

Mark Masselli: This is Conversations on Health Care I'm Mark Masselli.

Margaret Flinter: I'm Margaret Flinter.

Mark Masselli: Well, Margaret in the era of big mergers and acquisitions throughout the health care industry, it appears another mega merger is in the works. A few months after CVS announced it was spying the insurance giant Aetna now retail giant Walmart is moving towards a merger with the insurance carrier Humana. It's another industry pairing that's generating a lot of buzz.

Margaret Flinter: That does seem to signal an interesting trend of taking the health care industry into the market places where people interact daily. The CVS Aetna deal if we think about that one was based on the premise that you can do more to impact health when the consumer has a direct access to services right in their own neighborhood or work setting. That could signal shift in how population health might be supported by frequent interfaces of places like the local pharmacy of which there seems to be one on every corner in American now.

Mark Masselli: Well it does Margaret. You're absolutely right, these mergers still have to be approved and it may take quite a while before we see any real shift in the health care market place. Meanwhile a lot of anticipation from the recently announced partnership between Amazon and Berkshire Hathaway and JP Morgan and Chase lots of external forces are at play in the health care industry right now, and it'd be interesting to see where all this goes.

Margaret Flinter: As we know what keeps health cost down over time is the focus on all of the upstream causes of poor health like poverty insecure housing, poor nutrition. That's something that our guest today has focused professional efforts on for decades.

Mark Masselli: Kelly Bruno is President and CEO of the National Health Foundation dedicated to launching innovative programs addressing the barriers to health that affects certain communities and special populations.

Margaret Flinter: Well, Kelly has launched some very effective programs that seem to be having a positive impact, so we're really looking forward to that conversation.

Mark Masselli: Lori Robertson also checks in. She is the managing editor of FactCheck.org, but no matter what the topic you can hear all of our shows by going to [chcradio.com](http://chcradio.com) or find us on iTunes as well.

Margaret Flinter: If you have comments please email us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook or Twitter because we love to hear from you. We'll get to our interview with Kelly Bruno of the National Health Foundation in just a moment.

Mark Masselli: First, here is 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 health care headlines. He said, he said a war of words between ousted VA Secretary Dr. David Shulkin in the White House. The White House claiming that he willingly left leadership of the VA health system, Shulkin vehemently denies that claim saying that he was fired. The Trump Administration has been pushing for increased privatization of the VA, but Shulkin was reluctant to enact a radical privatization of a system that treats nine million American vets employs 300,000 people and it's a primary training ground for medical students and residence across the country.

Kids and depression, it's a real problem and even bigger problem according to the American Academy of Pediatrics is that two out of three kids with a diagnosable condition are never adequately screened in the health care setting. They have revised guidelines for pediatric mental health screenings noting that at age 12 kids should receive a mandatory screening as part of their routine care. Suicide is a leading cause of death for teens and experts feel this would be a great way to prevent tragedies from happening. Also for more teens to get the treatment interventions they are currently missing out on.

The opioid overdose crisis is showing no signs of slowing down, in fact the number of overdose has continues to rise across the country. Now the CDC believes the actual numbers of overdoses maybe under reported across the country, many medical examiners not including overdose is a cause for such things as cardiac arrest. Meanwhile, where there's smoke there may be less fire it seems. Two US studies have confirmed an interesting trend in states where marijuana use has been legalized, there's a discernable drop in opioid prescriptions. According to one study states with medical marijuana laws showed a 6% drop in opioid prescriptions among the Medicaid population, and there was another study that looked at Medicare populations, health care for the nation seniors have found that states with legal marijuana dispensaries opioid prescriptions went down by 3.7 million doses from the 23 million annual doses among Medicare recipients.

One study author suggest it starting to be considered as a nonlethal alternative to the highly addicted opioids which lead to roughly 90 deaths per day. Hefei Wen co-author of the Medicaid study and research with the University of Kentucky College of Public Health said that marijuana is one of the potential non-opioid alternatives that can relief pain at a relatively lower risk of addiction and virtually no risk of overdose. I'm Marianne O'Hare with these health care headlines.

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Mark Masselli: We're speaking today with Kelly Bruno President and CEO of the National Health Foundation a Los Angeles based nonprofit entity dedicated to closing gaps in the health care system by creating programs that address the social determinants that lead to poor health. Previously Ms. Bruno served as Chief Operating Officer and Vice President of Programs at the foundation overseeing numerous innovative initiatives. Prior to joining NHF Ms. Bruno was Vice President of ONEgeneration which supports intergenerational shared site programming for child and senior daycare participants Ms. Bruno served several nonprofit organization such as Tierra Del Sol Foundation, Santa Clarita Valley Youth Project and the Santa Clarita Valley Domestic Violence Center. She earned her BA in social work at Azusa Pacific University, her MSW at Cal State Long Beach. Kelly welcome to Conversations on Health Care.

Kelly Bruno: Thank you for having me.

Mark Masselli: Our producer saw you at South by Southwest Conference in Austin, Texas and it was one of the largest gatherings in the world for the intersection of arts and ideas and health care has become a prominent topic at this annual event. Your panel address the challenge many of us in health care are grappling with how to make health equity a reality for everyone and it's a core foundation principle for the National Health Foundation. I'm wondering if you could share with our listeners what kinds of partnerships are required and how do you make such an impact on initiatives?

Kelly Bruno: National Health Foundation has recognized as have many health care providers that health care has simply changed over the course of the last few years. 80% of what makes an individual healthy are those social determinants of health, education, access to healthy food and water, built environments, housing are some examples of those. The health disparity that we see in under-resourced communities are because of those social determinants of health. In order to address this we need to look at the root causes of the problems of health, and address those things then and not after we already see the problem has occurred.

I like to tell a story about a woman that was in south Los Angeles and we can call her Kate, and she wakes up one morning and recognizes or feels thirsty, and know that that's not typical. She takes a bus down to her local hospital and the doctor tells her that she has pre-diabetes and that he recommends to her that she eat more fruits and vegetables and did some exercise. She leaves the hospital and she goes home and on her way home she passes 13 McDonald's, five Taco Bells and In-N-Out Burger at a Pan Express. Needless to say in a few weeks her symptoms have not subsided, and so she goes back to the doctor, he too is concerned and what he does is he suggest and puts

her into an education program to teach her how to eat better. Kate is fully aware of what a carrot is and how good it taste, but she does not have access to that carrot on that path that I just described that was her way home.

As a society until we change the path that Kate is walking on or going home one, we cannot possibly expect her to be healthy. That is what National Health Foundation does is we're working to change the path that Kate walks on and that is what health equity looks like for us. The partners that are needed for this are tremendous in hospitals, clinics, businesses, other nonprofit organizations, but what's most important and the most important partner are the residence that live in that community, and often times we feel that that's who's left out.

Margaret Flinter: We also focus very much in our work on tackling these upstream issues of social determinants of health as a crucial strategy to improving health outcomes. I wonder if you could talk a little bit about one of the initiatives that you've spearheaded which dives a level deeper into trying to close these gaps. I know you've been engaged in the Pathway Recuperative Care initiative which recognizes that if somebody is in the hospital and then is discharged not to a comfortable warm supportive bedroom with people to take care of them and but instead are discharged to the street. Tell us about how you're supplying bed space for healing and recuperation for homeless patients who are being reduced from the hospital, what are you finding?

Kelly Bruno: Yes, National Health Foundation has been involved with Pathway Recuperative Care since 2007 and you framed the concern beautifully. Homeless individuals or those experiencing homelessness being discharged from their hospital and simply had no safe appropriate place with which to discharge them, so those individuals go back to the street which is the worst possible place to recuperate. Then of course end up right back into the emergency room. Pathway Recuperative Care has utilized local motels to provide that home, so hospitals are able to discharge their individuals experiencing homelessness to us. We accommodate them within hours of their discharge, they come right to us and we provide that home, we provide medical oversight, a safe appropriate place with which to recuperate. We help them with their medicines, and then we connect them hopefully on the backend of some sort of housing.

We've seen tremendous outcomes, we partner currently with 60 hospitals and we've estimated that we've saved the hospital community or avoided cost of over 35 million dollars since 2010. The goals of our program are really quite simple, we are hoping that we can advance every individual's housing plan when they're with us, so they are closer to housing when they're with us than they were when they got there. They're better able to handle their own health and their own medicines, and that finally that they are better connected to the community. Los Angeles has the largest homeless population

and it really has a concerted effort right now to connect every single provider so that we can collectively work on ending homelessness for as many people as possible. Our program is a piece of that continuum and we play a role in that [inaudible 00:11:38] for many people.

Mark Masselli: We're speaking today with Kelly Bruno President and CEO of the National Health Foundation a nonprofit entity dedicated to developing programs that address the upstream social determinants that lead to poor health. Kelly let's drill down a little further into the idea of food is health and access to food remains a real challenge for many Americans with about one in five children lacking proper access to food some point during the year. Federal government is considering a shift in the SNAP Program which provides food assistance to some 45 million vulnerable Americans. They're talking about sending blue apron like boxes of government provisions in place of the current system which provides financial assistance for SNAP recipients and your organization has come out strongly against that, how did we do better?

Kelly Bruno: There's been a research that's been done that shows that every five dollars in SNAP funding actually provides nine dollars in economic development for those communities with which it serves. This blue apron type of a solution really takes that out of the equation, the cultural sensitivity we feel would be lost with this somebody else making the choices of the food. The education portion is also missing, SNAP here is also accompany with SNAP-Ed which is the educational piece that goes with the SNAP benefit. Really when I look at how we can do better, we really need to focus a little bit more on making sure that those people that are intended to received the SNAP benefit are actually receiving the benefit.

There are huge populations, the elderly population in particular that are simply eligible for this benefit that are not signing up and focusing more so on the barriers that exist as to why this populations aren't signing up for the benefit in the first place is really where we felt we should be focusing out time. Not worrying about the individual that signed up for SNAP it shouldn't be, but more so concerned about that person that isn't signed up that should be.

Margaret Flinter: Well, Kelly you've also gained national attention for another program that you've helped developed known as intergenerational shared site programming that brings children in daycare centers and senior and adult daycare facilities together under one roof. I know you've collaborated with institutions such as Penn State and Virginia Tech researching the effectiveness of these programs. Tell us about this work that you began while at ONEgeneration and is this idea actually gaining momentum across the country?

Kelly Bruno: Our society was built on being intergenerational. If you look back you'll see that there were multiple generations in each house, they had a grandmother and a mother. You didn't have to force that intergenerational interaction, it was already there. What we found though is that there are benefits to that engagement that our children today simply don't have. We actually did do research on our intergenerational program when I was at ONEgeneration with Virginia Tech, and what we were able to show is that the children who attended our program for at least two years showed higher levels of empathy than children who attended a non-intergenerational program. It's not necessarily on what the children think about the older generations, it's what they don't think. It's because they had interactions with what they call the neighbors from birth, and so they don't have those stereotypes that have already been developed, they had their own experiences, and those experiences have shaped their ideals and their empathy improves because of it.

Mark Masselli: Kelly the upstream movement has gained momentum under the Affordable Care Act and the expansion of Medicaid has allowed states to become more innovative and responsive to the needs of the underserved population. We're seeing continued efforts to undermine parts of the law both in Washington and in states around the country with a number of states requesting work requirements for Medicaid recipients. I'm wondering if you could talk about the role of Medicaid expansion in the ACA has played in closing health equity gaps and what policies you're advocating for?

Kelly Bruno: ACAs had a tremendous impact on health equity and ensuring that more people Medicaid in particular received coverage. Before that, if you are between the ages of 25 and 64 there were very few programs that you would be eligible for, that is no longer the case. You can see that change ripple through the community, and hospitals I think are probably one of the most noticeable places whereas any nonprofit hospital has a community benefit requirement that they have to spend dollars within the community for those less fortunate or food programs that need our help. Before the ACA the vast majority of those dollars were spent on ensuring or providing care for those that didn't have coverage. Well now that's not the case, now they have coverage, so you have nonprofit hospitals that have a tremendous larger amount of money to spend on the community than they've ever had before, and together you'll see a lot of hospitals making great strides and ensuring that those dollars are spent on upstream solutions. I think keeping our eye on hospitals right now is where we should be spending some time because there is a lot of momentum on the part of the hospitals to be a part of that solution.

Margaret Flinter: Well, Kelly I maybe just ask you for your thoughts on what you're doing to address one more which is literacy and specifically health literacy. Maybe share some of the success from these pilots and we'd love to give you a chance to just tell us a little bit more about the National Health Foundation what were its origins and

Kelly Bruno

where do the support come from if you'd like to take a moment to educate our listeners about that as well.

Kelly Bruno: We really believe that health is local, and that addressing these issues and these barriers at the local level is really the best way to address them. A percentage of our program is a significant percentage are within high schools and deal with teenagers, and we allow them to identify the health barriers that exist within their high school community and then come up with their own solutions to addressing them. Some of the outcomes and the things that they've come up with have been pretty remarkable one of which was that they determines that drinking fountains in their high school were less than stellar. They raised the money necessary to put a Brita Hydration Station in their high school. They redesigned the cafeteria but did that so that they can increase the number of students that were able to get through the line in the short amount of time that they had for lunch, I believe they increase it by over 25%.

They also came up with a brilliant strategy called the Share Table which allows students that get free breakfast in the morning who may have some nonperishable items fruits, vegetables or things like that to put those items on a table in each classroom in the morning so that throughout the day students can grab from that table a healthy snack. All student led all reducing barriers and all really improving health outcomes for their community. It's kind of that perspective that NHS looks from is really involving the community and identifying those solutions. A National Health Foundation its mission is to improve the health of under-resourced communities by taking action on the social determinants of health and we have been in existence for almost 50 years, and we are a multi stream funded, but a lot of our funding comes from individual donations, private foundations, minimal amount of government funding as well.

Mark Masselli: We're speaking today with Kelly Bruno President and CEO of the National Health Foundation dedicated to developing programs to address the upstream social determinants that lead to poor health. You can learn more about their work by going to [NationalHealthFoundation.org](http://NationalHealthFoundation.org) or follow them on Twitter @National Health Foundation. Kelly thank you so much for your work and for joining us today on Conversations on Health Care.

Kelly Bruno: Thank you so much for the opportunity.

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Mark Masselli: At Conversations on Health Care, 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 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: The number of people collecting benefits under the Supplemental Nutrition Assistance Program formally called food stamps has been declining since fiscal year 2014. Consistent with that trend average monthly enrollment decreased by about two million from fiscal year 2016 to fiscal year 2017, that happened partly on President Donald Trump's watch. Trump took office on January 20<sup>th</sup> 2017 while the 2017 fiscal year started on October 1<sup>st</sup> 2016. About four months a third of that fiscal year were during Barack Obama's presidency, but some [inaudible 00:20:52] have attributed the entire drop in enrollment last fiscal year to Trump's policy. On Fox and Friends on March 17<sup>th</sup> Rachel Campos-Duffy said, quote, "Two million Americans are off of food stamps." Claiming this was the opposite of what happened in the Obama Administration and that the number was now coming down in one year. The number has been declining for several years. The statement turned into a meme that has been circulating on Facebook where many of our readers saw it and asked us about it.

Let's take a look at the numbers. The number of people enrolled in SNAP initially increased during the Obama Administration, a consequence of the deep recession that began in 2007 according to a report by the nonpartisan congressional budget office. Those on food stamps reached a peak average monthly enrollment of 47.6 million in fiscal year 2013, but then SNAP enrollment decreased as the economy recovered and poverty on unemployment rates went down. Enrollment was down to 42.7 million in January 2017 when Obama left office. That decline has continued under Trump, the rate of the decrease however is slower. 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, 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 and everyday lives. Childhood obesity has reached epidemic proportions in this country and it's reaching into the most vulnerable populations toddlers and preschoolers. The trend was particularly disturbing to Louisiana State University Behavioral and Community Health Professor Dr. Malinda Southern who said the numbers of obese children in Louisiana preschool is particularly distressing.

Dr. Malinda Southern: On average across the United States 15% of children zero to five years are obese or overweight, and as a minority populations it's actually one third



so it's much greater. In Louisiana it's actually in that population greater as well, and then as they approach adolescence their risk for developing type two diabetes and high cholesterol and high blood pressure also increases.

Mark Masselli: Dr. Southern discover that a majority of the children in head start programs across the state are spending much more time in sedentary activities, 90% of the time. They devised a program that brought dietitians into series of head start daycare centers and created opportunities for the children to increase their movement every day. Using accelerometers they were able to get accurate assessments of increased movement among the children.

Dr. Malinda Southern: That measured how long they were being physically active and how hard or how intense, and about 80% of the time the zero to five year old were sitting or lying, they were not being physically active. What we found was that only in the intervention centers that we see an increase in physical activity. It was in 22 increase in total physical activity, and what was even more amazing was a 50% increase in the vigorous activity that we really want those preschoolers to engage in.

Mark Masselli: The study was published in the journal Childhood Obesity a low cost intervention that has the potential to have significant impact on one of the underlying causes leading to childhood obesity which is sedentary lifestyle, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care I'm Margaret Flinter.

Mark Masselli: I'm Mark Masselli, peace and health.

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