

John Auerbach CEO Trust for America's Health

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Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, we're now getting a handle on how widespread the devastation is from Hurricane Irma, which followed up on the heels of Hurricane Harvey. The Florida Keys were particularly hard hit, but the continental U.S. seem to have been spared the worst of what was expected. But, there are communities throughout the Caribbean and Virgin Islands that were entirely wiped out. We have been seeing some really tough images coming out of places like Sint Maarten and St. Thomas

Margaret Flinter: Well, just heartbreaking images, Mark. And, as we know, these people have not only lost their homes and most of their belongings, but there is a severe shortage of food and water, electricity, and necessary medicine. And, all this is going to impact population health in these communities. So, a huge need for global assistance to help with the ensuing healthcare issues that will result, and really have to count on some of the international relief agencies and the generosity of people to provide help to these hard hit areas over time.

Mark Masselli: It does shine a light on how important it is to have a robust public health infrastructure, which brings us to our guest today.

Margaret Flinter: John Auerbach is CEO of Trust for America's Health, a national nonprofit dedicated to making sound health policy and disease prevention a national priority.

Mark Masselli: Trust for America's Health has just released its annual report on the nation's obesity epidemic, a major public health concern. So, really looking forward to that conversation, Margaret. Larry Robertson also stops by, the managing editor of FactCheck.org.

Margaret Flinter: And, no matter what the topic, you can hear all of our shows by going to [CHCRadio.com](http://CHCRadio.com).

Mark Masselli: And, as always, if you have comments, please email us at [CHCRadio@CHC1.com](mailto:CHCRadio@CHC1.com) or find us on Facebook or Twitter. We love hearing from you.

Margaret Flinter: We'll get to our interview with John Auerbach of Trust for America's Health in just a moment.

Mark Masselli: But first, here's our producer, Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I'm Marianne O'Hare with these healthcare headlines. Another round of talk in the Senate on healthcare, and another attempt at a repeal of the healthcare law. Senator Bill Cassidy, Republican from Louisiana, as well as a doctor, and Senator Lindsey Graham, launching a last ditch effort to replace the Affordable Care Act with a bill that would eliminate ACA funding for the Medicaid expansion, and instead, institute a block grant system. Most experts agree block granting Medicaid would definitely lead to loss of coverage for many Americans living near the poverty line. There are more efforts underway of a bipartisan nature to shore up the insurance marketplaces where individuals purchase insurance. Still uncertain if cost sharing reduction payments will be continued under the Trump administration. Connecticut senator, Chris Murphy, accusing the administration of intentionally sabotaging the healthcare law. Meanwhile, the Senate help committee continues to take testimony on ways to strengthen weak spots in the healthcare law. In the first week of help hearings, a bipartisan panel of governors urged Congress to take the necessary steps to secure the insurance marketplaces, or risk chaos in state budgets and a loss of coverage for likely millions of Americans.

Meanwhile, according to publish reports in the Hill, President Trump says he regrets putting Obamacare repeal on the top of his legislative agenda, blaming House speaker, Paul Ryan, for the failure. A new job for the former CDC Commissioner, Tom Frieden, he'll be running a \$225 million global health entity aimed at reducing cardiovascular disease and fighting epidemics as well, the funding being supported by the Chan Zuckerberg Foundation, Bloomberg, and Gates Foundation's as well. Prior to running the Centers for Disease Control and Prevention, where he oversaw responses to the Zika and Ebola outbreaks, Dr. Frieden was Health Commissioner for the City of New York and oversaw a number of public health initiatives.

Apple has revealed the latest iterations of its iPhone and Apple watch, the tech giant revealing the iPhone 8 and the third iteration of the Apple watch, which has a number of health related features. Apple is partnering with Stanford Medicine and the telemedicine entity, American Well, to conduct a real time study on cardiovascular health. Apple CEO, Tim Cook, sees the health wearables market as one of the fastest growing sectors and also sees vast potential for linking hundreds of millions of Apple users to a variety of research protocols. I'm Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We're speaking today with John Auerbach, President and the CEO of Trust for America's Health, a nonprofit dedicated to making sound health policy and disease prevention a national priority. Mr. Auerbach served as

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Associate Director at the Centers for Disease Control and Prevention. Mr. Auerbach was Commissioner of Public Health for the commonwealth of Massachusetts, supporting the implementation of the state's healthcare reform initiative. He was Director of the Institute on Urban Health Research and practice at Northeastern University, where he is also a professor. He earned his MBA at Boston University. Mr. Auerbach, welcome to Conversations on Healthcare.

John Auerbach: Thank you, it's a pleasure to be here.

Mark Masselli: Trust for America's Health just released its annual report on obesity epidemic in this country, and there's some good news and bad news. The report is titled State of Obesity, Better Policies for a Healthy America. Really, the bad news is that we've reached a national obesity rate of 35% of the adult population. You did this report as an annual assessment that you do every year with the Robert Wood Johnson Foundation. I wonder if you could share with our listeners some of the more significant findings, as well as your collaboration with the foundation. And, talk to us a little bit about what toll the obesity epidemic is taking on our nation.

John Auerbach: First of all, we should be very disturbed by the high rate of obesity in the nation, where more than one in three of the adults in the population are obese is very troubling. Their weight has reached a point where there are significant risks for serious health problems, like diabetes, heart disease, joint problems, asthma, and premature death. Just one example with diabetes, which is strongly correlated with obesity, it's the number one cause of amputations, blindness, and kidney failures. And the cost to the healthcare system is very high, \$150 billion in preventable healthcare costs. We think it's important to also remember it doesn't have to be this way. Not too long ago, these rates were much lower. Since 1980, for example, the adult obesity rates have doubled and the childhood obesity rates have tripled. But, now we are seeing some leveling off and that gives us reason to be hopeful, but also more committed to taking action steps to try to address this problem.

Margaret Flintner: Well John, you have such a long and distinguished history in the world of public health, working as a public health official on the local, the state, and the national levels. So, you have a unique understanding of how the economic and racial disparities can strongly impact health status and health outcomes. Can you talk with us about the role that health disparities have in complicating the obesity epidemic?

John Auerbach: There are clear disparities in the obesity rates, and they create elevated health risks and shortened lifespan. Namely, people with lower incomes, they're more likely to be less healthy and more obese, black and Latino populations are more likely to be at risk for poor health and obesity, and recently, we've also observed that those living in rural areas are more likely to be obese. The primary reason these populations are more likely to be obese is due to the

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conditions in their lives rather than their personal decisions. They have fewer resources to purchase healthy foods and the neighborhoods may not be safe to walk or ride their bike in. And, that's a reminder we have to work to create healthier conditions so that all populations are able to maximize and optimize their health.

Mark Masselli: John, we see some states who promote healthier cultures and lifestyles. Colorado, Hawaii, Massachusetts, New York are ranked very well on the obesity report. States such as Kentucky saw improvements as well. But, that's a region where there's higher rates of obesity. We had Dr. Gee [PH] on our show just the other week from the state of Louisiana, a southern state with many rural areas. This is just one of their major challenges that they're facing. And, I'm wondering if you could share with us your thoughts about the role that public policy plays in these varying outcomes, and what can those states doing poorly on the obesity spectrum learn from states who fared better?

John Auerbach: Well, Dr. Gee I think is an example of someone who is working in the state, that has had a high level of obesity, but she's taking steps to try to change the conditions in that state to make it easier for people to be healthier. And in general, we've seen the states that have done better in obesity have created what you might call a culture of health. They've invested in their local and state public health systems. They've passed regulations that took soda and candy vending machines out of the schools. A number of them invested in public transportation systems that encouraged walking and biking, and to address disparities, some of those states implemented programs that specifically help low income families, sometimes supplementing the SNAP or food stamp program with matching dollars at farmer's markets or putting state dollars into the Women, Infants, and Children, or WIC program. So, the states that have done better have paid attention to creating healthier conditions by passing laws, regulations, and implementing policies.

Margaret Flinter: Well John, the report also examined obesity rates among America's children, and certainly those rates are also high. We're thinking of the Obama administration and particularly the First Lady's kind of one-two punch of really focusing on the nutritional content of the food that we serve to children in our schools through the school lunch program, but also the Let's Move campaign to really try and increase activity among the nation's children. Your organization charts a number of metrics that might impact childhood obesity and everything from looking at how do you control screen time, but also looking at things like breastfeeding support. Talk with us about these varied measures that come into play when you do your rankings.

John Auerbach: Well, we looked at indicators across the lifespan. We also tried to look at indicators where there was actually something you could do to make it better. We started with the earliest stages. So, we looked at the breastfeeding rates and the existence of regulations that govern food served in daycare centers

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and preschool centers. For school aged children, we looked at the school food programs and the exercise programs. For high school students, we looked at screen time and how many got regular exercise. And for adults, we looked at those community standards including everything from what gets served for elder adults to what kind of food assistance programs are there. We didn't think there was just one indicator. We really thought we needed to look at many, and who was doing a good job in addressing that indicator, because we wanted our reports to give people a guide for action and not just the identification of a problem.

Mark Masselli: We're speaking today with John Auerbach, President and CEO of Trust for America's Health, a nonprofit dedicated to making sound health policy and disease prevention a national priority. Mr. Auerbach served as Associate Director at the Centers for Disease Control and Prevention. And John, we've been watching this very partisan battle over health reform, at the attempts to repeal and replace the Affordable Care Act. We did see, under the leadership of Senator Lamar Alexander, who chairs the Health Education Labor and Pension Committee, a real attempt to bring some bipartisan input into this process. And, Trust for America's Health has been pretty vocal about how it views the course of action. You said it will negatively impact recent gains that have been made in access to care, and I'm wondering if you could talk about some of those gains since the health law was enacted and what risk to coverage and prevention do you see under the current leadership?

John Auerbach: Well, we know that people become healthier when they have health insurance. They get immunized, they get screened for diseases, they get counseled on behaviors like smoking and preventing obesity. And, since the passage of the ACA, 20 million people gained health insurance. Disproportionately, those who gained health insurance were low income and people of color. And, the ACA didn't just expand insurance. It also guaranteed that preventative services were covered and were free. And, that's key because as we've studied the use of preventative services, we've seen any financial barrier, even \$5 or \$10, is enough to discourage the use of preventative services and healthcare overall. The ACA also created the Prevention of Public Health Fund, and that's allocated, this year, \$1 billion to CDC to distribute to states and local communities, to actively promote good health. And, that fund pays for immunizations, reducing hospital associated infections, screening for lead in the water, helping older adults address diabetes, and on and on. It's 12% of CDC's budget and it's critically important to maintain. There are a number of other programs I think now that are potentially at risk in addition to the ACA, programs like WIC, SNAP, Head Start, that really relate to obesity. But, since I was mentioning earlier, poverty is closely associated with obesity and poor health. So, when we see risks to antipoverty programs, there's also a health connection there.

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Margaret Flinter: John, well we're certainly seeing and experiencing, I would say, some hammering [PH] over what might happen with the health law at the moment, there's always cause for optimism as we look at the landscape around us. We like to keep our eye on the future and look at technologies and trends that will help us get to a healthier and an equitably healthier future for the country. Certainly, there's been a meaningful shift in the dialogue on moving away from fee for service care, towards more value based care. We're seeing the launch of projects like the All of Us initiative at the National Institute of Health, and maybe we're on the brink of a health tech revolution in healthcare too, having moved on from the pain of implementing electronic health records, to really harnessing the power of technology to improve health across the board. You have such an incredible bird's eye view of all of the landscape in healthcare. Can you talk with us about some of these emerging trends and the potential that you think they might provide for improving population health across All of Us, and not just the more affluent sectors of the society?

John Auerbach: There are a number of those important trends now. I'd say one trend I've already mentioned is increased insurance coverage. Another one has to do with payment reform, moving away from fee for service to what's called value based contracting where insurers can incentivize patients getting healthier and not just getting more healthcare that they may not need. That form of payment, the value based contracting, may encourage creativity among healthcare providers in doing some innovative approaches using community health workers for home visits, for example, to try to improve the health of the population. Another trend is towards what we might call patient centered medical homes, or comprehensive healthcare sites, as the optimal place for people to get their care. That notion of a one-stop shopping place for healthcare is also important as we're grappling with the opioid epidemic in the country, because historically, we've kind of separated out things like mental health and drug treatment from primary care. So, the effort now to have a single site that can offer you access to all of those services I think is an important trend. The public health sector is also shifting away from being a safety net provider of some services to really thinking upstream. How do we make a difference in terms of making the overall population healthier with rules and regulations that make the healthier behavior the easier behavior? That's likely to also reduce healthcare costs.

Mark Masselli: John, I'm wondering if you could talk with our listeners a little bit about Trust for America's Health broader work. As I mentioned earlier, a nonprofit, non-partisan organization. You have our good friend, who I think may have been one of the founding members, our former Senator and Governor, Lowell Weicker, and certainly a great advocate for bipartisanship in the health arena. But, past obesity, you all are looking into food safety, pandemic flu preparations, bioterrorism. You just mentioned opioids. I don't know if that's on your list. Give us the sorter broader look at the work that you've -- are undertaking at the Trust for America's Health.

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John Auerbach: We're a nonprofit, non-partisan organization. We don't take government money. We're funded entirely by foundations so that we can be an independent voice for health in the country without a vested interest. So, we work on multiple levels. We definitely work with elected officials and Congress and members of the Presidential administration to encourage the consideration of evidence based healthy policies. We've worked, as you mentioned already, around the ACA and the prevention fund and that arena. We also pay attention to policies at the state and the local level, and we've tried to be useful to health officials throughout the country as they consider what are the best practices? What are the policies that we know work? There, we look at CDC's work in particular and its terrific work in promoting evidence based approaches. And then finally, we take a deep dive into some critical health issues in the country and we do major reports on those, like the obesity report we're talking about today. But, an example of another one we're doing later this year is we're doing one that, it tries to fully understand why we've seen an increase in opioids, in alcohol death rates, and in suicides in the last several years. And, that behavioral health report will include a number of recommendations for what policymakers can do to try to reverse those trends.

Margaret Flinter: We've been speaking today with John Auerbach, President and CEO of the Trust for America's Health that's dedicated to making sound health policy and disease prevention a national priority. You can learn more about their work by going to [HealthyAmericans.org](http://HealthyAmericans.org) or follow them on Twitter @healthyamerica1. John, thank you so much for joining us on Conversations on Healthcare today.

John Auerbach: Thank you.

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Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and managing editor of [FactCheck.org](http://FactCheck.org), a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Well, the next open enrollment period for the Affordable Care Act marketplaces begins November 1<sup>st</sup>. We do know that as of September 6<sup>th</sup>, there are 63 counties all in Virginia at risk of having no insurer on the ACA marketplace next year according to the Kaiser Family Foundation. The marketplaces, that's [healthcare.gov](http://healthcare.gov) for most states, are for individuals who don't get insurance through work or through a government program like Medicaid or Medicare. About 7% of the U.S. population buys insurance through the individual market, and those using federal subsidies have to buy that coverage through the

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ACA marketplaces. It's possible that an insurance company will step in and offer marketplace plans in those 63 Virginia counties in late June, as many as 49 counties in Ohio, Indiana, and Missouri have no insurer signed on to participate in 2018. But by late August, the number of counties was down to zero. The situation in Virginia was created when Optima Health decided to cut back on its insurance offerings in the state. The deadline for insurance carriers to sign contracts for the ACA marketplaces is September 27<sup>th</sup>. And, that's my Fact Check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at [CHCRadio.com](mailto:CHCRadio.com). We'll have FactCheck.org's Lori Robertson check it out for you if you're on Conversations on Healthcare.

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Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Healthcare providers are forever on the lookout for that magic elixir that can cure a host of chronic ills in one step. And in the case of obesity, depression, anxiety, and stress, that elixir could be, it turns out, a number of steps, as in taking a hike. A large study conducted by several institutions, including the University of Michigan and Edgehill University in the UK, looked at the medicinal benefits derived from regular group hikes conducted in nature. Researchers evaluated some 2,000 participants in a program called Walking for Health in England, which sponsored some 3,000 walks per week across the country.

Dr. Sara Warber: There was investment in these walking groups, in training leaders to take people on walks, finding trails that were good for people to do.

Margaret Flinter: Dr. Sara Warber, professor of Family Medicine at the University of Michigan School of Medicine said this study showed a dramatic improvement in the mental wellbeing of participants, especially those who had recently experienced something stressful.

Dr. Sara Warber: Depression was reduced, perceived stress was reduced, and people had just more positive feelings, or positive emotions. When we have positive emotions, we actually have better health. We have less negative emotions when we're out in nature in a group. Our control group were people who, at one time, intended to be part of walking groups, but they never took up the practice. So, we were able to match our walking group participants with people who were just like them, and so we could see how they differed.

Margaret Flinter: The participants almost universally reported reduced stress and depression, and the effect was cumulative over time. But, Dr. Warber says



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this is the first study that revealed the added benefits of group hikes in nature and significant mitigation of depression.

Dr. Sara Warber: Because we were really interested in whether -- if you are more stressed, would you get some better benefits from being in nature, and in fact, that did pan out. So, if you're going through stress, getting out in nature, getting out in nature with a group or with others, has real benefit in reducing your stress.

Margaret Flinter: Walk for Health, a simple guided group nature hike program which incentivizes folks suffering from depression and anxiety to step into the fresh air with others to talk out their thoughts while taking a hike, improving their mood, reducing their depression, increasing their overall health at the same time, now that's a bright idea.

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Margaret Flinter: This is Conversations on Healthcare. I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli. Peace and health.

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Margaret Flinter: Conversations on Healthcare, broadcast from WESU, at Wesleyan University, streaming live at wesufm.org and brought to you by the Community Health Center.