[Music]

Marianne O'Hare: Welcome to Conversations on Health Care. This week we welcome Veteran Journalist and Host of CBS Sunday Morning, Jane Pauley, who's renowned advocate for mental health. She's joined by colleague Marc Hackett, who runs more than a dozen Indiana community health centers named after her.

Jane Pauley: I kind of choked up at the invitation to put my name on that single clinic and six months later, I was cutting ribbon for the Jane Pauley Community Health Clinic.

Marianne O'Hare: FactCheck.org's Lori Robertson checks in, and we end with a bright idea. Now here are your hosts Mark Masselli and Margaret Flinter.

Mark Masselli: Jane Pauley has built a trusted legacy with American TV viewers since she first appeared on The Today Show. Her boss once complimented her on an even keeled personality in an industry known for big egos. In recent years, Jane has opened up and shared details about her health issues and that openness has created even more connections to all of us. Her link to health includes lending her famous name to the Jane Pauley Community Health Center in Indianapolis.

Margaret Flinter: Also joining us today to talk about the important work of the Jane Pauley Community Health Center is CEO Marc Hackett. They have been awarded Federally Qualified health centers status. They now have 12 sites in four counties of Indiana.

Mark Masselli: Well, Jane is on, Jane and Marc, welcome to Conversations on Health Care. You know, Jane, you grew up in Indianapolis, you went to Warren Central High School, graduated in 1968, and you probably weren't thinking back then that the community would honor you with the naming of a community health center after you. I wonder if you could tell us about how that naming came about.

Jane Pauley: I wasn't anticipating anything that transpired as a getting a job much less career, marrying a cartoonist, the diagnosis at the age of 50, and much less the clinics with my name on it. The original clinic is about no more than a mile from where I grew up. So I am very much a hometown girl. I'm – you're – you're to know my high school, Warren Central. When I was in high school at Warren in 1968, when I graduated, we were powerhouse in no athletic endeavor, but in speech and debate big time and so I had gone back in Gosh, I don't even know exactly what year it was, seven or eight years ago. But to celebrate the first state speech and debate champions in 40 years since my era, and after we posed for that yearbook picture, the Superintendent of the school introduced herself with a folder under her arm, and she said, and "Jane, we've got a proposal for you and I'm not asking for money." But then she explained that they were building a health clinic, a community clinic in a school. I knew that there were

school based clinics all over the country. But this was a community clinic that happened to be in school because she had a school with space and I knew a little bit about community clinics, I had some experience and it brought, I literally I kind of choked up at the invitation to put my name on that single clinic, and six months later, I was cutting a ribbon for the Jane Pauley Community Health Clinic. And nobody anticipated that there would be a dozen or more in the future credit for that goes to Marc Hackett and his team and so that's how it happened.

Margaret Flinter: You know, you've been a pioneer and a groundbreaker in many ways in the course of your career and one of the ways you've been a pioneer is in speaking openly about bipolar disorder and this has really made a difference, I think, for our country. Could we ask you to tell your story so that we make sure that those who haven't heard it have a chance to hear?

Jane Pauley: Yeah, I'm not famous for long story short, so I'll try to keep it short. But Marc, when you said that I had a former boss, what he specifically said was that Jane Pauley had the best mental health in the business, and this was a no other category what he has said the best anything in the business, but at that time [inaudible 00:04:35] humbly agreed. I had a reputation for being normal and normal was an adjective that would be used in profiles of me, and I've got the clips to show for it until I was 50 years old, and I had a medical encounter that really revealed and unmasked an unrecognized genetic vulnerability to a mood disorder. So I was not bipolar when I was 49. But when I was 50, boom, I was and I am. But as a journalist, I learned everything I knew about mental health, pretty much in the mid to late 90s, the President Bush does, you remember declared the decade of the brain, I did not have known family history, family secrets can sometimes be the same. But so everything I knew about bipolar, I pretty much learned as a journalist and recognized that with my reputation, and at the age of 50, stood little to lose, and had a big opportunity when I got better, and I knew, eventually I would, that I would tell a story that it had some potential to have some impact. I didn't exaggerate the potential impact. But it has been a very important advocacy role, and I think one of the reasons that I was invited to in to share my name was because the first Jane Pauley Community Health Clinics would have the behavioral health component and that perhaps knowing my story, would invite people to take advantage of those services.

I've since learned that most people who take advantage of the services that Marc and his team offer don't know who Jane Pauley is or was, they're just – they're just glad that those clinics are there for their use when they need them.

Mark Masselli: Well, thank you for throwing that pebble into the pond because it's washed across the shore of so many people all across the country, and I love the fact that you were saying a cut one ribbon, and then all of a sudden they're 13, and they grow, they proliferate. Our health center, we're celebrating our 50th Anniversary this upcoming year, and we know that story. You know, I'm struck, though that even and Marc probably knows this as well. But Jane, you go down the street from the health center and people don't really understand the value that community health centers provide across the country and nationwide as you may know health centers care for 30 million people yet they're the least known health system in the country and we are so appreciative that you've lent your name. Any thoughts about how this good work that pebble that gets thrown into the pond could help spread the message?

Jane Pauley: Well, that's one of the reasons I go back and cut ribbons though I don't have any role to play in the provision of services. I'm not a health care professional or an even professional advocate. But I absolutely know that if cutting a ribbon at the new center in Osei, Greenfield, which happened to be my father's hometown, if that is an opportunity to discuss community health clinics, then by all means, you know, roll camera. But it also shows proliferation of clinics and in Central Indiana and especially the East side of Indianapolis, where I grew up, tells you about the need because access to health care in our country is a barrier to health care. And if people can't get to the hospital, get to the ER where as we know, overused services around the country, then that is a barrier to their getting health care. Opening a clinic in their community means that they actually have access to top quality doctors, nurses, oral, and behavioral care. So it really Marc has revealed how necessary and those services and how missing apparently, that they previously were people need them.

Margaret Flinter: Yeah, Jane, as you've pointed out, you're not a healthcare professional, but you bring such a valuable perspective as a patient perhaps first and as a journalist, but we're looking at surveys, a recent one that showed less than three and five Americans trust the U.S. healthcare system, and that was a significant drop over these last two years. What do you think we in healthcare need to understand about what people need from us right now? What's missing beyond access? Where does this lack of trust come from do you think?

Jane Pauley: I'm going to say, I don't trust that survey. I think it's a little like the way people feel about the media. I think the media probably does a lot worse than in those polls, and yet people trust their local news teams. I like the people that I watch, who tell me what the basketball score was. They trust their own and I will wager that the people who mistrust the nation's health care system very much trust the doctors and nurses at their doctor's office or their community clinic or their ER

that that on a local one to one basis. I like mine. I just don't trust those other ones. That's my read.

Mark Masselli: You know, that's such a stretch, great observation. I think we've heard it that I hate Congress, but I like my congressman or a woman who's there. I think there is a problem, though, and I think over the last couple of years, there's been sort of a general distrust of public health in some ways, not completely and across the board, but it does have people I guess, questioning, should I get the vaccine and the other thing, is it any thought about how we've tried to find the seam of cooperation amongst disparate views, so important when we're facing a pandemic, to figure out how we talk not at each other, but to each other, right?

Jane Pauley: Yeah, I kind of think it's personality driven, and as long as there are very strong and effective personalities who have an agenda that is otherwise, I think that the status quo you describe is going to stay. But I think the wind can shift. I've never – I haven't had that thought that I've just articulated work. So in the long run, I'm very optimistic that we regain the trust my parents had in Dr. Collins, who was our pediatrician, so but it can be undone quickly, and doing it up is probably going to take some time.

Margaret Flinter: Well, let me turn if I can to Marc Hackett, the CEO and Executive Leader of the Jane Pauley Community Health Center. And Marc, I'm curious Jane has been very modest about the impact of her name, maybe in its public awareness and recognition back in our hometown. But I wonder, from your perspective, what difference has it made to the awareness and acceptance of the services that you are delivering there in your community to have Jane's name connected to this work and organization?

Marc Hackett: Sure. Thanks, Margaret, and to Mark to back up your point, I hear it every day and I hate hearing this news. But we're always here. We're the best kept secret in town and we don't want to be the best kept secret in town. People once they get in our doors, they see the services that they're able to offer and Jane's name just opens up doors for us. Jane, you will be tickled with this. But like we have a new employee orientation every two weeks, and I had one just this morning, and I gave out door prizes, little Starbucks gift cards, and I asked them Jane, do you know who Jane Pauley is and where she works now? And it's interesting some of the responses I get.

Jane Pauley: Okay, we'll talk later but I'll bet a lot of them. I'll bet you would say and they just drew a blank.

Marc Hackett: Yeah, there are certain executives if they don't know who you are, I'll just pass on them. Some of the younger crowd, yep. She's still out there tonight on CBS on Sunday Morning.

Jane Pauley: I'll just say my sister came back for a high school reunion, and the directions to the location featured a turn left at the Jane Pauley and the Jane Pauley has become a franchise irrespective of who I am.

Marc Hackett: That's nice to hear. But yeah, Margaret, she's opened up doors. Jane hasn't done anything out of the ordinary that was put her name in jeopardy or whatnot. But she's a local girl, just really well respected in the community here, and that is really – she looked at it as a very positive, having her name affiliated with an organization.

Mark Masselli: That's great. You know, boy, this last two years had such an enormous impact on everyone, but certainly young people and so many lost opportunities that have happened in their lives. Jane thinking back if you'd lost your junior and senior year, what that would have meant in high school and so Marc, you know, the behavioral health needs have risen up and you're seeing a doubling of the number of patients. Tell us a little bit about how you're navigating in these very difficult times. In this particular area, young people have been so profoundly impacted.

Marc Hackett: As you know this community health center model, we provide primary care, behavioral health care and dental care to anyone regardless their ability to pay. It's not free clinics, but they do get a deep discount on a sliding fee scale. We get Federal funding now even cover those expenses. But we have seen a huge uptick in behavioral health needs. I think we employ over 40 behavioral health providers amongst all of our sites, and that's still not enough. We have challenges to where sometimes we have to close panels so they don't take on new patients just so they can treat the established patients that they have. Now, during the pandemic, telehealth was our saving grace. We actually went from practically 0% using telehealth and telehealth is basically using over the phone or video for a call and went from 0% to 85%. And 2020 was really high. It's gotten that back down about 30%. But they never go away now. Patients have gotten used to it, and like you said we have seen a huge uptick in behavioral healthcare needs as people are slowly getting back to a normal life again and coming out and just having some a lot of behavioral health issues. We mentioned before when a patient comes in for primary care need, the percentage is around 70%. 70% of the patients that come in for a primary care need has a behavioral health issue as well.

Margaret Flinter: Marc, as you know, one of the great deterrents to people accessing health care is worries about finances, worries about insurance being uninsured, and it looks like you've done a great job not only in delivering care FDA people registered as patients, but then getting the Hoosiers to sign up for health insurance through the marketplace, which often is the first step to people feeling like they can go for health care. What has worked from your point of view? What's been

your successful strategy there?

Marc Hackett: Sure. We employ at our larger sites kind of something called an HOA and I don't like HOAs, as far as for where you live. But HOA for us is Health Outreach Advocates, they actually sit down with these patients and discover, hey, did you know that you're eligible for this insurance program that's offered through the state and so they sign people up right on the spot. We don't have to send them away to some other office downtown. We talked about trust earlier. They trust that services that are offered within their local community health center, and so the more services we can offer on our doors, the more they're going to take advantage of the opportunities there. We've seen huge upticks not only in primary care, but behavioral healthcare and dental services, we've actually had records the last two years we've went from record in 2020 of 94,000 visits and about 25,000 patients. Last year, we went over 102,000 visits and 26,000 unique patients. So the need is out there, and we're just scratching the surface sadly. Like Mark had mentioned earlier, this community health center model nationwide is now over 30 million patients that are being seen at a health center across the country.

Mark Masselli: You know, patients have worries and Marc, you probably have some worries and Jane can holder you as well. I'm asking this question. How many nights are you up thinking we better not mess anything up Jane's name is on the front door?

Marc Hackett: Yeah, I've had conversations with Jane about that. We've done this but no marketing strategy, and this year, we actually brought in a marketing team to help us to even take it a step further. And sadly, when you get into marketing like that, you start getting into copyright, legal stuff and things of that nature. So I've had to contact Jane say, okay, they're wanting the copyright, logo or name or whatnot. So we're hiring already man out. But I remind all staff that the new tagline I use today, we've grown so large that today, just today, we're going to have 400 people show up at our Jane Pauley Community Health Center door, one of our sites, so we have 400 chances to change somebody's life, and we hope we change it in a positive way.

Margaret Flinter: Well, that is spoken with True Health Center spirit, and I want to acknowledge that our organizations both have been around for a while we will celebrate our 50th anniversary in May of this year and I think that was just a few years before the policy center started. But as we hit that 50th mark, we're really looking at what's on the horizon, and today 1300 organizations, almost 30 million patients, but where do you see this work of primary care, really high quality primary care that is accessible to people in their communities? Where's it going from your perspective?

Marc Hackett: Well, as Jane would probably attest, and people told me to slow down but we keep expanding because we know that the need is out there, and so I have a hard time saying no if one of our hospital partners comes up and says, Hey, I see how it's working there in the east side of Indianapolis. We want that to work in our communities, and so we're always open to that. But as we all know what's going on right now. We call it the great resignation. There's a lot of nurses and other folks that are just getting out of healthcare. This burnout rate is so high. We try to do best we can to all honor our current employees and let them know how important they are not only to us an organization, but for the community and the patients that we serve and so if there's anything that keeps me up at night is thinking about people actually leaving the healthcare field and having to replace them, so because the crop of experienced healthcare providers is growing slimmer and slimmer.

Mark Masselli: Let me just get one final question in for Jane, before we go, the media have an important role in educating the audience and we so enjoy watching you every week on CBS Sunday Morning, in your award winning career, what changes have you seen in how mental health stories are covered and presented?

Jane Pauley: I still see the momentum. Even now, I as the host of Sunday Morning, you know, the show may be built and changed according to events so that I oftentimes see the show at the same time viewers do. And one recent Sunday Morning, watching the show, realize that there were three separate stories, profiles of -- that featured some aspect of emotional or mental health whether it was a celebrity or an ordinary person, the context, and each of them were quite different. But three, and I wondered, when did this happen? Then I recently appeared as a moderator on a panel with three people from the business community, and two CEOs of big successful Hi Tech startups. These were, in particular to men in their 30s 40s, who were being open about their issues. The changes are happening so rapidly now that well, in I'm just on the sidelines watching it happen.

Margaret Flinter: We want to thank you, Jane and Marc for your time. Congratulations on the great work that you each are doing and that you are doing together, and thank you to our audience for joining us. You can learn more about Conversations on Health Care and sign up for our email updates at www.chc.radio.com. Thanks so much for joining us.

Mark Masselli: Yeah, we really appreciate both of you. Marc, congratulations on all your work. Jane, thanks so much for the support you've given in Indianapolis, but also the hope you've given to all of us across the country that there are strong advocates like you who will help us speak truth to power and encourage more people to take note of the work that we're doing. So thanks both of you.

Jane Pauley: Thank you.

Margaret Flinter: So that as part of the movement.

Jane Pauley: For sure.

Marc Hackett: Thanks for having us.

Jane Pauley: Take care.

[Music]

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: Myocarditis or inflammation of the heart muscle is most often caused by a viral infection. Research shows that infection with SARS CoV-2 the Coronavirus that causes COVID-19 increases the risk of myocarditis across age groups, but myocarditis has also been identified as a rare side effect of the mRNA COVID-19 vaccines. Most cases of vaccine associated myocarditis have been observed in adolescents and young males, ages 12 to 24, following a second dose. According to Centers for Disease Control and Prevention Study, post vaccine myocarditis is most frequent in males 16 to 17 years old, with about 106 cases per million doses in the U.S. That study and others have found that compared with classic viral myocarditis, post vaccine myocarditis appears to resolve faster and have better clinical outcomes although investigations into potential long term effects are ongoing. Symptoms such as chest pain, shortness of breath, palpitations or fatigue usually appear within a week of vaccination and resolve within a few days.

Case studies show that most of them have recovered with rest and Ibuprofen. No one in the U.S. is known to have died from vaccine associated myocarditis according to the CDC as of January 13th. In contrast, as of late February, there have been nearly 5,800 COVID-19 deaths among people ages 18 to 29. However, the rare risk of myocarditis continues to be misleadingly used to argue that COVID-19 vaccines are dangerous, and that young males and children are better off without them. The CDC concluded as recently as February 4 that the benefits of both mRNA COVID-19 vaccines far outweigh the risks of myocarditis even in younger males. It benefit risk analysis estimated that for every million males between the ages of 18 and 39, who were vaccinated with a second dose, about 1800 and 1900 hospitalizations would be avoided with the Moderna and Pfizer-BioNTech vaccines respectively. That's my FatCheck for this week. I'm

Lori Robertson, Managing Editor of FactCheck.org.

[Music]

Marianne O'Hare: 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, email 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.

[Music]

Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. People living in Sub Saharan Africa have tougher odds at overcoming diseases, and the problem is not just the lack of access to health care providers. But once someone is diagnosed with an illness, access to vital life saving medicine is out of reach for many who are sick.

Gregory Rockson: Africa has some of the highest drug prices in the world, simply because it's a free pricing market. So you can take a single medicine, and two pharmacists next to each other will sell that same drug at widely different prices.

Margaret Flinter: Gregory Rockson is the founder of mPharma, a nonprofit organization seeking to address inequities in drug prices in Africa and the supply chain that often puts these life saving drugs out of reach. mPharma decided to tackle the problem by redirecting the supply chain that forces small independent pharmacies and clinics to source their own drugs and health offers these entities the chance to outsource their procurement for pharmaceuticals.

Gregory Rockson: We realized that if we could begin to bring together all these independent pharmacies and remove the pressure that they have to face in sourcing their own drugs, we can begin to address the issue of medicine availability and affordability.

Margaret Flinter: They help improve the drug procurement supply chain by collecting data on actual drug sales, which allows healthcare entities to avoid over or under stocking, and it reduces their vulnerability to fraud and corruption.

Gregory Rockson: Not only are we taking ownership of the supply chain, we're also providing the financing to purchase the inventory. We offer them a simple value proposition pay only when you dispense the drugs beyond having the products available. We actively help them manage their inventory.

Margaret Flinter: Rockson says another important benefit more affordable drug

supplies help clinicians better manage patient outcomes. mPharma was a 2019 recipient of the Skoll Foundation's Entrepreneurship Award. mPharma, a nonprofit entity that utilizes reliable data on drug usage eliminates fraud and waste in the drug supply chains makes life saving medications more readily available to some of the world's most vulnerable people, improves outcomes and saves money. Now that's a bright idea.

[Music]

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.

[Music]

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 email us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

[Music]