that if we just think about doing less harm like saving 10% of our energy instead of transforming our practice to really do no harm or to actually use our buildings to heal some of the harm we maybe already done we are thinking too small that basically every day healthcare contributes to the environmental and health problems it exist to solve and we need to change that paradigm. We need to create building an operational solutions that start making us sick.

Margaret Flinter: Well Robin you spent much of your career promoting policies that support more sustainable architecture not just in healthcare, but in general, and you said that to make that happen healthcare professionals need to understand the importance of sustainable design but that's not enough you have also got to engage the moms in the equation and when moms learn that the BPA in Plastic Baby Bottles was harmful to the health of their infants there was an outcry and I am going to add nurses to that group because certainly in our home state of Connecticut nurses really led that charge very successfully. How do you see the strategy of getting more people, everyday people not healthcare people, not architecture people but every day people interested in demanding healthier products in buildings?

Robin Guenther: I think that healthcare professionals are trust holders and messengers of health in society and when they join the general public and their communities to do what you described and do things like opposing cold fire power plants it makes a huge difference. It is getting healthcare professionals to exercise their citizenry and join with their moms in their communities to push public discordance forward. I also think we live in an era where acting locally has proven to be very effective, getting municipal level and state level bans on things like flame retardants or antibiotics in food these days those local and state bans really send market signals to manufacturers and produce

real market change so I say to healthcare professionals work in your communities, join together as nurses and doctors with the moms and the kids and change your communities.

Mark Masselli: That is a great message and as I mentioned earlier that I took my daughter down to the climate march joined a couple of hundred thousand people. You are senior advisor to healthcare provider without harm and I know you are pleased to see how many healthcare professionals are participating in that event and tell us about the work of healthcare without harm and your hope for gauging more professionals in its mission.

Robin Guenther: Well as Margaret pointed out that healthcare without harm has really done pretty remarkable work in helping the healthcare community connected to practices and transform those practices. They really focus on three basic ideas. Helping hospitals and healthcare organizations reduce the impact of buildings and operations on the environment and gathering healthcare leaders to advocate for policy changes that support population health that's the one we just talked about so again I really encourage healthcare organizations to look at practice greenhouse, healthier hospital clinician of HHI and engage in the programs that healthcare without harm offers out and I see both in my own clients and I thought so clearly at the climate march that younger medical professionals really care about all these issues. And whether it's because they are graduating from universities with progressive environmental policies and practices I also think they are coming of age in what someone at TED called the second industrial revolution, the age of information and with that transparency, so they are expecting to know what's in their building products. They are expecting to understand the components of the things they surround themselves with, and they will act on that information in the interest of health.

Margaret Flinter: Well we had Earth day and it's great to see this generation creating a whole new environmental push. We had been speaking today with architect Robin Guenther fellow of the AIA, principal at Perkins and Will and senior advisor to healthcare without harm a global movement dedicated to environmentally responsible healthcare. You can learn more about her work by going to [transparency.perkinswill.com](http://transparency.perkinswill.com) or [noharm.org](http://noharm.org) or [healthierhospitals.org](http://healthierhospitals.org). Robin, thank you so much for joining us today on Conversations on Healthcare.

Robin Guenther: Well thank you Mark and Margaret for inviting me.

Mark Masselli: Conversations on Healthcare. We want our audience to be truly in the know when it comes to the facts about healthcare reforms 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: Well those political parties like to pick certain provisions of the Affordable Care Act ones that are popular or unpopular and use them to attack opponents for supporting or opposing the law. In West Virginia for example Democratic representative Nick Rahall zeroes in on a provision about black lung benefits, a popular subject in the coal mining state. His Republican opponent Evan Jenkins supports for repealing the Affordable Care Act which included two amendments to the Black Lung Act to make it easier for miners and surviving spouses independence to claim black lung benefits. Based on that a Rahall TV ad claims his opponent has pledged to take away Black Lung benefits from coal miners but Jenkins didn't make such a pledge and in fact has said he is opposed to any cut in the Federal Black Lung Benefit Program. Even if the ACA were repealed Black Lung Benefits wouldn't be taken away from coal miners who are now receiving them. The Federal Benefits Program established in 1969 provides compensation from miners disabled by the disease and their survivors upon their death. The amendments to the ACA made it easier for miners and survivors to qualify by requiring the mining company to prove that cold dust wasn't a significant factor in a miners disease and preventing survivors from having to file a new claim upon a miners death but the campaign ad doesn't address these details instead it distorts the facts 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 [chcradio.com](mailto:chcradio.com), we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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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. Right now there are about three and a half million people living in refugee camps around the world whether displaced by wars or natural disasters. The plight of these people is often the same living in squalid conditions intensities that provide little protection from harsh elements and these conditions pose serious threats to their health and well-being. The IKEA foundation has taken the parent companies while the successful do it yourself approach to home furnishings and applied it to the problem of inadequate housing for displaced refugees.



They have created a do it yourself dwelling that can be shipped and assembled anywhere.

Jonathan Spampinato: So first and foremost there is the very well-known flat tech approach that IKEA has pioneered. Secondly, the materials and the product itself, so it's a shelter it's not attentive.

Margaret Flinter: Jonathan Spampinato is the head of communications and strategic planning at the IKEA Foundation. They are working closely with the United Nations Organizations working on the ground trying to assist refugees in Somalia and other parts of the world.

Jonathan Spampinato: We extended that to also include funding for an innovation in UNHCR so they could think more long-term so providing that funding allowed them to start the refugee housing shelter looking at how to design a better shelter.

Margaret Flinter: And since on an average a person is likely to spend up to 12 years in a refugee camp these IKEA structures have some unique properties that can make the experience more bearable.

Jonathan Spampinato: To the walls and the roof are made out of a new fancy version of basically a plastic material that is much more durable but very, very light weight and still is inflated.

Margaret Flinter: The IKEA Foundation currently has prototypes. Being tested in various refugee camps and will scale up productions once refinements are made and true to IKEA the price point is going to commend under \$1000 per structure, a deliverable, affordable do it yourself dwelling that can provide some sense of dignity, privacy and protection for families who are struggling as refugees 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 in health.

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