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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, as expected the senators for Medicare and Medicaid services has changed the rules regarding those who receive healthcare through Medicaid. CMS administrator, CIMA Pharma announced last week that states can now issue a work requirement for those receiving Medicaid coverage as long as they are so called able body percipients.

Margaret Flinter: Kentucky, now the first state to issue a work for Medicaid requirement under the new CMS rules.

Mark Masselli: Some 74 million Americans are covered by Medicaid in this country, Margaret, this ruling doesn't affect children who make up more than 50% of all Medicaid recipients but those who are deemed able bodied will be required to work up to 20 hours a week for Medicaid coverage.

Margaret Flinter: You know Mark, the current data would suggest that four in ten Medicaid recipients in fact are already working but they are likely to be in lower wage jobs and work for companies that do not provide health insurance and many low wage earners on Medicaid are also grappling with the other social determinants of health that can lead to poor outcomes and that is something our guest today is a global expert on.

Mark Masselli: Dr. Maria Neira is the Director of the Department of Public Health Environmental and Social Determinants of Health for the World Health Organization. She is joining us today to discuss a recent report that points to pollution as a leading cause of death around the globe.

Margaret Flinter: Really looking forward to that conversation Mark, and Lori Robertson will check in with us, she is the Managing Editor of FactCheck.org. No matter what the topic though, you can hear all of our shows by going to www.chcradio.com.

Mark Masselli: And as always if you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook or Twitter, we would love to hear from you.

Margaret Flinter: And we'll get to our interview with Dr. Maria Neira in just a moment.

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

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Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. Flu continues to spread at a rapid pace across the country taxing hospital emergency rooms to capacity in a number of communities. The Centers for Disease Control and Prevention saying that this year's flu season could be described is on the severe side while this year's flu vaccine is believed to be about 30% effective against flu, officials say it's not too late to get the vaccine which can greatly diminish the severity of a case if you do come down with flu and also health prevented from spreading to others.

Speaking of the CDC they are reporting public health plans in place in the event of a nuclear detonation here, CDC assembling numerous experts on radiation exposure this week to address ways that can mitigate the effects of exposure to a nuclear blast and the ensuing radiation fallout. The FDA has approved a cancer drug targeted to women with an inherited gene mutation that leads to higher incidents of breast or ovarian cancer. AstraZeneca's drug Lynparza targets the so called BRCA gene and has been approved for women who have undergone chemotherapy already for metastatic breast cancer. The women in the study saw a beneficial effect for months longer than others not being given the drug. There is still no breast cancer cure, but they see this as a potential treatment to delay onset or advancing of the disease.

Kids and screen time, the [Inaudible 00:03:34] meet but at what cost, for some time though the National Academy of Pediatrics has cautioned against any screen time for kids younger than 2 but there is still not enough evidence to show what happens to children's brains and general health from exposure to screen time at such an early age. Researchers have long known there is a link between length of screen time especially in the evenings and a negative impact on sleep quality for teens and adults. Now a study in Germany has looked at the impact of screen time on 3 and 4 year old's. They compared their average exposure to screen time and found a direct correlation between poor sleep patterns and higher exposure to electronic media, phones, tablets, TVs, even games. The study found the kids exposed to more screen time are more likely to resist bedtime, wake frequently and show more fatigue during the following day.

I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Dr. Maria Neira, Director of the Department of Public Health Environmental and Social Determinants of Health at the World Health Organization which seeks to address the root cause of environmental and social threats to global public health, prior to that Dr. Neira served as the Vice Minister of Health and President of the Spanish Food Safety

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Agency, she served as a Medical Coordinator in Honduras in Salvador for Doctors Without Borders. Dr. Neira was awarded the medal of National Order of Merit from the French government for her work in global public health. She earned her medical degree at the University of Vigo Spain and her master's in public health at the Pierre and Marie Curie University in Paris. Dr. Neira welcome to Conversations on Healthcare.

Dr. Maria Neira: Thank you very much.

Mark Masselli: You know the World Health Organization just held a joint session with the United Nations addressing a report, and that report looked at global data around population health and pollution and concluded that pollution kills more people around the world in a given year than HIV, AIDS, malaria and TB combined. And I am wondering if you could just share with our listeners the scope of this revelation and how pollution is specifically impacting population health and mortality globally.

Dr. Maria Neira: We have more than 12.6 million deaths occurring every year and those deaths are caused by environmental reflects whether it is air pollution or unsafe water or exposure to certain type of chemicals like pesticides that are not authorized. This is from a report that WHO did ten years ago the situation was terrible already, we did a new one, one year ago almost 25% of all global deaths which are associated with this environmental pollution means risk factors coming from our daily environment and the risk factors that could be easily removed.

Margaret Flinter: Yeah, I would note Dr. Neira, that all of us who work in the service of advancing the health of people and populations are often struck by just the challenge and the way of the social determinants of health, whether it is poor air or water or food quality, lack of access to decent housing but really there is a unifying factor that comes into play whenever we look at population health issues and that's poverty right. And we'd like to ask you to talk about the connection between poverty and a higher risk for poor health outcomes and how we can balance the need to promote economic growth while at the same time protecting human health from the harmful effects of population.

Dr. Maria Neira: There is not a sort of price to any of us that if you are vulnerable, if you are poor, if you are living on a poor country, you will be more exposed to issues like industrial pollution or the fact that you are missing lack of say water and sanitation and you will be more exposed to questions related to climate change and global warming and the basics for your health. Now it's clear as well that in order to have the economic development that you need to take these people out of poverty, you need to do it in a way that you will not destroy the environment where you are living on. And we see that now for instance in China which was one of the countries that were polluting the most and responsible for massive air pollution that was effecting the lungs of their citizens,

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now they have realized that you can go for a good and rapid economic development without destroying and polluting the water you drink or the air you breathe. So I think this is the key message, get people out of poverty, you can do it in a sustainable way, that will be even quicker on the way that you take people out of poverty, I think understanding the role that the socioeconomic and environmental determinants of how our health plays is a critical one for governments, for citizens and of course for people working in global health and global healthcare.

Mark Masselli: Dr. Neira climate change is also exacting a toll on human health and as you assess climate change around the world, how do you view the growing threat to human health?

Dr. Maria Neira: For us at the World Health Organization in other scientific organizations, we have plenty of evidence demonstrating the global warming, I mean, the climate change is really devastating human health as well, not only because of heatwaves and floods and droughts will have a very direct contribution to deaths because they take human lives but that's well because of the situation that they will create, the climatic effect on agriculture for instance, raise in temperature you see is responsible for changing the patterns of rainfall and therefore we are expecting decreases in crops yields in many developing countries. We are already seeing problems of malnutrition because of lack of agricultural production caused by this direct or indirect effect of climate change and global warming.

Of course if you have a flood, you will force people to go on migration I mean displacement and we see as well that many of the diseases that have been representing until now for us are major challenge like malaria or dengue I mean all of those diseases transmitted by bacteria by mosquitoes, they are handling now perfect conditions to spread because we can see even malaria in places in Nairobi where we didn't see it before, but now they are finding perfect conditions for that. So there are many ways in which our health will be effected by climate change and it is already occurring. It is not just a question of developing countries, I think we are all witness now of what major heatwaves or extreme weather events can bring to our health, the destruction of the basis of our lives like access to food, water, shelter and if those are destroyed obviously our health will be very much effected and is already at risk.

Margaret Flinter: Well Dr. Neira, while climate change poses as you have just laid out in very clear detail a huge risk to global health, you have also written about climate change as an opportunity for public health. Back in 2014, you outlined a number of ways in which climate change is serving as a catalyst for collaboration among most countries in the world, can you talk about your recommendations for bettering [PH] climate change as all these global entities come together?

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Dr. Maria Neira: Yeah, in fact, when you look at the recommendations to tackle the causes of climate change to mitigate climate change that are all basic public health common sense recommendations, means ensuring that the way we commute with every day, I mean the way we use our transport and the fuels we are using that shouldn't be polluting our environment and that pollution is really having a terrible impact on our health. So who we disagree with the fact that we need to create cities where the air is not so polluted, where traffic and transit will be causing less injuries and promoting a little bit more active lifestyle instead of just a sedentary lifestyle that is responsible for non-communicable diseases who will disagree on the need to have access to clean water and protect our resources on water management, who will disagree with the need to have a better management of our waste that we all produce every day.

So all of that is really basic public health and is basic common sense recommendations for protecting our environment but more importantly for protecting our health. That's why we said that this is a public health opportunity if the Paris Treaty Agreement is implemented, this is a fantastic public health opportunity because all of those recommendations will be protecting the health of our citizens of our population and this is something that we were not saying clearly enough to our citizens, they saw that the climate change was more a question of polar bears and glaciers melting, no, this is a question of our land, the fact that our grandchild will have asthma. So if we start to use the health agreement I think we can achieve much more by telling people of the importance of protecting and reducing environmental risk in order to protect our health.

Mark Masselli: We are speaking today with Dr. Maria Neira, Director of the Department of Public Health Environmental and Social Determinants of Health at the World Health Organization which seeks to address the root cause of environmental and social threats to global public health. You know Dr. Neira we still face a huge health burden of disease with illnesses such as HIV AIDS, malaria, in emerging pandemics like a Ebola and Zika and many global health entities including the World Health Organization were caught by surprise during the terrible Ebola epidemic which led to thousands of death and I am wondering if you could share with us lessons learned from the Ebola and Zika crisis and the new emergency risk communication guidelines, is the global health community better prepared for the next pandemic?

Dr. Maria Neira: Yes, yes, we are better prepared, the governments after the Ebola outbreak which was so terrifying for all of us in demonstrating that we are not alone there are not borders we are all in the same boat and it is extremely important. So WHO has now a very strong and separate health emergency program to lead and coordinate in conventional health response to effect the people. This year we received an incredible amount for investigation on what are the disease alert, every month, this month WHO has already received 36,000 disease alerts of which only 360 deserved an investigation but regarding communication, I think it's extremely important for the people, they need to know

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what health risks they will face and I think we cannot paralyze our audience just by telling them what are the risks they face, they need to know what actions they can take to protect their lives, their health, their community, so that's why they are accurate in very accurate information needs to be provided and we work with partners to support that training and this month we will be launching this first ever evidence based guidance in emergency risk communication.

Margaret Flinter: And Dr. Neira I would like to talk a little bit about HIV AIDS, millions have died, 37 million people are living with HIV AIDS around the world and still so many unaware that they are affected, it's been wonderful to witness the tremendous progress in treating HIV particularly early on with retroviral drugs and obviously we made enormous strides in reducing mother to child transmission, but I would like to ask you what is hopeful on the horizon?

Dr. Maria Neira: The good thing is that today we have 21 million people with HIV with access to HIV treatment, that's really amazing compared with the fact that when we started, and we wanted to reach 3 million, everybody was saying this is totally crazy. Today 7 out of 10 pregnant women are living with HIV, but they receive antiretroviral treatment to prevent transmission to their babies. And since 2000, I think HIV related deaths have went down by one third and new infections have reduced by 40%, even more progress needed definitely and once again related to poverty Africa is still by far they are reaching with the highest number of people living with HIV worldwide. We know that there are an estimated of 7% of people which are living with HIV and they don't know their status, so means more transmissions. So we need to improve access to testing services increased education and clearly still promote a lot on education. And the big worry here is about drug resistant, that could undermine the fantastic progress that has been done.

Mark Masselli: Dr. Neira, we've had the opportunity to interview a number of leaders of organizations doing great work like yourself Doctors Without Borders America and Save the Children all addressing everything from warzones to refugee crisis to the loss of childhood for millions of children. And as you look to the future, your work outside of WHO and the ongoing collaboration with the United Nations, what do you see is the best pathways to overcome many of these global health challenges?

Dr. Maria Neira: We have so many global health challenges, but definitely apart of the infectious diseases that we have been talking on HIV, malaria, and TB; making sure that our cities, our urban development is such that will not put our health at risk. The cities are the places where now in 20 years 70% of the population will be leaving in urban areas, so we need to make sure that those urban areas that are not places where people will have the best conditions to die or to be sick but on the contrary it has to be a healthy environment and therefore we need to look at the sustainable transport system, we need to look at the better way of handling and managing our waste production, better energy for the

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buildings, energy efficient, non-polluting fuels, industrial production that will not affect the pollution in the places where we live, that is a big challenge together with a non-communicable diseases. I think environmental health and non-communicable diseases are the big challenges we are facing, and we need to connect all of those agendas sustainable development, environment climate change and health.

Margaret Flinter: We have been speaking today with Dr. Marie Neira Director of the Department of Public Health, Environmental and Social Determinants of Health at the World Health Organization, you can learn more about their work by going to who.org or follow them on Twitter @who or @Dr. Maria Neira and that's N-E-I-R-A. Dr. Neira, we thank you for the work that you do and for joining us on Conversations on Healthcare today.

Dr. Maria Neira: I thank you very much and all the best to all of 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, 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: Several readers have asked us about a rumor that under the republican tax legislation, Medicare will stop covering cancer treatment, that's not true, increased deficits could have led to Medicare spending cuts however, that's where this rumor got started. Under congressional rules a tax cut that isn't paid for would trigger offsetting spending cuts under PAYGO or Pay As You Go rules. If legislation increases the deficit, the White House's Office of Management and Budget would have to order spending reduction, that's unless other legislation is enacted to offset the deficit increase or there is a waiver of these PAYGO rules. Senate majority leader Mitch McConnell and house speaker Paul Ryan said that Congress would waive the PAYGO requirement so that the across the board cuts to some mandatory spending programs including Medicare wouldn't happen, even if Medicare did face looming spending cuts, what does that have to do with cancer treatment, well when Medicare faced an automatic 2% cut under the sequestering 2013, some cancer clinics told the Washington post that they couldn't afford to continue administering pricy chemotherapy drugs and stay in business. The post wrote that cancer patients may seek care at hospital if they are turned away from oncology clinics. An advocacy group for these practices said that a further cut "will reduce access and increase cost for patients" of course that is not the same as Medicare no longer covering cancer treatments, the rumor our readers asked us about. And that's my FactCheck for this week. I am Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com, we will have FactCheck.org's, Lori Robertson, check it out for you, here on Conversations on Healthcare.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. Fitness trackers have become all the rage especially among upwardly mobile fitness conscious people seeking to monitor their own health, but another trend has emerged in the age of wearable devices. After a few months about a third of users simply stop using them, the reality captured the imagination of Tufts University School of medicine, Professor Dr. Lisa Gualtieri.

Dr. Lisa Gualtieri: And I thought what if you could take all of these abandoned trackers and give them to the people who could benefit most from them.

Mark Masselli: She thought what if we could get disinterested owners to donate their used fitness trackers to be repurposed and donated to underserve populations.

Dr. Lisa Gualtieri: A lot of the work that we have been doing has been with older adults, racial and ethnic minorities and for a lot of people the cost of [inaudible 00:23:47] so I think that that's a barrier.

Mark Masselli: So, in 2015, she launched recycle health and online social media campaign to raise awareness for her program which seeks to donated wearable devices to provide these expensive devices for free to those in need. She partnered with organizations working with low income adults, seniors in fall prevention programs and veterans as well.

Dr. Lisa Gualtieri: What we need to do is talk to people about how access how sedentary they are and coming up with a reasonable goal, they might start off with 3,000 steps as their goal, but they know how to make that higher when they are ready to.

Mark Masselli: Recycle Health, a simple repurposing of personalized wearables, providing these tools for free to vulnerable populations empowering them to improve their own health, now that's a bright idea.

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Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Maria Neira

Mark Masselli: And I am Mark Masselli, peace and health.

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