

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, I think the last count is that there are 23 states, mostly led by republican governors, who were refusing to set up exchanges deferring instead to the federal government to handle those insurance markets for the uninsured.

Margaret Flinter: That's interesting, Mark, because with 23 states, that begins to sound almost like a public option to me, but perhaps they don't see it that way. Another way where we see uncertainty is about how states are going to respond to the Medicaid expansion in the Affordable Care Act.

Mark Masselli: You are right about that, and there are states like Colorado and Idaho and others who are looking at some kind of Medicaid expansion and are still trying to figure out how these programs will work.

Margaret Flinter: Yeah, it's actually kind of simple, though. And I think a lot of states are coming to that realization that the Medicaid expansion ultimately is a good bet for their state since the federal government is picking up 100% of the tab for the first three years. And even the Governor of Florida who has been a very vocal opponent of the Medicaid expansion is meeting this week with Secretary Kathleen Sebelius from Health and Human Services, and I think on that agenda is to talk about this expansion and maybe what it might mean in Florida.

Mark Masselli: Governor Rick Scott from Florida had been one of those earlier detractors but now can't ignore the influence or the importance that these Medicaid dollars will have on the population in that sunshine state.

Margaret Flinter: Well, we had predicted, and I think we are seeing it happen, sort of gradual incremental change in attitude as we get closer to that full implementation of the Affordable Care Act in 2014. Mark, don't you think?

Mark Masselli: I think you are absolutely right. And our guest today can speak to some of the important changes and the real need for good nonpartisan information to guide our national health policy.

Margaret Flinter: Drew Altman is President and CEO of the Kaiser Family Foundation, a leading source for news on Health Reform and health policy, not just news but data and models and real information for people to use. Dr. Altman has been an innovator and a thought leader and providing this vital analysis on Health Reform in the country over these last few years.

Mark Masselli: We will also hear from FactCheck.org's managing editor, Lori Robertson who has a piece this week about gun control, sure, to be a hot topic in 2013.

Margaret Flinter: And no matter what the topic, you can hear all of our shows by Googling CHC Radio.

Mark Masselli: And as always, if you have comments, you can email us at Chcradio.com or find us on Facebook or Twitter; we would love to hear from you.

Margaret Flinter: And we will get to our interview with Drew Altman in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

Marianne O'Hare: I am Marianne O'Hare with this headline news. First, the fiscal cliff debate and now debt reduction, battle lines have been drawn on Capitol Hill regarding where the debt reduction cuts are going to happen. And based on recent talk on the Sunday talk shows, there doesn't appear to be a conciliatory mood on the question of entitlements. South Carolina Republican Lindsey Graham says he believes the debt ceiling should be raised, but to do so without meaningful spending cut should lead to every incumbent being shown the door. Independent Vermont Senator Bernie Sanders worrying the Obama administration will not protect Social Security for their most vulnerable of senior citizens, and there is no consensus on a meaningful way to cap or reduce Medicare spending.

Meanwhile, GOP debt hogs are talking about the need for massive cuts, especially to those serving the poor. Meanwhile, President Obama said, negotiating with deficit hogs over social program cuts would be tantamount to negotiating with terrorists. The Supreme Court refused to take up an issue this week that would have addressed the government's ban on scientific testing on National Institutes of Health Research. The law prohibits the NIH from creating human embryos that are then destroyed in the course of research, but leaves open the discussion of whether human embryos can be used in research in general. The Supreme Court decided to leave the matter on the table.

An exercise, it's good for you, no secret there, but a new study out of the Netherlands with connections to Yale University shows it could be a veritable well-being elixir for teens. The long-term study of students who were actively involved in teen sports were happier; they had a larger friend base and were far less likely to be depressed or engaged in risky behaviors. The same benefits extended to kids engaged in games as simple as things like Wii and connect and other virtual exercise systems. The benefits they say were so notable

researchers said, "Daily exercise should be prescribed now for teenagers across the board." I am Marianne O'Hare with this headline news.

Mark Masselli: We are speaking today with Dr. Drew Altman, President and Chief Executive Officer of the Henry J. Kaiser Family Foundation, a private nonprofit organization, which develops research and communications programs devoted to health. Dr. Altman came to the foundation in 1990 and transformed the organization into one of the largest of its kind of the nation with the growing emphasis on global health. Dr. Altman also served in the Public Health Policy arena in the Carter administration and was the Public Health Director for the State of New Jersey under Governor Kean.

He was the director of Health and Human Service program at the Pew Charitable Trust and was vice president of the Robert Wood Johnson Foundation before joining Kaiser. Dr. Altman earned his PhD in political science at MIT and was a fellow at the Harvard School of Public Health. Dr. Altman, welcome back to Conversations on Health Care.

Dr. Drew Altman: Thanks very much.

Mark Masselli: What a distinguished career, and congratulations on all the great work that you have done in public health delivery and policy. You have also worked at some of the most important health foundations in the country leading out to this long **stand** that you now have at Kaiser Family Foundation. So here we are, witnessing a very politically charge sea change in health care in America. So give us a status report of the U.S. health care system, and how does it stack up against the global changes in health care?

Dr. Drew Altman: Well, first, thanks for that over-the-top introduction. It's more like I have had way too many jobs and couldn't figure out what I wanted to do in my life. I am from Boston even though I am out here in California now and spent time to time to Connecticut. So I am actually really thrilled to be with you. I do want to say before we start, I hope the people who have been hit hard or recovering okay from Sandy, we did a lot of work on Katrina in New Orleans. And of course, it takes time to recover even though the attention of the country moves on to other things. So that's absolutely very much on my mind, and it's pleasure to be with you and all your listeners.

In terms of the big question about how the health care system is going these days, I actually think it's a time of real progress, but you wouldn't know it because the progress is occurring and is continuing sharp partisan ranker. But we are at a time when now more people will have health insurance coverage and more protections from all of the issues in the insurance industry. And it's also a time when there are dangers ahead because I have seen lots of hot debates in health care over my career, but what's different about now is I have never seen so many

big balls in the air at the same time with the implementation of the Health Reform Law, kind of hanging in the balance and with these big budget debates.

All kinds of big decisions will be made about health care is two big public programs, Medicare and Medicaid. And also, beneath the radar screen, health insurance is changing really fast from comprehensive insurance to all these plans with high deductibles. So there are opportunities in these changes but also the potential that real harm could be done for people. So there has never been a time, I think, when all these big decisions are happening at once, and all the balls are in the air at one time.

Margaret Flinter: Dr. Altman, I really appreciate the Kaiser Family Foundation motto “find a need and then fill it.” But when you joined Kaiser in 1999, you and your colleagues determined that there was a need for a source for this trusted independent information on major health care issues and of course, in the year since you have earned of distinction of really being the national leaders in health care journalism. What sets Kaiser’s approach and Kaiser’s work apart from the important work being done at other health care foundations? And what makes the need you are fulfilling so important in this age where you are really functioning as almost the health care information commons for the country as we move into reform?

Dr. Drew Altman: The thought that I had way back was just that as health care became big money and big politics, there was a need for an independent source of information that hopefully people could trust and that we could try and be a little bit of counterweight to the money in the politics and the big heavyweight commercial and political interest that dominate the health care system and true information also a voice for people instead of money and politics. We really can't have bipartisan solutions; we have no chance for them in health care without some agreement of the facts. It doesn't that the facts alone will lead to bipartisan consensus, but there is a precondition.

So that was kind of our idea. At the same time, no delusions of grandeur, we are trying to play a role that we think is badly needed. But by itself, we can't solve all the problems or cut through all dysfunctions in Washington these days. We are not really a foundation; we are actually legally a different kind, called an operating foundation. We don't make grants even though we actually get support from several foundations, particularly for our global work, our work outside of the U.S., which is very, very important to us. So that was kind of our little idea, our “find a need and fill it” idea, and it has worked out very well for us. But I think finding your opportunity, finding your niche, finding what works for you is important for any organization.

Mark Masselli: I love the motto there “voice of people, not for money.” But you have really worked very hard on focusing on the Kaiser Health News side. You are not there to provide scholarly care reviewed research papers, but you are

more interested in kind of information I think the average citizen is motivated by. So put this in a larger context. Tell us about how you partner up with other media partners to provide this information in the public service programming that can inform the larger population about what's going on in health care.

Dr. Drew Altman: Well, we do lots of studies that would make anyone's eyes glaze over because those are also important.

Mark Masselli: Yes.

Dr. Drew Altman: But we are very committed to understandable information, to making these complex inside Washington policy debates. They mean so much for people, understandable for people. So we are not just in the business of producing information but being a sympathizer, a broker and an explainer of information as well, and we produce a broad spectrum of information from complex studies to basic facts to journalism. We do operate our own completely nonprofit news service called Kaiser Health News, not driven by the need to beat deadlines or make money or please advertisers, but just produce the best in-depth coverage of health policy.

Our great journalist **Cannon**, we are big believers just in the power of basic facts. So if you are having a big debate about Medicare and how to save money in Medicare and what seniors cannot be asked to do might be useful to know that the average senior has an income for 22,000 bucks a year. It affects what you can ask them to do. And over the years, we have developed a style of operating joint ventures and partnerships with outside media organizations, news organizations. We conduct lots of polls and surveys with major news organizations. Our biggest partner is the Washington Post. We regularly do big in-depth surveys, also National Public Radio as well.

And then we run big public health media campaigns with most of the major media organizations in the country and also around the world on issues like HIV awareness and prevention, sexually transmitted diseases. We developed a new way of doing it which has been pretty widely recognized, it's won many Emmy Awards. And that's also work we care about a lot as well.

Margaret Flinter: Tell us maybe what are the themes that you are seeing – and we will focus domestically for a minute – based on all the people coming to your sites for information on how the Affordable Care Act will affect them? What is the pulse in America right now as 2014 grows closer, and we really begin to look at meaningful change? What are you hearing from around the country?

Dr. Drew Altman: Since the beginning of the debate about the Affordable Care Act, what real average people really wanted to know hasn't changed much in my view. And in our policy world, it's all about what does it mean for this interest group or that group. People want to know what does this mean for me and what

does it mean for my family, and that's where people are still struggling out there. So we see, for example, that about half of the uninsured don't know that the Affordable Care Act will help them.

But there is one thing the Affordable Care Act does do, it helps the uninsured. And so there just are these huge information gaps, and people in different circumstances are struggling and clamoring for information about what is it going to mean for me and my family, and that's always our highest priority. This is a big challenge now as we have a fiscal cliff debate and a budget deficit debate, a classic inside Washington budget debate, and try and translate it into terms that actually mean something to people.

Mark Masselli: We are speaking today with Dr. Drew Altman, President and Chief Executive Officer of the Henry J. Kaiser Family Foundation, a private nonprofit organization which develops research and communication programs devoted to health. Dr. Altman, you have spent your career initiating some real disruptive but transformative organizational changes, first at the New Jersey Department of Health and then as vice president of Robert Wood Johnson Foundation, where you led a major overall. And you have also done the same thing at Kaiser. So tell us about some of these experiences? And based on them, what changes do you think are necessary for other organizations to consider so they can thrive in this rapidly changing health environment?

Dr. Drew Altman: I do think one thing that's important in this environment is for organizations to always ask the question what is my special mission, what is our opportunity and then to cease on it. It's different for every organization in New Jersey. We had an opportunity to lead the change in welfare programs, change what welfare was about in the country, and we tried to do that. Here at Kaiser, to build a different kind of foundation that that had ever existed, we were able to do that here as well.

But it's really about finding your niche in the world, knowing your mission and being true to it because there are a lot of feds out there. And I think organizations should look for their opportunities to do things and to innovate, but they should also be careful about not just following the pack and being true to who they are.

Margaret Flintner: I wonder if you would like to comment – it seems to me that the Affordable Care Act also tries to address public health in some pretty significant ways, and that's gotten almost no attention in all of the discussions. How are we strengthening or improving public health and the public health infrastructure in this country through the Affordable Care Act?

Dr. Drew Altman: There were big investments in the Affordable Care Act in prevention; there were big investments in public health infrastructure. A lot of that, though, is handled at the state level, at the city level, at the county level, and

that has been something we have all worried about in recent years because of the budget pressures. As decisions are made about cutting federal spending, they will trickle down and could affect things like our ability to respond to emergencies like Sandy, like Katrina. That's where this stuff gets real.

It's a great question because it's way too make real some of these mind-numbing, disembodied number of debates we hear about when people read about the budget debate in Washington. These decisions directly affect things like our ability to respond when places in Connecticut are hit very hard, and nationally, people don't even know. That's what that funding is all about.

Mark Masselli: I am just pulling up on my iPhone your easy-to-read website, and I notice that you have something on the debt reduction. What's your political read on what's going to happen here?

Dr. Drew Altman: To be honest, I am not sure. I don't know anyone is really sure exactly how this will play out in the short term. In terms of the health programs, the more of the spending reductions from programs like Medicare and Medicaid, the more you have to make fundamental changes in those programs as opposed to just save some money here and there through traditional cuts and payments to insurers and hospitals and doctors which are always hard to make. And they look first at Medicare and then at Medicaid about 100 million elderly, disabled, low income Americans covered through those programs. Those are very, very big programs.

So that's what that debate is really about. The more the spending cuts, the deeper they have to go into fundamental structural changes in programs like Medicare and Medicaid. Whether they have to talk about something like pushing back the age of eligibility for Medicare coverage will turn on how big the spending cuts need to be in those programs.

Margaret Flinter: I want to give you a chance to talk with us about the global interest. You use the expression Global Health Diplomacy. I am not sure everybody would understand what that means. Tell us about the work of the Kaiser Family Foundation and Global Health Diplomacy and then what you are passionate in that work these days.

Dr. Drew Altman: Well, I think we are actually sort of part of it, in that for years, we have been running big media campaigns in partnerships with all of the world's major media companies on HIV all around the world to raise awareness about HIV, for example to open up the conversation about HIV in a place like Russia, to take on stigma about HIV in the Caribbean, to try and keep some message in the forefront in Africa where it's such a problem. We have been training journalists around the world to cover public health issues. We have a big effort to really look at what the U.S. and the wealthy nations are and aren't doing in global health and what's happening with funding for global health and development.

So this is a very, very big commitment for us. This is how our country puts its best foot forward. It doesn't mean that we haven't been operating in hard times and that resources aren't **tight**, but this is something that the country really should focus on because while we have been fighting towards other things, this is a very positive way in which, we can really present ourselves around the world. And we have seen to the service that we do in other countries that what the U.S. does in global health and in development is very much appreciated around the rest of the world, in places like Africa for example.

Mark Masselli: Speaking of around the world, what do you see in terms of innovations that our listeners at Conversations should be keeping an eye on as you have that great global perch?

Dr. Drew Altman: What actually excites me the most and specially because they get such a bad wrap are the people in public service and in the nonprofit community who work till 10 o'clock at night and are doing so many innovative things all around the country. I have been working with some people who have a project right now to, for the first time, get health services they are bringing to the correctional system and the health department and courts together to get services to girls and young women in the correctional system in Los Angeles.

To keep them out of the correctional system and get their lives back together and all across the country, there are these very dedicated people who are doing innovative things to make broken systems work for people. And that's actually what excites me the most that people who have devoted their careers to public service, they get less attention than the people who developed the wind turbines that fly up 30,000 feet these days.

Margaret Flinter: Well, we appreciate both. And we have been speaking today with Dr. Drew Altman, President and CEO of the Henry J. Kaiser Family Foundation. You can know more about their work by going to www.kff.org. Dr. Altman, thank you so much for joining us on Conversations on Health Care today.

Dr. Drew Altman: Thank you, both.

Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about Healthcare 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: Well, Mark and Margaret, gun control has become a hotly debated topic in the wake of the horrific elementary school shootings in Newtown, Connecticut, and guns are a public health issue. Republican

Representative Louie Gohmert of Texas recently said that every time concealed carry gun laws have passed, the crime rate has gone down, but there is no clear link between allowing concealed weapons and a reduced crime rate. In fact, crime is down dramatically in states that have concealed carry laws and in states that don't. A lengthy 2004 report from the National Research Council of the National Academy said that it was impossible to draw conclusions from the existing research on the causal impact of these laws.

Similarly, studies have shown a statistical relationship between gun ownership and gun violence, meaning areas with a higher prevalence of guns had higher prevalence of gun homicides and homicides in general. But those studies haven't proved, and likely couldn't, a causal relationship that the presence of guns as opposed to other factors cause the higher rates of violence. The U.S. has the highest rate of gun ownership in the world by far, but the rate of gun murder is at its lowest point since at least 1981. On the other hand, nonfatal gun injuries from assaults have increased in the same time period. And that's my FactCheck for this week. I am 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 would like checked, email us at Chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Each week, Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. Of the roughly 2.3 million American soldiers who returned from multiple tours in Iraq and Afghanistan, as many as 28% have returned with so-called invisible wounds, posttraumatic stress disorder, traumatic brain injury, anxiety depression and stress. While the federal government has been shining a spotlight on the problem, there simply aren't enough soldiers getting the treatment they need, and their families and loved ones suffer alongside them.

Dr Barbara Van Dahlen is a licensed clinical psychologist who saw the need growing and decided to do something about it. In 2005, she and a handful of colleagues launched an organization dedicated to creating a network of volunteer counselors and therapists who would devote their time to treating soldiers and their family members. It's called Give An Hour, and her organization has grown. She has created a network of 6,500 licensed therapists in all 50 states, the District of Columbia, Puerto Rico and Guam, and they have provided thousands of hours of free therapy to all veterans who reach out to them. And they are also working with the federal government initiative to train the next generation of doctors and mental health professionals to recognize the unique characteristics of PTSD and related conditions.

Dr. Barbara Van Dahlen: We will work with our mental health association partners, our nonprofit partners, our veteran service organization partners and the White House's Joining Forces initiative to ensure that the next generation of mental health professionals are properly prepared to support those who serve and their families.

Margaret Flinter: Her work landed her on Time magazine's 2012 list of the 100 Most Influential People in the world. Give An Hour, creating a network of volunteer therapists who are helping soldiers and their families who suffer from the impact of their service, using that network to better train future clinicians to treat these disorders, now that's a bright idea.

This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli. Peace and health.

Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University, streaming live at Wesufm.org, and brought to you by the Community Health Center.