

ACA Lives – all before 6.25.15 is much, much out of date . . .

. . . Inclusive of some, at least, of the discussion in the present Health Care Symposium report, whose first half we are dispatching today. Our text, at all events, is left without change – this as evidencing the quality of those tensions that had grown to dominate thoughts, if often quite silently. The wiser heads among us, the columnists and “opedistas” in the serious papers, will airily observe (they have already begun) that the conclusion was altogether obvious from the start. We are both modest and more amusing. Most of our gang, after all, had the Hobby Lobby case confidently doped out – up to the morning when the Court crossed us up . . .

REPORT — 2015 HEALTH CARE SYMPOSIUM – PART I

Dialogue on Diversity presented its fifteenth annual HEALTH CARE SYMPOSIUM on May 20th under the title: *A LAST GENERATION'S DREAMS – XXI CENTURY REALITY*, and an agenda treating an array of the chief current health care topics, ranging from the challenge of breaking through the notorious disparities in access for the marginalized ethnic communities, to the statistical quirks of designing clinical trials for life-saving pharmaceuticals. The day-long series of panels, held again at the American Federation of Teachers in Washington, was marked, additionally, by the presentation of three awards for varied aspects of health leadership, honoring **Rep. Judy Chu** of California, with the year's Health Leadership Award, **Ruby Jade Corado**, founder of Casa Ruby, with the Community Health Award, and **Dr. John Davies-Cole**, State Epidemiologist for the District of Columbia and part of the GWU faculty, with the Health Equity Award. The present Part I of the report, being issued today, contains accounts of the earlier portion of the day's agenda, along with the award presentation to Rep. Judy Chu. Part II follows in a week.



REP. JUDY CHU, chair of the Asian Pacific-American Caucus in the Congress (the Asian component, along with the Hispanic and Black caucuses, forming the “Tri-Caucus”) brought her audience a spirited account of the achievements of the Affordable Care Act, emphasizing its revolutionary advances in matters of women's health. Entering Congress by special election in 2009, succeeding Rep. Hilda Solis, who had just moved to the Department of Labor as Secretary, Rep. Judy Chu, through successive elections, in which she was returned by decisive majorities, has blazed a unique trail in a variety of legislative directions – not least health care -- in a portfolio of interests, achievements, and legislative directions. Dialogue on Diversity was very happy to present to her the Health Leadership Award during the Symposium's midday session. She joins a file of distinguished recipients of this Award, among whom are Rep. Lucille Roybal-Allard, Congresswoman Donna M. Christensen of the

U.S. Virgin Islands, Rep. Grace Napolitano, and others. Rep. Chu's legislative positions have included, to note a few highlights, a stance on immigration law reform and a multi-point bill of imperatives in the realm of federal health care policy – ample funding for prevention under a classic ounces to ponds rationale; statutory clarification of physicians' use of potent painkillers otherwise banned; rules to sustain sufficient compensation to medical providers to keep Medicare services humming.

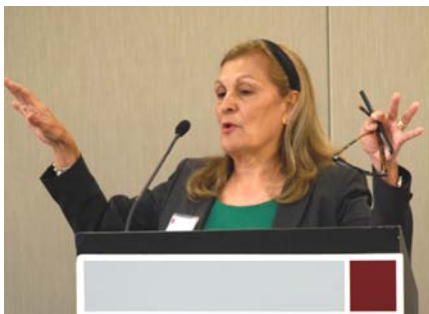
CLINICAL TRIALS

Clinical trials of health care instrumentalities -- pharmaceuticals, hardware, treatment or prevention strategies -- are an evident necessity in deploying well calculated means targeting the illustrious goal of “wellness”. The role of these trials in the total health care picture, especially in view of certain deficiencies in design and conduct of these trials, has been the subject of increasing attention. A recent NY Times op-ed, takes up, for example, problems arising in the recruitment of trial participants. A seldom discussed but obvious enough source of hesitation is the (supposedly unfavorable) prospect of being in the *control group*, those not receiving the innovative medication or treatment, and thus not in line to enjoy the promised benefits. Several considerations counter this doubt – if the control groups miss the benefits of the innovation, they also escape the unexpected, perhaps deadly side effects (if, for example, one were dealing with a modern day thalidomide!) Or consider this: entering the trial gives the participant a 50% chance at any benefits; non-participation, however, affords a zero chance at those benefits. The control group would in any case be receiving all along the “standard” treatment for the condition in question. The panel brought together three experts (shown in the above photograph along with Ma. Cristina Caballero, Symposium Convenor for Dialogue on Diversity): DANIEL E. DAWES, Morehouse University School of Medicine, reputed to be the preeminent walking



encyclopaedia of facts and insights and the law on many facets of U.S. health care, (incl. the ACA); DR. JONCA BULL, the FDA's chief of the agency's OMH (Office of Minority Health – a formally existing office in numerous federal agencies, now required by the ACA); and JOCELYN ULRICH, an expert analyst of the law and economics of health care policy, including importantly the practice of clinical trials, for PhARMA, the pharmaceutical industry trade and service entity. The panel discussed at length a set of puzzles over the role and the numbers of trial participants drawn from ethnic, racial, and other minority categories of a larger population. Significant evidence has accumulated in recent years displaying marked variations among these groups (alongside the expected variations in medication responses among the individuals within each group). Accurate and useful results yielded by the trials, thus should, if not to be misleading, determine the distinct use characteristics for the several distinct population categories. A medication superbly effective for patients of category A might be found to produce little good, or indeed positive harm, if given to the category B or C patients, etc. Given this clear cause for concern, any remedy, must, by statistical logic, ensure that in each of the categories of interest there be a sufficient number of participants to produce a reliable reading of the true direction and magnitude of these effects, good or bad, for this or that specific population segment. For a variety of reasons, however, some economic, some sociological, some simply of administrative and communications obstacles, recruitment of large numbers of minority subjects has proven difficult – among the problems: check ups and treatments may require absence from a workplace at frequent intervals; physicians may be slow to aid in the recruitment process, etc. More ample payments to trial subjects to offset the rigors of participation are one surely promising avenue of remedy. The professionals involved are focusing intense efforts on the problem.

THE HEALTH CARE SCENE IS OVERSHADOWED at this tense moment by the pending dispute before the Supreme Court over subsidies to be afforded to the less well-off seekers of insurance coverage against the incidence of sickness. The papers are beginning to approach the so far little bruited questions of next steps to be taken in the event that the ACA's delicately balanced subsidy schema is knocked into the cocked hat. The political factions most vociferously contesting the ACA, the "root and branch" opponents, are said to be nervously contemplating the options they will face if the coverage apparatus ends up largely knocked out, with great numbers of people -- more pointedly stated, the constituents of the legislators in question, left suddenly without affordable coverage and demanding of their representatives: you have your wish; now what am I, at the moment hanging by fingertips above an abyss, to do? By the time this commentary is read, the issue is likely to have been resolved one way or the other, or, perhaps, after the manner of the Oracles of old, settled with a cryptic ruling pointing in multiple directions at once.



GRACE FLORES HUGHES, writer and memoirist, has been a creative figure in a series of federal agencies, holding multiple official posts, always with an eye to shaping the features of departmental policies to the aid of the country's minority communities, laboring with endless resourcefulness to enlarge their life chances – and herself the survivor, remarkable for energy, wit, and resilience, growing up in the milieu of hard-edged anti-Mexican discrimination rampant in Texas society of the 1950s and 60s. She writes with the painful immediacy of personal recollection, recounting the slights and the shames to which her family and neighbors were submitted. Ms. Flores Hughes recounted the acute anguish suffered by Mexican-heritage residents of Texas in that era of out and out

discrimination, with dingy separate waiting rooms in the rare physicians' offices that would take Latinos at all, and her overcoming the disadvantages through a successful mix of smarts and pluck, becoming a high federal administrative official.

In the opening Symposium panel, dealing with the anguish of disparities and the urgency of effective cultural competence, KINTE IBBOTT, heading the health care outreach division at Maximus, Inc., gave a step by step account



of the anatomy of the cultural divides that impair access for minorities, and especially the linguistic barriers to be overcome. Systematically laying out the basics of the category of "Culture", he detailed the nuances and the challenges that confront the cultural competence warrior on every hand — cultural structures, the distinct features of the several ethnic and otherwise differentiated groups in a larger society, and the means by which a cultural entity may enjoy a healthy autonomy in its economic and intellectual enterprises. A cardinal rule in communicating health information is to stick to plain language and to pare the factual narrative to the real essence of the story. Drowning the reader or hearer in a deluge of facts – especially those communications targets not already acquainted with the field – can obscure rather than clarify the message. Health literacy, the overarching goal, must be built patiently, carefully, and step by step. And surely patterned to mesh with the cultural receptivities of the audience, often

a marginalized ethnic or social class population. Gender, age, and the habitudes of a primary language -- each having its special resonance, to which an effective communication must correspond. Of all this, little can be calculated in advance by the communicator, but an adequately drawn picture must be painstakingly gained through research, in first-hand, street level contacts, and even by such expedients as focus groups. In the work of building health literacy questions of mental health are of especial delicacy and are as important as they are sensitive.



In the course of a segment on how the ACA is faring, with reports on the intricacies of the insurance marketplaces and the status of the undocumented, who are shut out of the main benefits of the reform law, KAREN DAVENPORT, Health Policy Director at the National Women's Law Center, turned to the legal challenges now in the Supreme Court, which could abolish the federal subsidies to persons registering with the federally operated insurance Marketplaces. With the result in the Supreme Court far from obvious at this point, thoughts must turn to the question of a Plan B. Ms. Davenport systematically analyzed some of the consequences of various legal outcomes, inclusive of a conceivable ruling on the constitutionality of the subsidy system. The conclusion is that an adverse decision would throw the contest into the Congress, where all sides would agree on a "fix" for the

subsidy schema plus undetermined changes/adjustments to other parts of the statute – the Administration holding to a basic insistence on the system's continuing affordability and its comprehensive reach. Ms. Davenport managed to lay out a coherent and nicely articulated schema of coalitions, trade-offs, and strategems that might be called into play as the complex contentions over the statute and the economics and the budgetary ideologies clash in a veritable health care Armageddon.

JEANETTE CONTRERAS

Jeanette Contreras, of the CMS staff, now detailed to the White House, outlined for the Symposium audience the robust beginnings of coverage enrollment in the chief project of the Care Act – construction of the actual edifice of insurance coverage shrinking the shameful policy gap that has given a not terribly complimentary sense to "American for" in most of the world's advanced polities. During the first enrollment window, beginning in November of 2014, 11.5 million persons utilized Marketplace options for medical and preventive coverage to set themselves up with the newly standard coverage -- inclusive of benefits not theretofore to be had even in costly policies (this was the period when the computer services were swiftly swamped and the system grew fouled – viewed at that time by the law's critics as the expected crash of doom marking the effective end of the ACA), while, in the event, an additional 10.8 million were added to the Medicaid and CHIP (for children) rolls under the expanded eligibility rules for low-income persons. In the concerted enrollment efforts, which continue whittling away at the remaining core of the uninsured, NGOs in broad variety have been enlisted in the task.

LENI GONZALEZ

In the political minefield that is Virginia, where the local Marketplace is a cooperative undertaking between Commonwealth and Federal authorities, and the Medicaid expansion proposed by the ACA is a standoff between a new, pro-expansion governor and an adamantly anti-expansion legislature, a strong hand is being taken by non-governmental groups, one of which is Enroll Virginia, of which panelist Leni Gonzalez is the campaign's director in the populous Northern Virginia area, with special concentration on the Enroll Virginia Latino component within that community. Enroll Virginia, through its networks, carries on an intensive information service on available health care resources, insurance and other, on the options on offer through the Marketplaces, and on the mechanics of signing on as part of the body of the newly insured.

NUTRITION

LAURA MACCLEERY An inspired discussion of the quality of foodstuffs and their places in a carefully designed menu of edibles was the focus of expert presentations by Laura MacCleery, Regulatory Counsel at the Center for Science in the Public Interest (CSPI), and Jessica Donze-Black, heading the Kids Eat Safe and Healthful project at the Pew Charitable Trusts. The CSPI is a Washington-based think tank and advocacy organization, concerned with a train of consumer concerns. Central among these is nutrition, and the harms spawned by its neglect or misdirected application, the twin dangers of mal- or unbalanced nutrition on the one hand and obesity on the other. Ms. MacCleery's work includes the litigation of improper or ineffective statements of food content, instructions, or other information. Often, she pointed out, a careful parsing of data actually showed on the product's packaging, will be revealing e.g. the actual fruit content of juices, sugar or salt content of various foodstuffs, etc. It might have effect – a seemingly simple expedient – for contents and salient points with respect to such content, to be stated on the front of the package in visible array, not on the back in microscope



format

JESSICA DONZE-BLACK Zeroing in on her specialty – the theory of childhood nutrition and the practical labor of getting kids to consume as prescribed – Jessica Donze-Black imparted the secrets of the arcane science of getting kids to eat the healthful and, if matters are well managed, palatable menu items that a thoughtful school administrator or parent will present to the young customers. Sometimes strategems such as surrounding the merely good with what is good-for-you can be effective; an entire repertory of Macchiavellian expedients are called on for the sake of building



the sound physical apparatus of one's young clientele, all topped off by the sound and eager spirit that all this may engender. Ms. Donze-Black reviewed the recent history of childhood dietary wisdom. In the official milieu of school systems and legislatures, the brute quantity of edible intakes was for long the key to salutary policy. Under the pressure from such figures as herself, a very distinct concept, that of quality, is beginning to hold its own in the dietary wars. It is not so much a question of more, but *more of what*, and when is *less* of this or that instead the urgent imperative? The USDA, working alongside the FDA, has published tables of standards on these points. And states stand under the instruction of these guides, unless, of course, they opt out. Calories, after all, like the canons of English grammar, the value of "pi", and other civilizational matters, must remain amenable to the historic traditions of each state. Fruit snacks, the panelists agreed, were the very soul of health in their labels, but were in fact, as often as not, sugar bombs. Read the fine print. Carefully.



Dr. Malcolm Joseph, Medical Director for the CareFirst BlueCross BlueShield group in Baltimore, has been indefatigable in counseling and as the source par excellence of suggestions, leads, and tips – all of inestimable value in our often very uphill task of planning that goes into such a program as the present Symposium. CareFirst, moreover, has been a generous sponsor of of the Dialogue's programs in the several years just past and this year.

Mention should be made of the presence at the Symposium again this year of a delegation of health care workers from Latin America brought together by the Rosemount Center in northwest Washington, through the arrangements regularly put in place by Rosemount's Mr. Gustavo Martínez. This year's group of interns, six of whom attended the Symposium, had come from Central American areas. They were

Ilvea Campos, Family Partnership Specialist, Marlen Torres, Family Advocate; Maria Flores, Darnel Bromme, and Isau Medrano, Home Visitors, and Gladys Torres, Home Visitor Coordinator

LAS ABUELITAS –
AND OTHER CLIENTS OF VIDA SENIOR CENTERS

A concurrent program was presented in an adjacent meeting area for the clients of an older generation served by Senior Centers, for long a Dialogue on Diversity partner in many programs. The program this year was presented by Ms. Mercedes Blanco and Ms. Claudia Caicedo, both of the Maximus organization. Ms. Blanco must be particularly recognized for her travel from Rhode Island to Washington for the occasion.



WHO BENEFIT FROM DIALOGUE ON DIVERSITY'S PROGRAMS AND HOW

The needs to which the health care program, featuring the late spring Health Care Symposium, and indeed the other programs of the Dialogue, continue to speak goes much beyond the experience of the immediate in-person audience – it lies in the ideas and practice pointers for civil society executives and staff as they carry back to their own turf productive ideas and techniques for their specific work, and in turn for the clients they serve, as these find helpful applications in their own lives. Still another feature of the Health Care Symposia and Fair presented by Dialogue on Diversity each year is the battery of *SCREENING TESTS* offered on site by the District of Columbia Department of Health. These benefit many elderly (and other) Washington area residents, who not only obtain these no-cost tests, but enjoy their own program track, noted above, with tips for living tailored to the circumstances and needs of these older cohorts of the city's population.

LAQUANDRA NESBITT, MD, MPH

e featured speaker at the Symposium's lunch session was the Director of the District of Columbia , Department of Health, Dr. LaQuandra Nesbitt. She took the reins at the DOH only a year ago. Taking her place at the lectern, tall and with an aura bespeaking that combine of competence and authority that is the emblem of effective authority. More seriously, she was a D.C Department of Health official key posts. At length, in the 2000s, Dr. Nesbitt left the District of Columbia post to assume Director's duties in the Department of Health of Louisville, Kentucky. She swiftly moved to reorganize operations and re-direct programs, instituting highly innovative new projects. She returned to Washington in 2014, this time to assume the top spot in the DOH leadership. She has again seized the levers of change and is well on the way to mold the DOH into a model department among the country's large-metro public health agencies, pushing the envelope of excellence through innovative programing and operational efficiency. Dr. Nesbitt, commencing here remarks with due praise for the D.C. DOH, which sometimes is grossly under-appreciated. In fact, Dr. Nesbitt pointed out, the local Department by any reasonable ranking stands near the top. But pockets of underserved remain, and it is her prime task, she asserted, to mobilize a campaign of education and economic improvement, along with direct health services, to remedy that state of affairs



DEBORAH C. PEEL, M.D.

Chair of the Patient Privacy Rights organization and a first rank exponent of the need for powerful privacy protections, Dr. Deborah Peel emphasized the urgency of unbreachable firewalls between the intimacies necessarily present in patients' health records (necessarily so since security of confidences is a condition for these essential disclosures to the physician – perhaps most poignantly in the situation of psychiatrist to patient – Dr. Peel is a practicing Psychoanalyst), and access by improper recipients, a danger in a world of broad and instantly available transmission by contemporary information technology.



ELLEN LANGHANS



Another facet of the role, growing but far from complete, being played by information technology in the health care realm, is the enter of agencies such as those operating within the federal Department of Health and Human Services Department, for supplementing other forms of communication of health and preventive care information to broad swathes of the not always well-informed populace. Ellen Langhans is head of the internet site www.healthfinder.gov, a resource to afford in real time, by internet, which is widely if not universally accessible by persons who are reluctant or too poor to seek formal medical counseling and treatment, certain basic information concerning the user's health, and to respond to information supplied by the user with pertinent tips and counsel, as appropriate, to seek face to face professional medical advice tailored to any serious condition apparent from the information entered. Ms. Langhans reviewed and analysed the effects of the healthfinder program, of which she is finds herself present nearly at the creation. r

COMMENTARIES AND REVIEWS OF MAJOR HEALTH CONDITIONS

Four commentators, specialized to particular facets of the health care complex, appeared to lay out an overview of the prevention, the chief treatment modalities, and the ripple effects socially and domestically of a variety of conditions. Each year the Dialogue presents such reviews on a rotating selection of health disorders. José Segura, long a staff figure at La Clínica del Pueblo in Northwest Washington, outlined the salient points of his learning and extensive experience in the field of substance abuse and mental disorders. Rosa Pizzi, the newly inaugurated Director of the Vida Senior Centers with its dual Washington sites, discussed the particular concerns of those who have taken in hand the servicing and care of this notably vulnerable stratum of modern societies. Maria Schiff of the Pew Charitable Trusts, an expert at assessing the quality and quantity of health care financing at all government levels, laid out the particulars of the support levels for a range of health care projects in the various states – patterns from which some conception can be inferred of the levels of concern over these needs, especially as need is endemic among the lower income portions of the state populations.



Photos of health threats panel participants, Maria Schiff, José Segura, Rosa Pizzi, and Dr. Regina Renteria Weitzman

A Symposium closing report on diabetes, its prevention and treatment, was made by **Dr. Regina Renteria Weitzman**, with the repeated command to her hearers: Walking is the Sovereign Preventive. Walk! Walk!!

AWARDS

Three awards were presented during the midday session of the Symposium. The honors for Rep Judy Chu are recounted above. The other awards, as also noted, were given to Dr. John Oliver Davies-Cole, in recognition of his long service in the little notice but vitally important post State Epidemiologist for the District of Columbia. Dr. Davies-Cole also serves as part of the adjunct faculty at The George Washington University. Ms. Corado, known to everyone in town as Ruby of Casa Ruby, received the award for her courageous, ever spirited, and joyful presence as the impresario of Casa Ruby, the refuge, community center, and focus of advocacy for the LGBT population of the metropolitan area. It is of interest to observe that the day after our presentation of the award to Ruby, she was the subject of a lengthy interview by Jeffrey Brown broadcast on the PBS NewsHour. The conversation was filmed in her offices at Casa Ruby.



Left: Dr. John Olive Davies-Cole posed with Dr. LaQuandra Nesbit, holding award trophy.

*In his Advancement of Medicine
For the District of Columbia and the National Community
Through Excellence in Epidemiological Practice
on Behalf of the People of a grateful City*

Right: the delighted Ruby Jade Corado, holding award trophy

*Founder and Inspirer of CasaRuby
A Shelter and a Symbol of Fellowship and Hope,
Bringing Support and Joy to the
Persons of the LGBT Community
The Community Health Leadership Award*



CONNIE CORDOVILLA, AFT

As the representative of the American Federation of Teachers, Connie Cordovilla, Associate Director of AFT's Department of Human Rights and Community Affairs, greeted Symposium guests at the outset of agenda proceedings, outlining the organization's membership, principally of teachers, but with a substantial component as well of nurses and other health care workers. Numerous purposes, Ms. Cordovilla noted, are held by both the AFT and Dialogue on Diversity – among these education, inclusive of pre-K schooling, and an abiding concern over the increasingly acute disparities in opportunity, reflected in turn in inequality of economic resources and of chances for a taste of the rich benefits. The common interest in a broadly based social well-being has permitted a profitable collaboration between our groups.

MERCEDES BLANCO AND CLAUDIA CAICEDO

Finally recognition must be had of two excellent ladies, representing the Maximus organization, (whose head for health care literacy, Mr. Kinte Ibbott, is one of the morning speakers, laying out the story on disparities and cultural competency in today's Symposium). Coming from Rhode Island for the occasion is **Ms. Mercedes Blanco**, well versed in the special problems and

concerns of the older cohorts of our society; she stands eager to import to these senior figures in our midst the inspirations, the cautions, and the useful in the lore of the aging science. Her colleague, **Ms. Claudia Caicedo**, of the Washington metro area, also well informed on the concerns and needs of the elderly, joins Ms. Blanco in presenting the program, concurrent to the main symposium's panels, designed for this group, principally the clients of the Vida Senior Centers in Washington, augmented by others for whom these concerns are of interest.

MASTERS OF CEREMONIES, MODERATORS



LEFT: EILEEN TORRES



RIGHT: BETTIE BACA



Vida Senior Centers, ABUELITAS