

Dr. Garth Graham – President of the Aetna Foundation

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret all eyes were on the international stage last week as leaders from the world's top 20 economic powers gathered to discuss a variety of topics. And while there was much discussion surrounding the public meeting between President Trump and Russian President Vladimir Putin, it overshadowed something new at these years G20 Summit. This was the first time that global health was put on the agenda.

Margaret Flinter: Well, that's right Mark and while the world leaders were hashing out details about trade and security issues, the health ministers from all the participating countries were meeting as well. There were high-level discussions at the G20 Summit and everything from global efforts to battle antibiotic resistance, but also improving emergency preparedness in the event of new pandemic.

Mark Masselli: Margaret, since the Ebola epidemic, the World Health Organization has been working to launch an emergency preparedness fund to allow a more rapid response to disease outbreaks. There was a delayed global reaction to the Ebola crisis and it led to thousands of deaths across the number of largely African countries the WHO took a lot of heat for that as well.

Margaret Flinter: They did and you know Mark another issue not so much, always in the forefront of public consciousness, but a huge concern is antibiotic-resistant and the threat it poses to global health. And that is going to require a cohesive global action if we are going to reduce the threat of the spread of infectious diseases that no longer respond to antibiotics. We are really just seeing the tip of the iceberg there worldwide. So very good to see a concerted effort on that front.

Mark Masselli: And here at home, there is another threat to health, Margaret, racial disparities in this country have led to a significant lower life expectancy for minority populations in this country. And our guest today is the leading expert on that topic.

Margaret Flinter: Dr. Garth Graham is President of the Aetna Foundation, the philanthropic branch of Aetna which is focused on advancing better health for all citizens as well as access to quality healthcare. He is a leading expert on health disparity and he led the first federal effort to combat the problem while serving at HHS during the Obama administration. We look forward to hearing his views.

Mark Masselli: And Lori Robertson stops by she is the Managing Editor of Factcheck.org. She is always on the hunt for misstatement spoken about health

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policy in the public domain. But, no matter what the topic you can hear all of our shows by going to www.chcradio.com.

Margaret Flinter: And as always, you can hear all of our shows by going to www.chcradio@chc1.com or find us on Facebook or Twitter, we would love to hear from you. Now we will get you our interview with Dr. Garth Graham 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. Several selections have been made for some of the nation's leading health institutions, Indiana State Health Commissioner, Dr. Jerome Adams has been leading the fight against the spread of HIV and the opioid epidemic in his role as top health official in that state. Now he has been tapped to be Surgeon General of United States. Indiana was particularly hard hit by the HIV outbreak, tied directly to the rising opioid crisis and the state's initial refusal to provide clean hypodermic needles to addicts in crisis.

Dr. Adams, an anesthesiologist convinced then-Governor Mike Pence, the needle exchange was the best intervention to stop the spread of HIV and get drug addicts into treatment. He has been lauded by addiction in public health advocates as someone who gets things done at the grassroots level. And he is capable of navigating ideological hurdles, convincing those in power of the importance of necessary interventions. If confirmed he replaces Dr. Vivek Murthy, the U.S. Surgeon General appointed by President Obama and fired by President Trump. Adams is a second official from Vice President Pence's home state of Indiana, to be elevated to top healthcare positions in the country.

CMS administrator, Seema Verma crafted Indiana's approach to health reform prior to being appointed. And Dr. Brenda Fitzgerald has been tapped by HHS Secretary Tom Price to have the Centers for Disease Control and Prevention. Dr. Fitzgerald is a board certified OBGYN and served as the Commissioner of the Department of Public Health for Georgia where she oversaw various state public health programs and directed the state's 159 county health departments, prior to that Dr. Fitzgerald worked as a healthcare policy advisor to House Speaker Newt Gingrich.

Meanwhile when she does get to the CDC, she will have some tough tasks on her hands including confronting the opioid crisis, now the leading cause of accidental death in this country as the opioid crisis amps up and predictions already overdose numbers for 2017 will exceed last year's figures of more than 50,000.

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There is a bit of a silver lining, prescriptions are falling across the country, according to a CDC report, from a peak in 2010 to a lower rate in 2015. Our public health experts fear the drop is not fast enough. The opioid prescribing rate is still three times as high as it was in 1999. Meanwhile the nation's governors are conducting their annual summer meeting in Rhode Island, the opioid crisis is going to play a prominent role in the agenda.

Kids may learn to play nice in the sandbox but the bacteria lurking there may have other ideas at least across the pond in Spain, a study of sandboxes around Madrid showed higher levels of clostridium difficile in many playgrounds around the city. The pathogen can cause diarrhea and in some cases severe colon inflammation. Scientist found genetically different strands of the bacteria too, including some that were resistant to several antibiotics. The authors say, it could pose a real health risk to children exposed to the bacteria while playing.

And with the 4th of July, now behind us, some interesting insights on how to help Fido get over the trauma and bang and the pop of fireworks which sends many a pooch into terrors, now it turns out there could be a solution, medical marijuana. The use of it has been growing among humans treating everything from seizures to chronic pain and anxiety. Compounds using extractive marijuana known as CBD a component of the plant gives the calming effect without the high. Distributors and customers in places where medical marijuana is legally available, note that a number of pet owners have sworn by the results. But will they crave more doggy treats later on. I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Dr. Garth Graham, President of the Aetna Foundation which is an independent philanthropic arm of Aetna, whose mission is to promote wellness health and access to high quality healthcare for everyone. Dr. Graham, previously served as the Deputy Assistant Secretary in the U.S. Department of Health and Human Services where he also led the Office of Minority Health where he guided the development of the first federal action plan to eliminate health disparities under the Obama administration.

He has served on a number of boards including the Institute of Medicines, Board on Population Health and the World Health Organization's Scientific Group on Equity. Dr. Graham earned his medical degree from Yale School of Medicine and Masters in Public Health from Yale School of Public Health. He completed clinical training in cardiology at Massachusetts General Hospital and John's Hopkins. Dr. Graham, welcome back to Conversations on Healthcare.

Dr. Garth Graham: Thank you for having me and I need to have my mom hear that introduction.

[CROSS TALK]

Mark Masselli: We will send it to her absolutely. And you were back with us in 2011 and obviously, much has changed in the world then, you were acting as the Assistant Secretary at HHS where you oversaw the first federal action plan to address the problem of health disparities in this country, it was a difficult task then and it continues to being now.

And you know we read recently a report in the journal of American Medical Association that found that racial health disparities are responsible for a 20 year spread in terms of overall life expectancy between African Americans and whites. That's just such a tragic number to hear. And I know you have spent a considerable amount of time and energy really trying to focus on that issue and narrow it down. And I wonder if you could just share with our listeners and talk about this ongoing crisis in healthcare. And what you are doing now from the Aetna's foundation trying to narrow that gap, and eliminate it.

Dr. Garth Graham: So you know it's been, it's an interesting study that you just mentioned -- another similar studies along those lines. That has really emphasized concepts of how important it is that where people live. And so that study showed a 20 year life expectancy difference between different counties in the United States. And what's interesting is there have been other studies that have been done, some that were published in the last year as well, also in general, again kind of underscoring the facts that you know where people live, many times determine how long they live.

And so really what that has highlighted is will this issue around social determinants of health, and the fact that there are all these things that go into our health outcomes that occur outside the doctor's office. So education, housing, a safe place to live, and you know the extent to which those things drive these differences in a life expectancy is really underscored by some of the data that you just mentioned.

Margaret Flinter: Well, Dr. Graham, I think one of the things that has really made a big impression on the public is the news that your zip code has more impact on health outcomes than maybe even your own genetic code. And being a member of an ethnic minority group adds another layer of health challenges statistically. At the recent Aspen Festival of Ideas you highlighted the impact of social determinants on life expectancy, by focusing on just one Boston area community where folks living across the span of just a few miles along Boston Metro's Red Line are living vastly different health realities, can you share how that illustrates the scope of the problem? And if you can, talk about the challenge of tackling these highly entrenched social determinants that seem to lead to such disparities?

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Dr. Garth Graham: Yeah, so that was a study that was done at the Virginia, a couple of years ago and really just showed that the life expectancy difference from folks living in Back Bay, where the life expectancy was closer to 88, 89, 90 years. And then traveling down deeper into Roxbury which is again kind of along the Red Line corner if you take the train and where the life expectancy was about 30 years. And you know some of us working on this issue when we kind of compare life expectancy we look at where the country was, United States was a hundred years ago in terms of life expectancy and that was around 1915. And so we say that you know going from one part of the Red Line to the other, it's like going back a hundred years in time, in terms of how long and how well people live. And that's the Boston example is just an example because that's replicated in Chicago, in many other major cities and other places across the United States.

And the real concept here is just again just underscoring how important that factor of the zip code and location and all of the different things that impact someone's life, based on that location, particularly matters. And so the Boston example, I can say before we say, you know you people folks are traveling a hundred years back in time, but it really just shows that in many parts of our country, our folks are living different realities, based on where they live.

Mark Masselli: You know we have a saying here at our health organization that we are proud of what we have accomplish but we didn't get here on our own and we can't move forward alone. And I think you have always had a collaborative spirit and you know certainly tackling health disparities requires incredible amount of collaboration. I wonder if you again could sort of layout what the coalition that you have been helping form around the country, this Health Equity Leadership & Exchange Network or HELEN, which is a collaborative effort between the National REACH Coalition and the Morehouse School of Medicines and others, tell us about the role projects like HELEN play in addressing health disparities?

Dr. Garth Graham: So partnerships across sectors are pivotal just by the nature of the problem that I just described. And our goal with HELEN as well as other activities that occur across the country that are somewhat similar, is how to train leaders who are in different disciplines, role and if one educate them around the issue around health disparities. But also train and activate them to take on ongoing local leadership roles.

And so HELEN is an outgrowth of the activities that have occurred under the CDC REACH grant. And that's a racial and equity grant, a major grant that CDC had been funding for a number of years. And those grantees have been doing a lot of interesting work at the local level. And what we have decided to do was to work with the folks Morehouse, to fund a leadership network within those grantees as well as folks across the country. And the real lesson that we learned here is just this idea of leadership. And we are going to need leadership at all

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levels, both in the private sector, public sector, academia and other areas to be able to tackle this problem appropriately.

Margaret Flinter: But Dr. Graham not only do we need those strong partnerships, but we think about this next generation and how we can help train them to be more responsive to the needs of the diverse patient population. And the Aetna Foundation Scholar Program is designed to promote diversity in the healthcare workforce but you are also collaborating with AcademyHealth, which has a unique program that's aimed at engaging mHealth or mobile health technologies to impact disparities. Tell us a little more about these programs?

Dr. Garth Graham: An AcademyHealth has been an organization that has really worked to established down the concept of health services research, outcomes of research which we need in order to be able to track some of these difference in health disparities. To be able to look at what are the kinds of things are impacting populations. And so our goal with AcademyHealth was really to try to build that core of academic leaders who would continue to not only do research but are able to articulate the kinds of policy that would be needed to help to attain some of the disparities that we just articulated. And so the concept here much like to HELEN is really you know how do you find the right group of partners, who have the ability to reach other folks and be able to leverage that appropriately, to build again this cadre of a new leadership, to tackle what is an old but challenging problem.

Mark Masselli: We are speaking today with Dr. Garth Graham, President of the Aetna Foundation, which is an independent philanthropic arm of Aetna whose mission is to promote wellness, health and access to high quality healthcare for everyone. Dr. Graham previously served as Deputy Assistant Secretary in the U.S. Department of Health and Human Services. He also led the Office of Minority Health.

You know I think Dr. Graham, the saying is that "you can't fix what you can't measure" and I am excited about this new initiative that Aetna has announced with the U.S. News & World Report. I think we all know U.S. News & World Report is a sort of a global authority on health rankings. I think all of us take a look at it, best hospital, best children's hospital and others. So in 2018, you have got this new launch coming up with the Aetna Foundations, healthiest community in U.S. News and it sounds like they are going to shine a light on innovative programs. Talk to us a little bit about this and why you are so excited about it?

Dr. Garth Graham: Yeah I know, along the lines of everything we just discussed in terms of how do you elevate and motivate and shine a light on the problem, so that leaders can take action. And you know as you mentioned the U.S. News being an authority in this concept of recognizing the good efforts, whether that would be in the hospital arena or other. And really what we want to do is to look at those cities and counties across the country that are addressing this issue of

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social determinants of health and trying to tackle it at a local level. And to be able to recognize and honor them and have their kind of a shine the light on the kind of examples that are occurring. Similarly to what U. S. News has been able to do with the hospitals and other sectors. And so again, I would say along the same vein of how do we drive visibility, drive leadership and ultimately improve outcomes by choosing partners who have that reach into different sectors.

Margaret Flinter: Dr. Graham, you know that shining a spotlight on communities and then empowering them to do a great work makes a huge difference. And I think our listeners are probably asking, what does that mean? How do I, how my community come together and what kinds of things might people be doing? Any kind of roadmap or vision for communities that might be interested in this. And I know so much of this informed by all the work that you have done over the past decades. So we would love to hear a little more about that?

Dr. Garth Graham: Yeah, so you know it's really looking at all of these kinds of factors that build a healthy community. So looking and not just you know safe places that people have to bike and to walk, but also looking at housing and whether there is safe housing environmental exposure, things around to build environment that we, many of us in this arena have been articulating for a long time, as well as a community safety as I alluded to you earlier. And so all of these things helped to build a healthy community and a healthy individual within those communities and that's what we really want to highlight with this effort.

Mark Masselli: Well, certainly building healthy communities requires access to healthcare. And there has been a lot of access that's been provided since the Affordable Care Act passed, its reach roughly 20 million Americans who have gained coverage. And I wonder if you could walk through for our listeners what you think, it's done to address health disparities and what parts of the country have been, maybe have not gained as much as others. And what happens to racial and ethnic minorities if this Medicaid expansion or other supports might be curtailed?

Dr. Garth Graham: Yeah, so you know, it's really interesting, I have studied as you have kind of alluded to the issue of health policy for a long time. And you know we have seen evolution of health policy ever since, Lyndon Johnson's signed into law Medicaid and Medicare simultaneously back in Independence, Missouri in 1960s. And so you know the goal I think that folks wrestle with on both sides of the aisle, is this issue of how to improve the lives of Americans and again we have been wrestling with that for decades now, while also dealing with the challenge of cost and quality of care.

And so I think as we see this evolve, I think we will see multiple iterations of different proposals to deal with this that can tackle it from different angles. One of the things is that we always like to say and I have always felt I have leaned

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through the years dealing with this particular kind of work is “all healthcare still is local.” So regardless of the proposal strategy, we have to envision as how can we make local community stronger? How can we make individuals within those local communities have the capabilities to change their own destiny, to be able to empower them to make the kinds of decisions like again, you know policies where they can have safe exercise, safe walking as well as lower the incidents of environmental pollutants and other things that impact health outcomes. And I think if we keep the local community at the center of our varied efforts, we will ultimately get to that goal.

Margaret Flinter: Well, you know wonder if I can ask you to speak to an area that's near and dear to our heart, certainly in the interface between the health of the community and the health of the individual lie the community health centers, which I know you are well familiar with and what's your sort of your sense of the role both current and emerging that community health centers play in this development of healthier communities. And I certainly, you know your comments about safety as one of the factors is so much on all of our minds these days between the opioid crisis and the risk it poses to the health and lives of patients we care for and to the future of our communities, but just safety in general, such a huge issue, any thoughts you have on the role of community health centers in addressing this push for healthier communities?

Dr. Garth Graham: Yeah I think Community Health Centers, are really the backbone of the primary care system for a number of communities. I will tell you that, you know, when I first came to this country, I relied on Community Health Centers heavily for my own care and then being able to work on it at a policy level, was you know even that more rewarding. Integrally a part of the safety net of many, many communities both in urban and rural populations. And I have really enjoyed again this concept of bipartisan support in terms of their abilities to reach communities at all different levels. And Community Health Centers embody this concept that I was just alluding to, of building of local communities, particularly by the fact that you know, we have, you have them at the party, you have community members as part of your board. And so you know that they are integral part of that leadership network that I was alluding to, earlier. So and I think most folks if not all folks who works at [inaudible 22:00] think that Community Health Centers are vital to this issue of tackling health disparities.

Mark Masselli: Well, that is a good to hear and again we have been speaking today with Dr. Garth Graham, President of the Aetna Foundation, which is independent philanthropic arm of Aetna, whose mission is to promote wellness, health and access to high-quality healthcare for everyone. You can learn more about their work by going to www.aetna-foundation.org. Dr. Graham, thank you for the work that you do at Aetna, the work that you have done for the United States. And thank you for joining us on Conversations on Healthcare.

Dr. Garth Graham: Thank you for having me.

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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: Democratic Senator Chuck Schumer tweeted that premiums would be 300% higher under the Senate Republican healthcare bill for a 64 year old earning \$56,800 in the year 2026 compared with current law. Republican Senator John Barrasso said the bill “lowers” the rates for insurance, 30% a couple years from now, both side of the Congressional Budget Office, whose rights, they both are. On premiums there is something for both parties in the nonpartisan, CBOs analysis of the Senate bill. Just like the Affordable Care Act and the Health Republicans bill, the Senate legislation would affect premiums on the individual market in different ways, depending on individual circumstances.

These claims concern a relatively small segment of the insurance market, the individual market were those without employer’s plans or coverage through a program like Medicaid by their own coverage. About 7% of Americans buy individual market plans. And to the CBOs estimates are compared with current law. So a decrease in a few years may still be an increase from what premiums are right now. What does CBO expect to happen, it said the Senate bill would increase average premiums in the individual market prior to 2020, and lower average premiums after that, relative to current law.

Part of the decrease is due to the Senate bill using a less expensive benchmark plan which would pay a smaller percentage of benefits then under current law. What about the 64-years old that Schumer mentioned? The bill allows insurers to charge older Americans five times as much as younger Americans for premiums. The current ratio is 3:1. CBO estimated that a premium for a bronze level plan for a 64-year old in 2026 would be \$3,100 more under the Senate bill than current law that’s not including any tax credits. Another factor that would affect what people pay out of pocket for premiums under the bill.

The Affordable Care Act provides tax credits to those earnings between 100% and 400% of the federal poverty level. The Senate bill changes that to 0% to 350% and adjust the credits based on age for those earning above a 150%. So that younger individuals pay less towards their premium. The Kaiser Family Foundation has an interactive map on its websites where you can see how the Senate bill could affect your premium, again if you buy your coverage on the individual market. And that’s my factcheck for this week. I am Lori Robertson, Managing Editor of Factcheck.org.

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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.

Margaret Flinter: Each week conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. At one point in the early 2000s, Oklahoma City was one of the most obese cities in the nation. A fact that was not lost on the City's Mayor Mick Cornett, who too his own shoe grind, learned that he was in that group.

Mick Cornett: I finally decided I needed to lose weight and I knew I could because I had done it so many times before. So I simply stopped eating as much. I had always exercised that really wasn't the part of the equation that I needed to work on, but I had been eating 3000 calories a day. And I cut it to 2000 calories a day and the weight came off, I lost about a pound a week for about 40 weeks.

Margaret Flinter: A decision to lose weight led him to examine, what was causing the high obesity rates of his city's residents. And he learned that developments since the 1970s, had we moved much of the city's walkability in favor of cars.

Mick Cornett: And I came to the conclusion that we had built an incredible quality of life. If you happen to be a car. But if you happen to be a person, you are combatting the car seemingly at every turn.

Margaret Flinter: He took two approaches to the problem. He launched the OKC Million program, inviting Oklahoma city residents to an ambitious weight loss challenge, to lose a collective million pounds.

Mick Cornett: I decided that the first thing we needed to do was have a conversation. And so on New Year's Eve of 2007, I went to the zoo and I stood in front of the elephants and I said, "This city is going on a diet. And we are going to lose a million pounds."

Margaret Flinter: In addition to that challenge he urged city planners and developers to improve the city's walkability, first around the city's dozens of school zones and then throughout the entire city.

Mick Cornett: We added a new Central Park, 70 acres in size to be right downtown in Oklahoma City. We are building a downtown streetcar to try and help the walkability formula for people who choose to live in the inner city and help us create the density there. We are building Senior Health and Wellness Centers throughout the community. We put some investments on the river that

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had originally been invested upon in, in the original maps. And now we are currently in the final stages of developing the finest venue in the world for the sports of canoe, kayak and rolling. We have Olympic caliber events coming to Oklahoma City and athletes from all over the world, moving in, along with inner city programs, to get kids more engaged in these types of recreational activities that are a little bit nontraditional.

We also with another initiative that was passed, are building hundreds of miles of new sidewalks throughout the metro area. We are even going back into some inner city situations where we had built neighborhoods, and we had built schools but we had not connected the two. We had built libraries and we built neighborhoods but we never really connected the two with any sort of walkability.

Margaret Flinter: They launched a website, www.thiscityisgoingonadiet.com were pounds lost were tiling miles, walked were tagged and health and weight loss tips were offered around the clock. Since he issued his challenge, a million pounds have been lost and participants have walked or run, a collective 1.2 million miles. The average participant lost about 12 pounds, but when you factor the tens of thousands who participated, what a significant public health improvement in a relatively short period of time. The OKC Million program where city leader took an entire population on a weight loss challenge, improving the infrastructure, providing leadership and incentives to facilitate that challenge. And ultimately improving the health and impacting the obesity epidemic throughout the city's population in the process. 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.

Conversations on Healthcare broadcast from the campus of WESU at Wesleyan University, streaming live at wesufm.org and brought to you by the community health center.