

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

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, change, color and confusion are in the air. Summers over, the leaves are changing color and the polling results on Health Reform are gyrating day by day causing great confusion. Margaret, I think we are probably the most polled nation in the world, I know my phone has been ringing off the hook. I have been trying to shift through the blizzard of data but it's very confusing. It seems really to boil down to the way people ask those questions that determine so much the answers that we are getting.

Margaret Flinter: Well, to parody of famous book we could ask for whom the poll tolls because in many ways it seems like there is an opinion for every poll and a poll for every opinion. But I think what is more important is it looks like this is a question of whether we have been able to communicate the facts and whether people have learned and remember those facts when they are asked whether they approved at the bill. It turns out that the more people understand the factual accuracy of the bill, the higher their approval ratings and I think that needs probably not such a good approval rating for how well those facts have been communicated to the public.

Mark Masselli: Well, this is certainly causing some consternation across the country. You know the closer we get to election, opinion starts to become judgment and the White House is really concern that the judgment on Health Reform might be negative and they are out very aggressively trying to clear the air and get some light on the facts. They have a new website www.whitehouse.gov/healthreform where they really focus in on the missing facts of Health Reform and they also do a state by state analysis of the impact on the law. Listeners can check that out on their website.

Margaret Flinter: And that's a good idea because the Kaiser Foundation Polls found that confusion has risen to its highest since the bill passed six months ago. I find this hard to believe Mark but their results 53% Americans just don't understand what the new law actually means.

Mark Masselli: Well, the White House has an uphill fight and we are going to speaking today with someone from the White House, Tina Tchen who is the Executive Director of the White House Council on Women and Girls as well as the White House Director of the Office of Public Engagement. We will talk to Tina about the benefits to women in families under Health Reform, we are happy she can join us today.

Margaret Flinter: And I think she will be a great guest because she has a broad perspective on women and girls and issues of gender equality. But 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 want to hang onto our every word or read a transcript of one of our shows, visit us at www.chcradio.com. And think about becoming a fan of Conversations on Healthcare on Facebook or following 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 Tina Tchen, let's check in with our producer Loren Bonner with Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. Last week marked the six month anniversary of the Affordable Care Act. Events were held across the country to promote new benefits that just kicked in. Vice President Joe Biden was tasked with addressing one of the more skeptical groups of the law so far, senior citizens. But he only had good news to share, something that seniors who fall into Medicare's prescription drug coverage gap will be happy about.

Joe Biden: What we are doing with this new law beginning in January of 2011 you will get 50% discount on all the prescriptions including name brand prescriptions that you have to pay for while you are in that Doughnut Hole.

Loren Bonner: The discount is expected to reduce Medicare's out of pocket costs by more than \$2 billion in 2011. This summer the Federal Government also sent out \$250 rebate checks to Medicare beneficiaries who are affected by the coverage gap. The National Association of Insurance Commissioners released the much anticipated draft of rules outlining how insurers must spend the patient's medical care. The regulation will form the basis of the new requirement that most insurers used 85% of all premiums on medical costs which will limit administrative expenses and profits for insurance companies. The industry is likely to alter the document, regulators hope to finalize the rules at an October 21st meeting and then the Department of Health will have the final say. Another anticipated document met the public last week. The 21-page Pledge to America offers up the republicans plan for healthcare if they win control of congress in this November's elections. The document proposes to do away with healthcare mandates on small businesses allow the purchase of healthcare across the state lines and reform medical liability laws. Republicans however made no indication of repealing the Patients' Bill of Rights the new benefit that kicked in to protect consumers.

Margaret Flinter: This week on Conversations we are exploring women and healthcare. We all know that being obese is bad for your health but new research finds that it's also burdensome to your wallet especially for women.

Christine Ferguson: For a women who is obese it costs \$4,879 a year and for an obese men \$2,646 more in healthcare cost and employment cost.

Margaret Flinter: That's Christine Ferguson coauthor of a study released last week from George Washington University. Researchers measured the yearly cost of sick days for obese men and women, their lost productivity, even the need for extra gas in their cars because of extra weight. Ferguson plans to study why there is such a difference between the sexes and costs. One theory suggests that women are less than skinnier women while wages don't normally differ that much for overweight men. Looking at these costs may help policy-makers weigh the value of spending to prevent and fight obesity. There is no question that obesity is both a health and economic concern for this country. Let's turn now to our interview with Tina Tchen who can tell us more about how women benefit under healthcare reform.

Mark Masselli: This is Conversations on Healthcare. Today we are speaking with Tina Tchen – Executive Director of the White House Council on Women and Girls and White House Director for the Office of Public Engagement. Welcome Tina.

Tina Tchen: Oh, thank you Mark, I am glad to be here.

Mark Masselli: You know the White House Council on Women and Girls was setup by President Obama to make sure that Cabinet Level Agencies were considering how their programs and policies impact women and families. The president was very passionate at the signing ceremony last night. He said so now it's up to us to ensure that our daughters, grand-daughters have no limits on their dreams, no obstacle to their achievement. They have the opportunity their mothers and grandmothers and great grandmothers never dreamed of. Tina, a great vision, with the bar set appropriately high just how your office is try to realize this dream in the context of healthcare reform legislation. You know you are satisfied with what was included in the bill for women and families.

Tina Tchen: Thank you Mark and that is great summary and reminder to all of us of the purpose of the council of women and girls. Just a word about it, there has never been a White House Council on women and girls before. The members of the council are all of the Cabinet Level Agencies and all the major White House Offices and we did that to make sure that every agency and every office is considering the interest of women and girls in everything they do everyday. I mean Affordable Care Act is a good example of that, you know we work together tirelessly with our office of health reform or during the crafting of the bill, the passage and now if we do implementation and HHS and our partners with the other agencies are working tirelessly to make sure that the concerns that women and girls and their families are addressed.

Margaret Flinter: Tina September 23 was a landmark day. It marked the six-month anniversary of the passage of the Affordable Care Act and many of its provisions went into effect. One of these is the requirement that new insurance

plans provide a set of preventive health services including women's health specific services at no cost to the patient. Now the services tend to follow the United States Preventive Services Task Force guidelines but in your conversation with women and women's organization around the country I am sure other healthcare issues have come up. Access to contraception under insurance without out of pocket cost might be one of those but I am sure there are others, how is your office engaging in this process of determining what women's health services will be mandated for coverage now and down the road.

Tina Tchen: Thank you Margaret, great question. Under the terms of the statute and the statute makes reference to existing prevention standard or standards that the secretary may look at as they are developed. The existing standards that apply are the US Prevention Task Force Standards as applied to women and the pediatric health care standards with children and in addition to mammogram that you let me just go through them a little bit, beyond mammograms and cervical cancers screening there is also now free affordable preventive care services for obesity counseling, for blood pressure screening, for heart disease screenings, all of which are again diseases like diabetes and obesity and preventable diseases that women and especially minority women suffer at a greater rate than the population as a whole. In addition there are healthy pregnancy screenings that are included already in the free prevention services so screening for conditions like Hepatitis B, RH Incompatibility, special tailored counseling to help women quit smoking and avoid alcohol use during their pregnancy, counseling to support breastfeeding and to help nursing mothers. And of course they are well-baby and well-child visits for their children and screening to detect and treat common childhood problems like we get obesity, depression among children, dental treatment in annual food vaccines. So there is a broad range of services that already come in, what I think you are referring to Margaret is there is not currently in existence a standard women's well healthcare list to prevention services and other Department of Health and Human Services has already contracted with the institute of medicine to run a process over the course of the next year where they will take medical input on what kinds of services should they included in a women's healthcare preventive healthcare standard, contraception would be one of the things they will look at and that standard is due to be issued by next August.

Mark Masselli: Tina, that was a wonderful walkthrough about the health and health disparities that women face and your office has been active engaging women in conversations about many topics. From those discussions what new approaches or ideas have you gleaned about, how the federal government might try to improve health outcomes and reduce disparities for women and girls. And tell us about your partnership with Secretary Sebelius on this and other health related matters.

Tina Tchen: I mean all during the healthcare process we have engaged within the last year and half we have had conversations with women's organizations,

with individual women. The First Lady hosted three events last summer and fall focusing on women's health on breast cancer and on senior women and what they need. And we have really heard a lot about things like the disparity in what women paid for you know a healthy 23-year-old woman before the Affordable Care Act passed would pay more in premium as much as 150% more than a healthy young man that there are about eight states that still counted being in a domestic violence situation as a high risk situation than they allowed an insurance company to deny coverage to woman. And there were insurance companies that counted pregnancy as a pre-existing condition. The National Women's Law Center actually ran a campaign calling being a woman is not a pre-existing condition. Because that's some of the things that women were experiencing. Those are a lot of the reforms that are directly taken on by the affordable character. I am really pleased to say that when the act is fully implemented in 2014 no one would be able to be denied coverage because of pre-existing condition whether that is pregnancy or otherwise that gender in a rating discrimination will be eliminated. And along the way we will be able to provide coverage to you know 23 million more Americans who don't have coverage again you know a majority of whom are women and their children.

Margaret Flint: Tina in the last few weeks we have been hearing quite a bit about the United Nations Millennium Development Project Goals and as I have listened to some of these discussion it was cleared to me that they are similar in many ways to the focus of the office of women and girls improving the economic life of women, improving health and healthcare and ending violence against women. A general recognition around the globe that as the health of women goes so goes the health of the society. I wonder if you could share with us any innovations that you are seeing globally in women's health issues that you think might offer promise here in the US and is your office working with any aspect of the Millennium Development Goals Project?

Tina Tchen: Oh yes, we are. Again you know our office really works through all of the federal agencies so we, the state departments and Ambassador, Melanne Verveer the first-ever ambassador on Global Women's Issues at the state department and Ambassador, Susan Rice at the UN are also partners with that. I was in New York last week along with Valerie Jarrett, the chair of Council on Women and Girl, we were both participating in different aspects of Clinton Global Initiative Session and the Millennium Development Goal Summit. We in fact through the Council on Women and Girls co-chaired an event a breakfast meeting together with the Millennium Challenge Corporation where we directly talked with a number of stakeholders around the world on how we can better integrate gender considerations as a daily part of how we address reaching the Millennium Development Goals because then I think the President even acknowledged it in his speech at the summit last week that improving a loss of women and girls is really a key avenue to reaching the millennium development goals. And it is a key avenue to achieving people stability around the world as well. That's another reason why and I comment on this frequently because I

think people don't know that part of our national security strategy which was issued earlier this year by the President laying out all of the factors that we view as important to our national security. The improvement of the rights and life of women and girls around the globe is specifically noted. Because we do know as we improve those lives, again society has become more stable, more prosperous as they tap into that 50% of their population that is so often left behind.

Mark Masselli: Today we are speaking with Tina Tchen – Executive Director of the Whitehouse Council on Women and Girls and a Whitehouse Director for the Office of Public Engagement. Tina, First Lady Michelle Obama has structured a very strong and promising childhood obesity campaign with her Let's Move initiative, really engaging every sector of society government, corporations, communities and families but what more do you think we can do to get the public engaged on the campaign to fight childhood obesity. This type of public engagement seems to be a natural fit for your other responsibilities that you have within the White House. As the Director for the Office of Public Engagement, tell us about how this dialog if you will with the American public is going? There is a lot us and increasingly we are all using different mediums to communicate. It's an important task because you are trying to bring a new voices to the table tell us how successful this initiative has been.

Tina Tchen: I think the initiative is going terrific, I mean beyond even our wildest expectations when the First Lady set out to learn about and tackle this issue a year ago. We have seen, as you point out, you know people across the spectrum joining in, not just parents and teachers at schools but you know the food industry, the restaurant industry, chefs, the farm industry, agriculture really all the various aspects of our society that affect the kind of food we have, the access to food that we have on neighborhood development to address food desserts. All of these aspects are coming to bear in a terrific way to address this serious problem that leads to some of the other presentable diseases and problems for children and families. Partly we have been working together with the First Lady's office because as you point out my two roles here in addition to the Council on Women and Girls is as the Director of Public Engagement which is our average office, so we have been working with the First Lady's office in reaching out to all of those sectors and bringing them all in and seeing them as part of this effort. It's something that we do on all of our initiatives here at the White House. Our charge from the President as being the Office of Public Engagement is to engage the public broadly in what we are doing both that they know what the administration is working on and that we get their input and participation in things like Let's Move and things like Job Creation and what we are doing in the economy, on the Affordable Care Act and things like Wall Street perform as well. All of those are things that touch the life of American people and we really want people to stay engaged with us.

Margaret Flinter: Tina, I would like to go now to an issue that I know has been of interest to you over the years, is adventurous to the first family and to the office

of women and girls and that's work life balance. Certainly an area of great stress for women and families around the country and nowhere more so than as seen in low income families. Now, the United States obviously does much better than some countries in this area but also there are countries that are much more generous to families and to women particularly in the first year or two after the birth of children. What can we look forward to coming forth from your office either in legislation or social policy that might reduce the stress and improve work life balance for new families?

Tina Tchen: Well Margaret work-life balance is a big issue for the President and First Lady. It's a priority for them in part because it's something that they have lived as working parents themselves. We know that two thirds of American children right now are living in a household where they are being raised either by a single parent or by two working parents. So it's an issue that we have to address. We had a forum here with the president and the First Lady in March of this year here at the White House to launch a national conversation on work-life flexibility. Our Council of Economic Advisors issued a report that day that shows not only is it important to do for our children and for our families but it also helps the bottom line. Businesses that provide work-life flexibility to their workers reduce their cost and turnover. They reduce training cost for new employees. They have workers who are more productive and focused on their work when they are not having to also worry about their children or an elderly parent or even how to meet their religious observances with their schedules at work. So it really cuts across a whole vast array of our workplace and our workforce. So we launched the conversation. People can view excerpts from the form at whitehouse.gov if you go to the Council of Women and Girls page and you can also download from that website a Work-Flex Starter Kit so you can have your own conversation in your own community. And the department of labor will be launching conversations around the country. The first being later on this month in October actually in Texas focusing on small businesses and we plan to both continue that conversation around the country to get the private sector talking about how to implement this and in the public sector our office of personal management is spearheading pilot projects and efforts so that we in the federal government as an employer can walk the walk in addition to talking the talk and really implement workplace flexibility initiative and a message in the federal workforce as well.

Mark Masselli: Tina, you have a wonderful perch sitting in the White House. Can you tell us what you see in terms of innovations as you talk to people around the country who should our listeners at Conversations on Healthcare be keeping an eye on?

Tina Tchen: Well I think obviously you can't talk about innovation without talking about you know the internet and the web and the ability to communicate broadly with people through new media. It's something we have spent a lot of time here at the White House but I think you were doing out there in the kinds of work that

you all are doing. It is a great way to get information tailored to the great way to have a conversation on their terrific organizations like MomsRising that are out there that are using the web and there is a great organization whose event I was just at in New York last week that the UN foundation has started called Girl Up which is going to use the internet and efforts to try to link girls in the US to support their peers and girls around the world and really link girls here in the US to the life of girls around the world. Those innovations that are really linking us across boundaries across our cultures I think it's one of the really exciting things where we can help each other out.

Margaret Flinter: Today we have been speaking with Tina Tchen – Executive Director of the White House Council on Women and Girls and White House Director for the Public Engagement. Tina, thank you so much for joining us today on Conversations.

Tina Tchen: Well thank you Mark and thank you Margaret, it was a pleasure to be with you.

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

Margaret Flinter: This week's bright idea focuses on a project that's leading the nation and making healthy food accessible to all Americans. The Food Trust Pennsylvania, Fresh Fruits Financing Initiative founded in 1992, the Food Trust has grown from providing small nutrition education classes for intercity Philadelphia youth to taking an increasingly comprehensive approach to improving health food access across the State of Pennsylvania. In 2001 the Food Trust publishes study titled the need for more supermarkets, which reported the Philadelphia had the second lowest number of supermarkets per capita of major US cities and made the point that this poor food access was linked to the high incidence of obesity, diabetes and other diet related diseases in the cities low-income neighborhoods. These findings spurred the Pennsylvania Legislature to create the Fresh Food Financing Initiative, a grant of known program that's designed to promote supermarket development and underserved neighborhoods. The initiative works by providing the financing in the form of startup capital and credit to supermarket operators that traditional financial institutions and low income neighborhoods count their own supply. In the initiatives first three years the State of Pennsylvania invested \$30 million into the project and the reinvestment fund allocated \$90 million more to set up an endowment. By the end of 2009 the initiative had financed 83 supermarket projects and 34 Pennsylvania counties creating 5000 jobs in over 1.6 million square feet of food retail. These tremendous successes have thrust the initiative into the national spotlight and it's now being studied by both the Institute of Medicine and the National Institute of Health. And most recently the Pennsylvania Initiatives served as a model to President Obama's National Healthy Food Financing Initiative which will provide similar supermarket financing

across the country. Interested listeners can visit www.thefoodtrust.org for more information. By assisting supermarket operators and opening stores and underserved neighborhoods the Pennsylvania Fresh Foods Financing Initiative is hoping to make healthy food available to more and more Americans and reducing their risk for diet related diseases like obesity and diabetes. Now that's a bright idea.

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

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

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