

Dr. David Katz

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Female: 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 healthcare of the future. This week, Mark and Margaret speak with Dr. David Katz, Founding Director of Yale University's Prevention Research Center and Founder of the True Health Initiative. We're now in global expert on lifestyle medicine. Dr. Katz is an Internist and Professor at the Yale School of Medicine, seeking to build a global consensus on Lifestyle as Medicine. Lori Robertson also checks in, the Managing Editor of FactCheck.org, looks at misstatement spoken about health policy in the public domain, separating the fake from the facts, and we end with a bright idea that's improving health and well-being in everyday lives. If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook or Twitter, iTunes or wherever you listen to podcasts, and you can also hear is by asking Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Dr. David Katz, Founder of the True Health Initiative on Conversations on Health Care.

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Mark Masselli: We're speaking today with Dr. David Katz, Founding Director of Yale University's Prevention Research Center, which is focused on the signs of nutritional epidemiology. Dr. Katz is an Internist and Professor at the Yale School of Medicine, with the focusing on preventive medicine in public health. He is also the Founder of the True Health Initiative, which seeks to build a global consensus on Lifestyle as Medicine. Dr. Katz has published over 200 peer review articles and 16 books including his latest, "The Truth About Food." He holds five U.S. patterns and is the principal inventor of the Overall Nutritional Quality Index. Dr. Katz earned his MD from the Albert Einstein School of Medicine. Dr. Katz, welcome to Conversations on Health Care.

Dr. David Katz: Thanks so much Mark, great to be with you.

Mark Masselli: Yeah, you know, just two questions, you are back at medical school years ago. All of your friends are going off to some allergy, but you're thinking about the work in preventive medicine and public health. Love to know what the drivers were back then as you were thinking about it, and then talk to us about the obesity crisis, its true impact. It's having on the health, our health and the health system.

Dr. David Katz: You know that they're closely related questions really Mark. I think ultimately we all do the best work and are most gratified if we satisfy the native inclinations of the way we feel things, the way we process information. When I did my training in internal medicine, I was

spending the expected 100 plus hours in the hospital taking care of desperately sick people, but I think I saw what many of my colleagues didn't see him and that was the view from altitude. So many of those people who were desperately sick despite our best efforts, we're never going to be truly well and that most of them had stuff that didn't need to happen in the first place consequences of exposure to tobacco or poor diets or lack of physical activity. Most hospital beds were filled by people who never needed to get that sick, but to prevent that from happening, you kind of needed to go back 10 years in time, and so I decided after training in internal medicine to train in preventive medicine, I still wanted the privilege of taking care of patients, which I did for 25 years, but I really wanted to do something about preventing that severe illness in the first place.

You know, it's interesting, Mark, I've long thought of the great prowess of modern medicine and it truly is impressive as being a bit like all the king's horses and all the king's men, we can never really put health back together again. We can delay deaths, we can treat disease, but we're not really very good at restoring vitality once it's lost so that's why I focused there, and we go back the better part of 30 years. The obesity epidemic really was the great imperative of modern public health as it remains today because obesity is on the causal pathway to every major chronic disease that plagues modern societies, heart disease, cancer, stroke, diabetes, dementia, so if you're going to focus on one thing that you could potentially fix in order to prevent almost all of the bad outcomes that plague modern societies, it would be the obesity epidemic, and I really wanted to contribute all I could to reversing those trends.

Margaret Flinter: Well, we recognize we're up against a lot in addressing the obesity epidemic. We have too many people probably within the healthcare community as well that see it as a personal failing, but you've noticed there are many factors apply. Certainly, the healthcare system hasn't done all that it can do, but we also have the issue of food production and marketing and the way the industry profits from things which are not always really in the best interest of peoples health. Can you help us understand what you've really developed as a lifestyle medicine approach to health?

Dr. David Katz: So, I'm a Past President of the American College of Lifestyle Medicine and probably my signature contribution, much of our focus as a college of health professionals is on what I think we should be calling lifestyle in medicine, and that's basically better methods of interacting with patients in clinics, in hospitals and essentially in the healthcare system to convey good information about using physical activity to promote health, prevent and reverse disease, using sleep patterns to promote health, prevent and reverse disease, managing stress, cultivating strong social interactions, avoiding toxins like tobacco, and

drawing on the science of behavior modification. But I really think we're going to accomplish relatively little if we limit the solution to a cultural problem to the clinical setting. In addition to lifestyle in medicine, we all need to be advocates of Lifestyle as Medicine. With regard to diet, we've got essentially a vast, huge industry that profits from making people fat and sick. The foods with the highest profit margins are junk foods. We've been told in very high profile venues like for example, a New York Times Magazine cover story written by a Pulitzer Prize winning investigative journalist Michael Moss that the entire U.S. food supply is booby trapped to be something very much like addictive, and to maximize the calories people eat before they feel full. In fact, that the food industry has practically told us that when we had Lay's Potato Chip ad saying that you can't eat just one. Essentially they were saying, and they meant it. We've had food engineers designing this so that you can't stop eating this stuff until your arm gets tired from lifting it to your mouth.

So in that story, basically describes how all the major food companies hired teams of PhDs, give them functional MRI machines and marching orders to design food people can't stop eating. Then we in the clinical setting are giving advice about eating better and portion control and well, I mean that that's just not a fair fight. You've got the average busy parent who's getting 10 minutes of clinical counseling and then she goes out into a food supply that has been designed by highly paid executives and scientists who basically get a bonus if they can figure out how to make food, she and her kids cannot stop eating. We need to acknowledge that this is not a failure at the level of personal responsibility that there has to be some public accountability for the nature of the food supply. Ultimately, the choices people make are subordinate to the choices people have and so my view was lifestyle in medicine is important, but we really need to be agents of culture change.

Mark Masselli: You know I just want to pull the thread a little on what you just said, Dr. Katz that it's not a fair fight for patients and then patients struggle with what diet one should go on and there's so many of those fad diets that are out there for the public and you say that we need more of a consensus on what qualifies as evidence-based nutrition guidelines and also that patients and clinicians need some effective tools, and you've been a creator of a couple of tools that are being widely utilized, and I wonder if you could just talk to our listeners about the Overall Nutritional Quality Index and how they can help people sort of regain some control over the next steps that they take?

Dr. David Katz: Sure. Yes, we need more consensus, but the reality is we have it. Although all we ever seemed to talk when somebody puts a microphone in front of us is why my view of diet is better than your view of diet and we sound like we don't agree. There actually is

massive common ground. It's just that when you invite experts to opine they tend to opine about their particular area of expertise. Experts are probing the frontiers, so they tend to talk about the frontier. What they're overlooking is the vast amount of common ground right behind this, so I created the true health initiative a global coalition of very diverse experts in the diet space ranging all the way from vegan to paleo and one-by-one I've asked these colleagues from 40 countries that would you agree that people would be better off if they ate a diet of minimally processed food mostly vegetables, fruits, whole grains, beans, lentils, nuts and seeds and mostly drank plain water when thirsty. We can leave out the rest. We can agree or disagree about adding in some meat or some fish or some dairy or some eggs, but would you agree that those are the fundamentals of a healthy dieting. There's massive global consensus. The weight of scientific evidence and the global consensus of experts all point in the same direction.

Once you've established Mark, where there is then it does become a matter of developing tools to help people get there from there so the overall nutritional quality index algorithm basically this was a system to score the overall nutritional quality of foods on a scale from 1 to 100 the higher the number the more nutritious the food. I think those kinds of efforts are really important because when you go shopping for a bread or breakfast cereal or a pasta sauce those choices all add up to make a huge aggregate difference to the quality of your diet but how do you choose this cereal is higher in fiber but also higher in sodium if you're really trying to choose the best overall products for you family you need a summary judgment based on science and so we provided that in algorithm and scored over a 125,000 foods and at its peak this system known as NuVal was in 2000 supermarkets nationwide and I'm very proud of that work done with a team of leading scientists.

You'd asked about evidence mapping. This is more of a research tool essentially it's a way of looking at the scientific literature and determining where there is evidence and where there is not. This is something that that I've devoted much of my career to looking at the evidence about diet. I've written three editions of a leading nutrition textbook and then most recently just published the truth about food on behalf of the true health initiative. One new tool I've actually founded a startup company, we have invented a whole new way of assessing diet and tracking diet changes called Diet ID. But essentially we can determine your current dietary pattern, the quality of your diet measured objectively the nutrients you're getting from diet in about 30 seconds as opposed to say a food frequency questionnaire which will take you an hour or more and it's very tedious and memory dependent. Then we can use the same tool to identify a goal diet and help navigate you from here to there. We're very excited about the

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potential of this new tool. I definitely agree with you we need to clarify the consensus and we then need to develop tools to empower people so it's not quite so hard to get there from here.

Margaret Flinter: Well, Dr. Katz, I'm struck by the contrast between a quote that I think you have put forward of what Michael Pollan says with his mantra, "Eat foods, not too much, most plants", the kind of simplicity of that and at the same time we have your latest book, *The Truth about Food*, which is just an encyclopedic book on evidence based nutrition guidelines. The book almost feels like a responsibility of everybody who's engaged in health and healthcare to really dig deep and understand this topic in its depth. Tell us what drove you to write that book with all that you've been writing and all your projects, why this book and what were you hoping to achieve with it?

Dr. David Katz: Yes, and in the book I definitely do cite Michael Pollan's, pithy wisdom, Eat food, not too much, mostly plants, and I specifically say that's the truth about food, it's seven words. This could be a very, very short book. Eat Food, not too much, mostly plants, thanks for coming, but it's not a very short book. In fact, it's 750 pages and as I explained the truth about food is simple, but the lies are extremely complicated. The reason I felt like I had to write this book after having written many books on nutrition already was it just occurred to me that no matter how many times I or other experts with good intentions told people what's true and reliable about food someone could come along tomorrow with some new theory, either they really believe it or they're just hucksters and they don't even believe it, but they know they can sell it and they'll tell us, all you have to do is cut carbs or gluten or fructose or lower the glycemic index of the foods or whatever the latest craziness is just do this and all will be well and it'll be the for gazillions fad diet to come over the transom but people will sign up for it. I thought it's not good enough to tell people what we know is true today what we have to do is actually transmit to people how nutrition science works, how real experts around the world know the difference between what's reliable and what's not. What I want to do, and I don't think any book has ever done this is immunize people against tomorrow's fad diet without knowing what tomorrow's fad diet even will be and the only way to do that is to lay out not just everything I know. I went into a great level of detail about what's true about coffee and lectins and gluten and the Keto Diet and veganism and calories and saturated fat and unsaturated fat and Omega-3s and all of that.

I went into considerable detail about why do I know something is true? How can we experts tell when something is false? How can you use this thinking so that you're not vulnerable to the predations of charlatans in the future because there are an awful lot of entities out there that want to cultivate confusion about diet and that profit from

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it and then I go into all of that. A lot of the book is about the lives, what are the fallacies that trip people up and who's behind them? Some people are, I think misleading the public with good intentions that they're just wrong, but there are a lot of entities that directly profit from making us fat and sick. Big Food, absolutely profits from making us fat and sick. Big Pharma profits from treating diseases we never needed to get in the first place. Big Media profit by keeping us confused about diet. Big Publishing profits from confusion about diet because there's always a new fad diet book to sell. I wanted to lay all of that out and people who will get a copy of the truth about who would have access to everything I know about diet and I tried to make it as actionable as possible.

Mark Masselli:

We're speaking today with Dr. David Katz, Founding Director of Yale University's Prevention Research Center, focused in on the science of nutritional epidemiology. Dr. Katz is a leading global expert on nutrition and disease prevention and an internist and professor at the Yale School of Medicine. Dr. Katz, you are a trendsetter, if you will, in promoting lifestyle as the best preventative medicine approach to improve health and wellness and you're on a recent panel at Virgin Pulse with Deepak Chopra offering some predictions for promoting wellness. I wonder if you could talk with our listeners about the predictions you shared for the coming year that point to a growth in lifestyle medicine practices.

Dr. David Katz:

Mark, there are so many forces that obligate us to move in this direction. The cost of business is usual or unsustainable, the healthcare, so called healthcare sector in the United States is simply too big a chunk of the economy and that's because it isn't really a healthcare system. It's a disease care system. We do a lot of things to make people sick and then we spend a ton of money to treat people who have disease, so I think if there's a unifying theme among the predictions, it's the recognition that's no longer tenable, it's not sustainable. We need to shift in the direction of promoting vitality and maintaining wellness and drugs don't do that, surgery doesn't do that, lifestyle can do that. What I emphasized as a growing confluence between the imperatives of public health and the imperatives of planetary health and the fact that we would see those two fields coming together.

I've given a series of talks to gatherings of thousands of colleagues in different cities at a conference called Pri-Med, these are my colleagues in primary care. You cannot really call yourself a health professional and not be advocating for the health of the planet, our most important patient because there are no healthy people on an uninhabitable planet and with what's happening to the climate and with what's happening to fragile ecosystems the planet is in peril and so this then becomes a mandate. I think everybody who flies the flag

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of health professional this is a critical issue of our time, so I predict that we will see far greater involvement in the environmental space. This is something we have to do if we're going to protect the health of people, we have to protect the health of the only home we have so that it's conducive to the health of people. I think health professionals should be at the tip of the spear. We should be leading the way to change things, and this is the critical issue of our time.

Margaret Flinter: Dr. Katz I can't tell you how happy I am to have you address that along with the need to integrate the education, the training, the motivation and the encouragement of the next generation of health professionals to understand that this is truly a huge responsibility both to the people and to the planet. We've been speaking today with Dr. David Katz, Founding Director of Yale University's Prevention Research Center and founder of the True Health Initiative which seeks to build a global consensus on lifestyle as medicine. You can learn more about his work by going to truehealthinitiative.org. You can follow him on Twitter @DrDavidKatz and of course check out Diet ID that Dr. Katz talked about this morning. Dr. Katz, thank you so much for your dedication, your persistence, your groundbreaking work, and for joining us on Conversations on Healthcare.

Dr. David Katz: Oh, you're both very kind. Thank you so much. It's been a pleasure.

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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 US politics. Lori, what have you got for us this week?

Lori Robertson: The US Census Bureau officially estimates that close to one million fewer people were in poverty in 2017 compared with 2016. President Donald Trump called the decline a record but it's not. The drop in the number of people in poverty was larger in 2016, an estimated 2.5 million fewer people and in 2015 a 3.5 million drop. The largest estimated decline was nearly 4.7 million people in 1966. Trump made his statement about poverty when he signed an executive order creating the White House Opportunity and Revitalization Council which intends to focus on private and public investment in low income communities. "Last year alone, we lifted 1 million Americans out of poverty, which is a record" Trump said in his December 12, remark. There were 39.7 million people living in poverty in 2017 according to the Census Bureau's official estimate that is calculated based on the current population survey, annual social and economic supplement. That's about 918,000 fewer people than the 40.6 million who were estimated to be living in poverty in 2016, but that's not a

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record and the White House didn't respond when we asked for an explanation. There were at least 16 years when the estimated number in poverty declined by 1 million or more. In fact the Census Bureau noted that the 2017 estimate "was not statistically different from the number in poverty in 2016". Also, the official poverty rate or the percentage of the US population in poverty was 12.3% in 2017. That was 0.4% points lower than in 2016 but the drop in the rate was larger in the two previous years. In fact, according to estimates that date to 1959, the largest one year decline in the poverty rate was 2.6% point from 1965 to 1966.

That's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at CHCRadio.com we will have FactCheck.org 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. During the school year, some 21 million American children receive free or reduced price lunches through their schools. Often the healthiest meal these children eat during the school day. Yet one school is out, only 10% of these children participate in the free meal programs during the summertime and studies have shown that many of these kids tend to gain a significant amount of weight over the summer as a result. A group of researchers at the University of South Carolina sought to tackle that issue with the program they developed called the Healthy Lunchbox Challenge. They deployed the program at a number of large community based Summer Day Camps and lead researcher Dr. Michael Beats says they relied on a simple known fact about kids. They love competition.

Dr. Michael Beats: Staffers during the first snack period would ask kids to hold up the fruits or vegetables or water that they brought and then at the end of the week, they announced the winner of the Healthy Lunchbox Challenge for that week.

Margaret Flinter: Dr. Beats says the simple competition and group reward system created a dramatic shift in the average campus lunchbox from chips, cookies and sugary drinks to more fruits, vegetables, and bottled waters.

Dr. Michael Beats: Kids are not just bringing additional fruits, vegetables, and water

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they're substituting these healthier items for the less healthful items.

Margaret Flinter: The study published in the Journal of Nutrition, Education and Behavior showed a dramatic shift in the kids' homemade lunches with this really simple and inexpensive incentive program. They see this as a model for summer day camps across the country which serves some 14 million children per year often in underserved areas. The Healthy Lunchbox Challenge a simple competitive challenge and reward system designed to get kids to switch out high fat, high sugar, high calorie foods from their diets in favor of healthier snacks and beverages. 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 www.chcradio.com iTunes or wherever you listen to podcasts. If you have comments please e-mail 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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