

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, we are seeing the world respond to the U.S. decision to pull out of the Paris climate accord. The President recently announcing the U.S. was backing out of the global agreement to voluntarily engage in efforts to reduce greenhouse gas emissions, with the goal of slowing global warming and the host of issues that have accompanied the dramatic rise in temperatures in recent decades.

Margaret Flinter: That's right Mark, and the reality is, there is a big body of science who says global change is a key contributor to the rise in extreme global weather events. And that raises very serious threats to the health of the public.

Mark Masselli: And the World Health Organization estimated that in 2012 alone, some quarter million premature deaths could be attributed to climate change. And there is a lot of science to back that up, Margaret. It's something that our guest today is quite concerned about.

Margaret Flinter: Dr. Howard Koh is a professor of the Practice of Public Health Leadership at the Harvard T.H. Chan School of Public Health and the Harvard Kennedy School. He was the Assistant Secretary for Health at the U.S. Department of Health and Human Services under President Obama. And he is one of the world's leading public health scholars down the myriad threats to public health, including climate change and how the two are linked. So look forward to having him back on the show, Mark.

Mark Masselli: Me, as well Margaret and he was here last in 2010 when he was the Assistant Secretary of Health at HHS. He was part of a team that helped launch the Affordable Care Act which he calls a very difficult birth. Now here we are here, 7 years later and we are still debating health reform. I will be interested to hear his views on that as well.

Margaret Flinter: And Lori Robertson will stop by, the Managing Editor of Factcheck.org. She looks at misstatements spoken about health policy in the public domain. But no matter what the topic, you can hear all of her shows by going to www.chcradio.com.

Mark Masselli: And as always if you have comments, please email us at www.chcradio@chc1.com or find us on Facebook or Twitter, we love hearing from you.

Margaret Flinter: We will get to our interview with Dr. Koh 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. As a healthcare debate continues in the Senate, some states are not waiting around for what could be the fallout. California, the nation's most popular state has a proposal on the table, to do what others have talked about, but not yet succeeded in. It's a \$400 billion proposal for a single payer health plan in California. While there is a large degree of general support for universal health plan in California analyst warn. The proposal currently implied does little to contain cost in the still largely fee-for-service healthcare system. States of Vermont and Colorado tried and failed to pass the single payer measures, several years ago.

New York State is also looking into taking matters into its own hands in the wake of the "repeal and replace" efforts in Congress, Governor Cuomo seeking a proposal that would maintain the ten essential benefits covered under the Affordable Care Act. The preventive measures that are automatically covered under all plans without copays, as the California bill, meanwhile is ambitious, every Californian regardless of age, employment or immigration status would be eligible for coverage and there would be no premiums, copayments or deductibles. In addition patients could see any willing provider without a referral and receive any service deemed medically appropriate. It is under consideration in the State Legislature.

And America is losing its research edge apparently under President Trump's proposed budget; there will be significant cuts to the National Institutes of Health, and Department of Health and Human Services. This after a long decline in overall funding for the NIH, as funding has been held down over the past decade. And it's starting to show according to a recent analysis, the number of research studies that have been funded by the NIH, dropped by 75% in the past 10 years. At this year's annual American Society of Clinical Oncology foreign supported papers have outnumbered NIH papers, for the first time. According to Otis Brawley, President of the American Cancer Society, it's an alarming trend. He says promising young researchers are having trouble finding funding for their research leading them to look for jobs not at universities but at drug companies or even Wall Street. He fears that we are losing a generation of young and talented biomedical researchers.

And making the switch of the VA, VA secretary Dr. David Shulkin has announced the VA, which is long use the VistA Electronic Health Record system is switching over to the system being used by the Pentagon. He says because all the VA's patients as former service members originate in the system used by the Pentagon, the VA would be better serve to trade information seamlessly. Shulkin

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wants to adopt the new system so he can work seamlessly with various health record systems of private doctors outside the VA as well. I am Marianne O'Hare with these Healthcare Headlines.

Mark Masselli: We are speaking today with Dr. Howard Koh, the Harvey V. Fineberg Professor of Practice of Public Health Leadership at the Harvard T. H. Chan School of Public Health and the Harvard Kennedy School and cochair of the Harvard Advanced Leadership Initiative. Dr. Koh was the Assistant Secretary for Health at the U.S. Department of Health and Human Services from 2009 to 2014. He previously served as Commissioner of Public Health for the Commonwealth of Massachusetts with the focusing on prevention in eliminating health disparities. Dr. Koh is an elected member of the National Academy of Medicine, was named one of Modern Healthcare's 100 Most Influential Health Executives. Earned his medical degree at Yale School of Medicine, a Masters in Public Health from Boston University and completed his medical training at Boston City Hospital and Mass General. Dr. Koh, welcome back to Conversations on Healthcare.

Dr. Howard Koh: Thank you so much, Mark.

Mark Masselli: Well, there has been a lot of news and one of the biggest international firestorm seem to be the announcement by President Trump in the administration that they were pulling out of the Paris climate agreement, which had close to 200 countries who have already committed. And the President has called this an act around protecting economic interest here within the United States. But you see this challenge from a uniquely different vantage point as a global health threat as well. And there is an estimated quarter million people per year that are expected to die prematurely due to climate change, according to the World Health Organization. I am wondering, how do the effects of climate change impact public health to such a degree, and what do you view as some of the most concerning public health threats that lie ahead?

Dr. Howard Koh: Well, as the U.S. Assistant Secretary for Health, I had that great pleasure of working on climate change issues with many national and global leaders. And the overwhelming evidence shows that human generated greenhouse gas emissions like carbon dioxide are the major drivers of global warming worldwide. And in fact that was the fundamental conclusion of the UN Intergovernmental Panel on Climate Change which is the body that involves several thousand of the world's leading climate change scientists. So fundamentally from a scientific point of view, we know that global warming affects the air we breathe, the food we eat, the water we drink and the places where we live. Global warming threatens health by amplifying existing health threats and creating new ones. And this affects everyone and it's occurring now not in the future. No one is immune and everyone is vulnerable.

And then when you get into the specifics, there is a wide array of adverse health outcomes, for example we are concerned about heat and extreme weather related conditions that affect health. We are concerned about infections such as those caused by mosquitos, ticks and other bacteria's that can cause conditions like Lyme disease, dengue or even Zika. We are concerned about climate change causing and exacerbating respiratory conditions like asthma, allergies. If you add it all up, this is an enormous global public health challenge.

Margaret Flinter: But Dr. Koh, you have touched on this but I wonder if for our listeners, I am not sure if people always think of how much climate change is being driven by the myriad pollutants that were pouring into [inaudible 08:10], I think I had former Vice President Gore, call it treating the heavens like an open sewer recently. But when you, but think of this imminent threat of global warming and temperature rise talk to us also about the impact of long-term exposure to air and water borne pollutants. You know, Paris accord aside what kind of global policies might mitigate the worse affects of such exposure to these pollutants?

Dr. Howard Koh: Well, anyone who has ever had trouble breathing or had a problem with contaminated drinking water, knows that we simply can't take clean air and clean water for granted. And Margaret, you are absolutely right, with respect to air, pollutants can arise for car emissions, chemicals from factories, dust, pollen, mold and other sources. Scientists talk about six principles, so called criteria pollutants, carbon monoxide, lead, nitrogen dioxide, sulfur dioxide, ground level ozone also known as smog. But most important of all is something called particulate matter, those are very small, extremely small particles and droplets that can enter the lung for example and cause serious health effects. Then over 20 years ago my Harvard colleagues conducted a landmark Six Cities study which linked particulate matter with increased mortality and shortened life expectancy.

So it's science like that that's driven the environmental protection agency to set standards to protect all of us with respect of our air quality. And then similar themes affect the water we drink. We have pollutants coming into the water from untreated sewage from the households, chemicals from factories, oil spills, human littering. We have a water borne infectious diseases that occur regularly around the world like typhoid and cholera. So in short, global warming exacerbates the effects of air pollution and water pollution. And in fact I often think that the current public image of global warming is a stranded polar bear on an ice float, but perhaps it's even more compelling to think of an image of a child with asthma struggling to breathe, that's what global warming are doing to us right now.

Mark Masselli: Well, probably at the root of the problem, we just have not been able to build coalitions across political lines to or work on this problem. And you have suggested that we need to build coalitions amongst many disciplines and across those opposing views and you were practicing provider for 30 years. You

have been the Commissioner of Massachusetts Health Department, you are a Secretary for Health at HHS. And you say that frontline clinician maybe the best messenger for sharing this important narrative. I wonder if you can share with our listeners what you mean about that and how we might empower their role in terms of helping shift the conversation around climate change as you so nicely did.

Dr. Howard Koh: And in my career, I have come to learn that for every health challenge we need frontline clinicians as well as broad coalitions. And with respect to climate change, polls have demonstrated that while the majority of U.S. adults acknowledge that global warming is happening, most have given little or no thought to the health consequences of global warming. So frontline clinicians can step into the void here, they can serve as outstanding educators, they can do so because they enjoy high trust from their patients. And in fact other polls show that when looking for a health information on any topic, people have the highest trust in their primary care doctor first, followed by family and friends.

So on this issue, I think that clinicians can send very concrete and personal messages to their patients that certain people are more vulnerable like children, the elderly, the poor and those with certain medical conditions. And so in short, I think frontline clinicians and coalitions can work together to build a new frame of reference on climate change that focuses on health. And if we do that, I think that can be a health promoting measure and even a lifesaving measure.

Margaret Flinter: Well Dr. Koh, I know from your work as primary care provider and your work in public health that you also are keenly aware of the issue of health disparities. I wonder if you could share with us how your clinical work and public health work combine to give you some ideas for roadmap for addressing prevention, disparities in public health. Continually when we look at Six Cities we know that everybody is not equally affected by that, right. What have you learned from your experiences that other clinicians and public health advocates might benefit from in that area?

Dr. Howard Koh: I remember as a young clinicians focusing exclusively on treatment of disease, but I quickly saw how so many of my patients were literally suffering preventable suffering and dying preventable deaths and that was heartbreaking for me to witness. And so my health interest began to grow broader and particularly started to look at policy and the power of prevention.

And Margaret my interest and commitment to the health equity in limiting health disparity comes from a very personal part of my life as well because I am an Asian American, son of immigrant and my parents need tremendous sacrifices to come to this country. And so I became very aware of the major health disparities, not only in our country but indeed around the world. And have come to embrace the mission that everybody deserves good health. Now when

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students and colleagues ask me for career advice, I try to help them articulate what they think their calling is that's how I start the conversation.

Mark Masselli: We are speaking today with Dr. Howard Koh, the Harvey V. Fineberg Professor of Public Health Leadership at the Harvard T. H. Chan School of Public Health. He served as the Assistant Secretary for Health at U. S. Department of Health and Human Services. And I think Margaret and I both remember you as a clarion voices the assistant secretary, very focused on many issues, but particularly the prevention of smoking. Just on May 31st, the World Health Organization held its world No Tobacco Day and you know the numbers are still staggering, 7 million people die globally each year from smoking related causes including 450,000 Americans. And it's more than 50 years since the famed Surgeon General's report on tobacco, we have seen some progress, but there is also many lingering challenges and assisting patients with smoking cessation, if any kind of addiction is extremely challenging. And I am wondering if you could share with our listeners your view, the best way forward in combating the effects of tobacco use.

Dr. Howard Koh: Well, thank you so much for that question it's very timely and it's very important. And in our country right now, unfortunately there is a widespread perception that somehow our tobacco problem is solved and it's time to move on to talking about something else. But this interview is a good time to highlight that nothing could be further from a truth, as you noted Mark, we still have half a million or more people dying from tobacco addiction in our country every year. Worldwide its projected that one billion people will die from tobacco addiction this century that's one billion. There is no other condition that inflicts this level of suffering. And we also know that most people who smoke, don't want to smoke. They are as frustrated as anyone that they are often feeling like they are hooked.

So we have had tremendous research on this problem and now what we need is a heightened commitment to action. Because first of all, we know tobacco cessation works and there are still some 36 million smokers in this country who need help and support and counseling and access to treatment. Not all of them are getting that access so we needed to improve that. And then we have to remember that the tobacco industry made gains in the first place because they were very successful in portraying smoking as part of what is socially normal and pitching that message to kids. So you are right, we have made some progress now to change the social norm back to a healthy tobacco free norm. But what we need to do now is to really heighten our commitment to a comprehensive approach that includes prevention for kids, a 100% tobacco free public places, higher tobacco taxes, tobacco advertising bans and other proven strategies. We know this works and the question is, do we have the will to apply proven strategies and end this epidemic.

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In 2014, I had the honor as assistant secretary of speaking at the White House event, the 50th anniversary of the Surgeon General report. And the conclusion was that we have made a lot of progress in this country, but we still have a long way to go. And you have mentioned the World No Tobacco Day and that's a critical time to remind everyone that we have a global tobacco control effort going on this planet through the WHO Framework Convention on Tobacco Control that's also promoting a comprehensive approach for every society. So we need to end this epidemic in our lifetime.

Margaret Flinter: Thank you Dr. Koh. You know I want to turn to an area of great concern to all of us right now which is that the Affordable Care Act shifted the narrative significantly towards prevention and access to primary care and managing chronic illness, to help address some of the big health problems and disparities that still exist in this country. But some of these advances clearly could be impacted by the current efforts to repeal and replace the Affordable Care Act.

I wonder you know as a clinician, as a public health leader you know, you know how much Massachusetts contributed to the information, right in the early days of the ACA, about the impact of some of these changes emphasizing prevention and the results that we might see. And I wonder as we, you know in 2017 are looking at this, do we have enough early data even from the impact of the ACA, to be able to implore policymakers, to focus on some of these prevention efforts that are made possible through insurance. And if we had to prioritize them, do you have a sense of where the strongest data lies now?

Dr. Howard Koh: So, thank you, Margaret that's a great question. So I am from Massachusetts and so I often tell audiences that in 2006, people will remember that our state of Massachusetts was the first to pass health reform in our country. This was a bipartisan effort it involved Republican and Democratic leaders. Health Reform in Massachusetts currently enjoys a high-level of public support. And we also have in our state of Massachusetts, the lowest rate of uninsured in the nation of 2.5%. So it's been a very positive success story. And so in my view what we need is similar bipartisan collaboration on the national level to inform the current debate. And it's my hope that we can start by committing to improving the ACA and not repealing it.

Now the Affordable Care Act has been far from perfect but there have been very substantial advances with respect to better insurance, better care, better prevention in public health as you mentioned, Margaret. And in the midst of this often complex conversation, I think the most important fact is the Affordable Care Act has led to an estimated 20 million more Americans receiving health insurance coverage than before the law existed. So that's tremendous progress and unfortunately it's now under threat. And the Bipartisan and Congressional Budget Office has estimated that the current proposal before the Senate could lead to 23 million people losing their coverage. And that threat is alarming

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people coast to coast. So it's my hope that we can start with the agreement that we put patients first, protect the health insurance coverage gains, that the country has enjoyed and build on the Affordable Care Act for the future.

Mark Masselli: Well, in addition to looking for that scene of opportunity that you laid out there for bipartisan collaboration, I know that Harvard that you are taking a much broader interdisciplinary approach to preparing the next generation of public health leaders for the complex challenges that lie ahead. And we have had a number of your Harvard colleagues with us in the past including John McDonough and David Cutler and Katherine Baicker from the School of Public Health, as well as David Gergen from the Kennedy School of Public Policy and Regina Herzlinger from the School of Business. And you are trying to bring all of those schools and disciplines together to frame up public health in this much larger disciplinary discussion. I am wondering if you could share with our listeners, your concept and how you envision rolling this out.

Dr. Howard Koh: Well, thank you Mark, and I am very happy to join all these esteemed colleagues that you mentioned on this show. They are all from different professional backgrounds, so let me just say as the physician in the group that I think the one theme that unifies everyone on this planet is our concern for health and that's not just for ourselves and our loved ones but also for our neighbors, our community and our broader society. One thing that's absolutely fascinating about public health is that everybody has a health issue they are passionate about; you just need to talk with them for a little while to discover what that is.

And I often think about the longstanding World Health Organization definition of health that "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". And I love that quote and I mention it in many, many speeches. So hopefully we should be united as a global planet to talk about our common passion about better health for everybody. And it also means that a good health is a gift, we have to recognize it as a gift and it's precious and it's fragile. And we have to protect that gift through better public health. So I am hoping that's the theme that continues to inspire all leaders in these critical times.

Margaret Flinter: We have been speaking today with Dr. Howard Koh, the Harvey V. Fineberg Professor of Public Health Leadership at the Harvard T. H. Chan School of Public Health and the Harvard Kennedy School and former Assistant Secretary at the Department of Health and Human Services. You can learn more about his work by going to www.hsph.harvard.edu/harvard.co, or follow him on Twitter at Dr. Howard Koh. Dr. Koh, thank you so much for the work that you continue to do and for joining us again on Conversations on Healthcare.

Dr. Howard Koh: Thank you, Margaret and Mark, great pleasure. Thank you so much.

[Music]

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: About a Food Innovation Summit in Italy, former President Barack Obama falsely claimed to that, Let's Move, an initiative of former First Lady Michelle Obama, "helped bring down America's obesity rates for our youngest kids for the first time in 30 years." In fact research shows the obesity rate for 2 to 5 year old has been decreasing since 2004. Long before the initiative began. It's true that the obesity rate for young children continue to decline after Michelle Obama launched "Let's Move" in February 2010, but there is no evidence that it contributed to that decline.

In 2014, in fact the White House put out a press release on research showing the decline over a decade in the obesity rate of 2 to 5 year old and quoted the First Lady as saying she was excited about the news. But she didn't attribute the decline to "Let's Move." The "Let's Move" initiative was launched in 2010 with the aim of "solving the challenge of childhood obesity within the generation" and was aimed at K-12 schools. But since the launch the obesity rate for children age 2 to 19 has remained stable. For younger kids there has been a decline.

In a paper published in the Journal of the American Medical Association, an epidemiologist at the CDC and others reported that the obesity rates for 2 to 5 year old peaked at 13.9% for kids surveyed between 2003 and 2004. The first decline in the rate in more than a decade occurred between 2005 and 2006 when the rate dropped to 10.7%. Since the launch of "Let's Move" the rate has fluctuated, dropping to 8.4% between 2011 and 2012 and rising to 9.4% for the children surveyed between 2013 and 2014. However, the lead author of that study told us by email that the estimates in 2011 and 2012 and 2013/2014 are not statistically different from each other. Experts told us, it would be hard to measure the impact of the "Let's Move" programs given that childhood obesity is a multifaceted problem. 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.

Mark Masselli: Each week conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Albuquerque Oncologist, Dr. Barbara McAneny didn't like the trend she saw in her 3500 patients that she treats every year. When her cancer patients suffered illness and side-effects related to their chemotherapy regime those who were hospitalized or even treated in emergency room, came out sicker, in worst shape than they wait to end.

Dr. Barbara McAneny: If a patient, cancer patient walks into the emergency room, studies have shown that they have between a 1/3rd and 2/3rd chance of getting admitted. And that's understandable because ER doctor is so used to taking care of people heart attacks and having babies and gunshot wounds and car accidents. And our patients come in and they are skinny and they are bald and they don't look healthy. And they take one look at him and go, my gosh, you look like you need to be in the hospital.

Mark Masselli: She realized that a problem was in the hospital themselves, a hotbed of infections, but far more lethal to those with compromised immune systems like cancer patients. She thought what if I offer weekend support for all of my patients whether it's shots for immune system support or an antibiotic for infections allowing those patients to avoid a trip to the emergency room.

Dr. Barbara McAneny: Our patients when they go to the ER, they sit next to some guy with pneumonia for 8 hours. And then my guys got pneumonia too. I would rather they not do that.

Mark Masselli: She launch the COME HOME Model which stands for Community Oncology Medical Home, offering weekend, office hours where cancer patients can be seen and treated immediately by clinicians familiar with their case. She found those patients were often admitted to the hospital when they really didn't need to be.

Dr. Barbara McAneny: So I wrote the triage pathways so that we could discern which patients really did need to go to the emergency room. You sound like you really are having a heart attack, so you really need to go to the ER. But you sound like you are having chest pain because you have bronchitis and you are coughing and you have been coughing all night, now your ribs are kind of sore. We can fix that, you can come here.

Mark Masselli: She said cancer patients are already under pressure of massive medical bills and loss of income unnecessary hospitalization were creating enormous cost. She launched the COME HOME Model, she had demonstrated the program has saved her patients population some \$18 million in medical cost and better results.

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Dr. Barbara McAneny: So we just started with the triage pathways coming up with the systematic way. And now a computerized way to create this process that sends people to the right side of service for what they need.

Mark Masselli: The program has been lauded by former CMS administrator Mark McClellan, who says it provides a robust framework for providing better care to Medicare patients, while improving outcomes. The American Society of Clinical Oncology recently announced the collaboration with COME HOME to help other oncology practices lower cost and improve quality of care, at cancer facilities around the country. The COME HOME Model treating cancer patient, suffering symptoms from treatment with timely and targeted care that is sensitive to their unique health challenges saving money while improving the patient care. Now that's a bright idea.

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

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

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