

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, we seem to be switching back and forth. One week, we are talking about funding for Health Care Reform and the next, about how the courts will weigh in on the health legislation. There is some movement on both fronts to discuss this week. Still it's hard to predict the future of President Obama's a year-old health care law.

Margaret Flinter: And even harder, I would say, to predict the future what happens beyond this year based on everything that's been in the news about various proposals for fiscal year 2012 and beyond, and nobody can predict the outcome of the legal challenges around the country about the Affordable Care Act. I think there are about 27 now, Mark, and four Federal Appeal Courts are expected to consider the issue in the coming months. I am hearing that the Supreme Court review is likely just not right now.

Mark Masselli: This was echoed earlier this week. The Supreme Court released its new list of accepted or denied cases. Attorney General for the prominent Virginia case challenging the laws, individual mandate, was hoping to get his case on that list for an expedited review but there was no such mention of it on the Supreme Court's list.

Margaret Flinter: And I understand that this means that the Virginia case will most likely have to travel the normal course through the 4<sup>th</sup> Circuit Court. Turning to the funding now, let's go back to President Obama's speech last week about the deficit. We didn't get a chance to elaborate on the details of that. And one of the important points is the President's intent to beef up that 15-member Independent Payment Advisory Board or IPAB to rein in Medicare savings and of course reining in Medicare expenditures was front and center in some of the proposals we saw coming out of Congress last week.

Mark Masselli: Yes, it was, and the President spoke extensively about that. He made it clear that he does not support the House Republican's approach to Medicare and Medicaid, which he said would ask seniors and poor families to pay the bills. Instead, his approach is to lower expenses by reducing the cost of health care itself. He wants to strengthen the IPAB board that already exists because of law to analyze the causes of Medicare spending increases.

Margaret Flinter: And for those not familiar with the Independent Payment Advisory Board, that board gets involved on Medicare's growth per beneficiary, exceeds the growth in the GDP plus 1%. So IPAB, as it's known, is supposed to recommend to Congress ways to reduce this growth and what they recommend becomes law unless the House and the Senate each adopt a resolution to block it. Now, the President is saying that he wants to set a tougher new target for

Medicare growth per beneficiary of GDP per capita and set it at 0.5% instead of 1%, and that gives the board even more tools to improve the quality of care and hopefully reduce cost even further.

Mark Masselli: So some new terms, and we look forward to shining some more light on that. Republicans, of course, don't like this idea, and we will have to see how the rest of the country reacts while President Obama is on the road this week rallying crowds around his debt proposal.

Margaret Flinter: And when we speak of rallying support, a great organization to focus on is the March of Dimes Foundation, and we will be focusing on them today. You know communities around the country are getting ready, as they do every year, to walk to raise money for the research and programs that the March of Dimes funds that are all focused around mothers having full-term healthy pregnancies, good birth outcomes and getting babies off to a healthy start. We are happy that Dr. Alan Fleischman, Medical Director for the March of Dimes Foundation is here with us today.

Mark Masselli: We are glad to have him on today. And no matter what the story, you can hear all of our shows on our website [Chcradio.com](http://Chcradio.com). You can subscribe to iTunes to get our show regularly downloaded. Or if you would like to hang on to our every word and read a transcript of one of our shows, come, visit us at [Chcradio.com](http://Chcradio.com). If you are a social media aficionado, you can become a fan of Conversations on Health Care on Facebook, and also follow us on Twitter.

Mark Masselli: And don't forget, if you have feedback, to email it to us at [Chcradio.com](http://Chcradio.com) because we would love to hear from you. Now, before we speak with Dr. Fleischman, let's check in with our producer Loren Bonner for the Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. President Obama criticized GOP House Budget Chairman Paul Ryan's 2012 budget proposal in a speech last week on the deficit. The President made it clear that he does not support the House Republican approach to reforming Medicare and Medicaid.

President Barack Obama: I will not allow Medicare to become a voucher program that leads seniors at the mercy of the insurance industry with a shrinking benefit to pay for rising costs. I will not tell families with children who have disabilities that they have to defend for themselves. We will reform these programs, but we will not abandon the fundamental commitment this country has kept for generations.

Loren Bonner: Congressman Ryan's plan aims to do away with Medicare by essentially privatizing the entitlement plan for those 55 and younger starting in 2021. He has also proposed transforming Medicaid into a block grant with a

lump sum of federal money given to the states to care for low-income people. This week, President Obama is on the road promoting his plan to rein in the nation's debt, he will reiterate what he proposed in his speech preserving the current structure of Medicare and Medicaid but making the programs more efficient. Congressman Ryan is back in his home state of Wisconsin meeting with constituents. The State of Oregon is moving forward on Health Reform implementation. A senate committee approved a bill that would set up the state's health insurance exchange, a requirement for all states and the reform legislation, leading up to full enactment of the law in 2014. The latest version of the Oregon senate bill, however, is facing opposition from a coalition of consumer groups who say the current bill gives the insurance industry too much control. A key criticism is that the bill wouldn't allow exchange participants to negotiate better insurance rates with providers. The senate bill is now headed for a vote on the senate floor.

Mark Masselli: This is Conversation on Health Care. Today, we are speaking with Dr. Alan Fleischman, Medical Director of the March of Dimes Foundation, one of the nation's leading organizations in improving maternal and infant outcomes. Dr. Fleischman, welcome.

Dr. Alan Fleischman: Thank you.

Mark Masselli: The March of Dimes is known by many throughout the country and local chapters have been organizing events for decades to raise money and awareness. Margaret I think we have been on a number of those fundraising efforts ourselves. But many of our listeners may not be familiar with the history of the March of Dimes Foundation. In the late 1930s, President Franklin Roosevelt founded the organization in response to polio which left him paralyzed as well as thousands of Americans during the first half of the 20<sup>th</sup> century. Over the radio, FDR would ask Americans to contribute a dime to what was then called the National Foundation for Infantile Paralysis. Well, here we are in the radio 73 years later, and the polio vaccine is almost eradicated polio, but new threats to a maternal child health have taken place. Could you tell us about the mission of the March of Dimes, how it's evolved in the role and place in our nation's health today?

Dr. Alan Fleischman: We know Franklin Delano Roosevelt asked the foundation to play science in the service of society, and the March of Dimes continues to do that. We now focus science and advocacy on eliminating birth defects pre-maturity, and infant mortality. Our goal basically is for every woman to have a healthy pregnancy, have a healthy baby, and for that baby to stay healthy.

Margaret Flinter: Dr. Fleischman, preventing premature birth, if we can focus on that for a moment, certainly remains one of the most urgent health problems in the United States in its front and center. It appears for the March of Dimes, you have been a leader in calling for the research into the causes, into disparities

between different groups, and certainly promoting access to quality prenatal cares, one of the strategies to prevent it. But your website statistics I think say that the rate of premature birth had increased by 36% since the early 1980s, and although looks like there was a little drop there in recent years between 2007 and 2008, we have new threats, certainly obesity and gestational diabetes, the rise of elective c-sections and even lack of health insurance, obviously something that we are very concerned about on the rise. Tell us about specific strategies the March of Dimes is pursuing in trying to reduce premature births and improve maternal health, of course, in the process.

Dr. Alan Fleischman: We are seeing some light. We are seeing some decrease in preterm birth, and that's really important, because I think we are affecting several aspects of the risk factors for prematurity. First, we know that our behavior is that women can control with help in order to prevent preterm birth and to have better birth outcomes. Things like smoking and drinking and taking prescription drugs that are illicit drugs really. Those kinds of behaviors were making some inroads on. We are seeing some changes in smoking cessation, and we are certainly impacting our knowledge of women about behaviors that can result in healthy pregnancies. And we are focusing on preconception. There is lots of work women need to do before they get pregnant, and that's important, in terms of body weight, both too high and too low, diabetes, high blood pressure, chronic illnesses like lupus and thyroid disease. And then there are really four major problems that we are working on that are risk factors, that are the most major risk factors that are not really behavioral, and those are if you have had a preterm birth, you are at risk for another one. And there are now some medical treatments to help women to decrease their risk of recurrence of prematurity. Second, if you are going to have assisted reproductive technologies to help infertility, it's very important to consider that many women choose to have multiple embryos implanted, and multiple pregnancies almost invariably result in prematurity. And they are working with women to understand those risks and perhaps to choose to have one embryo implanted and to not have a multiple pregnancy by choice. The third is work with the African-American community. We know that even when African-American women come out of poverty, our affluent in America, our professionals, they have higher risks of preterm birth, and we think that that's related to chronic stress, we think that there may be some genetic implications, and we are working with members of the African-American community in community-based interventions to enhance social support, to enhance community outreach into all communities of color to try to decrease prematurity. And finally, there is a very strange thing going on. It's called iatrogenic prematurity, that is the doctors are actually causing prematurity by inducing women too early, and women are asking their doctors for inductions and elective cesarean sections long before they ought to. And we are making some inroads there too with some of our intervention programs across the country.

Mark Masselli: Dr. Fleischman, the March of Dimes has to tackle social problems in an effort to address clinical problems, low literacy, lack of health insurance,

teen births, these are all issues not so likely to be affected by medical intervention. So how does the foundation pursue fundamental change in social policy as a strategy to change clinical outcomes?

Dr. Alan Fleischman: Well, we really have two approaches. One is that each of our chapters in each of our communities in states gives out local chapter grants to the organizations that can make a difference. They help both in education. They help in social support. They help in access to services. We are doing work in a program called CenteringPregnancy around the country. We are in virtually every state. We are supporting programs for group prenatal care where women who are going to deliver about the same time go to get their prenatal care together, and they actually have all of the health education and social support of professionals at the same time that they get their health care. We have found that the prematurity rate decreases dramatically. So the first approach is on the ground in the communities doing projects. The second really is our advocacy program, both at the federal level and in the state legislatures. We are adamant about Healthcare Reform, health care access for all women in the reproductive age range, and we have been effective with the children's health insurance program and with changes in Medicaid so that we have now more access to higher quality services for all women.

Margaret Flinter: Well, we really appreciate that focus on everything from the bench science to the advocacy and the halls of Congress. And if we had one marker certainly around the world people in public health and in countries to look at as a marker for the health of their society and the health of the country, it would be the infant mortality rate. Historically, that's been a marker, and we continue in the United States to rank poorly. Certainly some would say that our health care system and lack of access both to the pre-conceptual or inter-conceptual cares as well as even lack of guaranteed access to prenatal care contributes to that. What cause for optimism do you think the Affordable Care Act brings us in that regard and do you see a major change taking place? And if you could maybe also \_\_\_\_\_ 14:16 March of Dimes addressing the reality that so many women in this country are not eligible for health insurance and won't be even under the Affordable Care Act due to their citizenship status.

Dr. Alan Fleischman: Small, sick premature babies who are at much higher rates in this country than in other developed countries drive the infant mortality rate, and that's why it's so critical that we work on the issues of prevention of preterm birth and access to good health services. We are optimistic that the Healthcare Reform Act will do a great deal for many uninsured women, but there are parts of our population, as you point out particularly undocumented immigrants, who are still at great risk, and we are working very hard both at the state level and the federal level to try to make that change. There is no question that if states do insure immigrant populations, they actually save money because the outcomes are better. And if an uninsured woman has a preterm birth, that baby is going to cost on average \$50,000 to the health care system. And as you well know, that

baby is a citizen, gets Medicaid and the state does pay for those services. And if we can prevent that preterm birth by giving much less expensive prenatal services to women, then of course that makes sense.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Dr. Alan Fleischman, Medical Director of the March of Dimes Foundation. Dr. Fleischman, we understand that you have a background in population health before joining the March of Dimes in 2007. You were a clinical professor of pediatrics, epidemiology & population health at Albert Einstein College of Medicine in New York, and we have a particular interest in the connection between population health studies and infant mortality. And we are happy to note that the federal government is making a really unprecedented amount of data available at a community level for specific goals of helping communities identify their own population level of health problems and craft solutions at local level. Are there any communities where you have seen a successful grassroots effort linking population health to individual maternal child health outcomes?

Dr. Alan Fleischman: Well, we have had extraordinary success in the State of Kentucky. A few years ago, the March of Dimes chose Kentucky as a model state, model because it had a very high rate of preterm birth but it had a department of health that was quite open and interested in prevention in maternal child care. So we went to Kentucky to do a project we called A Healthy Baby is Worth the Weight, and we combined public health interventions, availability of services to every woman in the community. If she needed help with smoking cessation, she received it. We also did consumer education. And we partnered with the health professionals and the hospitals to do high quality work to decrease iatrogenic prematurity. And by that population-based approach, we decrease preterm birth by about 10% in the State of Kentucky.

Margaret Flintner: Well, that is a really encouraging impact, and I have read about the work in Kentucky. So congratulations to everybody on that project. And I really appreciated your reference to the CenteringPregnancy model. I think it's been about five years since we have read about the results of the Randomized Controlled Trials that had been done showing the improvements in birth outcomes. And then of course, we realized that the Founder, Dr. Sharon Rising, the nurse-midwife who developed the model, lived practically down the road here in Connecticut, and we were successful in developing a CenteringPregnancy model here in our community health centers in Connecticut. But one of the sort of next steps, as I understand it from talking with Dr. Rising, is to now extend that to a group well-baby care to Centering Healthcare versus to CenteringPregnancy. And I know that she has had the support of the foundation in making that extension to say, if we are really going to improve maternal health and the health of families and children, then we have to carry this all the way through. And I would be curious whether the foundation is more involved now not just in the prenatal and immediate newborn period, but are you actively supporting programs that relate to improving the health of children in general?

Dr. Alan Fleischman: As you will know, children's health begins \_\_\_\_\_ 18:47 life. So yes, we are interested, and we want to maintain the health of infants and young children, and our focus has been on trying to educate women for both their own health and the health of their babies. What is really important I think about the work of CenteringPregnancy is the focus on social support, the focus on outreach to the women, to the mothers and to help them where they are to be begin with their own knowledge base, to being with their own culture, with their own backgrounds and then to support that work. We have become a more isolated society and individuals need help, and there are many programs in communities now that show that social support really makes a difference, and the March of Dimes is supporting many of those programs.

Mark Masselli: We are now speaking a little bit about isolation and communication. I know this time of the year, the March of Dimes is usually kicking off its annual walkathon fundraiser, and we certainly look forward to it when it comes around. But we are also in a new age of social media which reaches millions of people who have been isolated and probably aren't communicating effectively on many issues with each other. But how has the role of March of Babies changed and what are the primary goals of these events formerly known as WalkAmerica?

Dr. Alan Fleischman: Well, you know in every spring and this year primarily, the last weekend in April, April 30<sup>th</sup> and May 1<sup>st</sup>, about 900 places around the United States and in several places in Connecticut will be marching for babies to support healthy pregnancies and healthy babies. People can sign up and get involved. There is a website [Marchforbabies.org](http://Marchforbabies.org). We are on Facebook. We tweet every day. We give health education messages to women. We answer questions directly at [Marchofdimes.com](http://Marchofdimes.com) both in English and Spanish. So there is lots of work being done. We are trying to bring in those dollars, it's dimes and dollars now, so that we can do that important work of supporting basic research, supporting community programs, supporting health education for women and making sure that everyone has a healthy pregnancy and gets a healthy baby.

Margaret Flintner: Well, combining social media and taking it to the streets is a powerful combination. Dr. Fleischman, we would like to ask all of our guests this question, when you look around the country and the world, what do you see in terms of innovation and who should our listeners at Conversations be keeping an eye on?

Dr. Alan Fleischman: Well, there is an extremely exciting program that we just launched with the help of Stanford University. That's Stanford Connecticut, it's Stanford out in California.

**(Informal Talk)**

Dr. Alan Fleischman: But this is a transdisciplinary research center at Stanford University for research on prematurity. And what's new about this center, and it's brand new in the country, is that we have now engaged multiple disciplines, not just basic scientists, and geneticists, and molecular biologists but social scientists, and demographers, and informatics specialists, and environmental health people, and a broad array of expertise so that not only are they working on the same problems, they are beginning to speak each other's language. So the questions become much more deep and rigorous, so that when we have complex issues like prematurity, we can get the best minds from multiple disciplines to begin the work. Dr. David Stevenson, who is the principal investigator for that project at Stanford, is optimistic that this kind of work, not over the next week, or month, or a year, but over the next decade will actually make some substantial breakthroughs in research, helping us to understand the root causes of prematurity and helping us to develop interventions to prevent it. So, that I think is a really exciting and innovative process. the March of Dimes is helping to fund that process, and we are hoping to set up three or so, maybe five more centers in the next few years to do this kind of transdisciplinary work at the problem of prematurity.

Mark Masselli: Today, we have been speaking with Dr. Alan Fleischman, Medical Director of the March of Dimes Foundation. Thank you so much for joining us today.

Dr. Alan Fleischman: Well, thank you.

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

Margaret Flinter: This week's bright idea focuses on a program that's improving the quality of health services for infants, children, and adolescents. The Bright Futures program, launched in 1990 by HRSA's Maternal and Child Health Bureau, is equipping providers, public health experts, communities and families with the most appropriate preventive health care knowledge and health promotion materials. It's administered by the American Academy of Pediatrics. They know that infectious disease used to be the leading cause of morbidity and mortality for American children. But today, societal changes and advances in health care have shifted the focus to injury, developmental problems, and emotional disorders. Bright Futures offers tools, questionnaires, forms that can be used by the providers and families to set priorities for improving health outcomes that result from these causes. The cornerstone of the initiative is the set of comprehensive health guidelines that address health promotion and disease prevention for children from birth through age 21. Bright Futures responds to current and emerging preventive and health promotion needs so they are constantly being updated and built upon. Bright Futures in Practice: the Nutrition Pocket Guide, Bright Futures for Families Pocket Guide have recently been released, and millions of copies of these materials have been distributed



over the years. In Virginia, the state adopted the program as the standard for children's health care in 2000. Helping health care providers shift their thinking to a prevention-based, family-focused, developmentally oriented direction and empowering families to participate in their child's healthy development, now that's a bright idea.

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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