

**SERIES:** Caucus: New Jersey with Steve Adubato  
**TITLE:** Families in Focus: Urban Family Health  
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STEVE ADUBATO, host:

Helping our city's kids lead healthier lives, next on CAUCUS: NEW JERSEY.

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PAULINE M. LEVINE, executive producer:

Children, they are our future. But in large cities, that future is often at risk. Children in urban areas face a growing number of health problems, from lead poisoning to malnutrition to oral health issues, but the biggest problem for urban youngsters is asthma.

JESSICA MARTIN: Sometimes when I'm running real fast, I cough. Well, it's hard to breathe. I feel scared and my chest hurts.

LEVINE: That's what it sounds like to have an asthma attack. Six-year-old Jessica Martin knows a lot of about asthma. She had her first episode when she was just three.

Ms. WILLETTE MARTIN (Jessica's Mom): She was coughing real heavily, and she was, like, really breathing in and out and, you know, runny nose and everything. So I took her to the emergency room, and they told me it was just a cold and they gave me some--a prescription to give her. I gave it to her, but it wasn't getting better.

LEVINE: That was the beginning of a three-year battle to keep Jessica healthy. Jessica was soon diagnosed with asthma and she was given medication to inhale four times a day. But after about a month, Willette began to notice that the treatments weren't working, so she started to go back to the ER.

Over the next two years, Willette took Jessica to the hospital somewhere between 50 and 60 times.

Ms. MARTIN: I was really scared because I've heard a lot of children dying from it and it just really bothered me 'cause I was like, 'What do I do? What do I give her? How can I help her? How can I get rid of it?'

LEVINE: Dorothy Grisby has heard stories like this before. She's been a nurse at the Franklin Street School in Newark for 19 years.

Ms. DOROTHY GRISBY (Franklin Street School): We see a very large number of children with lead poisoning. We have quite a few eye problems, a lot of visual problems. Let's see. We have anemia. A

lot of nutritional deficiencies and, of course, asthma. I would say, for example, if I were to register 25 people today, I'd say half of them would have asthma.

LEVINE: The National Asthma and Allergy Foundation estimates that nearly five million children under the age of 18 currently suffer from asthma. And those numbers are highest in urban areas.

Ms. GRISBY: In our inner cities, we see a lot of it for this reason, the environment. And some of it is manpowered. Smoking in the home. Some of it is rodents, the dust mites, roaches in the home and factories and other pollutants in the air.

LEVINE: And lack of access or limited access to medical care only adds to the problem.

Ms. MARTIN: And I've been on New Jersey Family Care for a while. But now that I'm working, it's--it's even harder because it's, like, I have to pay a portion, a co-payment towards it, and it's--making ends meet is really hard. The medicine costs about \$60 to \$70 a month. Then when you run out, you have to go get a refill.

LEVINE: Getting Jessica consistent ongoing treatment has also been difficult.

Ms. MARTIN: Once you leave the emergency room, they always say to follow up with your physician, and I will call them--'Oh, I took Jessica to the emergency room last night because she had an asthma attack, so I need her to come in and see you.' 'Oh, OK, I'll make an appointment for you next week or in two weeks.'

Ms. GRISBY: The problem is is that there's no follow-up and if you're going to manage asthma or any illness well, you have to see the physician on a regular basis, have tests and those kinds of things done. And I know when the children are managed well. You know how I know in this school? They're not in the hospital. I see children on a Monday. I say, 'Oh, hi, how was your weekend?' 'I was in the hospital.' And when I hear that from people two or three times a month, that's how I know they're not being managed properly.

LEVINE: Jessica started first grade this fall. She likes reading and watching videos and playing with her scooter. And despite some minor attacks, she hasn't missed any school.

Ms. MARTIN: I would actually say that it's under control right now more than it was last year because it's been over a year now and she hasn't had to go to the emergency room. She hasn't had to go to the doctor for any treatments. They say you can outgrow it, but then you hear the doctor say you can never outgrow that. And I can--I feel that it's being maintained by me and her both. It's being maintained.

ADUBATO: Welcome to Families in Focus, a special CAUCUS series

looking at the many challenges and pressures facing the modern American family. I'm Steve Adubato.

Childhood asthma is just one of the growing health concerns facing our urban families today. Here to talk more about this and other health problems affecting our city's young people are a good friend, Maria Vizcarrondo-DeSoto who is the president and CEO of the United Way of Essex and West Hudson. Tonya Ortiz is a mother of three teens with the custody of her two nephews. Get this, ages 19, 15, 12, 11 and 10. You're our hero. Tonya knows first hand the challenges of accessing health-care services for her growing family. Dr. Robert Johnson is chairman of the Department of Pediatrics at the University of Medicine and Dentistry's New Jersey Medical School. Cecilia Zalkind is executive director of the Association for Children of New Jersey, a quality, exceptional organization providing much needed voice--a much needed voice for New Jersey's children. And finally, Dr. Debbie Salas-Lopez, chief of academic medicine, geriatrics and community programs at UMDNJ's New Jersey Medical School. And I'm going to thank you all for joining us.

By the way, folks, throughout this program, you'll see a Web site. Take advantage of it. Up on the screen, we're going to pushing our Families in Focus resource guide here on public television. It is all free. If you want to find out more about programs that are designed to help our children in cities throughout this state and, frankly, in the region, reach out. We're here to help.

Our good friend, Bob Johnson, let me ask you. Jessica, six years old, asthma, been to the hospital 50 or 60 times, according to her mom, Willette, makes less than no sense. How could that be?

Dr. ROBERT L. JOHNSON (Pediatrician): Unfortunately, Steve, it's not an unusual occurrence. Asthma is one of the leading causes of serious morbidity or death among children. Here in Newark, it's also one of the more serious causes of death in many urban areas throughout the United States. And although we have some idea that it may be some environmental influence, we really don't understand. And there's one--one very unusual occurrence here in--in the Newark area. You go down South Orange Avenue; you've been down there many times. You know how South Orange Avenue suddenly changes from Newark to South Orange?

ADUBATO: That's right.

Dr. JOHNSON: Well, that change makes the asthma rate suddenly go down, so it can't just be the environment.

ADUBATO: Well, Bob...

Dr. JOHNSON: Why should the rates be so low in South Orange and so high in Newark?

ADUBATO: Help folks understand this. They could be watching us in

any of the six states that we're in or anywhere in New Jersey.

Dr. JOHNSON: Right.

ADUBATO: You're going off a major thoroughfare in the city of Newark. You know where Newark is. You're going up this thoroughfare.

Dr. JOHNSON: Right.

ADUBATO: It changes once you get to the border, right, of South Orange, and you're saying once you get across that same street...

Dr. JOHNSON: Right.

ADUBATO: ...the asthma rates drop?

Dr. JOHNSON: They drop. It's not only South Orange Avenue. Bloomfield Avenue is another example. It goes--starts in the center of Newark...

ADUBATO: Right.

Dr. JOHNSON: ...right into Bloomfield and Montclair, the asthma rate suddenly drops. So it--environment is certainly part of it, but part of it is socioeconomic and the ability of families to care for kids, you know, to do things like get to a doctor right away or to afford medications, to afford the pumps that need to be in the city, all of these things.

ADUBATO: Tonya, as you're hearing Dr. Johnson talk about this, resonating for you?

Ms. TONYA ORTIZ (Parent): Well, my daughter, I found out she had asthma when she was one, and...

ADUBATO: Your daughter--excuse me, and your nephew.

Ms. ORTIZ: Right.

ADUBATO: Go ahead.

Ms. ORTIZ: Yes. And she's 15 now, and I mean, I was in and out of hospitals with her. I mean, you have the machine you have the pump. I mean, and she still--I can hear her wheeze, and I could be in another room and I can still hear her wheeze. And I have to put her on the machine or to give her steroids, and it's like you go through that all the time. The weather changes. She has to get the steroids, and they only put you on that a certain amount of time because they don't want you to get used to it.

ADUBATO: How old is your daughter?

Ms. ORTIZ: She's 15.

ADUBATO: What's her name?

Ms. ORTIZ: Maria Owens.

ADUBATO: Maria?

Ms. ORTIZ: Yes.

ADUBATO: Let me ask you something. If Maria, who's 15 who has asthma--Maria has it. If another child diagnosed the same time in a more affluent suburban, let's say, community had it, would their prognosis be any different, do you believe, Maria?

Ms. MARIA VIZCARRONDO-DeSOTO (United Way of Essex and West Hudson): I think it would because there would be the access to--to good health care, that there's a main--a lot of maintenance now that you could do with asthma to get...

ADUBATO: Define access. What does it really mean?

Ms. VIZCARRONDO-DeSOTO: Access means that you have a private physician that is--you're seeing on a regular basis. And with asthma--I developed asthma two years ago just from nasal allergies, and I look at individual adults that I oftentimes run into who are constantly going through major crises over it. The advantage I have is I'm in a maintenance program. I have my maintenance medications. I think I've used the pump once in all of 2003, because I've got--I've got regular care, access to prescription medication. I see my doctor on a regular basis. I'm on a maintenance program.

ADUBATO: Do you take that for granted?

Ms. VIZCARRONDO-DeSOTO: Some of these other people--I don't take it for granted because then I see other individuals who don't have a regular doctor they can go to, can't afford the--can't afford the prescription drugs or have any prescription program to keep the maintenance, because with asthma, it's a maintenance issue to take care of yourself.

ADUBATO: Right.

Ms. VIZCARRONDO-DeSOTO: And because they're not doing that, they're constantly in crisis.

ADUBATO: So let me ask you this. I mean, you're obviously a professional person, well known in the community, and you've got good contacts and you know how to get good quality care. But let me ask you something. Your daughter, who is grown now--you're very proud of her--happens to have a connection to the medical world, right?

Ms. VIZCARRONDO-DeSOTO: Mm-hmm.

ADUBATO: Go back a couple of years. She's a little kid. She's Tonya's daughter's age when she gets it. You're not where you are today. She's six, she's seven. You worried for her then?

Ms. VIZCARRONDO-DeSOTO: I worried for her then because I was exactly a struggling mother in comm--in a community with very little resources myself, and oftentimes not having the medical coverage to do that, I lived in hospitals with my daughter. I went through the same episode as you saw those...

ADUBATO: Willette and her daughter Jessica.

Ms. VIZCARRONDO-DeSOTO: ...some other girls do here, and it all has to do with having access. When--this is when I was struggling to--to--to get to where I am today. I went through the same issue.

ADUBATO: I want to be clear as Maria is laying this out. Cile, is it the luck of the draw? I mean, is it as--does it come down to where you live, who your parents are, where they are in their lives at that time in terms of the quality of the care--of care--of health care that a kid gets? Through no fault of their own, they have asthma. They have, you know, a problem with lead poisoning, again which does disproportionately affect our urban kids. Are you saying this--just deal with asthma--that kid's prognosis is different just because of geography and who their parents are?

Ms. CECILIA ZALKIND, Esq. (Association for Children of New Jersey): Yes, I'd have to say that, and actually in listening to this conversation, talking to Tonya at the beginning of this show, I'm responding more as a mother than as someone, you know, involved in policies. My daughter, who's now 25, was also diagnosed with asthma at 10 months, had a significant episode that put her in the hospital. She almost died. We did not know that she had asthma at that time, but that triggered for us a whole series of preventive opportunities. At age one, she had a battery of allergy tests which apparently were very unusual at that time. She had medication to treat her asthma, and more importantly, she had medication to prevent her asthma. She suffered with asthma for a long time, had a break in it and at adolescence, it came back. She now plays the flute for a symphony orchestra in Texas.

ADUBATO: Quality access, Cile?

Ms. ZALKIND: Yes. But you know what it was?

ADUBATO: She had access to quality health care.

Ms. ZALKIND: My husband and I had health insurance. We had health insurance that paid for that \$250 inhaler, steroid inhaler, preventive inhaler that lasted for 30 days. That's how much it would cost if you

had to pay for it yourself.

ADUBATO: Tonya, as you're listening to Cecilia, what are you thinking?

Ms. ORTIZ: I had to pay for a machine. I had to get the machine for her in order to, like, help--help her, you know, breathe and I had to pay that out of my pocket.

Ms. ZALKIND: We had that nebulizer.

Ms. ORTIZ: Right.

Ms. ZALKIND: We had that nebulizer. Someone came to our house, delivered it to us, showed us how to use it, and my insurance covered it. Someone else...

Ms. ORTIZ: Had to pay.

Ms. ZALKIND: ...had to pay for that.

ADUBATO: Doctor, one second, Bob. I'll come back to you.

Dr. JOHNSON: All right.

ADUBATO: Doctor, you're hearing this conversation. I'm hoping that someone watching--I don't care whether you're in Bedminster, New Jersey, or in a suburb of Philadelphia or Delaware, I don't care where you're watching, New Jersey, any one of our markets, particularly if you're not in the city. Doctor, tell folks why they should care about this conversation taking place right now.

Dr. DEBBIE SALAS-LOPEZ (Physician): Absolutely. We're looking at two individuals who have completely different access. They have access, some more equal than others, and when we look at populations like urban kids that disproportionately have a lower social economic background, are poor. Quite frankly, the access time you're talking about is different from the access Cecilia is talking about. So when we talk about access, that's not even equitable sometimes. It's not equitable in terms of paying for the nebulizer. It's not equitable in paying for medications. Now you could have a Medicaid program, a managed-care program that may or may not pay for some of the better medications or some of the--or some of the nebulizers that you need. And when we talk about access, Steve, we also talk about travel. People have to get to the doctor. They have to pay the \$10, get on the bus, get the baby-sitter, and many times, in the situations that we're in as mothers, we take care of the kids first before we even take care of ourselves, so, again, we--we struggle. If we're not well, we're not going to take care of our kids, but we--we want the kids to be OK.

ADUBATO: But I--I'm confused because I thought that the state of New

Jersey--There are other states, but just deal with New Jersey--had acknowledged the problem we're talking about right now and had set up programs to deal with this, had--had created entities within the state government that said, 'We acknowledge that urban kids are not getting the quality health care they need. There--the access problem is growing. We'll deal with it.' Bob, am I missing it?

Dr. JOHNSON: Well, you know, there's a deeper issue here, Steve, I--I wanted to--to bring up and that is that we are much better at treating illness in children than we've ever been before. More--less kids are in hospitals now. Kids are living longer. There's less illness. But the treatment systems, the ways we treat illness are based upon an environment that's different than the urban environment. We base treatments on the fact that a kid can always get immunizations. The kid will always have a medical home. The kid will have a family that's there to take care of them when they get sick, a mother who can take off from work, so they'll always have access to medications, and...

ADUBATO: A lot of assumptions here.

Dr. JOHNSON: A lot of assumptions, so those protocols are based on all those things.

ADUBATO: Protocols meaning medical treatments.

Dr. SALAS-LOPEZ: ...(Unintelligible)

Dr. JOHNSON: Medical treatment, the way--the way we do it.

ADUBATO: Is it a suburban model?

Dr. JOHNSON: It's a--it's a middle--middle-class model.

ADUBATO: OK.

Dr. JOHNSON: It's a middle-class model.

ADUBATO: So what happens to the--to the urban kids?

Dr. JOHNSON: But that model--let me--let me take this further. We never base our treatment methods on an inner-city model. So what we're trying to do is take the middle-class model and say it's got to work in the inner city. So we're saying to the mom who has to work and can't take time off, but the only way you can really treat your child is you have to take time off. Well, she can't take time off. And so--but we've geared our treatment to that assumption, that the mother should be able to take time off.

ADUBATO: Why? Why have we done that, Doctor?

Dr. JOHNSON: Well, that's the way we've done it.

ADUBATO: Why?

Dr. JOHNSON: That's the way--and we have--we have--we have to change it. What we're doing--what we're doing in our department of pediatrics is we're saying, you know, urban health to children has to be based on an urban health model. We have to take the urban environment where the urban environment is.

ADUBATO: Give us a for instance.

Dr. JOHNSON: Well, for instance, with asthma, we need a place for families to go to to get nebulizer treatment. There--they just can't have it at home. So maybe the hospital should have a preliminary function lab that's open 24 hours a day.

Dr. SALAS-LOPEZ: ZALKIND: After hours.

Dr. JOHNSON: After hours, 24 hours a day. When a child...

Dr. SALAS-LOPEZ: Weekends.

Dr. JOHNSON: ...needs asthma--they can go there and get treatment.

ADUBATO: Weekends.

Dr. JOHNSON: Twenty-four hours.

Dr. SALAS-LOPEZ: Twenty-four/seven.

Dr. JOHNSON: Twenty-four/seven where a child, when they need the treatment, can go there, get that treatment, not have to come to the emergency room, not have to...

ADUBATO: What would it take to do that?

Dr. JOHNSON: It would take money, and we're actually--we're actually making plans to do something like that. But it takes first of all, a thinking--thinking about what is health care for children in urban environments and designing our health-care methods for children of urban environments and not trying to make the health care...

ADUBATO: OK.

Dr. JOHNSON: ...that's designed for middle class fit the urban family.

ADUBATO: In that spirit, Maria, let me ask you, you said to our producers, and I know that you believe this, that in many ways we are not pro-family. We're not as pro-family as we should be. We talk about it a lot. And you connect this back to what you call an anti-poor attitude. Do you really believe that the reason that the

model Dr. Johnson lays out isn't a real--is not a reality, is because large numbers of those in political office and the masses don't really give a damn?

Ms. VIZCARRONDO-DeSOTO: Well, you know, I--I guess I wouldn't phrase it quite that strongly. Where I was coming from in our--in my earlier discussion is that it really comes down to economics. And when it comes down to economics, then you have a situation where you--you're going to have the haves or have-nots.

ADUBATO: But what's getting in the way of us doing, as a society, what Dr. Johnson just laid out? Because it seems to make perfect sense to create this urban model with--with access at different times. You know, doctors' offices open later, the nebulizer you talked about so that Tonya wouldn't have to go crazy. What stands in the way of us doing that?

Ms. VIZCARRONDO-DeSOTO: It's--it's political will and economic will. I think it's both of those, and it's for this reason. If you have--if you have communities where you have the kind of unemployment that we're having in this area and I--and I should say, not only in the urban but in the suburban communities, too, since 9/11, people are losing their jobs left and right, companies are changing, and there's a lot of people struggling even in the suburban communities, trying to figure out how to pay the \$3,000 mortgage payment this month. So they're coming to our door at the United Way on a regular basis, but because they're not able to have, not only in urban communities but I think in a lot of communities now, the kind of health coverage that they need to have because they don't work in the kind of environments that provide them with that opportunity, the fact that women can't just stay home anymore because nobody could live on one--on one-income families anymore, the fact that welfare reform, while it might have had some noble thinking in the beginning, did not factor in the fact that you've given people welfare...

ADUBATO: Get people off the welfare rolls. Get them to work. What's the downside?

Ms. VIZCARRONDO-DeSOTO: ...but you've got to give somebody a job that pays a good salary, that has good coverage...

Ms. ZALKIND: And insures them.

Ms. VIZCARRONDO-DeSOTO: ...and insures them well. The fact that managed care these days is not managing how well people's care is but how to--how to cut costs on--on health care.

Ms. ORTIZ: Medicaid.

Ms. VIZCARRONDO-DeSOTO: All of those things together work against struggling people and the working poor, so whether it's done deliberately or not, it comes down to dollars, and it comes down to

how those dollars are going to be shifted, and it's created problems.

ADUBATO: Dollars shifted.

Ms. VIZCARRONDO-DeSOTO: We've had programs, and ACNJ played a major role...

ADUBATO: The Association for Children in New Jersey. Go ahead.

Ms. VIZCARRONDO-DeSOTO: The--the--with Kids Care and Family Care, there was a lot of community support for these programs to develop to offer that kind of coverage, but the--but right now when we have an economic crisis in this--in this state, what do you think the Legislature's going to cut first? The vulnerable, the folks that are not going to go out and vote them out of office.

ADUBATO: I want to understand this.

Ms. VIZCARRONDO-DeSOTO: I mean, that's just the way it is.

ADUBATO: By the way, speaking of helping, we can be critical of those in government positions who aren't doing enough and critical of society overall, but we're going to try to do what we can, so you'll see a Web site on your screen. I promise you, if you go around to our Web site, we'll hook you up with our friends at the University of Medicine and Dentistry and the variety of programs they have and also ACNJ, the Association for Children that we talked about. You can find out more about different programs. But that being said, I'm going to go back to Maria's point.

Ms. VIZCARRONDO-DeSOTO: Children have no voice, no political voice. They don't have the political power.

ADUBATO: We say that they are our most precious resource.

Ms. VIZCARRONDO-DeSOTO: But no political power.

ADUBATO: So do you buy that argument that if things get tighter around the state capital, particularly in Trenton, New Jersey, right, that the first place legislators and policy makers look is to cut programs for urban kids?

Ms. ZALKIND: I think it's happened. I think that's based in reality. All you have to do is look at the Family Care program.

ADUBATO: Family Care, explain it for folks who are just tuning in.

Ms. ZALKIND: Family Care is the state child health insurance program, which started out as Kid Care about five years ago, extended health insurance benefits to families who had incomes under a certain level, three--under 50 percent of the poverty level for children and no health insurance. That program a year after its inception--it went

through some changes. It added parents to the program, which we saw as a critical--critically important step.

ADUBATO: Important in terms of their health care.

Ms. ZALKIND: In terms of their health-care coverage.

ADUBATO: Right.

Ms. ZALKIND: One year after parents were included, the program was cut back. That's when the economic downturn began. Two years ago, new enrollment of parents was stopped completely, and last year the big debate on our state budget was whether the existing 68,000 parents under coverage on the program would be dropped. Thus far the enrollment of children has been maintained. That has not changed. However, I think there are so many barriers in accessing and using this program that even though the enrollment of children has continued, it hasn't met the promise of good health care.

ADUBATO: Cecilia, I'm listening and, Tonya, I want to bring you back in because as we're doing this program, we're doing it literally about a week after an election was held in the state of New Jersey. All 120 seats of the state Legislature were up. I might have missed it, but I don't think I did. I did not hear a single debate, a single television commercial, a single time that a member of either party running for both the Senate and the lower House and Assembly brought up any of the issues you're talking about right now. Tonya, did you notice that?

Ms. ORTIZ: You--you're right and what bothers me is, like, you can't take kids--the doctors don't accept Kid Care anymore. Half of them you go to, you call the number, and they say these people in your area, they take Kid Care. We don't take them there by choice.

ADUBATO: Be clear. The doct--be clear. The fo--the doctor you go--say you go to a doctor.

Ms. ORTIZ: Right.

ADUBATO: The doctor either has to accept or not accept...

Ms. ORTIZ: Exactly.

ADUBATO: ...a state program...

Ms. ZALKIND: Right.

ADUBATO: ...the insurance provider, the managed-care plan that the state brings in.

Dr. JOHNSON: Right.

Dr. SALAS-LOPEZ: Right.

ADUBATO: OK, you're going to be our managed care company. You're going to cover this. So you go to a doctor, the doctor doesn't cover it. What happens?

Ms. ORTIZ: You have to pay or find someone else.

ADUBATO: What really happens? What has happened in your situation? What have you actually had to do?

Ms. ORTIZ: I had to take money out of my pocket usually to pay for them, especially for when I took him to get eyeglasses, certain things it didn't cover, and I had to pay part of it. And then when you go back, if the glasses break, you have to pay for the glasses. It doesn't help me for my nephews at all.

Dr. JOHNSON: What's happened is the managed-care companies have cut back on the medications they cover. For example, now to prescribe medications I'm prescribing for, I have to call, get a number...

Ms. ZALKIND: Right.

Dr. JOHNSON: ...convince someone at the managed-care company my patients should get the Medicaid.

ADUBATO: You actually get on the phone, Bob, to do that?

Dr. JOHNSON: Oh, yeah. Yeah, I have to get on the phone to justify the medication. They have cut back on the number of physicians who are in the plan. The other--the other big problem is that there are not enough physicians or health-care providers around because many of the plans are overenrolled and they cut back on the benefits. So they continue to cut back and make it harder and harder and harder to--to practice medicine.

And so they'll tell you--for example, I got a call from a pharmacist that said, 'Well, if you prescribe this medication'--It was a kid who had attention deficit disorder; he needed a medication that really worked well for them--for him. The managed-care company said, 'No, we--why don't you either give him this medication that doesn't work as well, or if you have to give him this other medication, they're going to have to go out and pay for it.' And so--so those types of things are going on behind the scenes.

ADUBATO: And if we had a managed-care representative--representative from managed-care company here right now, they would tell us that we just don't understand the economics of it.

Dr. JOHNSON: No. Managed care has been good for kids because more kids are getting insurance now...

ADUBATO: OK.

Dr. JOHNSON: ...than before. They're getting more immunizations. They at least get in the door, but that's not enough. If we want to equalize the situation, we have to go further to provide greater access.

ADUBATO: If we want to equalize the situation--if we want to give urban kids the same quality health care that we give a suburban or more comfortable kid from an economic point of view, this is what we need to do, you're about to say. Here's my question. Debbie, I'm going to ask you. Do you think that most people watching really want that?

Dr. SALAS-LOPEZ: I don't think they're well informed. I think that most people watching this program may not know the severity of the situation, 'cause they've never been--they've never had to do what Tonya did, find a doctor that accepts--she finally thought she had insurance, then try to find someone to accept it. And then once you get in the door, Bob has to call the managed-care company 10 times to get the medication Tonya's kid needs.

ADUBATO: Say the parent watching right now says, 'You know, that sounds pretty tough but, you know, I have to tell you, my kids are OK.' Talk to those parents right now, because that's what they're saying.

Dr. SALAS-LOPEZ: Well, you know, anyone can be in the situation at any moment in their life. You know, as Maria said, after 9/11, we could all lose our jobs any minute. We could find ourselves seeking health insurance, trying to pay out of pocket. Try that situation on for a minute and then incorporate all the other issues that urban kids struggle with.

ADUBATO: But this is endemic to urban kids and their families. It could happen with anyone else, but it is happening and has been. Bob.

Dr. JOHNSON: It's a short-sighted economic issue.

ADUBATO: For example.

Dr. JOHNSON: By--the promise of managed care was that people would get care up front to prevent the expen--high-cost expenditures later down the road. It's much cheaper to get access to the medications and go to your private doctor than it is to go to the emergency room and be hospitalized in an intensive care unit for that care.

ADUBATO: Lay it out. Give us a specific for-instance.

Dr. JOHNSON: Well, for example, if you come--if you go to the doctor, to see the doctor who will get you medication, maybe it's \$25, \$30 for a visit. Maybe it costs another \$10 for the medication. You

go to the emergency room with that asthma attack. It may be \$200 or \$300 for the medical visit and then \$1,000 a day in the emergency room. So for the overall system, it's cheaper for us to keep people in...

Dr. SALAS-LOPEZ: Out.

Dr. JOHNSON: ...keep people out of that. However, for the managed-care company, those people change so much, it's cheaper for them just to decrease the expenditures up front and let someone else worry about the lot--the other part. We, the citizens of the state, pay for that emergency care and pay for that intensive care. The insurance company, on the other hand, bears the cost for a doctor visit, and they don't care about that other part.

ADUBATO: But--but everything you're saying makes perfect sense. But I talked about this recent election. We're not here to bash Democrats or Republicans, but we are here to have an honest dialogue. Did you notice that, Maria, that there was no discussion about these issues? And my question is what is it going to take? And we can take this program and send it to the heads of the Senate and the Assembly health committees, right? But the fact is, the urban legislators who represent the communities we're talking about, they seem to be advocating effectively--well, not effectively. They seem to be talking about these things. What do you think it would take in our, quote/unquote "suburban-dominated Legislature" to get their attention and say, 'Tonya's situation and the situation of thousands of other parents and tens of thousands--hundreds of thousands of kids makes no sense at all and we have to do something'? It's a--there's an auto insurance crisis. There's a property tax crisis. This is not a crisis? What would it take?

Ms. VIZCARRONDO-DeSOTO: It's going to take critical mass movements by people--poor people in communities to do that, very similar to how the senior citizen population in this state is so empowered. Whether they're poor--you know, and the--and the poor senior citizens always struggle a little bit, too, but in general terms, when you think of senior citizens in New Jersey and the whole movement of whether or not they would ever cut services that relate to senior services whether it's social, economic or health...

ADUBATO: Prescription drugs.

Ms. VIZCARRONDO-DeSOTO: ...whatever it is, the minute that the questions are brought to the table as something to negotiate, you see major act--major mobilization out there. I mean, it's just...

ADUBATO: That's how they respond.

Ms. VIZCARRONDO-DeSOTO: Oh, absolutely. Why, that's a very strong voting block in this state, as it is nationally. If we had enough in the urban community of support--'cause, obviously, kids can't vote,

but if there was enough of a movement to really empower blocks of parents and blocks of people in these communities to be a critical mass, to show that there was strong voting system, yeah, as a legislature, I'd have to listen to it.

ADUBATO: You'll have to sit it up for a minute...

Ms. VIZCARRONDO-DeSOTO: And I don't think it's that they don't want to listen to it. It's the power of who's got the strongest voice.

ADUBATO: I want to come back you you, but Cile...

Ms. VIZCARRONDO-DeSOTO: ...on that.

ADUBATO: Excuse me, this is what you've been doing for many years, but Maria's talking about something bigger, correct?

Ms. ZALKIND: Yes, I think so. But I--I do think--I do think that--that families across the state care. I really do. I think those suburban families care. I think there are people out there who really look at the state as a whole and at what's happening to children as a whole. I think it was significant this year that the--the threatened cut to--to parents on Family Care was beaten back, not--not necessarily by the urban delegation in the Legislature, although they had a hand in it, but by some suburban legislators as well. I think that people are looking for leadership. I think that people want--need to be educated.

ADUBATO: Define leadership, in this case. What would--what would a real leader say to galvanize the masses to care more about the kids that we are talking about? What would he or she say?

Ms. ZALKIND: I think it's a two-part thing. I think on one hand, yes, it does involve more money. And I think that argument has to be made about this as an investment. That may sound trite, but it's absolutely true, especially in this context. Right up front, you know, you pay for preventive care or you pay for far more costly treatment later. That's an old story. But I think it needs to be repeated over and over. So I think there is a financial investment.

But I think--I want to go back to something that Dr. Johnson said when we started out. It's not just more money at the problem. I think people are really tired of that. They want to see that the solutions are working. You know, Family Care was touted as the answer, and for families who had health insurance, it's critical. But it's an empty promise unless it works. You know, if you get that card after an incredible application and approval process which, in and of itself can take months, and then you can't use it, what good does it do? You know, so back to what Dr. Johnson said. It's not just spending more but spending it better.

ADUBATO: So that concept would sell. That is not going to sell

spending more money.

Dr. JOHNSON: You said there was nothing that happened politically. Something did happen politically during this election. Very quietly, the governor established the Office for the Child Advocate and Kevin Ryan was appointed to chair that. And his purview is over all issues involving children. Now that office is a very powerful force that can be used, 'cause I think--you know, I don't think people are going to begin to care about it unless they're told they have to care about and it becomes an issue. And if the governor's office akes it an issue and right now they are making it an issue because of all the other issues with children, then it becomes something that something can be done about. The child advocate can be a very powerful force as long as the advocate is someone who will actually speak to the children.

ADUBATO: I want to understand. The child advocate, in this case, Kevin Ryan, the first person appointed to this institution--fair to say that the biggest reason, maybe the only reason that there is such a position is because of the incredibly--the horrific cases...

Dr. JOHNSON: Right.

ADUBATO: ...in connection with DYFS with foster children, the most recent, as we were talking about this program, the--the--the five children down in southern New Jersey, the oldest of whom is 19--I think his name is Bruce--and this family that was "taking care of him," and, you know, the kid didn't even weigh 50 pounds. That's an absurd situation. So obviously the front page of the newspapers, the media's all over it. So the governor says, 'Hey, let's do something.' I actually thought, Bob Johnson, that that position that was created, the child advocate, if you will, was created to deal with that problem, not this problem.

Dr. JOHNSON: Not--not really. The--the child advocate was created because of the awareness of the...

ADUBATO: In theory or in practice?

Dr. JOHNSON: Actually in practice. Remember, the child advocate was--was named after the settlement of the suit, but there was--already the child welfare panel was established. The other thing is that the first thing that--that the child advocate was asked to do is look into the children's mental health, which is a huge issue...

ADUBATO: We'll talk about that a little bit.

Dr. JOHNSON: ...(unintelligible).

ADUBATO: By the way, I--I--I'm not convinced...

Dr. JOHNSON: Yeah.

ADUBATO: ...by the way, that the mandate, be it stated or otherwise, the real mandate, of the child advocate is to deal with the issues we're talking about right here. I...

Dr. JOHNSON: Well, it--it can be if we make it. If we--if we lobby...

ADUBATO: Do you believe the governor's committed to doing that?

Dr. JOHNSON: Yes, I do. But we have...

ADUBATO: If he were...

Dr. JOHNSON: But--but--but we have to...

ADUBATO: If the governor were committed, what would he do right now--with respect to that child advocate, what would he do? We send this tape to Kevin Ryan and the governor.

Dr. JOHNSON: Yeah.

ADUBATO: What do they do?

Dr. JOHNSON: Well, the issue is: What--what are the--what are the issues that have to be worked on? The issue involving DYFS, the issue involving children's mental health are far more difficult than the issue involving health ca--straight health care.

ADUBATO: Why?

Dr. JOHNSON: Well, children's mental health because there are no mental health services for children. And when you think about--asthma is a big problem, but by far the greater morbidity, the greater--the greatest illness among children is mental health. And there are no services at all.

ADUBATO: Be more specific.

Dr. JOHNSON: Well, if you are a parent and you have an acting-out child, a child with conduct disorder, where do you take the child, and where do you seek care for them? If you are a parent who doesn't speak English or the child doesn't speak English, there's no mental health services. If you are a child who has serious mental health--mental illness and needs hospitalization, I think--Cecilia, is it like 10 beds in the whole...

Ms. ZALKIND: It's very small.

Dr. JOHNSON: ...the whole state? And it's in a horrible place. So it--so that's a huge issue, and we have--we are--aren't even close to a solution for that.

ADUBATO: Well, let's talk about trying to break that down.

By the way, if you've just joined us, this is part of our Families series, one of the most popular and hopefully most helpful series that we've been doing here at CAUCUS over our 17 years, our Families In Focus series. If you log on to our Web site or call the counselor number you seen on your screen, I promise you we will send you a Families In Focus resource guide free of charge with a lot of valuable information. Even though the problem is huge, with respect to urban kids and their health care, there are some initiatives out there and some resources out there, so please reach out.

Doctor, let me go to you. I was listening to Bob Johnson talking about the mental health piece of this, which is...

Dr. SALAS-LOPEZ: Right. Big problem.

ADUBATO: ...big. But one of the areas you concentrate on, Doctor, deals with language issues...

Dr. SALAS-LOPEZ: Absolutely.

ADUBATO: ...which disproportionately, it seems to me, are socioeconomic.

Dr. SALAS-LOPEZ: Right.

ADUBATO: Let's deal with the language barriers, the cultural barriers for urban kids and their families interfacing with their health-care system. What are we talking about specifically?

Dr. SALAS-LOPEZ: We're talking about huge demographic changes in the state of New Jersey. Thirteen percent of our population in this state is Latino; 45 percent prefer to speak in their primary language, which is usually Spanish. We have influxes of Central, South American families new to this country. They bring their children, and, quite frankly, unfortunately, the children are usually the first to speak the English language and are sometimes used as interpreters when they go to their doctor, which I think is a--is--is a terrible, terrible, you know, sin, if you will. And so what Bob is talking about is children who may or may not speak English or are limited English proficient...

ADUBATO: Right.

Dr. SALAS-LOPEZ: ...will have a double whammy in the sense that they not only don't speak English well, can't communicate well but are depressed, have disorder issues, are here in a country poor, usually in large families living together. It's a huge problem. We see it all the time. And it--and the--and the--and the bad issue, I think, is that we don't--we underdiagnose it or we don't see it. We're so...

ADUBATO: Be more specific, underdiagnosed.

Dr. SALAS-LOPEZ: Well, we're so busy taking care of the asthma, the things that are obvious to us.

Dr. JOHNSON: Right.

Dr. SALAS-LOPEZ: The not-so-obvious is that the kid's depressed.

Dr. JOHNSON: Right.

Dr. SALAS-LOPEZ: That's why he doesn't do well in school. So, you see, it's like a cyclical thing that unless we address the primary issues--and I want to get back to something that Bob was saying before and Cecile. When you do get that one doctor that has family--that takes the family care, the kid care, he's usually the only guy on the block or in a 10-mile radius...

Dr. JOHNSON: Yeah, that's right.

Dr. SALAS-LOPEZ: ...that--Right?--that takes it.

Ms. ZALKIND: Right.

Ms. VIZCARRONDO-DeSOTO: He gets overwhelmed.

Ms. ZALKIND: Overwhelmed.

ADUBATO: So what happens?

Dr. SALAS-LOPEZ: So he gets overwhelmed.

ADUBATO: Everyone's going to that doctor.

Ms. ZALKIND: That's right.

Dr. SALAS-LOPEZ: That's right.

Dr. JOHNSON: And that's why...

Dr. SALAS-LOPEZ: So now you have to see 30 patients--Right?--in 50 minutes.

Dr. JOHNSON: And that's why it takes you two weeks to get an appointment.

Dr. SALAS-LOPEZ: That's right.

ADUBATO: So this is a vicious cycle here.

Dr. SALAS-LOPEZ: Absolutely.

Ms. ZALKIND: Absolutely.

Dr. JOHNSON: Absolutely.

ADUBATO: All right. Go--go back to the language issue. Maria, you recognize this?

Ms. VIZCARRONDO-DeSOTO: Oh, absolutely.

ADUBATO: Talk to us about it.

Ms. VIZCARRONDO-DeSOTO: Absolutely. We see it all the time. And through the information and referral program that we have at the United Way, I can tell you we have tons of families that come through there because they need to be linked to certain services. And many of the very agencies that we have in the community, some may or may not be able to help them in meeting some of those services.

ADUBATO: But some of the folks may not even know, because of the state of the language/slash-cultural issues here, we're talking about a whole range of programs. We're talking about the New Jersey FamilyCare program and a whole range of other programs. Say someone watching right now, all right, in a family that speaks Spanish primarily, how--we want to--we want them to help--we want to help them access the system and get better care for their kids. We've got a language problem right here.

Ms. VIZCARRONDO-DeSOTO: Mm-hmm.

Dr. SALAS-LOPEZ: Mm-hmm.

ADUBATO: So are we saying that--that there are families/children who aren't getting the care they need largely because no one can speak English in their family and it impacts on the quality of their care?

Dr. JOHNSON: Oh, yes.

Dr. SALAS-LOPEZ: That's correct.

Dr. JOHNSON: Yes.

Dr. SALAS-LOPEZ: Unless you put this show on a Spanish-channel television or Spanish-language radio, you will miss an entire portion of the population of New Jersey. That is correct.

ADUBATO: What do you say--devil's advocate--to someone who says, 'You know, that's a nice idea, but, come on, if you do that for the families who speak Spanish, then you have to do it for the families from other parts of the world, and that's their language. And it's ridiculous'? And those out there might say--there are some who say, 'You know what? Get with the program.'

Dr. SALAS-LOPEZ: You're American.

ADUBATO: `You're American, you speak English first, maybe not only but first.' What do you say to those folks right now, Maria, who are saying we're bleeding-heart liberals who are trying to make excuses for people and just get with the program? What do you say to them.

Ms. VIZCARRONDO-DeSOTO: You've got--you've got to be able to provide services for people that are in the community and whatever--by any means necessary. And I can tell you that one of the me--means necessary that ha--has occurred in many of our communities is that many of the community-based organizations out there, who are servicing the Latino and immigrant count--or populations, are having to become very entrepreneurial and try to include some of these services or access to some of these services whether they offer them or not.

ADUBATO: For example?

Ms. VIZCARRONDO-DeSOTO: For example--perfect example because I know Debbie's involved with them: FOCUS, which is basically providing--their main area has always been...

ADUBATO: A community-based organization.

Ms. VIZCARRONDO-DeSOTO: A community-based organization. Their major core business is always looking at employment and training. They now have gotten a community health clinic, which is a partnership with UMDNJ, to service that population because that's the only way that they can get--that people will come.

ADUBATO: That's pretty imaginative and creative.

Ms. VIZCARRONDO-DeSOTO: And you can--and you can give them--educate them on--on health needs and health services that are available.

Dr. SALAS-LOPEZ: Right.

Ms. VIZCARRONDO-DeSOTO: Essex County College actually has extension programs at that--at that organization because that's the only way they'll reach certain populations to even go to school. So the--the--the network of agencies have had to, you know, come up with creative ways of being able to access information for...

ADUBATO: The standard model that Bob...

Ms. VIZCARRONDO-DeSOTO: ...for organizations.

ADUBATO: Excuse me for interrupting. The standard model that Dr. Johnson talked about earlier, the "suburban," if you will, model, just doesn't work, not only because it's not an urban realistic model, but it doesn't even take into consideration the language and cultural issues we were talking about.

Dr. JOHNSON: Right.

ADUBATO: And s--on the cultural side, real quick, there are some cultures out there...

Dr. SALAS-LOPEZ: Absolutely.

ADUBATO: ...who have different views of what health care is supposed to be, right?

Ms. VIZCARRONDO-DeSOTO: Mm-hmm.

Ms. ZALKIND: Certainly.

ADUBATO: Which changes the whole dynamic.

Dr. JOHNSON: To get back to the...

ADUBATO: I'm going to get you in in a second, Tonya. Go ahead.

Dr. JOHNSON: To get back to the--to the bleeding-heart model, you know, prevention...

ADUBATO: 'Cause there are some who are saying that thing, Bob.

Dr. JOHNSON: Right. Sure. Sure, they are. Fine. But if--we either pay now a little bit or pay a big amount later on because if we--if we prevent asthma, then we prevent the emergency room visits and the intensive care visits. If we prevent violence, then we prevent persons being incarcerated...

ADUBATO: Violence as an urban health issue for the...

Dr. SALAS-LOPEZ: That's--oh, absolutely.

Dr. JOHNSON: Absolutely.

ADUBATO: Disproportionately?

Dr. JOHNSON: Absolutely.

ADUBATO: Lay it out.

Dr. JOHNSON: Yeah. Yeah. We--well, there--there's violence in the streets, violence with guns and knives, violence in the culture, and violence is transmitted to children. Children learn to interact with each other in violent manners; that then is translated into violence in adulthood and translated into the criminal justice system. You--if you prevent--if you prevent illness and allow kids to go to school and they function well in school, then you prevent school dropout and prevent unemployment. So all of these prevention things--if we're

going to do it, we have to do it right. We have to do it within the language and the culture of the individuals. Otherwise we're wasting time doing it, and we're going to pay a huge price later on.

ADUBATO: How frustrated are you about that?

Dr. JOHNSON: Well, I'm not frustrated at all because the one thing we haven't talked about here is the fact that most of the health big issues are things we can do something about without the politicians.

ADUBATO: Be specific.

Dr. JOHNSON: Nutrition. Obesity is a--it's a huge issue...

ADUBATO: Right.

Dr. JOHNSON: ...huge issue in urban America as well as suburban America. And it is entirely due to things--decisions that are made at home and lessons that parents transmit to their children. Smoking is another bish--big issue. If we just decrease obesity and get rid of smoking in the state of New Jersey and throughout the United States, we'll save--we'll save at least about 80 percent of the health-care budget, by just doing those two things alone.

ADUBATO: I want to be clear. We--what you're saying, Dr. Johnson, is that we can challenge those in state government and policy-makers...

Dr. JOHNSON: Yeah.

ADUBATO: ...to do certain things, and cross your fingers and hope it happens, and advocate it, as Maria says, together with organizations like Cile--Cile's. But you're saying, in the end, there are an awful lot of things we can do in the meantime.

Ms. VIZCARRONDO-DeSOTO: Absolutely.

Ms. ZALKIND: Yes.

Dr. JOHNSON: We--we have to do. We have to exercise and diet. We have to stop smoking, and throw in there we have to decrease drinking.

ADUBATO: I'm going to go back to Tonya. Tonya, let me ask you, I'm sure on some level you're frustrated by this conversation...

Ms. ORTIZ: Right.

ADUBATO: ...because there are a lot of things that you need help with. But let me ask you, in the spirit of what Dr. Johnson is saying, what, in fact, do you do within your family, with your five kids--Right?...

Ms. ORTIZ: Right.

ADUBATO: ...to promote good health?

Ms. ORTIZ: Well, I--I bake food for them, that's for sure, and...

ADUBATO: You bake food.

Ms. ORTIZ: I bake--see, a lot of baked food is better than fried food for you. And I don't buy a lot of junk food for them, you know. Sometimes you have to give them something. You can't just say, 'Oh, you can't have anything,' you know. And, see, they hate going to the dentist with bad te--you know...

ADUBATO: Well, the whole dental thing is another issue.

Ms. ORTIZ: Right.

ADUBATO: Go ahead. So what do you say to them?

Ms. ORTIZ: 'You're gonna mess up your teeth.' You know, they don't want bad teeth. Everybody ha--you know...

ADUBATO: Wish--we all should have a smile like you.

Ms. ORTIZ: My nephew, he went to the dentist, and he felt like the dentist hurt him. So, you know, I had to change dentists 'cause some dentists--they--they don't let you go in with the child, you know. And so he doesn't want to have cavities, so he's going to make sure he's not eating stuff that's going to hurt his mouth.

ADUBATO: So let me understand. A--as a parent, as the--as the role model, if you will, in your home, you're dealing with each kid individually from--I get the ages from 10 to 19.

Ms. ORTIZ: Right.

ADUBATO: You're trying to get them to do the right thing based on their fears, based on their...

Ms. ORTIZ: Right.

ADUBATO: ...wants and hopes and dreams and whatever. But you've got to be on that.

Ms. ORTIZ: Right.

ADUBATO: I mean, do any of them smoke?

Ms. ORTIZ: No.

ADUBATO: No?

Ms. ORTIZ: No, 'cause they have sinus s--problems and asthma.

Dr. SALAS-LOPEZ: But you don't smoke, right?

Ms. ORTIZ: No.

Dr. SALAS-LOPEZ:

Dr. JOHNSON: Right. That's ...(unintelligible)

Dr. SALAS-LOPEZ: Yeah.

Ms. VIZCARRONDO-DeSOTO: That's good.

Dr. SALAS-LOPEZ: She leads by example.

Dr. JOHNSON: ...(Unintelligible)

Ms. VIZCARRONDO-DeSOTO: The parent is--is ultimately the enabler that--that gets the ball rolling.

Dr. JOHNSON: Right. Right.

ADUBATO: So the parent says 'Don't smoke' but then is sitting there (pretends to smoke a cigarette) you know. So it's not what you say. Largely it's what you do.

Ms. ORTIZ: Uh-huh.

Dr. JOHNSON: Right. Absolutely.

Dr. SALAS-LOPEZ: Yeah.

Ms. VIZCARRONDO-DeSOTO: It's--peer pressure's always there, but also the role--the role modeling at home becomes critical. I just want to address one thing if I can, Steve, when you--well, that goes back to something that--that--that Dr. Johnson said. One of the things we did at United Way almost a decade ago now is looking at the fact that, yeah, it's not just politics that changes the--the--the situations in the communities. We changed our whole way of thinking because, you know, we used to just find organizations that were our members, and they did good work. But we started to say, 'You know what? The money we raise needs to be invested in a way that sort of brings the community full circle...'

ADUBATO: Right.

Ms. VIZCARRONDO-DeSOTO: `...and addressing the problems. We can't just wait for government to solve our problems.' And so we created initiatives like Success By 6 that are looking at...

ADUBATO: Which, in fact, I'm trying to say we were a part of doing some programming.

Ms. VIZCARRONDO-DeSOTO: Exactly. The education...

ADUBATO: So what's the idea there?

Ms. VIZCARRONDO-DeSOTO: The education you helped to do on that was critical. The thing is you've got to educate the community down to the level of first the parents, then that immediate family. You've got to empower them to understand what their options are, so they can address them and--and feel that they can make a difference. You've got to start working with the community to change the mind set that kids don't just belong to that one parent, but all of us have to be invested in those kids. You've got to bring experts that are constantly helping you to look at the models. You got to create milestones and benchmarks for yourself for saying if--for--for instance, the city of Newark, if--if we want to use an example. We need to be able to say that every kid in Newark is going to grow up healthy, get any treatment they want, have the educational opportunities they want, and that means that a lot of us have to come together and do the work.

ADUBATO: Saying it's one thing.

Ms. ZALKIND: We're doing that now.

Ms. VIZCARRONDO-DeSOTO: But if--you create sort of like milestones for yourself of where you want to go, and that's kind of the challenge we've presented for ourselves. And I can tell you that everybody--and we--I've--I'm just meeting you for the first time...

Ms. ORTIZ: Right.

Ms. VIZCARRONDO-DeSOTO: ...but everybody around this table is a partner in some of those initiatives that are...

ADUBATO: Well, you're the choir.

Ms. VIZCARRONDO-DeSOTO: ...making it happen.

ADUBATO: OK, but--but--but you are the choir, Cile. I mean, you listen to what Maria's saying. Say we want to bring others into the choir, all right, 'cause we don't want to preach, right? So here's the question. Maria's talking about specific example. From your experience--you've be advocating for our kids, particularly those who have more serious problems. For a long time, this has been your professional life.

Ms. ZALKIND: That's right.

ADUBATO: Where are the success stories? Where are we succeeding?

Where are the models that we can turn to and say, 'Hey, we need to do more of that'? Where do you see it? Be specific.

Ms. ZALKIND: Oh, I think those models do exist, and I think what Maria's saying is absolutely right; they exist in the community. I think that the attention that's been paid to children's issues this last year, since the death of Faheem Williams in January and through the whole almost daily examination of our state child welfare system, points out, as least to me, that the community, I--I think, is doing some things in a different way that government has not been able to do...

ADUBATO: The ...(unintelligible) community.

Ms. ZALKIND: Well, I think the network of both formal and informal community programs. I think we have a lot of formal programs, some of which are funded by government, some of which are privately funded through organizations like United Way. But I think there are informal networks, faith-based communities...

Dr. SALAS-LOPEZ: Absolutely.

Ms. ZALKIND: ...social groupings where information is exchanged, where families are educated and informed of what their options are. I think that what's--the common thread to me and what's very different about what we've been doing at the--what's going on on the community level, formally and informally, is meeting families and children where they are and what their needs are...

Dr. SALAS-LOPEZ: That's right.

Ms. ZALKIND: ...not imposing a vision of what we think family needs. And I think the government has done that for far too long.

ADUBATO: The model that Bob Johnson talked about before?

Ms. ZALKIND: Yes. I think it's been this idea of we're going to--'Here's what we have to offer. You fit your needs...

Dr. SALAS-LOPEZ: ...(Unintelligible)

Ms. ZALKIND: ...into what we offer.' And as--as--more than anything else, the tragedies involving the child welfare system this year, we've pointed out, it's separate categories for how services are delivered. So you can have a child like Faheem Williams, who's known to multiple--I bet if we spent five minutes...

ADUBATO: Right.

Ms. ZALKIND: ....we could count off 15 agencies that were involved with that child and family, none of whom saw the problems 'cause they were only looking at one piece, and they were only delivering what

they wanted to provide.

ADUBATO: But, Cile, on that...

Ms. ZALKIND: We have to change that.

ADUBATO: I--I appreciate your point in that spirit. By the way, folks--hopefully you won't mind me doing this. I'm going to let folks know again if they call the number on their screen and reach out, I promise you that we're going to do everything we can here at public television to let you know who's out there, who's doing what, what we need to do more of, how you can access the system for yourself or your family or for anyone else you might care about. It doesn't have to be only in an urban area. Reach out for our Families In Focus resource guide. I promise to you--promise you that we'll send it to you--What's our team saying?--in about six weeks, free of charge. I promise we will do that.

Debbie, let me bring you back in. I'm listening to Cile, and I'm thinking these horrible situations that have happened with these children in foster care...

Dr. SALAS-LOPEZ: Yes.

ADUBATO: ...in urban ar--both urban areas, right?

Dr. SALAS-LOPEZ: Mm-hmm.

ADUBATO: Right? Is there a window of opportunity here? Is there a window to do some of the things that we're talking about now that may not be there two years from now?

Dr. SALAS-LOPEZ: Absolutely. A child like Faheem Williams can see multiple providers, multiple physicians, advanced nurse practitioners, physician extenders. And, quite frankly, everyone works in isolation. No one communicates.

ADUBATO: Still?

Dr. SALAS-LOPEZ: Still. And the truth is that if you're one of 30 kids that that physician is seeing that day for 10 minutes at a time, you're not gonna have time to really spend with the child to really explore what the issues are. There are not that many community health centers out there that are in the community. What Bob is talking about is a model where people come to the emergency room.

Dr. JOHNSON: Right.

Dr. SALAS-LOPEZ: You come to us. That's a traditional model. The model that we--that--that Maria talked about at--at a community-based organization, that has a health center affiliated with it would bring that child in to get the social services or whatever is needed and

then identify, 'You know, I think there's something going on here,' a mental health issue, an asthma issue. The health center's right next door.

ADUBATO: But that's--excuse me. But, Debbie, that's for who's coming in.

Dr. SALAS-LOPEZ: This--this person doesn't have to take a bus.

ADUBATO: That's for who's coming in, right?

Dr. SALAS-LOPEZ: Right.

ADUBATO: And, by the way, schools that are--schools that are being built today, particularly in the so-called Abbott districts...

Dr. SALAS-LOPEZ: Absolutely.

ADUBATO: ...the 30 urban districts with the greatest needs--now, Maria, they--they're hopefully going to build these schools with, you know, the health-care component a part of it. Hopefully that's going to be happening. You're not--you're shaking your head.

Dr. JOHNSON: I'm not so sure.

ADUBATO: You're not so sure. I thought that was going to be happening, Bob.

Dr. SALAS-LOPEZ: It should.

Dr. JOHNSON: Well, I think it's best that a sch--health care not to be in schools. Health care needs to be in the child's community, and every child needs a medical home and needs to have a health-care team that takes care of the child that's not in the school. But that--see, I think that's another--another issue that...

ADUBATO: ...(Unintelligible)

Dr. JOHNSON: Yeah. OK.

ADUBATO: OK. Go back to this, though.

Dr. SALAS-LOPEZ: Yes.

ADUBATO: You're saying that for the parents who come in...

Dr. SALAS-LOPEZ: Yes.

ADUBATO: ...regardless of what facility it is, 'Here's what we need to do.'

Dr. JOHNSON: Right.

Dr. SALAS-LOPEZ: Right.

ADUBATO: But what I--the other thing on my mind is that for these kids--these five kids who are in foster care, the--the kids who are--Mark Eagan--say we're talking about an urban family wherever. They're not bringing the kids in.

Dr. JOHNSON: Right.

ADUBATO: So--they're not bringing the kids in, so how are we as a society supposed to express our desire to help those kids if the "parents," the foster-care parents or the blood parents, are not bringing the kids in? What do you do then?

Dr. SALAS-LOPEZ: Right. Steve, there--there are always points of entry: immunization times. There's always a point of entry: school nurse. Someone can identify the problem and then say, 'I think you need to'--sometimes we co-exist or we don't know about each other's services. We don't know what Bob does, we don't know what Maria does, what Cile does. And so what I'm saying is we ourselves have to be educated about what the network is out there in terms of referral. We have to identify that there are issues that may be underdiagnosed or misdiagnosed. And then we have to know the appropriate referral pattern. You're right, not every parent is going to bring the child to the doctor, but you know what? That child needs immunizations to get into school. So he's going to school, he's going to have to have an appointment with Bob. But...

ADUBATO: Dr. Johnson?

Dr. JOHNSON: Yeah, of course the...

ADUBATO: ...(Unintelligible)

Dr. JOHNSON: 'Cause the five kids in Collingswood--the ones who were in the adoption--were in--were in home-schooling, so they didn't go to a home--home system.

Dr. SALAS-LOPEZ: Right.

Dr. JOHNSON: However, that's a--that's an extreme case, and we did have a system that should have protected those children. We have a child welfare agency that wasn't functioning correctly, and that's why they probably...

ADUBATO: Are they--is that the exception and not the kind of cases we're talk--the kinds of kids we're talking about here--urban kids from here--that's not--that's atypical, right?

Dr. JOHNSON: Exactly.

ADUBATO: OK. So we are talking about people who want to help their kids...

Dr. JOHNSON: Yeah.

Ms. ORTIZ: Right. Right.

ADUBATO: ...that are just trying to find a way.

Dr. JOHNSON: Exactly. Exactly.

Ms. ORTIZ: Right.

ADUBATO: By the way, Tonya, Let me ask you this. Folk--people watching anywhere in our audience, what would you want to say to them that might make a difference for you, the average person watching? Talk to them.

Ms. ORTIZ: Oh, well, it's just that you need to--we need to have--children are taking care of somebody else's children. You need a doctor that cares. You need, like, more choices of doctors. See, I have my own doctor, and my kids go to him. He's good. I don't have to take my kids to the emergency room, OK. He'll--he'll call me back if I call him. See, I have a good doctor. But when I have other children that have Kid Care or whatever, it's a different story.

ADUBATO: Now I want to be clear. You have five children in your home.

Ms. ORTIZ: Right.

ADUBATO: Two are--three are your children children.

Ms. ORTIZ: Three are my children, yes.

ADUBATO: And then two are...

Ms. ORTIZ: My nephews.

ADUBATO: Do they get different care?

Ms. ORTIZ: Yes.

ADUBATO: Because of the health plan they have...

Ms. ORTIZ: Right.

ADUBATO: ...or don't have?

Ms. ORTIZ: Right.

ADUBATO: How frustrating is that for you?

Ms. ORTIZ: Very, because they give them the cheaper medicine, and it takes them longer to get better, and it's, like, you go back again. Sometimes you can call the doctor, he's on his vacation. Who's covering? Then you have to take him to the hospital. And then you sit in there hours, and they don't even know the child or their history until you're writing everything down.

ADUBATO: Final word from my perspective. I can't imagine what it would be like for your kids, all five but particularly those who--the two who don't have the quality care, if--if Tonya wasn't in the picture, right, Bob?

Dr. SALAS-LOPEZ: Right.

Dr. JOHNSON: Yeah.

ADUBATO: A few seconds left. In the end, isn't it people like Tonya who make a difference?

Dr. JOHNSON: In the end, it's strong families, and it's--it's having parents there who do everything for their child, and that really is the ultimate solution to all of these problems. We need to strengthen families. We need to--and--and Maria mentioned it earlier, that...

ADUBATO: Few seconds, go ahead.

Dr. JOHNSON: ...that we're not family-friendly. We're not family-friendly because we have parents having to go and work; we have no place for our parents to take care of our children. Parents are not given enough money to take care of their children.

ADUBATO: We'll keep talking...

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