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Marianne O'Hare: Welcome to Conversations on Health Care. This week is part two of our look back at the last half century of contributions made to the growth of community health centers by our show hosts. Veteran Journalist Thalia Assuras resumes her conversation with host Mark Masselli and Margaret Flinter, on the 50th anniversary of the founding of their health center organization. Lori Robertson joins us from FactCheck.org and we end with a bright idea, improving health and well-being and everyday lives. Now, Veteran Journalist Thalia Assuras resumes her conversation with our host Mark Masselli and Margaret Flinter on Conversations on Health Care.

Thalia Assuras: Hello, and welcome to Conversations on Health Care. We are continuing our conversation with your regular host Mark Masselli and Margaret Flinter on what is a special edition, special because we are marking the 50th anniversary of Community Health Center Incorporated and also celebrating the show.

Let's talk about this. Let's talk about this very program, your very first guest. I said I wasn't going to get into politics, but your very first guest was Speaker of the House Nancy Pelosi, and you have national folks on your broadcast. Margaret, why did you feel this program was important to add to your center?

Margaret Flinter: Well, I'll give Mark credit for the original idea on it. But it immediately made sense to me in part because selfishly it allowed us to call up the best, the brightest, the most innovative people in the country and have a conversation with them. I mean, I couldn't just do that by myself, I guess, but much better to have it through a radio show.

But in all seriousness, most importantly, it created a forum to talk about important issues in health care writ large, right? We were talking policy, innovation, technology, sometimes politics, occasionally clinical and certainly during the time of COVID a big focus on a major clinical issue but from the policy, public health, politics, economics communication perspective. If you go back, as I recently did, through all the shows which our fabulous communications team lines up for us because I would not remember all of them. The range is astonishing from people no longer with us, who I'm so glad we captured Jack Geiger, Fitzhugh Mullan, Uwe Reinhardt, people who are legends in their time, but kind of preserved for posterity with their thoughts to very recently speaking with a family physician in Ukraine, who couldn't disclose her location because of the bombings that were going on and who said we take care of our patients when the sirens go off, we run to the shelter and then we come back and we take care of our patients. This enormous universe of both intellectual and policy changing work that's going on, it's been such a pleasure to bring that to the forefront of the country. Also, some of the people

we've interviewed over the years, if you go back to 2010, they are back in 2014, 2018 because they continued to increase in their influence throughout the United States in a positive way. It's never been a got you show. It's always been about bringing people's thoughts, their ideas and challenging them, but bringing that to the forefront.

Thalia Assuras: Mark, Margaret brought up the point that the pandemic has had a special place, obviously, on the broadcast recently over the last, gosh it's almost what, three years? What stands out for you there and -- because you've actually, as they say in the news business, committed news, you've broken news on many fronts.

Mark Masselli: Well, let me just tell a story, because it's just the three of us, right?

Thalia Assuras: Please.

Mark Masselli: Okay. So, I wanted to take us back to that Speaker of the House, Nancy Pelosi. We're probably a month before we started the show we said let's get out and I think as Margaret said, we wanted to bring the lens of community health centers to the conversation and really get a focus in on the populations that we care for. We thought we were going to do a local show, frankly. We thought this was going to be Connecticut based. A friend called up and said, the Speaker of the House is coming into the state. I said, by the way, we're doing a radio show, you think she would be willing to call in and do the show. He was a good friend, congressman back then. He said, I think I can arrange it.

We had her scheduled for 11 o'clock at a radio station WESU, Wesleyan University College Station. At 10:55 the entire station went out of power for two hours and you can imagine we've lost the Speaker of the House. We had this all set up. The technician said, why do you care about the Speaker of Connecticut's house? We said no, finally the power comes on. We're dispirited, we're sitting there. The phone rings. I'm so sorry I'm late calling in, this is Nancy Pelosi, so.

Margaret Flinter: Calling from the back of a tax.

Mark Masselli: Call from the ---

Thalia Assuras: Nobody told her, she -- right, Nobody told her?

Mark Masselli: No one told her. It worked perfectly. I think there was sort of good karma, if you will, on that. That's not dissimilar to when we had Dr. Anthony Fauci on in February of 2020. Before he was a household name, he came and spend a half an hour talking with us about this pandemic that was in Wuhan, China. He really said some things that really put the hair on the back of my head on edge. He noted that every day there were 20,000 Chinese who fly into the United States.

We knew once he said that, that was not just that day, it was every day that this had already reached our shores.

The other thing that he noted and I think is proven true, he said the Coronavirus, they mutate, they just do. That early on -- and we help translate I think for a lot of people who listen to the show, they did as we did after we heard that conversation. We went back and prepared ourselves. We've had Ashish Jha who's now the new COVID leader, interviewing Deborah Birx whose new book just got released. We've had the opportunity because of that lucky -- the luck of the Irish or whatever in terms of the speaker coming on we've really had the ability to reach out have conversations. But also conversations through the lens of people who live in poverty and organizations like ours all across America who make a difference in providing them, we've been able to bring important critical and credible information to them.

Thalia Assuras: Margaret, let me pick up on COVID. Both of you have talked about it. But CHC Inc, really put together a lot of solutions when people were in general across the country, health care systems, hospitals, physicians were flailing. What do you think you learned and brought to the table and we'll take forward?

Margaret Flinter: Well, first of all, I think that everything that we learned over the course of the 47 years that led up to it was put into play. Mark talked about enduring and adversity overcoming it and moving forward. We were not strangers to crises. We weren't strangers to being in a position where we really didn't have any experience about the best way forward. We hadn't been part of something like this before. But we'd had the experience of being in the situation of not knowing.

What we did know is that strength comes from pulling together the team, and that team is not necessarily by rank and hierarchy, right. That team is by who can contribute to solving this problem. Mark, I think, it was this Sunday, probably the Sunday before it really broke on the national news, Sunday afternoon that we pulled everybody together. We made the decision that there'd be no layoffs or furloughs, which was already becoming the word on the street, thank God because we needed every single person that we had and a couple of hundred more to do what we did.

Then we'd have to execute on a couple of levels. One was to make sure we maintained our commitment to our patients. We had to take care of them. Didn't matter if there was now this pandemic even more so we need to take care of them, but to do that safely we had to reorganize everything, and we did that. Clinical chiefs, operational chiefs, facilities people just did a spectacular job. We also -- there are other people like our dentist, or school based health center nurse practitioners and therapists and hygienist who the schools were about

to be shut down, that they couldn't do what they usually did. Honestly worked for us that they were able to become the nucleus of whole new categories of jobs that we've never had before, people to do COVID testing, mass testing, outdoor so it was safe for everybody, following up on those results, educating our patients constantly and really trying to be the crosswalk between primary care and public health and to take care to the people.

We've talked about our special populations. The homeless are one of our special populations. We have a whole program called Wherever You Are is the name of it. That was really the philosophy that carried us through the COVID pandemic, wherever you are we will bring the testing, we will bring the vaccines into homeless shelters, into tents, down by the river, into mass eight lane, drive-through clinics, on abandoned airfields and in shopping malls. But it took that initial group of people coming together and signing up, many of them to work seven days a week probably for the better part of that year to make it happen. While it was exhausting, it was probably one of the most exhilarating unifying purpose driven episodes in the history of the health center.

Mark Masselli: You know, I ---

Thalia Assuras: I can't imagine Mark that you had ever thought you'd be setting up drive-through vaccine sites, for example. I mean, all of this is new to everyone.

Mark Masselli: Yeah.

Thalia Assuras: How did you do it?

Mark Masselli: Well, I think, we have a operating phrase here that we want to make things efficient, effective and elegant, and we did that in terms of the design of the mass testing sites. As Margaret said, this is an opportunity for young people who had never been in leadership to end up doing our mass testing sites. We had them 20 fix them and dozens and dozens of mobile ones. But that work got the attention of the governor's team here in Connecticut, and they reached out to us and said, we need a mass vaccination site set up. We had never set up a mass vaccination site.

Meredith Johnson, one of our leaders here in the Health Center was up at Rentschler Field and looked out and saw that there was an abandoned airport, Pratt & Whitney's abandoned airport. They said can you set up here and we said, we will. In one week, we set up an entire village that was able to ultimately throughout the state do 8000 vaccinations per day. It was really attribute to the partnerships that we had with the National Guard with the state of Connecticut. But the leaders within the health center that Margaret described earlier, who

came from all walks of life were able to set these up. That one airfield was the second a mass vaccination site set up in the United States. I think Los Angeles had the first one by about 18 hours. But we just had to use all of the resources that we had built up in the health center.

We also just had to unleash the power of these young people who wanted to step into leadership roles and make a difference, and so we were able to do that. We ran them from East Hartford to Stanford to Danbury and to Middletown. They ran seven days a week, there was no let-up. For the most part, like the Pratt & Whitney airport, it had no power, no running water, we had to bring all of those in.

Thalia Assuras: What other innovations beyond the COVID facilities you set up, Margaret, would you say have been primary for CHC Inc?

Margaret Flinter: I will say one of the innovations that is now no longer thought of as an innovation because it's actually become a central part of health care in the United States was this idea born out of our experience of caring for low income, uninsured people, people who didn't speak the language, as much as we could do for them in primary care. They needed specialist care sometime. Just try and get a specialist appointment for an uninsured, low income or person who speaks another language or experiences transportation, I would I say I could probably throw a softball if I was a better pitcher and hit two or three major academic medical centers in Connecticut, but it didn't mean I couldn't get an appointment with a neurologist or a gastroenterologist or neurologist of any kind.

We took a kernel of an idea created by a wonderful fellow Dr. Mitch Katz when he was Health Director for the city of San Francisco called the e-Referral, because he asked the question, does the patient need to go to the specialist or could the primary care provider consult with the specialist in an organized and disciplined way and determine the best course of action including managing the problem in primary care. We took that kernel of an idea and created a national model of e-Consults so that today is operating around the country. We have an affiliate for it called ConferMED, proven published results in terms of the quality, the safety, the efficacy and the cost savings of the model. That's just one of literally thousands of examples that we could give you of specific innovations that are making a specific difference in health care today.

Mark Masselli: Yeah.

Thalia Assuras: I want to move, Mark, to something a little bit different, because I understand that you see a connection between your initial passion for health care service when you were a young person and the challenges to the environment today. Where was that connection? What do you mean?

Mark Masselli: It's such a great question and that connection is so important. Margaret and I have the unique opportunity that we've taken on to interview everybody who's a finalist to work at the health center. It's no small task. There are about 1500 people who work for us, so every day, we have new people who are coming. In part, we want to see them and hear them. But part of the conversation is animated by their interest not only in health care being a right not a privilege, but the planet that they live in.

I think any organization that doesn't have an environmental focus is going to lose this intellectual capital that exists with our young people who are very worried about the planet. We are as well, we have set up our own environmental task force. We've built gardens on our rooftop, we have mobile gardens in a number of our schools. We're trying to think through how we can play an important role in it, and may be planting trees in urban environments, but it's really about capturing in health care the role the environment plays.

In the last seven years, we've had three of the hottest summers in the history of the of recorded meteorological data, we see these enormous wildfires that are happening out in Arizona and California in the west. People are breathing bad air. Guess where many of the environmentally pollutants are housed, they're housed in low-income neighborhoods. We have a responsibility as an organization to speak truth to power on this and to develop intervention models.

I will tell you, sort of back to the issue of innovations at the health center. We often say that our real strength is borrowing an idea and returning it with interest. The Mitch Katz is one example, but so often because of our context around the globe, we're hearing about great ideas and through our Weitzman Institute we're able to translate that into a workable, scalable model that can be returned to community health centers around the country. I think that's our real skill is to listen to other people carefully, grab that kernel of an idea, which is so insightful and so brilliant and really translated into a program. This is going to be very important for us on the environmental issues, as well as we move forward over the next 50 years.

Thalia Assuras: Just very quickly, yes or no. Are these young people passionate about these environmental issues those you speak with Mark, do you see hope ahead?

Mark Masselli: Yes.

Thalia Assuras: Finally, to wrap up and Margaret first, what advances in medical care do you see ahead? I know just through this COVID period that the way I have to deal with health care questions has changed. I've not been on so many Zoom calls in my life and find it kind of strange. Is this where we're going in health care and what else?

Margaret Flinter: Well, I'm forever optimistic and I do believe we have the national attention at least the policy level focused on transforming primary care as that first rung. The National Academy of Science, Engineering and Medicine, issued one of their landmark reports, the first one 20 years on primary care last fall, and really boils down to saying we know what great primary care is asterisk. It's just not what most people in the United States experience today, and it's care that moves away from the fee for service system is team based and comprehensive. It's about a team of people caring for you. It delivers more to the people who need more and more than anything else, we need to get it done and we need to address it in a way that, as we've alluded to earlier, understands that health equity is about life itself, that we have just huge discrepancies in the very length of life between groups of people because of their health conditions, many of which are born out of social determinants of health, adverse childhood events, but can be ameliorated through really excellent primary care whether that's in the health center or in school based health centers or anyplace else. That's sort of the big structural piece, and we will continue to fight for that.

But then there's this other piece that we finally recognized as a country, and Francis Collins was on our show a couple of times, now retired Director of the National Institute of Health who created the All of Us Program, right. Who recognize that we are massively different and that we now have the science and the knowledge of genomics to understand that we need to treat people individually as well as members of a group we have to study that. The All of Us Program of which we were one of the first participants as an organization is the largest research project underway of our times to really look at how do we look at the impact of genetics on each individual's care, but also the interplay of genetics, with family, neighborhood environment and personal habits. A lot of exciting things ahead for us, I think.

Thalia Assuras: Mark, what do you see ahead?

Mark Masselli: I think it builds off of this of the smartphone. 12 years ago this wasn't in anyone's hands, it has transformed the delivery system in so many ways and it will only get better. We need to figure out ways to give people access to health care without necessarily saying, you know what, you work at 7-Eleven and guess what you have to do, you have to get into three buses, going to take an hour and a half to get here. You're going to have to wait in our room for an hour. You're going to have 15 minutes with your provider. That is antiquated. We need to get rid of that.

Really, mobile devices are going to be so important. The price point has dropped down from -- and we've been measuring the use of smartphones over the last couple of decades. I think it's going to

transform the way we deliver care, so we have to be on both sides of the aisle, high touch and high tech. High touch because people need to be reached out to, we need to go the farm workers where they're working or the schools where young people are being educated.

But high tech, because we need to drop these barriers that exist that are so anti poor people in that they are forced to lose income because we simply haven't figured out a technology solution. Both are going to be important for us. We're going to still need to have that conversation where I can look you in the eye I can say good morning to you. The other hand, when it's appropriate, we're going to be able to use these devices for remote monitoring.

Our friends in the West Coast have developed an ultrasound off of the iPhone. You're going to be able to do EKGs. You're going to be able to do so much on monitoring, and we have to have our feet in both of those worlds to continue to build a world class primary care system that's focused in on special populations committed to improving patient outcomes, and cultivating healthy communities.

Thalia Assuras: So much more to talk about. But I have to say we've come to the end of our discussion. I want to thank both of you Mark and Margaret and congratulate you on 50 years, you and your team. Also congratulate you on this program. Thank you again for letting me sit in your chair flipping the table on you. Thanks also to our audience at home for listening.

Margaret Flinter: Thank you, Thalia.

Mark Masselli: Thank you so much.

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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 U.S. politics. Lori, what have you got for us this week?

Lori Robertson: We've received several questions about whether people who are vaccinated are more susceptible to COVID-19 and those who are unvaccinated particularly against the Omicron variant. One such question came from a reader who wondered whether Walgreens had said vaccinated people were at higher risk. A May Walgreens report did say that in early 2022 unvaccinated people getting tested for COVID-19 at the company's pharmacies had a lower test positivity rate than those who had received at least one COVID-19 vaccine, a reversal from what was observed prior to the Omicron variant. But that doesn't mean that the vaccine is making people more

susceptible.

On the contrary, the Walgreens' report specifically says that unvaccinated people were more likely to report having had COVID-19 before "unvaccinated patients were significantly more likely to test positive than vaccinated patients." In the Walgreens case and in others raw data can be misleading, a phenomenon that has been exploited by dubious websites that cherry pick data to argue that the unvaccinated are somehow better off than the vaccinated. A substantial body of evidence shows that's false. Getting vaccinated increases not lowers your protection against the Coronavirus.

It is true that people who have been vaccinated or boosted are more susceptible to being infected with the Omicron variant than they were to past variants. But there's no evidence they're more likely to contract the virus than a similar person who was unvaccinated. Multiple studies indicate the vaccinated or boosted have at least some temporary protection against Omicron infection. For instance, a study of patients in Southern California found that two doses of the Moderna vaccine reduced the risk of Omicron infection by 44% compared with 80% for the Delta variant.

The primary purpose of that vaccination, however, is to prevent serious illness, and for that the data are overwhelmingly clear that vaccination is still quite effective. For instance, CDC analyses show that two doses of an mRNA vaccine reduce the risk of hospitalization by 64% four to six months after the last dose, with protection rising to 84%. With a booster protection is even higher against critical illness and death.

Johns Hopkins University Epidemiologist Dr. David Dowdy told us, we shouldn't expect vaccination to garner long lasting protection against infection with the Coronavirus. But he said the data are very clear that people who have been vaccinated and boosted are at much lower risk of hospitalization and death. That's my fact check for this week. I'm 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'd like check, e-mail us at www.chc.radio.com we'll 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. Asthma is one of the leading causes of trips to the emergency room for children.

There are often a correlation between high density low income neighborhoods and more trips to the hospital for treatment and intervention. When officials at Boston Children's Hospital noticed a spike in asthma outbreaks in certain neighborhood clusters they decided to do something about it. They launched the Community Asthma Initiative. They realized that if you could treat the environments in the patient's home that might reduce the need to treat the patient in the emergency room.

Dr. Elizabeth Wood: The home visiting efforts work with children and families that have been identified through their hospitalizations, emergency room visits as an identification of having poorly controlled asthma. Also, it's a teachable moment.

Mark Masselli: Dr. Elizabeth Wood heads the program and says the first step is to identify the frequent fliers, those kids who make repeated trips to the emergency room. Then they match with the community health worker who visits their home several times and assesses the home for asthma triggers.

Dr. Elizabeth Wood: They work on three areas, understanding asthma itself, understanding the medications and the need for control medications, and then working on environmental issues.

Mark Masselli: Families are given everything from HEPA filter vacuum cleaners to air purifiers. They are told not to clean with certain toxic products, and the homes are monitored for the presence of pests or rodents. The result says Dr. Wood has been pretty dramatic.

Dr. Elizabeth Wood: What's remarkable is that there was a 56% reduction in patients with any emergency department visits and 80% reduction in patients with any hospitalization.

Mark Masselli: While this program is expensive, there is a return on investment in reduced hospital costs and healthier children. The program has been so successful it's been deployed in other hospital communities around the country. The Community Asthma Initiative, a simple re-shifting of resources aimed at removing the cause of disease outbreaks in the community, leading to healthier patient populations. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

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CHC 50th Part 2

Marianne O'Hare: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. The show is brought to you by the Community Health Center.

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