

David Hemenway

[Music]

Mark Masselli: This is conversations on healthcare. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well, Margaret the Nation's Governors gathered in Washington recently for their winter meeting to discuss the most pressing issues of the day and one of the topics they touched on was healthcare.

Margaret Flinter: Well, since the new administration was assured in on and promised repeal and replace Obama Care, the states have been getting some mixed signals from the federal government on a number of important health programs including funding for chip, the children's health insurance program, support for the Medicaid population, and the role back of insurance regulations that were put into place under the Affordable Care Act. All of these actions have done quite a bit to destabilize the insurance market and the healthcare landscape and now of course the Nation's Governors have to deal with that.

Mark Masselli: By part of some collision the five governors issued new healthcare blueprint to make improvements to the Nations Health System. Their group included democratic governors Hickenlooper of Colorado, our recent guest of our show, Tom Wolf of Pennsylvania, Republican Governors, John Kasich of Ohio, Brian Sandoval of Nevada as well as Independent Governor of Alaska Bill Walker. Their blueprint calls for number of initiative seeking to stabilize the insurance markets supporting Medicaid innovations in. Their major priority gaining control of healthcare cost.

Margaret Flinter: Well, Mark of interest, the by part is in blueprint also called for federal actions on things like controlling pharmaceutical cost also supporting delivery and payment reforms which they say will require much more transparency particularly in pricing of prescription drugs and hospitalization costs.

Mark Masselli: These are common sense recommendations that the governors are hoping will provide a framework for more rational health policy and a less partisanship as health policy discussions moves forward.

Margaret Flinter: Meanwhile the governors of course discussed the topic of gun violence in this country and looked at a number of measures that have emerged since the most recent mass shooting at the Parkland High school in Florida and for the first time it seems as if there may be some bipartisan support for things like expanded background checks, maybe raising the age for purchasing semiautomatic weapons and it brings us to our guest today.

Mark Masselli: Dr. David Hemenway is the Director of Harvard Injury Control Research Center at the Harvard School of Public Health and he brings some tremendous insights into the gun violence epidemic in this country and some thoughts on how to mitigate it.

David Hemenway

Margaret Flinter: And Lori Robertson stops, the managing editor of factcheck.org. She looks at misstatements that have been spoken about health policy in the public domain. But no matter what the topic you can hear all of our shows by going to 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'd love to hear from you.

Margaret Flinter: We will go to our interview with Dr. David Hemenway in just a moment.

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

[Music]

Marianne: I'm Marianne O'Hare with the healthcare headlines. The opioid crisis took center stage at The White House which hosted the summit to address the epidemic—the leading cause of accidental death in America, the summit attended by The President and Mrs. Trump who called for a more targeted approach to help young women who are addicted especially. HHS Secretary Alex Azar also spoke saying the department was ratcheting up its efforts to battle the epidemic and that states should be allowed to use their Medicaid Funds to help battle the crisis. VA secretary, David Shulkin noted they have been battling on the frontlines at the VA for a number of years and that opioid uses down 41% since 2012. It is back to the court for the Affordable Care Act. Twenty conservative states across the country now seeking to have the ACA declared unconstitutional lawsuit states that since the Trump administration eliminated the individual mandate requiring all Americans to purchase insurance or pay a fine; it nullifies a legal president for the law.

The lawsuit led by attorneys general from Texas and Wisconsin and joined by a number of mostly Southern states stated that the US Supreme Court had already decided an individual mandate without a tax penalty is unconstitutional. On those grounds, they feel the law should be repealed, but as the court of public opinion, you're likely to hear a different sentiment. The growing numbers of Americans are actually in favor of the basic tenets of the Affordable Care Act, which has steadily gained in popularity over the years. A number of studies done recently by the Commonwealth Fund and the Kaiser Family Foundation showed a growing concern among those now receiving health coverage under the Affordable Care Act that they will lose their coverage under the current administration. It is a well-known fact that no one attending a National Rifle Association Convention is allowed to bring their weapon of choice to the annual gathering which generally draws about 80,000 attendees any given year in a study published in the New England Journal of Medicine.

Researchers at Harvard and Columbia have decided to look into gun violence data and determine if there is a correlation between so many gun enthusiasts being separated from their weapons for a week. The study looked at data for gunshot related injury and death for the three weeks leading up to and three weeks after the NRA Convention and found during the event there was a dramatic drop in such incidents, a decline of 63% seen in the states where conventions were being held. The effect was significant nationally as well with a 20% reduction in firearm injuries during the duration of the NRA

David Hemenway

Convention. More than 300 people are shot and wounded with more than 90 people dying in gun related incidents, murder, suicide or accidental gun deaths every day.

I'm Marianne O'Hare with these health care headlines.

[Music]

Mark Masselli: We're speaking today with David Hemenway, PhD, award winning professor of Health Policy at the Harvard T.H. Chan School of Public Health. Dr. Hemenway is Director of the Harvard Injury Control Research Center dedicated to studying injury prevention especially for guns. He has written extensively on the subject of gun violence including private guns and public health which examines the need to approach gun violence from a public health perspective. He also wrote the acclaimed, 'While We Were Sleeping: Success Stories in Violence and Injury Prevention,' which showcases heroes who have made the world safer through their violence prevention efforts. He has won numerous awards and was named as one of the 20 most influential violence and injury prevention experts in the country. He earned his B.A. and his PhD from Harvard University. David, welcome to conversations on healthcare.

David Hemenway: Thank you for inviting me.

Mark Masselli: Our nation is really in anguish in some ways terrorized by the recent school shooting in Florida at the high school and once again is embroiled to yet another debate on the gun laws and you have been examining gun violence for quite some time and have a firm understanding of the scope of what is really a public health crisis leading to 33,000 deaths per year and while mass shootings in this country garner the most news coverage. I wonder if you could share with our listeners the much broader epidemic of gun violence in America and how does this country rate, compared to other industrialized nations around the world.

David Hemenway: Yeah, while on an average day in United States, we have over – well over 300 people shot so that ends in more than a 100 people dying. Compared to the other two dozen industrialized democracies, we turn out to be very average country in terms of most areas of crime and violence. We're not a statistically violent or criminal country in terms of most measures like assaults or robberies or **burglaries** [PH], but we're really different as in terms of guns. We have by far that we guess gun laws and die for the most guns particularly hand guns and so we are just well out of line compared to say Germany, Japan, England, Australia, Italy. All these are the countries which could be of a feeling just – looks like children. How are we doing – protecting our children, so I will look at the 5 to 14-year-old. These are the K through 12. An average child in United States has a much higher likelihood that they'll be killed in a homicide with a gun and a gun homicide and that's not 20% higher than these other countries are twice as higher factor – it's over 18 times higher.

A non-firearm homicide rate for [inaudible 0:08:35] average. Our firearm suicide rate is 11 times higher for these kids. Our non-firearm suicide rate is average. Our unintentional firearm death rate is 12 times higher. If you lined up all the children age 5-14 in all the 24 industrialized democracies whoever have been killed with firearms. All the Canadian children and all the German children and all the Norwegian children and on and on; 90% of those children would be American children.

David Hemenway

Margaret Flinter: Well Dave, as you're really one of the handful of researchers who have been able to conduct longitudinal studies on gun violence in this country and we were noting that we had a researcher on the show while back Dr. Garen Wintemute of U. C. Davis who said as I think you're saying that it comes down to one factor it's the prevalence of guns in our society and easy access to them and a gun in the home is the single leading indicator of the likelihood of gun violence occurring and even though the public debate right now is focused on the semiautomatic weapons like the AR15 as it reasonably should be based on recent experience. You have consistently made this point that it turndown. It is almost often used in these 300 plus shootings per day and night. I just have to say that again, 300 plus shootings per day in the United States of America. What does the data tell us about the nature of gun violence in America today?

David Hemenway: Yeah. Well, certainly most homicides are with guns. With not only guns, but handguns. In the same way, most suicides or handguns; most gun accidents are handguns. One of the things which really differentiate the United States from these other high-income countries is – some of these other countries have a lot of guns. Canada has a whole lot of long guns, Australia has some long guns, and so forth, but what we have is not only incredibly weak on laws, but we have a lot of our guns are handguns.

Mark Masselli: David, it's difficult to have truly informed debate on gun laws when there are such dearths of reliable gun violence, so we just had former CDC Director, Tom Frieden on the show who was lamenting the challenge of getting around the longtime ban on Federal Funding for gun violence research. This is just hard to – I think fix your mind around that. We have barred one of our most important agencies from being able to conduct important studies on the impact of gun violence and I'm wondering how this frames up the work that you're doing and what are some of the specific areas of your research that are focused on to help fill in these gaps?

David Hemenway: Well, it is really a shame. It is not only the CDC; the National Institute of Health gives basically no money for gun research. The private foundations really have a notch step-up, so there is incredible dearth of funding. It means that good, young researchers cannot come into this field. So, there really aren't nearly enough studies being done. But economist people go where the money is. We do a lot of research. There is basically four of us here, we do work about gun theft, gun training, self-defense, gun use, intimate partner violence, and of course gun massacres and gun homicides, and gun accidents, and gun suicides. I will talk about some of our work about gun suicide. There's many more gun suicides than gun homicides in the United States. A gun in the home increases the likelihood that someone in the home will die of a suicide by about threefold. Some of the work we've been doing is trying to understand differences across states in terms of suicide. Why does some states have very high suicide rates and other states have very low suicide rates and it turns out it is not because of mental health, it is not because of suicide ideation, and it is not even because of suicide attempts? What really matters is the availability of guns. Non-gun suicide rates are very similar across states and what's really difference is gun suicide rates case fatality rate for guns is about 90% for taking pills which most people do is about 2-3%. Not only across states which have lots of guns have high suicide rates because of high gun suicide rates. The non-gun suicide rate is very similar across all states. We've also done that work across cities. Some cities have high suicide rates, and some have low and all having to do with guns.

David Hemenway

Margaret Flinter: Well, David obviously we applaud the approach that you're taking in your research to focus on these 33,000 deaths a year as a public health issue and you've made the point that to make progress, it's important to look beyond the arguments over the laws and focus our efforts on effective prevention strategies that can mitigate this high level of gun violence, so tell us about some of the effective strategies that you've researched along with your team there at Harvard that illustrate how communities if not the whole country can confront the gun violence problem.

David Hemenway: Let me tell you about two things, one is what we're doing at Boston called Operation Lipstick and so every gun begins as a legal gun, but a lot of guns get into illegal hands, sometimes to gun theft which is probably over 300,000 guns a year stolen in the United States, but one another way is through **star purchasers [PH]**. Now, most gun buyers are men; most star purchasers thus are men, but when a woman buys a gun, she's much more likely to be a star purchaser in front of men who buys a gun and so in Boston a lot of the guns which get into illegal hands are being brought and stored by women and virtually is here changing social norms so that the women have to understand that finally they could go to jail for 20 years and some have. This is also helping to destroy their own communities than we're trying to change social norms so that everybody know not only the women, but also the men that if you're a woman and your boyfriend asks you to buy a gun and hold it for him.

Your response should be to get rid of that boyfriend. A second area where we're really trying to change social norms is in the suicide area. Kathy Barbara [PH] who was spending a lot of time finding common ground with gun advocates, gun retailers, gun rangers and also now gun trainers. What we're trying to do is get everyone to understand that a gun in the home increases the risks for suicide for a great deal, so that just as friends don't let friends drive drunk, if your friend is going through a bad patch, you as a good friend should help, baby sit the gun for a while till things get better, he gets a new girlfriend, whatever it is and then he could have his gun back. She was in Utah talking to gun trainers there and you're trying to do a really good job reducing kind of accidents, but for every accidental gun death there are 30-gun suicides. They really didn't know that, and she says, raise your head if you know someone who has died in the gun accident, most few of them do; raise your hand if you know someone who has died in the gun suicide and every person there raises the hand, so now for the first time it is mandatory that their gun training classes include for the first time ever a module on suicide prevention.

Mark Masselli: We're speaking today with Dr. David Hemenway, Professor of Health Policy at the Harvard T.H. Chan School of Public Health and Director of the Harvard Injury Control Research Center. He has written extensively on the subject of gun violence in this country including private guns and public health. He also wrote the acclaimed, "While We Were Sleeping: Success Stories in Violence and Injury Prevention," and David, you just outlined some of the common-sense attempts to change social behavior, but in your book while we were sleeping you showcased a number of everyday heroes who have had a real impact in reducing gun violence in their community. I wonder if you could share with our listener some of the examples of those success stories.

David Hemenway: In United States, there's a lot of people doing great work about trying to reduce gun violence, but it is hard to find really strong success stories in the gun area than United States unfortunately where it is easier to find success stories is in the motor vehicle area and what all the

David Hemenway

success stories found was that data and research really mattered, so for example, we have a great data system for motor vehicle deaths in United States and what the data showed was that 16-year-olds, new drivers were at incredibly high risk of dying. They were at three times at the risk of 19-year-olds who aren't that great drivers and they were 10 times the risk of 40-year-olds; and not only they did show: a) there is a problem but then, b) it showed what can we do because what they did was – when you analyze it, it looks like they were two times were these young drivers were at incredibly high risk that was at night and when only other teenagers were in the car. The notion was to learn how to drive, you have to get on the road and get really experienced. How can we help these young people get experienced without dying and so Michigan following the lead of New Zealand set right; what we will do is we'll let these young drivers on the road, but not at night and not when only other teenagers are in the car and this will de-graduate license and program and then the data and the research showed this really works. Fatalities of 16-year-olds fell over 30% and then other states started doing it and then the data and the research showed this really works elsewhere too and so within 10 years every state in United States now has graduated licensing programs and fatalities among these young people has been reduced over 30%.

Margaret Flinter: Well, David I and all other parents thank you for acknowledging that tremendous success story and let's touch on another gun related issue if we can and this is something that has certainly dominated headlines in recent years and that's the incidents of police shootings. Certainly, devastating consequences for individuals and families and entire communities when these incidents occur; this also seems to be a problem that at least from what we understand we don't see as much of in other industrialized countries. I know you have done along with your team some research in this area of police shootings. What are your thoughts on this and how we might address this issue? What does the data show us?

David Hemenway: One of the things that data shows is we can look at police being killed and then police as shooters. In United States again because of our guns is such an outlier compared to all our peer countries. All the other industrialized democracies, so a police officer in the United States has over 30 times the likelihood that he or she will be killed on the job than the police officer in Germany and again it is not because we are so much more violent country. It is that people in the United States have guns and they shoot police and people in Germany, it is much harder for any person to get any kind of a gun they want. Secondly what we know is that police in United States are much more likely to kill civilians than in the rest of the developed world. Again Germany, we have I think 40 times the likelihood if you're a civilian in the United States that you will be killed by a police officer and this is just crazy. What we know is that the data that people were looking at for the last 20 years. Data from the police and data from vital statistics missed over half of police killings, so now we have a much better data system than National Violence Death Reporting System which unfortunately is not an all state-ship, but we're getting much better information about what's really going on and we're in the process of dwelling into at a micro level what's really happening. One thing that looks pretty clear again is that if you're – where are police killing civilians this is the same places where civilians are killing the police. Police are at risk because if you go to an intimate partner violence problem, if nobody has a gun you're not going to get killed, but if somebody has a gun, you might. If you as a police officer go to an intimate partner of

David Hemenway

violence problem, you are much more likely to kill someone. You have a gun who you are afraid and has a gun.

Mark Masselli: David we're at the interesting intersection every time one of these events occurs where there is an outpouring of people who were speaking about changing the gun policy. Somehow, I feel it is a little different with the Clarion Voices of these young activists from Florida. The president had the Governors in. It sounded like he was going to take on the NRA. We also know the difficulty of making this lift, but as you look ahead, what would you like to see happen in terms of gun policy in the national level including your hopes for support for more gun violence researching; what's most likely to change in? How do we work to create an opportunity for an informed rational to bait moving forward?

David Hemenway: One of the things I really learnt from writing this book while we were sleeping is that in every success there were people who were fighting against. It is hard to believe, but there were; and in every success you have to push and push and push these wonderful heroes, these advocates, but what happened overtime is that something tipped and suddenly we got these lost. People were against graduated licensing, people were against the fire safe cigarette and I tried to teach my students in Public Health, you just have to keep pushing, and pushing, and pushing, and eventually things will tip and that's what happened in all success stories in public health is just filled with all these success stories. Currently, in the gun area it is so sad because a lot of people are dying who's deaths are very preventable. It is incredible that after every gun massacre, we wait for the surgeon general to say something and what does the surgeon general say, the answer in nothing. They're afraid that even mention the word gun seems people's CDC and in meetings don't even say the word guns and all this has to change. We have to start understanding the importance of science and that science and data really make a difference in terms of good policy. My statistics professor used to say, 'yes, it's easy to why with statistics but it is a lot easy to collide without statistics and one of the things I just hope is that everybody from both parties who understand the importance of good science, so we can understand what's going on and understand what makes sense in terms of rational policy. Right now, we have lots of guns in United States. Right now, so many people are dying from these guns and we can through a public health approach or harm reduction approach figure out ways to have many fewer people die, so we can start living with our guns rather than dying with a—.

Margaret Flinter: We have been speaking today with Dr. David Hemenway, Professor of Health Policy at the Harvard T.H. Chan School of Public Health and the Director of the Harvard Injury Control Research Center. You can learn more about their work by going to hsph.harvard.edu or follow them on Twitter @HarvardChanSPH. Dr. Hemenway, we want to thank you so much for the very important work in research that you and your team are doing and for joining us on conversations on healthcare today.

David Hemenway: Thank you so much for inviting me.

[Music]

Mark Masselli: The conversations in healthcare we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist

David Hemenway

and Managing Editor at factcheck.org; a nonpartisan, 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 National Rifle Association CEO, Wayne LaPierre got a lot wrong when describing a rescinded Obama-era rule requiring the social security administration to report certain mentally disabled beneficiaries, so the federal database used to conduct on background checks. LaPierre's remarks in a speech to conservative came about a week after a deadly mass shooting at a high school in Parkland, Florida. He claimed that under the Obama-era rule, the elderly would be denied gun rights simply "because they thought held to do their taxes," but the rule didn't single out anyone for that reason. It didn't even apply to the elderly. It covered 18-65 year old receiving disability benefits not retirement payments due to a diagnosed mental condition. LaPierre also said the rule with no questions asked, "Banned from purchasing a firearm, social security recipient who granted financial authority to a family member, friend or financial professional." In fact, the SSA rule said that in order to be reported, individuals had to meet five criteria including having a severe mental health issue and being unable to manage their benefits. It also allowed affected individuals to petition for the ability to obtain a gun provided they could demonstrate that they cause no threat to the public. The rule which had been finalized by the SSA under President Barrack Obama in December 2016 was revoked by a joint resolution that President Donald Trump signed in February 2017. The rule had required the SSA to report certain people disqualified for buying or possessing a gun through the national instant criminal background check system or NICS. The rule was created to comply with the reporting requirements mandated by the NICS Improvement Amendments Act of 2007, which was signed in too in January in 2008 by President, George W. Bush. The law required federal agencies to report individuals prohibited from acquiring guns to the NICS, but this role was resented months before SSA actually had to comply with its requirements.

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, e-mail us at CHCRadio.com. We'll have factcheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

[Music]

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. When Lian Brown [PH] was a graduate student in Nutritional Science at NYU, she came to understand the enormous challenges of eating healthy foods while doing field work with some of New York City's more impoverish populations and when it came time to do her thesis, she thought why not write a cookbook of health recipes aimed at the millions of Americans living on food stamps or snap stipends of \$4 a day.

Lian Brown: \$4 a day is sort of the general rule of thumb for around how much a person who is qualifying for food stamps would have to eat per day, so we felt like that was a more useful sort of explanation to explain like a budget rate.

David Hemenway

Mark Masselli: To learn about poverty was a serious issue. The lack of access to nutritious food was also contributing to obesity and poor health in many of these families. She conducted extensive research on shopping and healthy cooking techniques and crafted goat and sheep. Her cookbook aimed at not only teaching these families how to shop for affordable produce and healthy foods, but how to get an entire family to cook in a more healthy way.

Lian Brown: I really wanted to arm people with walk into a grocery store and say like, 'okay this is my sale. I can totally make something delicious out of that. For a lot of people you go this is the recipe I have, this is my list of ingredients, but that doesn't allow you to sort of find the deals and find the value in order to really get buy on such a small amount of money. You need to be able to be adaptable.

Mark Masselli: Her thesis was so well received, she launched a kick starter campaign to raise enough money to make the book available at Soup Kitchens, Women's Shelters, and Community Health Centers. And for every copy she sells, she gives one free copy to a school or an organization that requested.

Lian Brown: We cannot give these books completely free, but the idea is that this is a cookbook that needs to be put into the hands of someone who really cannot afford the cookbook, so that's where the idea of doing a buy one, give one like Tom Hughes [PH] came from, what sort of like—there are people out there who were really excited about the issue and have money to spend on that and who can appreciate that if they can sort of help to subsidize those who cannot.

Mark Masselli: She's made her book available as a free PDF download to anyone who wants it and thousands of people have already done so. Good and cheap, a cookbook aimed at the food stand population or anyone else on fixed income for that matter teaching them how to shop for healthy produce and making that healthier choice into delicious meals, helping to positively influence their diets, obesity, and wellbeing. Now that's a bright idea.

[Music]

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

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

Recording: Conversations on Healthcare broadcast from W E S U at Wesleyan University streaming live at wesufm.org and brought to you by the community health center.

[Music]