

Margaret Flinter: Welcome to Conversations on Healthcare with Mark Masselli and Margaret Flinter. A show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the healthcare of the future.

This week, Mark and Margaret speak with former Missouri Governor Jay Nixon, Democratic Governor who found much success at collaborating across the aisle, in a largely red state. He is now a visiting Senior Fellow with the Harvard T. H. Chan School of Public Health, where he has been sharing his views on how we deal with health policy moving forward in this current hyper-partisan reality, we are living in it.

Lori Robertson also checks in, Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea, that's improving health and wellbeing in everyday lives.

If you have comments, please email us at www.chcradio@chc1.com or find us on Facebook or Twitter, we love hearing from you. You can find a show on www.chcradio.com or wherever you listen to podcast as well. And you can hear us ask Alexa to play the program Conversations on Healthcare. Now stay tuned for our interview with former Missouri Governor Jay Nixon, here on Conversations on Healthcare.

Mark Masselli: We are speaking today with former Governor Jay Nixon, the 55th Governor of the State of Missouri, who recently completed two-terms in office. He has also served as the state's Attorney General and as Missouri State Senator before that. Governor Nixon is a visiting Senior Leadership Fellow at the Harvard T. H. Chan School of Public Health. Governor Nixon, welcome to Conversations on Healthcare.

Jay Nixon: Thank you very much.

Mark Maselli: You have recently addressed the Harvard School of Public Health on strategies to address the hyperpartisanship in American politics and really focused in around the issue of health policy. It is almost 10 years after the passage of the Affordable Care Act. And the legal and political challenges remain as divisive as ever. I wonder if you could give our listeners your current assessment of the health policy debate and how the partisan divide is impacting us.

Jay Nixon: First of all, healthcare is complicated but the politics around is not. That's one of the most frustrating parts here, you take very personal, yet significant issue like healthcare and when it gets ground down to the simplicities of talking points and wedge issues, you get pass the needs and the care. What's missing is thoughtful specific solutions about how progress can be made. I think broadening that healthcare debate to include wellness, include other issues around this, I think is important but the partisan divide right now is making it darn near impossible to get rational discussion without somebody

attacking it. Right now, well I deeply appreciate the candidates talking about healthcare and coming up with specific ideas, as we head into 2020 and I am not overly optimistic that the election process itself is going to yield any new specific insights.

Margaret Flinter: Well, Governor Nixon as a successful democrat in the largely red state, I think we consider you a real expert on compromise. We really, recently welcome Governor's John Hickenlooper of Colorado and also Bill Weld of Massachusetts to our show and what they had in-common was a similar success at reaching across the aisle, to build consensus on some pretty major contentious issues. We would love for you to share some of the strategies that you successfully used to bridge the political divide?

Jay Nixon: Well, first of all, I always use the word cooperate instead of compromise. I always felt like, when I was asking somebody to work on something if I told them to, would they would be willing to compromise, that was kind of its way to frame issues that made them defensive. What do they have to give up in essence? And what we were really looking for is to move forward. All I would usually ask folks is to cooperate. If you can get them into room and get them into discussion, then good things can happen. You got to focus on the issues not the partisanship, especially after being a governor in a state with two-thirds of the both the House and the Senate, the opposite parties. I mean when people would walk up to me and say, I am a Democrat or I am a Republican, they were getting ready to say 'no', they weren't getting ready to say 'yes'.

There is also some gateways into this discussion that I think are easier gateways, to get to the broader discussions than others that are in the issue and there maybe two examples, mental health and specifically then into developmental disabilities area, areas where they are not partisan challenges. For example one of the programs that we put together has been highly successful, is a thing called Partnership for Hope. We found that folks with developmental disabilities, once they got beyond high school age, they were actually degrading because there wasn't as much socialization or help around them. We put together a program to have those folks continue to get help, continue to get training and also to give their parents or other caregivers some time off. We found broad support throughout the state.

Another thing that I always said was that it was better to talk if we had a different facility, it was better to go to their house and talk about it. Consequently I spent a fair amount of time when I was in the office going to communities. If there was a leader there that was, who I was disagreeing with on something we would sit down in their area. People are often times more confident and comfortable in their own home areas and especially if you can have people around them, that they know. And the other thing is you got to stay positive. If you are in elective office or an appointed office, you are not going to succeed in everything you want to do. I think staying positive is really, really important. These days especially in the political area, folks

gravitate towards division and negative, very, very quickly. I know it's hard, and it takes a long time, to get people used to your voice and your strategy that I found over the long haul, people would listen to me more, if I was talking about what we could do instead of giving excuses for why we couldn't do something.

Mark Masselli: Well, one of the things that you wanted to do was clearly, early in your term was to pass a measure requiring coverage for all Missouri children on the autism spectrum, to be given access to treatment. I guess it initially ran into some strong opposition, but it looked like the strategy that you just laid out for us prevailed. I am wondering if you could talk a little bit about that measure and what other successes like that were you able to achieve in moving policy, two-thirds of both houses are in the hands of the other party.

Jay Nixon: Yeah, one of the records I have is over 270 [inaudible] [00:06:50] legislation that I did that I held those details, I sustained those details, that's a lot of times where I had to veto bills and then go out and talk to folks about why that what they were doing was the wrong policy and we needed to work together to alter that. But back to autism for a second, I think for me it was one of those kicking moments, I used to get up every morning and ride when I was governor and this was one where I had a discussion with myself, because in my first year, I really wanted to push autism coverage to insurance for all Missouri families, got a vote in the Senate, overwhelming, just couldn't get through the house in those final days. A lot of the folks around there was saying, you should attack the speaker of the house, and there is going to be another year with kids not getting that coverage. I should note this morning about 4,000 young folks who were involved in that ABA treatment to turn their lives around because of us coming together and getting that done.

But I learned and knew that the speaker of the house had some families that have had some challenges in the autism spectrum, so instead of like attacking them, we went down to this district and went to the autism center, had yet another hearing and discussion, invited him to be there. The bottom-line is, in the first few months of the next session that Bill passed overwhelmingly. I think that was a good example of how I held the low of my fire, it may gain something politically for divide and there but we actually got it done.

I think a couple of other areas where we are really able to bring people together was in keeping the cost of college down, I mean you are seeing all of the discussion nationwide, I mean Missouri was number one in the country keeping tuitions for four colleges down. We didn't do that just by cutting their budget. Consequently, in my years we were able to up the number of four-year public college degrees by 36%. We were able to up those two-year degrees by 44%. For me that was one of the examples of things we were able to get done, to move higher education forward. We also moved our graduation rates, out of high school up to this and improved the top-10 levels. By the time I was done, as governor, we didn't have any of our schools who were on the, on unaccredited list anymore. All of that was done in a very

bipartisan way and I think we will stand the test of the time as a good effort by folks to move the state's opportunities forward.

Margaret Flinter: Governor Nixon, one health policy challenge that I would like to ask you about that I think you were unable to surmount. I imagine this was quite near and dear to your heart because it would have meant so much to so many of your residence, was the expansion of Medicaid under the Affordable Care Act, which I think would have brought coverage and access to tens of thousands of your people. As recently as the last year, I understand there was an attempt to try and get Medicaid expansion through a ballot measure but that effort was blocked. What did you learn from that experience in Missouri around being unable to get that Medicaid expansion through?

Jay Nixon: Well it was disappointing, I mean to have the federal dollars out there to have the opportunity to affect communities and we are seeing what happen because of that we are having yet another rural hospital closing. We see health outcomes slip in our state, but we didn't just sit in our hands, we couldn't get through the legislature. We were able to get a 140,000 new kids covered by Medicaid by just getting out there and doing some good gumshoe work to make sure that every family that had a kid that was eligible got signed up, that's a trend that has changed dramatically. Now with the 60,000 to 70,000 -- just in the last year on Medicaid, Missouri, you have to work at these things to make it happen.

But it was a disappointment and I think it's something that you try to get done. I think the politics of it got caught up and I also think of both sides a little bit. But the bottom-line is that, that law is still out there and while the reimbursement numbers are dropping a little bit, I am hopeful that in the future Missouri joins number of states, Democrat and Republican governors and legislators that are moving forward to expand Medicaid and make healthcare available for the working poor in Missouri and in America.

Mark Masselli: We are speaking today with former Missouri Governor Jay Nixon who also served as the state's Attorney General and as a State Senator where he is focused in on environmental legislation. Governor I want to shift from healthcare to climate change, we are just seeing such natural disasters accelerating in the country and there unfortunately it seems to be a partisan disagreement over that threat as well. You have experienced unimaginable destruction with the level-5 tornado that struck Joplin, Missouri in 2011, leaving many dead, thousands were injured and I am wondering what you learned from that disaster and the recovery. And how has it shaped your approach to this discussion that's going on?

Jay Nixon: It's certainly was a chilling reminder of how as the planet changes and warms the threat of these types of storms are going to increase; science shows us that. In that year 2011, not only do we have that EF5 in Joplin, it killed a 161 people and put 1,100 people in the hospital, wiped out nine schools, 700 businesses, 7600 houses and almost 11,500 cars. The City of Joplin and the community rallied and built things back and it's stronger today than it was

before, but that same year, we had floods in Northwest Missouri that took out 65 levees, with a tornado that hit the airport in St. Louis, we had the flooding of the Missouri River and Mississippi River that necessitated Corps of Engineers to blow up the levee in Birds Point and flood out half a county. And that was also the year that we had to close I-70 one night because of over 30-inches of snow caused, the highway had to be closed and ploughed.

Yes, I have seen that, but I also have a long history in this area, back in the late 80s, I was on the first what they called the Ozone Commission, to begin the public policy issues around what was then seen as a hole in the ozone, that could cause problems. But I do believe that we as a people have to depoliticize science and have to depoliticize the discussions around climate change. If we don't, we will continue to see things get worse and not get better and quite frankly, we are to point now, where in just a very few short years, it could be a reparable damage, especially when you talk about the levels of water and the types of tornadoes and cyclones that follow along the way. Science is in and it's up to those folks that are in public service, not to scare people, but to educate people so that we can all work together for the strategies and can make the world safer and better in long run.

Margaret Flinter: Yeah, there is another issue that's very much on the forefront, I would say and that's the issue of rural health and access to healthcare in rural states and communities, certainly the opioid use disorder crisis has made that obvious, the closing of rural hospitals, the difficulties recruiting people to come and practice as healthcare providers, what's your perspective of what's needed to really build rural health infrastructure and does technology play a role in this?

Jay Nixon: I think that technology does play a specific role because you have got to give people access to professionals and sometimes the only way to do that is through distance communication of various sorts. But the bottom-line is that, easy access to healthcare is the best way to make sure that people live a healthy lifestyle and if they do have problems that they get the better outcomes. We had a significant Telehealth effort, it's called MO BroadbandNow, which was to hook up all of our hospitals, hook up all of our healthcare networks to telecommunication, the ability to not only just communicate by a screen but also move tests around, especially as the population in some of these areas continues to have fewer folks, you are just not going to get the bricks and mortar investments that are necessary to move things forward.

As far as the professionals we had some success and number of loans forgiveness programs, in which we helped an extended sponsoring doctors and other professionals. We also worked together in a bipartisan way to pass a measure that added about 1,700 healthcare professional degrees in Missouri. It just always struck me that if we could fill that gap by educating folks here that we could fill those shots at home and that also means a healthier lifestyle. So I think it's important for people to remember that the

healthcare area is one that you have not only doctors and nurses and dentists, but there are many other series of professionals that help people in the quality of their healthcare from dieticians, to mental health professionals, to others. If you can continue through your education system in those communities, to empower and license folks, then you are going to have local people that are staying in their communities and you are getting better health outcomes.

I really do believe that technology and education are both tools that can level the playing field hopefully, between the cities and in rural areas. But we all got admit that if you got a really significant surgery, a heart transplant, a significant cancer surgery, that often times you are going to have to go to the population centers, because that's the only place where you are going to have that high level of experience expertise. Transportation is also important, being able to transport people from their community, 10, 50, 100 miles away that's part of the quality of rural healthcare.

Mark Masselli: Governor Nixon, you come from a hardline state and you have had to address sort of a wide variety of issues of importance, gun control, LGBT rights, climate change and disaster recovery. We have got all this coming up in the 2020 election cycle. But I am wondering what new compact do we need to start really addressing these issues that politicians need some consensus on.

Jay Nixon: I think like we have almost slipped over to politics and governing being a contest as opposed to a civic responsibility. I was a co-chair for a while of the National Civics Education with Governor Ducey in Arizona, to make sure that people understand. We passed a measure here in Missouri that says that you got to pass the citizenship test by your senior high school. I think giving people deeper understanding of how the levers of power can deliver for them; I mean I think folks are kind of scared to get into politics and to public service, they are scared to go meet with their legislator sometimes. I think some of the best things that happened, were individual citizens feeling empowered. And it's not about protest, it's about progress. We need to empower people to feel like they can speak out and reach out.

And right now when you nationalize political coverage, when you nationalize news which we are moving to with the closing of many small town newspapers, small radio stations and others and replacing those with to either serious radio or whatever national TV it is, it begins to lose the touch at the local community. I think one other thing that folks need to do is reinvigorate some of that local media. I am not going to say we all have to go back at Benjamin Franklin's day and set type, although Georgia and I got a lot of newspapers, I have still one of the Luddites that actually reads newspapers. To put it in the flip way, I mean Tip O'Neill wasn't wrong when he said, "all politics is local" that's also true about policy. I think right now empowering people to get involved, not just negatively, not just because they are upset with something. But because they should have a higher expectation is important.

I will tell you, when I was in college, if I was doing a report, I had to go to the library, look up a book and go the Dewey Decimal System, figure out where it was in the library, walk up in the library, get that book and guess what, if somebody else has already checked it out, I had to bring back a piece of wood and give it to the librarian and they would tell me in two days the book would be back, that's not the way it is for these kids now. They have the whole world on their phone. The bottom-line is that information is available to folks and I am a big believer that where are at a transitional time, which we are going to move away from just communicating by tweet or Instagram and we are actually going to start having discussions. But that only happens if we respect other people, if we embrace diversity, if we embrace people's differences. I do think I am very optimistic that the younger people of this, at least of this country and this state, are more willing to embrace diversity, more willing to listen to other people than I think some of the politicians are. I think that's a good sign for long run.

Margaret Flinter: We have been speaking today with former Missouri Governor Jay Nixon. Now a visiting Senior Fellow at the Harvard T. H. Chan School of Public Health. You can learn more about his work and follow him on Twitter @govjaynixon. Governor we want to thank you for your leadership, your lifelong commitment to public service and for joining us on Conversations on Healthcare Today.

Jay Nixon: Thank you very much.

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 non-partisan, 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: In the past four months, five states passed laws that ban abortion once a heartbeat becomes detectable during a pregnancy. That prompted a reader to ask us, when do doctors hear a heartbeat during pregnancy and when is the human heart fully developed. The short answer is that a developing heart has all of its primary structures after about nine weeks of pregnancy. Some forms of ultrasound can detect cardio activity in an embryo in the sixth week. But a heartbeat wouldn't be audible until about 10 weeks on a Doppler fetal monitor. Since cardiac activity can be detected in the sixth week of gestation abortion rates advocates such as Planned Parenthood, refer to these state measures as six week abortion bans, others including proponents call them heartbeat or sometimes fetal heartbeat legislation. All of the state laws allow abortion if the pregnant woman's life or physical health is severely in danger, none of the laws are currently in a fact and some have been blocked in court.

We consulted multiple scientific reviews and spoke with experts on heart development and maternal fetal medicine. Heart development occurs over a

four week period starting in the six week of pregnancy. Scientist are able to identify all of the major structures after nine weeks and one day of pregnancy, when the entire process is largely complete. Heartbeats are first detectable with a transvaginal ultrasound. Usually after six completed weeks of pregnancy, the real-time scan however doesn't produce an audible heartbeat it's visual only, showing a flicker, the slight movement of the developing heart while it beats. What most parents experience as the first audible heartbeat during pregnancy comes from a device known as a Doppler fetal monitor.

Technically the heart sounds that the machine produces are not the actual sound of the fetus's heart beating. The sound is the amplified version of the difference between the transmitted and received signals. To hear a true heartbeat, expecting parents can turn to a stethoscope which picks up fetal heartbeats after 20 to 22 weeks 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 www.chcradio.com, we will have FactCheck.org's, Lori Robertson, check it out for you, here on Conversations on Healthcare.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. It's a known fact that the current generation of American children is more obese than any previous generation. Out of Washington DC Community Health Center, Unity Health Care, a pediatrician was in a quandary over how to tackle this growing health scourge. He began with the unique solution targeted to a teen patient whose body mass index had already landed her in the obese category. What he did was write a prescription for getting off the bus one stop earlier on a way to school, which made her walk the equivalent of one mile a day. Dr. Robert Zarr of Unity Community Health Center understood that without motivation to move more, kids just might not do it. The patient has moved from the obese down to the overweight category, certainly an improvement. He then decided to expand this program by working with the DC Parks Department, mapping 388 of them so far.

Robert Zarr: How to get there parking, is parking available, if someone is going to drive, bike racks, there is the section on pads, park safety.

Margaret Flinter: Dr. Zarr writes park prescriptions on a special prescription pad in English and Spanish with the words RX for Outdoor Activity, and a schedule slot that asks, "When and where will you play outside this week?"

Robert Zarr: I like to listen and find out what it is, my patients like to do and then gauge the parks I prescribe based on their interest, based on the things they are

willing to do.

Margaret Flinter: Ultimately, Dr. Zarr says, he wants to make the prescription for outdoor activity adaptable for pediatricians around the country. One day, he would like to be able to track his patient's activities in the parks. RX for outdoor activity, partnering clinicians, park administrators, patients and families to move more, now that's a bright idea.

[Music]

Mark Masselli: You have been listening to Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Peace and health.

Moderator: Conversations on Healthcare is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes or whatever you listen to podcast. If you have comments please email us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. The show is brought to you by the Community Health Center.