

Dr. Maria Neira

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Margaret Flinter: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the health care of the future. This week, Mark and Margaret speak with Dr. Maria Neira, Director of Pollution and Social Determinants of Health at the World Health Organization. In light of the recently released climate change report predicting a far more rapid onset of harm from irreversible global warming, she could speak to how this affects health around the world. Pollution is now the fourth leading cause of death worldwide.

Lori Robertson also checks in, the managing editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, separating the fake from the facts.

We end with a bright idea that's improving health and well-being in everyday lives. If you have comments, please email us at chcradio@chc1.com or find us on Facebook, or Twitter, iTunes, or wherever you listen to podcasts. You can also hear us by asking Alexa to play the program, Conversations on Health Care.

Now, stay tuned for our interview with Dr. Maria Neira on Conversations on Health Care.

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Mark Masselli: We're speaking today with Dr. Maria Neira, Director of the Department of Public Health, Environmental and Social Determinants of Health at the World Health Organization, which seeks to address the root cause of environmental and social threats to global public health. Prior to that, Dr. Neira served as Vice Minister of Health and President of the Spanish Food Safety Agency. She served as a Medical Coordinator in Honduras and Salvador for Médecins Sans Frontières, Doctors Without Borders. Dr. Neira was awarded the Medal of National Order of Merit from the French Government for her work in global public health.

She earned her medical degree at the University of Oviedo, Spain, and her master's in public health at the Pierre and Marie Curie University in Paris. She received an international diploma in emergency preparedness and crisis management from the University of Geneva.

Dr. Neira, welcome to Conversations on Health Care.

Dr. Maria Neira: Thank you very much.

Mark Masselli: The World Health Organization held a joint session with the United Nations, addressing a report that's garnered quite a bit of attention

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recently. That report looked at global data around population health and pollution, and concluded that pollution kills more people around the world in a given year than HIV/AIDS, malaria, and TB combined. I wonder if you could just share with our listeners the scope of this revelation and how pollution is specifically impacting population health and mortality globally. What does the data show?

Dr. Maria Neira: The figure is dramatic. We have more than 12.6 million deaths occurring every year. Those deaths are caused by environmental risk factors, whether it's air pollution, or unsafe water, or exposure to certain type of chemicals, like pesticides that are not authorized. This is from a report that probably 10 years ago the situation was terrible already. We did a new one, one year ago. Almost 25% of all global deaths, which are associated with these environmental pollution, means risk factors coming from our daily environment and risk factors that could be easily removed, which is the message I'll like to give.

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

Dr. Maria Neira: There is not a surprise to any of us that if you are vulnerable, if you are poor, if you are living in a poor country, you will be more exposed to issues like industrial pollution or the fact that you are missing lack of safe water and sanitation, and you will be more exposed to questions related to climate change and global warming, and the basics for your health.

Now, in order to have the economic development that you need to take these people out of poverty, you need to do it in a way that you will not destroy the environment where you are living on. We see that now, for instance, in China, which was one of the countries that were polluting the most and responsible for massive air pollution that was affecting the lungs of their citizens. Now they realize that you can go for a good and rapid economic development without destroying and polluting the water you drink or the air you breathe.

I think this is the key message. You can do it in a sustainable way. That will be even quicker in the way that you take people out of poverty. They will not be exposed to those incredible risks coming from pollution. We saw children now or in many countries in Africa

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recycling lead from car batteries. That's really bad development. This is really polluting the next generation. I think understanding the role that the socioeconomic and environmental determinants of our work health plays is a critical one for governments, for citizens, and of course for people working on global health and global health care.

Mark Masselli:

Dr. Neira, climate change is also exacting a toll on human health. This year we've seen widespread devastation here in North America from back to back hurricanes. We've seen deadly wildfires as well. As you assess climate change around the world, how do you view the growing threat to human health?

Dr. Maria Neira:

For us, at the World Health Organization, in order [inaudible 00:06:26] organizations, we have plenty of evidence demonstrating that the global warming, I mean the climate change, is really devastating human health as well. Not only because of heat waves and the floods, and droughts will have a very direct contribution to death, but as well the climatic effects on agriculture, for instance, the [inaudible 00:06:54] responsible for changing the patterns of rainfall. Therefore, we are expecting decreases on crops yields in many developing countries.

We are already seeing problems of malnutrition because of lack of agricultural production caused by these direct or indirect effects of climate change and global warming. Of course, if you have a flood, you will destroy life, but you will destroy shelter. You will force people to go on migration and displacement. We see as well that many of the diseases that have been representing until now for us, a major challenge like malaria or dengue, all of those diseases are transmitted by bacter, by mosquitoes. They are finding our perfect conditions to spread because we can see even malaria in places in Nairobi where we didn't see it before because it was mountain. The mosquitoes will not have the conditions to grow and to transmit. Now they are finding perfect condition for that.

There are many ways in which our health will be affected by climate change and is already occurring. It's not just a question of developing countries. I think we are all witness now of what major heat waves or extreme weather events can bring to our health, the destruction of the basis of our life like access to food, water, shelter. If those are destroyed, obviously our health will be very much affected and is already at risk.

Margaret Flinter:

Well, Dr. Neira, while climate change poses a huge risk to global health, you've also written about climate change as an opportunity for public health. Back in 2014, you outlined a number of ways in which you could make the case that climate change is serving as a catalyst for badly needed collaboration among most countries in the world. Can you talk about your recommendations for battling climate change

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and where you see the seam of opportunity?

Dr. Maria Neira:

Yeah. In fact, when I attended all of those big meetings, the summits on climate change, you see that the countries are negotiating and putting together this Paris Treaty on climate change. When you look at the recommendations to tackle the causes of climate change to mitigate climate change, there are all basic public health common sense recommendations, means ensuring that the way we commute every day, I mean the way we use our transport, and the fuels we are using that shouldn't be polluting our environment. All of that will land in our lands. That pollution is really having a terrible impact on our health.

Who will disagree with the fact that we need to create cities where the air is not so polluted, where traffic and transit will be costing less injuries and promoting a little bit more active lifestyle instead of just the sedentary lifestyle that is responsible for non-communicable diseases? Who will disagree on the need to have access to clean water and protect our resources on water management? Who will disagree with the need to have a better management of our waste, incredible amount of waste, that we all produce every day? Who will disagree with the need of non-contaminate our rivers and the land where we produce agriculture?

All of that is really basic public health and is basic common sense recommendations for protecting our environment, but more importantly for protecting our health. That's why we said that this is a public health opportunity. If the Paris Treaty is implemented, this is a fantastic public health opportunity because all of those recommendations will be protecting the health of our citizens, of our population, and this is fantastic. This is something that we were not saying clearly enough to our citizens. They thought that the climate change was more a question of polar bears and glaciers melting. No. This is a question of our lungs, the thought that our grandchild will have asthma, the thought that we cannot drink water that is not responsible for diarrheal diseases and other infections.

If we start to use the health argument, I think we can achieve much more by telling people of the importance of protecting and reducing environmental risk in order to protect our health.

Mark Masselli:

We're speaking today with Dr. Maria Neira, Director of the Department of Public Health, Environmental and Social Determinants of Health at the World Health Organization, which seeks to address the root cause of environmental and social threats to global public health. Dr. Neira, you've been connecting the dots on pollution and non-communicable diseases caused by environmental factors, but we still face a huge health burden of disease with illnesses, such as HIV/AIDS, malaria, and emerging pandemics like Ebola and Zika. Many

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global health entities, including the World Health Organization, were caught by surprise during the terrible Ebola epidemic, which led to thousands of deaths.

Share with us lessons learned from the Ebola and Zika crisis, and the new emergency risk communication guidelines developed by the World Health Organization. Is the global health community better prepared for the next pandemic?

Dr. Maria Neira: I want to think that yes, we are better prepared, the government after the Ebola outbreak, which was so terrifying for all of us and probably as well as kind of shaking us, demonstrating that we are not alone. We are all in the same boat [inaudible 00:13:00].

WHO has now a very strong and separate health emergency program to coordinate international health response to affected people. For instance, this year, we received an incredible amount of, for investigation, what are the disease alert. WHO has already received 36,000 disease alerts. Regarding communication, I think it's extremely important for the people, they need to know what health risks they'll face. Not only that. I think we can not paralyze our audience just by telling them what are the risks they face. They need to know what actions they can take to protect their lives, their families, their communities.

That's why a very accurate information needs to be provided and in a way that will enable people to make their own choices and to protect themselves. We work with partners to support that training. We will be launching this first ever evidence-based guidance on emergency risk communication.

Margaret Flinter: Dr. Neira, I'd like to talk a little bit about HIV/AIDS, a disease that still has no vaccine and no cure. Millions have died. 37 million people are living with HIV/AIDS around the world and still so many unaware that they are affected. It's been wonderful to witness the tremendous progress in treating HIV, particularly early on with retroviral drugs, and obviously we've made enormous strides in reducing mother-to-child transmission. What is hopeful on the horizon?

Dr. Maria Neira: The good thing is that, and believe me, this is something that we will never dream about many years ago when we started we found the retroviral treatment. Today, we have 21 million people with HIV with access to HIV treatment. That's really amazing compared with the thought that when we started and we wanted to reach 3 million, everybody was saying this is totally crazy.

Today, 7 out of 10 pregnant women are living with HIV, but they receive antiretroviral treatment to prevent transmission to their babies. Since 2000, I think HIV-related deaths have went down by

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one-third and new infections has reduced by 40%. Is more progress needed, and once again related to poverty, Africa is still by far the region with the highest number of people living with HIV worldwide, which is unacceptable because we know that there are an estimated 7% of people which are living with HIV, and they don't know their status, means more transmissions.

We need to improve access to testing services, increase education, and clearly still promote on education. The big worry here is about drug resistance that will undermine the fantastic progress that has been done.

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

Dr. Maria Neira: We have so many global health challenges. Definitely, apart from the infectious diseases that we have been talking on HIV, malaria, and TB, making sure that our cities, our urban development, is such that will not put our health at risk. The cities are the places where now in 20 years, 70% of the population will be living in urban areas. We need to make sure that those urban areas are not places where people will have the best conditions to die or to be sick, but on the contrary, it has to be a healthy environment.

Therefore, we need to look at the sustainable transport system, we need to look at a better way of handling and managing our waste production, better energy for the buildings, energy efficient, nonpolluting fuels, industrial production that will not affect the pollution in the places where we live. That is a big challenge, together with non-communicable diseases. I think environmental health and non-communicable diseases are the big challenges we're facing. We need to connect all of those agendas, sustainable development, environment, climate change, and health.

Margaret Flinter: We've been speaking today with Dr. Maria Neira, Director of the Department of Public Health, Environmental and Social Determinants of Health at the World Health Organization. You can learn more about their work by going to who.org, or follow them on Twitter @WHO or @DrMariaNeira, and that's N-E I-R-A.

Dr. Neira, we thank you for the work that you do and for joining us on Conversations on Health Care today.

Dr. Maria Neira: Thank you very much.

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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, 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: The midterm elections are less than a month away and we are seeing ads on health care in several races. For instance, in the Tennessee Senate race, a democratic ad from the group, Majority Forward, spins the facts in claiming that Representative Marsha Blackburn voted "to give members of Congress health care for life". In fact, lawmakers already had received a health insurance retirement benefit before the 2012 vote in question. There was a possibility at the time that lawmakers could have lost the benefit, but that never happened. The vote was actually to repeal the Affordable Care Act.

When the health care legislation was being debated, an amendment by Republican Senator Chuck Grassley was added to require that members of Congress and their staff get insurance coverage through the ACA's exchanges as opposed to lawmakers continuing to get insurance through the Federal Employees Health Benefits Program.

The idea behind Grassley's amendment was that if the exchanges were good enough for other Americans, they should be good enough for Congress. Federal employees can keep their health care coverage once they retire, provided they are eligible to retire and had at least five years of FEHB coverage immediately before retirement or coverage for the entire period of their service.

Once the ACA was enacted in 2010, it required members of Congress to eventually move to the ACA exchanges, which held the first open enrollment period in late 2013. It looked like lawmakers would lose their health insurance retirement benefit.

When House Republicans voted to repeal the law in 2012, Democrats made the argument that the vote would reinstate the benefit for Congress. A few months before the ACA exchange coverage would take effect, the Office of Personnel Management issued a final rule, saying that lawmakers and their staff would still be eligible to join the Federal Health Benefits Program and retirement, provided they had five years of continuous coverage through either the FEHB or the ACA exchanges. The ad doesn't mention that eligible lawmakers had this so called health care for life benefits before the ACA and they still have it today.

That's my fact check for this week. I'm Lori Robertson, managing

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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. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Of the roughly 4 million women who give birth annually in the United States, a quarter of them retain at least 10 pounds gained during their pregnancy. Those numbers go up significantly for African-American, Hispanic, and low income women.

Dr. Suzanne Phelan: Something about weight retention during this period, after having a baby, that increases lifetime risk of health problems, cardiovascular disease. I was interested in finding a way to help women during this time because weight gain during this period is kind of independent risk factor we call it.

Margaret Flinter: California Polytechnic Institute researcher, Dr. Suzanne Phelan, wondered if a customized intervention designed around the supplemental nutrition program for women might help such women shed postpartum weight.

Dr. Suzanne Phelan: Women during the postpartum period, they're busy with their baby, they've got this erratic, unpredictable schedule. Our team got together and we thought, well, let's try something online.

Margaret Flinter: Her team designed a website with features such as weekly lessons, a web diary, instructional videos, computerized feedback, text messages, and monthly face-to-face groups at the WIC clinics.

Dr. Suzanne Phelan: The intervention targeted healthy eating and physical activity, and then behavioral strategies. We provided some menu plans online that women could access and use. We gave them calorie goals dependent on if they were breastfeeding or not. We also gave them physical activity goals. We gave behavioral tools too, including self-monitoring.

Margaret Flinter: The results were significant. More women with the Internet intervention, 57% lost weight than the WIC participants alone, 36%.

Dr. Suzanne Phelan: We got a greater proportion of women who lost the 5% and 10% of their body weight, which we know are clinically significant. Then they reduced their waist circumference. It was exciting that we prevented that and even reduced waist circumference in this intervention.

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Margaret Flinter: Dr. Phelan says that even though the weight loss amount seems relatively small, the lost translates into a statistically lower risk of later weight gain.

Dr. Suzanne Phelan: The other key finding is we've got a greater percentage of women return to their pre-pregnancy weight and the fact that we got them back to their prepregnancy weight is really exciting because that does appear to be where the risk is. If you retain weight above pre-pregnancy, that's the risk factor for long-term health problems.

Margaret Flinter: A low-cost guided online nutrition and weight loss support program, designed for women receiving SNAP and WIC benefits for postpartum nutrition, yielding a greater weight loss success, and healthier outcomes, now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: I'm Margaret Flinter.

Mark Masselli: Peace and health.

Margaret Flinter: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please email us at chcradio@chc1.com, or find us on Facebook, or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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