

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, it's good to be back from Denver, Colorado. We had that opportunity to see the inauguration of John Hickenlooper. But we are back here in New England and we have a classic New England winter here. In fact, we have more snow here in New England than we had in Denver so all of you skiers who are listening in, you might want to think about New England before you head out to the west. But it seems like Washington was spared of the deep snow and I think they have enough to deal with right now without adding mother nature to the mix. For Congress, it's back to the business at hand this week and it appears that will include a move by the House Republicans to repeal the Patient Protection and Affordable Care Act.

Margaret Flinter: Well, weather and politics are always two timely topics. And Mark, there is strong suggestion that the debate will not just be about repeal but I think we are going to see some offers of alternative strategies put forth by the republicans to address some of the health care and health insurance problems. But I think at the same time, we will probably see that any critical analysis will show that the offerings are likely to fall far short of covering as many Americans as the current bill. And as we said on the show all last year, there is just not that many magic bullets or brilliant ideas out there that can expand coverage, improve quality and control cost all at the same time; that piecemeal approach, not so likely to achieve those goals.

Mark Masselli: But you know the White House has indicated it's open to suggestions from the republicans to improve the Health Law and they have indicated, the Republicans have that after this repeal they will get focused in on designing a new bill. But I think we should keep our eyes on the work that's been announced today by former Senate Majority Leader Tom Daschle and Bill Frist at their Bipartisan Policy Center. Today, they are going to announce a group of governors and others focused in on how state should implement the law. I think that's a good move towards bipartisanship.

Margaret Flinter: I think that is a great move and very substantial and maybe on the more symbolic than substantial. I have to say I was very struck also by New York Democrat Senator Charles Schumer's call to stop the practice that gives rise to the expression, "both sides of the aisle" where the house, the Congress is literally divided, Republicans and Democrats. And you know Mark, we use that phrase so often, right, saying well we have support on both sides of the aisle but when you stop and think about it, the concept, it's a pretty divisive one. So really great to hear Senator Schumer called Republican Tom Coburn and invited him to sit with him at the State of Union Address scheduled for the end of the month and I understand that Coburn too has agreed.

Mark Masselli: That is wonderful news, sitting together then breaking bread and then trying to solve some of America's problems are all on the agenda for the Congress. But turning now to today's show, we will continue our discussion on Community Health Centers. Focusing this week on support for health centers especially as it relates to the current political and economic environment. Marc Wetherhorn, National Advocacy Director for the National Association of Community Health Center, joins us today. We are delighted he can be with us.

Margaret Flinter: And no matter what the story, you can hear all of our shows on our website [www.chcradio.com](http://www.chcradio.com). Subscribe to iTunes to get our show regularly download or if you like to hang on to our every word and read a transcript of one of our shows, come visit us at [www.chcradio.com](http://www.chcradio.com) and don't forget, you can become a fan of Conversations on Health Care on Facebook and follow us on Twitter. And I think we are live twitting the conversation with Mark, find us at CHC Radio.

Mark Masselli: And as always, if you have feedback, email us at CHC Radio, we love to hear from you. Before we speak with Marc Wetherhorn, let's check in with our producer Loren Bonner with Headline News.

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Loren Bonner: I am Loren Bonner with this week's Headline News. The US Department of Agriculture unveiled a series of fundamental changes to improve the country's school nutrition program. Agriculture Secretary Tom Vilsack said the new meal standards which are designed to curb childhood obesity are based on science.

Tom Vilsack: The Institute of Medicine reviewed the nature of the school meals being served in American schools and realized that there were far too many empty calories in the sense that there was too much fat and too much sugar and perhaps too much sodium as well.

Loren Bonner: These new rules will increase servings of fruits, vegetables and whole grains in school meals, minimize sodium, trans fats and starchy vegetables and establish calorie maximums and minimums for the first time. Implementing the new meal standards is part of the Healthy, Hunger-Free Kids Act of 2010 signed into law by President Obama on December 13<sup>th</sup>. An Institute of Medicine panel met this week to consider the requirements for the minimum level of benefits that ensure should be required to cover as part of the new essential benefits package and health plans created under the Affordable Care Act. These essential services for any insurance plan sold in the exchange include outpatient visits, emergency care and mental health services. The Department of Health and Human Services has announced plans to develop an exchange that will be used to scan and collect data on health IT innovations.

This exchange will track innovations that tackle critical problems in areas of care delivery as well as the early identification of emerging breakthroughs.

This week on the show we continue our discussion on Community Health Centers and look at some of the ways they are tackling outreach in their communities. After all, health centers not only provide care, they make it possible for a community to get care. Community Health Center, Inc has been providing care to Connecticut's uninsured population since its founding in 1972, care not only in the form of quality patient care but also in making sure individuals and families have health insurance they are entitled to. CHC team's of access to care workers helps individuals qualify for many state and federal health coverage programs available in Connecticut. Brenda Lopez heads up CHC's Access to Care Program. She says in addition to facilitating the application process for insurance for those who come through CHC stores, her team is also involved in community outreach to get people covered.

Brenda Lopez: At some point we may set up a community event. We will go out there, we will setup a table and we will provide the community and our people information about who we are and what we do.

Loren Bonner: But CHC's efforts to ensure the hundreds of thousands of Connecticut residents under 65 who still have no insurance go beyond just the typical outreach at health fairs and community events. In 2009, CHC received a grant under the Children's Health Insurance Program Reauthorization Act, CHIPRA, to extend Access to Care services, the goal to reach 16,000 approximately 30% of Connecticut's uninsured children by September of this year. Such a task requires looking beyond the typical outreach approaches. CHC decided the effort had to include partnering with public and parochial schools and youth oriented groups like Boys & Girls Clubs and local YMCAs. Khadija Gurnah, program manager, says reaching the individual in their home or community is essential.

Khadija Gurnah: We have been promoting (Inaudible 00:07:33) so I think that's where we are right now. We did the top down but now we are doing the grassroots approach making connections with the community, understanding them better, trying to find out why is it that they are not insured.

Loren Bonner: And technology has to be combined with these relationships and direct outreach.

Khadija Gurnah: Our medical worker takes their laptop and goes to wherever really, they can go to a school, they can go to a health fair and they can complete a whole application remotely. So they do what (Inaudible 00:08:04) does in the center outside.

Margaret Flinter: Part of the CHIPRA grant included CHC developing a new website, Qualify for Care which features a 10 question survey that helps not just families and children but all Connecticut residents determine whether they may qualify for one of the several state health insurance programs. Another key aspect is making sure the child stays insured. In order to address this issue most effectively, CHC also partnered with the Department of Social Services and established an innovative data exchange. Through the exchange, CHC is informed when its patients need to renew their public health benefits and appropriate follow-up action is taken. Gurhah doesn't think it will stop there, there is always ways to improve she says, more ways to reach people and new avenues to approach. Let's turn now to our interview with Marc Wetherhorn who can tell us more about Community Health Center outreach and why there should be more of it.

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Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Marc Wetherhorn, Advocacy Director for the National Association Of Community Health Centers or NACHC as it's known. This is part II of our series on Community Health Centers with NACHC, welcome Marc. You have spent a lifetime as an organizer and community activist. Before joining NACHC in 1999, you worked as a southern regional director for a grassroots organization Citizen Action. You also directed the state operation for Georgia senator Wyche Fowler. But we are really interested to here today about what you are seeing around the country in terms of grassroots activism and also real progress relative to health care reform but first, I know you are closely monitoring the health care debate getting underway in Congress. What do you think the most meaningful discussion around health care reform is going to be this year particularly as it applies to Community Health Centers and the population they serve?

Marc Wetherhorn: Well I think meaningful discussion in Washington is not always the case. But I think what we will see is once we get past this initial sort of political vote around repealing reform, what you will begin to see is a real discussion of what health reform is going to mean for people, what the costs are going to be and I think from a health center perspective, it's an outstanding opportunity for health centers to really educate the new members of Congress about what health centers are and what we do and to just remind the members of Congress who have been there for a while who have given us such bipartisan support why they have done that in the past, why health centers were supported by George Bush as well as Barack Obama, Jesse Helms as well as Tom Harkin. So I think that's what we will see from health center, at least that's what I hope we will see.

Margaret Flinter Mark, I know that you and NACHC and really you personally in some ways have mobilized literally tens of thousands of grassroots advocates for health care access and coverage in towns and in congressional districts all over

the country. And these people come from health centers, from migrant health centers, from rural areas and urban areas, and I think it's safe to say these folks fought pretty hard for passage of the patient protection Affordable Care Act. What are you hearing from them as they see the real possibility of cuts and appropriations to fund elements of the reform bill at the same time the states are grappling with strained budgets and are you seeing a shift now in the advocacy work to the state level to protect whatever gains have been made against deeper cuts?

Marc Wetherhorn: Well I think there is no doubt that not just because of the funding but also because much of the implementation of health reform is going to take place at the state level that we are seeing a shift to advocacy and policy at the state level. I think to go back to the first part of your question, I think once reform passed, health centers, of course coming off the funding that health centers got in the stimulus which kind of boosted the funding for health centers and was kind of a precursor to what's coming in reform, I think what you have seen for health centers especially from advocates and from people in the community is a realization of the potential that we now we have and that the potential to care for more people in those individual communities is really there. What you see now is a sense on the part of health centers, there is this huge potential, it's great that reform passed, there were a lot of challenges in implementing reform and we still have to make sure that congress understands why we need our annual appropriation uncut if they expect us to fulfill what they would like us to do. In other words if they really want to see us care for 40 million patients by 2015 up from 21 million patients now then they can't take away with one hand what they give with the other. The same thing is true with the state level. I think at the state level obviously every state is different just like every health center is different and what you see is every state trying to grapple with what they are going to do about health care, what they are going to do about health care reform, what they are going to do about their budget. And the role that health centers have to play I think is to remind the states just as we did with Congress, this is really not just about health centers, it's about the patients we see and the patients that we could see. Health centers understand that if it's just about us, it's difficult to succeed, if it's about the communities and the patients we serve, it's so much easier to be successful and that's what you are seeing and I think that's what you will continue to see.

Mark Masselli: Marc, you have nicely laid out both the opportunities and challenges. The opportunities as you stated so eloquently is that we have had a history of bipartisan support in fact under the Bush administration we had an unprecedented level of investments and then with President Obama that's continued with the money from the stimulus fund and health reform so great opportunities, and the challenge now is how to move from 20 million patients to 40 million patients. But I think more importantly it's really about what Dr. Burr says at CMS, we have got to add value, and he talks about the AAA and better

value, higher quality and lower cost. How do you think health centers are going to do on that?

Marc Wetherhorn: I think health centers are going to do what they have always done which is being the vanguard of providing value. I mean health centers provide value, we know that. I think as technology changes, as health care changes, health centers need to make sure that we continue to be in the vanguard of what's necessary to provide value. But to the system, I mean I think what Dr. Burr looks at and I think what you know every member of Congress and every President who's supported health centers understand is by their very definition who they are, health centers provide value unlike almost any other provider or system in the health care system. I mean the fact is that health centers are more than doctors, health centers not only provide care, they make it possible for people to get care, they make it possible for people to have a family doctor. And as you know Marc, as part of health reform is to create these healthcare homes, patient-center health care homes and I think NACHC and health centers are committed to making sure that every health center is a patient-centered health care home and that means being certified and continuing to provide and build on the example that we have set in the past.

Margaret Flinter: So Marc, let me challenge you on a little bit of that in some ways for our listeners around the country. It's a little bit of an insider conversation. This is one of those subjects where Mark and I and our guests all are passionate about something in common, Community Health Centers. And we talk about expressions like Community Health Centers, federally qualified health centers, meaningful use, teaching health centers, patient-centered medical homes, health homes. But if you are just an average Joe or Joanne, chances are even if you are living in a community with Community Health Center, you just may not actually know what it is, where it is or what it means to you and this has sort of been I think part of the challenge for your service. We go into a new era of this significant investment by the federal government and expansion. What do you see about the future or the leading edge for health centers in using new strategies to communicate? Where is the use of Facebook or other social media or technology to reach the people that need to know about health centers might want to avail themselves upon? What are you seeing that's exciting around the country in that area?

Marc Wetherhorn: Oh I have to say it's incredibly exciting and I just turned 60 so I feel like I am kind of at the backend of this. But I have some folks who work for us and they are folks at health centers and PCAs including your health center that are setting the stage for what's going to be amazing I think from an advocacy perspective as well as from a PR perspective. Tools like Facebook, text messaging on your phones, smart phones, all of those technologies that are out there and technologies we don't even know about, are technologies that health centers are going to use, are using and are going to use, and you can see a lot of things about eHealth. I will tell you that we have one health center that we run a

pilot project within Ohio around text messaging their patients. They have asked their patients if they were interested in signing up to be communicated with via text on their cell phones and in a period of about 2 weeks they had nearly 250 patients sign up. They get reminders about remember your flu shot, don't forget, basically when this health center hours may change like when weather is bad they text folks about what's going on. But we have also begun to text them things like don't forget to vote. Right now we are texting them asking them to call their member of Congress to weigh in on the repeal of health care reform. When you think of how many people especially the patients in communities health centers, if we don't have a computer at home, sending them an e-mail is not a particularly useful way to communicate. So we are trying to find, and 95% of all health center patients as best we can tell from the studies have cell phones and people respond to text messaging on their cell phones. So I think that's one way you communicate with people. What health centers are going to be doing and what they are doing now is just like every other small business and large business is trying to figure out who their customer base is, who their client base and how those people want to be communicated with.

Mark Masselli: Marc, you have been talking about advocacy and dialogue, advocacy certainly promoting and ensuring that health centers don't lose the ground that they have gained over many generations but also a dialogue. The President has recently said that he wants to hear from the Republicans about their best ideas and is trying to bring some civility back into the dialogue. What's your advice to health centers in districts who have a new representative who may never have been engaged in politics before; what are we trying to do to sort of promote that conversation?

Marc Wetherhorn: Well I will say that what I have told health centers is what we need to do now is what we have always done only more so. The most important thing a health center can do, any health center, with any elected official, is get them to visit the health center. A health center is the perfect example of where a visit not a picture is worth a 100,000 words and at a time when they are trying to figure out what the priorities for their budgets at the state federal level need to be, elected officials have to have a gut feel, a personal relationship with the health centers that serve their communities. So Mark, I would say there is nothing more important than that, we are making that the number one priority. The good thing at least from a congressional perspective this year in the house is the new leadership of the house has said that there will be at least one week off every month when members of the house will be back home. They have district work period one week out of every month. So it kind of eliminates the excuse that the member won't have time to come visit your health center at least over a few months period. The other thing after that I think is for people to build a relationship with these new members and their staff. It's important that people understand that especially for new members of Congress they are going to really depend on their staff to help them find their way through all the things that are now being thrown at them. And some of these staff members, a lot of them have

been on the hill for quite a while but they haven't worked for these members. So our folks at health centers have to build a relationship with those folks so that they can get their message across, they can get to the member or to the key staff when a vote's about to be taken.

Margaret Flinter: Well, well said Marc, and relationship building is always at the core of success so thanks for pointing that out so clearly. And let us ask you this question that we like to ask all of our guests. When you look around the country in the world, what do you see in terms of innovation and who should our listeners at Conversations be keeping an eye on?

Marc Wetherhorn: When I started in 1999, we were writing letters to Congress and then we shifted and people were sending e-mails to Congress. And now really it's Congress, members of Congress get thousands of e-mails a day. And so I think in innovation it's how do we enable our folks to connect more directly with members of Congress. One of the things NACHC is doing is we have begun holding our own tele-town halls where we can communicate with our advocates and have guests on so that they can speak too. Last year for National Health Center Week in August, we actually had a tele-town hall where we had Secretary of Health and Human Services Sebelius and the HRSA Administrator Dr. Wakefield. So our folks get to interact with those people in those ways. Members of congress are doing the same thing. It's more difficult for them to get out as much as they would like so they are holding their own kind of telephone town hall. That's one way the innovation is taking place I think. I think the other way is all this technology and like I said, I think there are smart phone apps now where you can send somebody a message and they can click on a phone number and be connected directly to their member of Congress. But the one thing, I just want to go back to what I said before because there is a lot of innovation around technology, blogs, the web, but ultimately advocacy is a relationship and yes, it's important that members of congress understand that a lot of people care about an issue but it is equally important that they feel connected to the issue, that they feel some connection from back home and technology helps but technology will never replace in advocacy at least the face-to-face personal discussion of what you think is important and why.

Mark Masselli: Today, we have been speaking with Marc Wetherhorn, National Advocacy Director for NACHC. Marc, thanks so much for joining us today.

Marc Wetherhorn: Oh it's my pleasure.

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

Margaret Flinter: This week's bright idea focuses on Gardens for Health International, a Rwanda based program using sustainable agriculture to improve the health and wellbeing of HIV/AIDS patients. Most nutritional assistants in



developing countries consist of food aid packages delivered by international organizations in times of crisis. Gardens for Health though, was established to create more sustainable nutritional solutions and it targets the most at risk segment of the population. Great strides have been made in treating HIV/AIDS but many patients can't reap the full benefits of those treatments because they are fundamentally malnourished. Their immune systems are compromised, their susceptibility to infection is great. While current HIV/AIDS prevention and treatment programs usually operate separately from nutrition initiatives, Gardens for Health strives to break this divide. Participants organize themselves into cooperatives through which they farm plots of land collectively sharing the labor and sharing the bounty. Gardens for Health provides a training in nutrition and sustainable agriculture practices as well as supplies like seeds, tools and compost. With the program's help, patients grow the nutritious food they need while also learning valuable skills. By providing HIV/AIDS patients with the tools and resources to grow the food they need, Gardens for Health is improving individual and community wellness while making Rwanda a stronger nation. 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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