

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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Oh Margaret we saw a deadline come and go last week States had to decide by February 15th whether they would set up their own health insurance exchanges or let their states to be covered entirely by the Federal Exchange.

Margaret Flinter: Well those online insurance exchanges are supposed to be in place and ready for consumers by October 1st of this year I think a lot of States felt it was just too much of a burden or simply refused to participate for their own political reasons.

Mark Masselli: It looks like half the States in the Nation will not be setting up exchanges those states led largely by Republican Governors and in states with very high demand like Florida, Ohio, Pennsylvania and Texas have opted out.

Margaret Flinter: Governor Chris Christie of New Jersey said that differing to the federal insurance exchange was the responsible choice for his state. Now all stakeholders on the payroll and provider side would agree with that there were lobbying for the state exchanges to be set up so they have more local control but either way we're getting to the same enter point.

Mark Masselli: That we are and on the other side of the coin 17 states in the district of Columbia had been given conditional approval by Health and Human Services to set up their own state based insurance marketplaces which will offer one stop shop in for Insurance and Medicaid Coverage.

Margaret Flinter: An estimated 12 million customers were expected to buy their Insurance online by next year and that number expected to hit close to 30 million by 2020.

Mark Masselli: A few more Republican Governors were switching their tune about Medicaid expansion. Governor Brewer of Arizona and the Governor of Ohio was well now leaning towards agreeing to expand eligibility requirements for Medicaid coverage.

Margaret Flinter: Well Mark we predicted this would happen because the economics are just too hard to ignore. The federal government is picking up the tab for the first three years of that expansion and I have to imagine that their provider communities were lobbying strong on behalf of that.

Mark Masselli: I guess today is focusing on healthcare needs of the nation especially in the areas of prevention.

Margaret Flinter: Dr. Jeffery Levi is the Executive Director of the Trust for America's Health a nonprofit policy organization that works to make disease prevention a national priority.

Mark Masselli: We'll hear about other viral claims regarding the healthcare law from Lori Robertson Managing Editor to FactCheck.org.

Margaret Flinter: And no matter what the topic you can hear all of our shows by Google in CHC Radio.

Mark Masselli: And as always if you have comments e-mail us at chcradio.com or come find us on Facebook or Twitter we'd love to hear from you.

Margaret Flinter: We'll get to our interview with Jeffery Levi 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'm Marianne O'Hare with these healthcare headlines. The deadline has passed the States have spoken, it appears we are a nation divided 26 states opting out of setting up their own insurance exchanges online insurance marketplaces called for under the affordable care act that would allow folks to purchase insurance online like they would vacations on travel websites or purchases on Amazon.com. Twenty six mostly GOP governors opted out of setting them up meaning the federal government will have to offer insurance marketplaces for folks living in those states. Seventeen other States are going ahead with setting up exchanges and another handful of states are utilizing a third option setting up a partnership with the federal government. Meanwhile beginning in 2014 seniors will be paying less out of pocket for drugs about 5% less and those enrolled in the medicare party the standard deduction will be reduced to 310 dollars next year those cuts attributed to provisions and the affordable care act. The Obama administration has announced this we think plan this week to achieve a full mapping of the human brain, the multibillion dollar plan will call less research from experts around the globe to chart the millions of neurons and brain functions still yet to be mapped the measure like a quest the map that human genial will likely yield a host to do treatments and cures for everything from all timers and Parkinson's to better treatment for a depression and autism. I'm Marianne O'Hare with these healthcare headlines.

(Music)

Mark Masselli: We're speaking today with Dr. Jeffery Levi, Executive Director of the Trust for America's Health a nonprofit organization dedicated to making disease prevention a national priority. Dr. Levi is the lead author on a report just released A Healthier America 2013 strategies to move from sick care to health care in the next four years. Dr. Levi has authored numerous reports and testified before congress on disaster preparedness environmental health, chronic diseases and obesity academic. He's also an associate professor at George Washington University's Department of

Health Policy. He served as an Associate Editor of journal for public health and was deputy director of a White House office of national aids policy. Dr. Levi welcome to Conversations on Health Care.

Dr. Jeffery Levi: Thank you I'm glad to be here.

Mark Masselli: Yeah, Jeffery your organization Trust for America's Health has been working for ten years now focusing on ways to improve public health and healthcare in America and you recently released a report A Healthier America 2013 which takes a look at strategies for moving the American health system from secure to true healthcare in the coming year. So what areas of healthcare are you most concerned about and where have you focused the bulk of your effort?

Dr. Jeffery Levi: You know so much of our healthcare delivery system is focused on dealing with problems after they have cause us to be sick rather than preventing them in the first place and so we are very oriented to a primary care system and so focus really is on how do we create a society where the healthy choice becomes the easy choice where people are more active and eat better get their immunizations, do the things that will keep us healthy in a first place, keep us productive in a first place and therefore make us not need the sick care system as often. So we're really focused on those kinds of interventions, you know, policies and practices so that you know kids get healthier food in school and our neighborhoods are workable and save to also making sure that you know we get the screenings we need early -- get early diagnosis of condition so they can be dealt at earliest stages where there are best treated but also getting the immunizations and the other clinical preventive services that keep us health.

Margaret Flinter: Well, Jeffery that's a very broad agenda and I know that inherent within that is a deep concern with the toll of chronic diseases in this country and you suggest and report that that's a leading cost of health cost and death in this country and note that one and two Americans is living with some kind of chronic disease like type 2 diabetes and of course rates will increase we can expect due to ageing population but also due to the nation's obesity problem you have noted that there's two possible features we face in this scenario. So for other scenarios what are they and what are the solutions that you're proposing that would lead to a better healthier outcome for the country.

Dr. Jeffery Levi: The concern that we have is that you know in today's world about 75% of our healthcare cause are associated with chronic diseases. Most of those chronic diseases are preventable or very well managed if we do things outside the clinical setting like being more physically active and eating healthier and controlling our weight and we continue to have a growing obesity epidemic right now over 30% of Americans are obese. We did some work with some modelers that showed that you know 20 years from now we could end up with over half population being obese and that has huge health consequences. So the choice we say it's right now is moving forward with a growing chronic diseases burden, growing healthcare cost or we could do the very basic things that need to be done not just to manage these diseases as well but also to

prevent them in the first place and reverse them in some cases so that we all end up being healthier and our healthcare cost are lower and our quality of life is better and we're more economically competitive. You know some of the solutions are pretty straightforward and the other major leading cost of that preventable desk is tobacco. So if we focus on those three things we could prevent a lot of these chronic disease, we can reverse some of those chronic disease. There are some wonderful community based programs that have actually successfully reverse the trajectory of people who have pre diabetes and those are the kinds of programs that we need in place, those are kinds of policies we need in place so that our health care system doesn't become so burden with healthcare cost but more importantly that we as American lead healthier life.

Mark Masselli: Let's talk a little about that because you say that the real in health reform happen when there was a coordinated and modernized approach to the public health system to really improve the collective health of the nation we have to move beyond the healthcare system and to communities where people live and work. Tell us about your vision for a modernized unified approach to public health across the country and what would it look like?

Dr. Jeffery Levi: Actually the affordable care act created a mechanism for us to think much more broadly about how we create health in this country. The forum care act created a national prevention council which is comprised of 17 of the agencies and offices across the federal government who have an impact on health. So it's not just Department of Health and Human Services or this veterans affairs department that run big health systems. It's also housing and urban development and transportation and labor department and education because we know you know what happens in the schools matter for health people being better educated results and better health outcomes we know that people who have stable housing are more likely to be health and so every agency of federal government and every sector in our society has a role to play in helping to create health in. So the Prevention Council and National Prevention Strategy that really provide a guide post for all the federal agencies but also business community, for the education community, for a community based organizations, for phase based community and for the healthcare system about how we can keep people healthier in the first place. So that's I think the very large vision that's incorporated in that national prevention strategy and the document that we just published we folks little bit more on the interaction between the healthcare system and the public health system and recognizing that as our healthcare delivery system changes with the affordable care act as more and more people have insurance we have to make sure that we continue to emphasize the role of prevention of keeping people healthy in the first place.

Margaret Flinter: Well, Jeffery we've been noting that there's been a tremendous resurgence in the last year to a focus on something that was talked a lot about in the 70s and 80s and not so much in 90s and the first part of century that was the social determinants of health as you've just described education, housing, employment what's the role of technology in influencing community health?

Dr. Jeffery Levi: Oh I think there are probably three things that we can point to that will make a difference in community. And so one of the investments in the affordable care act is in creating a new program called Community Transformation Grants which is really providing resources from the federal governments to communities across the country more than a third of a population is covered by this programs. And it's really to support the creation of coalitions within a community that represent health at the health care delivery system, education, public safety, parks and recreation zoning to ever maybe relevant to making that community healthier for them to come together and say okay what will it take for people to be more physically active -- have the opportunity to make healthier choices of food. What can we do to reduce tobacco use to expand access to clinical preventive services and they have been charged with making a real difference in their communities and adapting it to the needs in their communities. And so I think the second part is that so much of the messaging that we need to be doing around public health doesn't necessarily happen with as physician but really the notion of expanding the community health work alert workforce is incredibly important. Thirty, forty years ago we had public health nurses and I think the notion of a community health worker is a very similar sort of thing. Someone in the community from the community who can reach people where they are. In some cases that will mean obviously using the social media and very different types of technology than we did in the past but we shouldn't underestimate the value of that one to one connection as well.

Mark Masselli: We're speaking today with Dr. Jeffery Levi, Executive Director of the Trust for America's Health a nonprofit organization dedicated to making disease prevention a national priority. Dr. Levi is the lead author on a report just released A Healthier America 2013. So Jeffery you were talking a moment ago about the challenge that American faces in the issue of obesity and it's clearly one of the biggest threats that this country faces and yeah there are a lot of great minds have been working on this and it's still then seen to be making a lot of progress.

Dr. Jeffery Levi: Oh this is a very large problem and it's not going to be solve overnight we really need to be talking about reversing this problem with kids and I think we're beginning to see a lot of helpful signs. We see some communities where obesity rates among kids are going down and it's primarily around working in the schools and educating kids that's the only choices and changing the choices that are unavailable in the schools you know and the kids take so much less to change the trajectory and you know one study where kids were given a diet so that they instead of sugar-sweetened soda and that reversed their trajectory toward obesity. So it's -- with kids in particular small changes connect a very big difference, with adults I think it's obviously more of a challenge because we know how difficult weight loss is but what we also know around obesity is that you don't have to become thin in order to become healthier **(14:06 Inaudible)** has shown is that a 10% loss in average weight can actually reverse some of the physical problems associated with obesity including diabetes and I think if we are clear about specially with adult that that's the goal I think we can actually empower people more and see some very positive health outcome.

Margaret Flinter: Jeff, I want to take a look at somewhat different area that I know has been central to the focus of the Trust for America's Health and that's really the public health sciences and public health infrastructure as related to our ability as a country to respond to epidemiologic threats and factitious diseases threats to bio terrorism have only to read how much panic that's been about the resurgence of a really bad influences and or the norovirus that is --

Dr. Jeffery Levi: Right.

Margaret Flinter: -- sickening people across the country to remember that threats come in many kinds and for all of our concern and prevention in chronic disease we still live in an age where that poses a real threat to the American public as well. How much progress have we made in the last decade to strengthen in really rebuilding what many thought was kind of a crumbling public health infrastructure?

Dr. Jeffery Levi: That's a great question, Margaret and I you know I think it's important never to forget those uncontrollable threats there are out there whether they're in the form of bio terrorist threat or some new **(15:26 Inaudible)**. We do an annual report that actually assesses the capacity to respond to essentially and effects disease or bio terrorist threat or any kind of natural you know with natural disaster form hurricanes or earthquakes to the snow storms. And you know we are very concerned about how well we are going to be able to respond you know we spent -- since 9/11 we have invested billions of dollars and rebuilding some of that core capacity to respond but what's happen over the last two or three years is a combination of the recession and state budget cuts and cut backs in the federal level preparedness on the -- we're probably not as prepared today as we were two or three years ago and one of the things that we call for in this report is that you know where you live shouldn't determine the capacity of your local health department just because there may be different resources we as a nation have a need for every health department to have certain foundational capabilities because without them especially when you think about infectious diseases you know they don't recognize county borders and so if we are as strong as the weakest health department that's the one things we call for in this report is for the federal government say we are going to assure that every community has those foundational capabilities.

Mark Masselli: Jeffery your website has an interactive map of the nation where people can easily find access to data on health stats about their state and look across the country it's a nice way to get a snapshot of the nation's health. Tell us a little more about other tools on your site healthamericans.org and where are you headed in terms of the world of social media in terms of trying to get this information distribute out across the country.

Dr. Jeffery Levi: The website has a whole range of information but if you click on your state you can see how you rank in terms of a whole series of issues it's also linked to the county's health rankings project that the Robert Wood Johnson Foundation supports that you can also see how well your county is doing within your state then it's not just about health factors but also education and employment and other issues that can

effect health. So you can see how your State is doing compared to the nation you can also see what kinds of policies your state may have we are particularly focused on obesity and preparedness but there's a whole range of issues that you can see. So you can then see how does my community stack up in terms of addressing healthy food option in the schools for example and that can be the basis for taking some action. We have actually a day we update on what's happening around prevention and the affordable care act and other prevention related issues that can also keep you in touch with what's happening nationally.

Margaret Flinter: That sounds wonderful. And Jeffery we like to ask all of our guest this final question when you look around the country and around the world what do you see in terms of innovation that our listeners at conversation should be keeping an eye at?

Dr. Jeffery Levi: To me, the exciting thing is when I see communities coming together in as diverse places as Akron, Ohio and Seattle, Washington you know in the case of Akron, Ohio they came together around health in part because they knew in order to revive their community economically they needed to be a healthier community that what attract people to invest in their community and that's what brought everyone together from the health systems to the chamber of commerce, to the labor unions so the parks and recreation folks to come together and say how do we make this community healthier by you know focusing on having a better healthcare delivery system but also making the community healthier by making parks more accessible by making sure that schools are offering healthier options. So each community doing their own thing and Seattle they came together around equity issues why do we have these disparities based on race and ethnicity in terms of health outcomes and how can we address that and that require bringing it was actually led from the county executive's office because it was a recognition that everyone had to come together to address these problems. So we're seeing a whole lot of creativity at the local level that I think it was just very exciting to see.

Mark Masselli: We've been speaking today with Dr. Jeffery Levi, Executive Director of the Trust for America's Health which just unveiled its comprehensive report A Healthier America 2013 strategies to move from sick care to health care in the next four years. Jeffery, thank you so much for joining us today.

Dr. Jeffery Levi: Thank you.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly to 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: Well, Mark and Margaret we found a few healthcare claims in President Obama's State of the Union and to the Republican response from Senator Marco Rubio. Obama said that the affordable care act "is helping to slow the growth of healthcare cost" it may be helping but the slower growth for healthcare spending began in 2009 before the law was enacted and it's piece partly due to the down economy. It's true that depending for 2009 to 2011 has been at it's slowest to growth rate in 50 plus years 3.9% each year and experts say the healthcare law deserves some credit by encouraging doctors and hospitals to reduce re-hospitalizations and wait for treatments but it's unclear how much effect the law has had. On the Republican side Rubio said that the law was "supposed to help middle class Americans afford health insurance" but now some people are losing the health insurance they were happy with. But people aren't now losing their health insurance in fact employers sponsored insurance is expected to go up by one million people this year that's according to estimates from the congressional budget office. Rubio is referring to what is expected to happen in the future employers sponsored insurance is expected to go down by seven million people as the law is implemented some won't have an offer from employers others will get insurance from other sources like Medicaid or exchange it. But his comment grosses over the fact that 27 million fewer people are expected to be uninsured because of the law because there's one thing the law is expected to do it's decrease the number of an uninsured significantly and 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 liked checked e-mail 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 life's. Well it's mid winter and by now it's a good bet that a majority of health related New Year's resolutions had fallen by the way side and international aid organization has device a noble idea for improving health outcomes for the kids they served in third world countries well improving the health and fitness of folks here at home. CURE International provides orthopedic and reconstructive surgeries from impoverished children in 27 countries around the globe.

Mark Masselli: And we're there to provide the highest quality asserable care to them and then the follow up care afterwards to help them deal with things like clogged foot or twisted spines we treat a lot of burn contractures and cleft with the palate and then also treats some neurological conditions like hydrocephalus in places like Zambia and Uganda.

Margaret Flinter: Joel Worrall, Vice President of cure.org says that the surgeries to repair Clough v and other physical deformities average around a thousand dollars per

child. So donations or a large source of funding and they thought what if they could tap into the American desire to attain fitness goals here and tie that goal to raising funds that needed to help children in need around the world and they launched the champion campaign. The campaign seeks folks to sign up on their website and become part of champion teams who all make a commitment to lose weight to increase their fitness whatever that fitness goal might be.

Joe Worrall: We started the care champion as a way to both help our supporters achieve those goals and through the help of some really, really generous celebrity coaches we've now got the opportunity or you're not just sort of out there on your own we're actually partnering you with an entire team of people who are all hoping to it achieve a similar goals.

Margaret Flinter: Team members that they are to support one another's goals and each team members so this is sponsors to support them in their own diverse and when the fitness goals attained the funds raised go to help a specific child in need.

Joe Worrall: Sort of connect you with the coaches and with the team of other people that are all trying to achieve this together and we're giving you an opportunity to actually see the results of what your hard work and what your fund raising is doing in the life of specific children.

Margaret Flinter: Care.org's champion campaign a unique platform to help folks seeking to improve their own health while providing funds to help the health of other now that's a bright idea.

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

Mark Masselli: And I'm Mark Masselli peace in health.

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