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Mark Masselli: This is conversations on healthcare I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret I was watching the proceedings of the final days of the Supreme Court session and I know many people were booed by their same sex rights decision. But I was struck also by the fact that it's been almost a year since the last landmark ruling upholding the Affordable Care Act.

Margaret Flinter: That's right Mark, and that decision a year ago send a shockwaves across the country both in policy circles and certainly in the healthcare arena, and really impacts all Americans. The Supreme Court upheld the legality of the Affordable Care Act living at largely intact but still, you know, the drum beat against the law continues to the stay supporters of meaningful health to form in the country take nothing for granted as they go about their work.

Mark Masselli: We're ten weeks out from the first day people can enroll in the plan and there's much work to do on its implementation. But many of our guest have reminded us that we have to take the long view in looking at this legislation it will impact future generations and there will certainly be changes to the legislation.

Margaret Flinter: Well one thing that hasn't change of course is that we believe that healthcare is a right and not a privilege and indeed the evidence is clear that access to care for all Americans is the first step in improving health outcomes and on that note many Americans of course are suffering the ill effects of obesity in this country. And at their recent annual meeting the AMA took a bold step forward and designated obesity as a disease.

Mark Masselli: You know of American adults are obese, and one fifth of American children are, and the attending health problems related to obesity are weighing heavily on the healthcare system as well.

Margaret Flinter: Well Mark the designation by the AMA is a step in the right direction of course it's only one step, we have to do much more than recognize it as a disease we need policies and initiatives that target the obesity epidemic, target behavior change if we're going to be able to have an impact on the problem and really we have no option we have to make this one better.

Mark Masselli: And that's something our guest today is working to achieve, Dan Glickman is the Former Secretary of the US Department of Agriculture, under President Clinton. He's now with the bipartisan policy center nutrition and physical activity imitative, his team is hoping to generate policies that will link the billions of dollars earmarked for the nation's farm bill and aligned it with policies aimed at reducing obesity.

Margaret Flinter: And it's a very interesting idea Mark, the bill that deals with both supporting agriculture in this country is the same bill that provides food assistance to those in need. And right now they're not currently tie to nutrition directive so should be a very interesting conversation.

Mark Masselli: We'll also hear from Lori Robertson, Managing Editor of Factcheck.org. She's been drilling into some of the details of the Affordable Care Act this past two weeks, she's helping to answer some of the unanswered questions about the healthcare law.

Margaret Flinter: But no matter what the topic you can hear all of our shows by Googling CHCradio and always if you have comments please e-mail us at CHCradio.com or find us on Facebook or Twitter because we love to hear from you.

Mark Masselli: We'll get to our interview with Secretary Dan Glickman in just a moment, but first here's 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.

United Healthcare the nation's largest insure is bowing out of the individual-market in California, the healthcare company notified state regulators that it would withdraw itself from the individual-market at the start of 2014 following at **(03:24 Inaudible)** a week ago. Another signal that health insurance companies are altering strategies and advance of full implementation of the Affordable Care Act, which require insurance companies to accept all customers even those with pre existing conditions that could prove costlier. Promotion and healthcare law it's creating some unique partnerships, the Obama Administration is trying to generate interesting ways to get the message out about the Affordable Care Act, and they're banking on the idea that mama knows best when it comes to gaining affordable health coverage through the new exchanges. Health and human services secretary Kathleen Sebelius says they are enlisting health from advocacy groups like moms rising all the way up to AARP to exert a little mom generated guilt on the so called young invincible those past the age of 26 who are uninsured healthy and regain coverage on the exchanges. HHS is also using local community groups, local libraries and other home grown entities to get the message out about the Affordable Care Act. But don't expect an ACA booster message during half time on the gridiron this coming football season, the National Football League is yielded to pressure from conservative law makers on Capitol Hill, not to pull out their franchises to be use to pitch the merits of the healthcare law. Bryan McCarthy vice president of communication at the NFL said that the league has no plans to engaged in this area and have no substance of contact with the administration about the Affordable Care Act.

The Obama administration has also reached out to the NBA, NASCAR and the American and national baseball leagues, the Red Sox were very influential and getting

the message out about the Massachusetts healthcare law, back in 2006 under then Governor Mitt Romney. The lazy days of summertime and children put away pencils, pads and uniforms and pack on their pounds in an accelerated rate, a recent study showed a rapid acceleration of weight gain among kids during summer break, seems the worst habits are sedentary and increased junk food consumptions increase in summer. Report by the journal of school health suggest fitness and nutrition programs been extended throughout the year.

I'm Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We're speaking with Secretary Dan Glickman former Secretary of the US Department of Agriculture and senior fellow at the Bipartisan Policy Center where he co-chairs the commission on political reform the nutrition and physical activity initiative as well as the taskforce and defense Secretary Glickman spent 18 years representing Kansas City in the US House of Representatives. Mr. Glickman is also Executive Director of the Aspen Institute Congressional Program, a nonpartisan educational program for members of the US Congress. Secretary Glickman welcome to conversations on healthcare.

Secretary Dan Glickman: Thank you, good morning glad to be with you.

Mark Masselli: Your team at the bipartisan policy center just held a news conference and issued the report on the need to promote more targeted food and farm policy that will impact the obesity epidemic in this country. Problem so vast and scoped that your organization and many others have warned it's threat to our national security due to obesity's direct impact on healthcare cost, what's the real impact on obesity epidemic on the nation's healthcare system.

Secretary Dan Glickman: Well about 80% of the cost of healthcare is for chronic disease, and most of that occurs for people over the age of 50 years old who have diseases like diabetes, heart disease certain cancers and just back problems orthopedic issues and much of that is caused by bad diet. And so if you look into the national budget of the United States, most of the growth in the budget over the next few years is going to occur in Medicare and Medicaid which is healthcare cost, caused by chronic disease, cause in large part by bad nutrition and poor physical activity. And so what we eat has a lot do with this nation's fiscal health as well and for folks who want to try to get the deficit reduced there is no better alternative than trying to deal with healthier cost and to do that you got to deal with the prevention side.

Margaret Flinter: So, Secretary, a year ago your team at the bipartisan policy center issued a report lots to lose how Americas health and obesity crisis threatens our economic future and -- so we're so appreciative if you're making the link between policy and this huge health problem and -- but your report May 26 specific recommendations aimed at tackling the obesity epidemic, why are the farm bill and the government's other

food and farm policy such vital and yet not well known tools in stemming obesity in this country.

Secretary Dan Glickman: We tend to support five crops, wheat, corn, cotton, rice and soybeans and then if you look at the dietary guidelines put up by the government both by the department of agriculture and department of health and human services. It really advises people eat other things like fresh foods and vegetables so on the one hand we're providing money for farmers basically to produce certain items, but then we're telling people to deal with their health to eat other items. So there's disconnect there and that's something that we pointed out in our report. The biggest part of the farm bill is food stamp so the SNAP program, and SNAP was established as the way to help people who are hurting and hungry to eat adequate amounts of food but nutrition was suppose to be original a big part of it. And now for the most part we don't devote as a much attention to nutrition in the SNAP program as we should, so there are two public policy issues I just mention that impact people's health and disease because of the issue of what folks eat.

Mark Masselli: You know I want to pull the thread on that a little secretary because you know very well that the farm bill is really sort of design in silos and you're really trying to educate those who are working on this but the American public that theirs is all of these are interconnected and the healthcare across in this country are really sky rocketing. So talk to us a little bit about how this farm bill gets managed and incorporated in your mind into the health policies and reforms the need to take place and, how do you get that next larger context understood.

Secretary Dan Glickman: Well on the first place the current farm bill was voted down in the house of representatives, so we -- right now we're kind of been limbo in terms of federal farm policy and one of the reasons it was voted down is because the cuts to the food stamp program were sufficiently large, so the great amounts of democrats determine not to vote for it. You see the farm bill both the nutrition title and the farm title so, they are suppose to be linked in some way but, you know, in recent years it's been a real struggle because of budgetary issues, as we deal with agriculture policy and food policy we can no longer avoid thinking about nutrition as a key part of the billions and billions and billions of dollars of tax payers pay out every year for these particular policies. And so we have an obligation to look at what people aid and giving them better information encouraging them to take care of themselves better because the farm bill probably as is much to do with the health of individuals as is there any piece of legislation.

Margaret Flinter: Well secretary you know it's only at the recent gathering of the American medical association that the organization pastor resolution defining obesity as a disease not just a primary disease but also the root cause of so many other secondary disease as you mentioned earlier, we see the effective obesity across the spectrum of age and all aspects of healthcare. So what kind of impact do you think that the designation of obesity as a disease is now going to have and how both medical

establishment and also policy makers address the obesity epidemic what would you like to see people doing and what more will be require?

Secretary Dan Glickman: I adopt the American medical association has ever even thought about how the farm bill impacts a health policy. And I doubt that a lot of farm groups have really thought about health and nutrition is part of the farm policy. So the fact that they designated obesity as a disease I think will impact the health insurance industry and the medical community doctors and others who really focus a lot more on what it is that people eat. And that will then have an impact on farm policy because ultimately farmers will grow what people want to eat. And so that link is strengthen by the designations of obesity as a disease.

Mark Masselli: We are speaking today with Secretary Dan Glickman, Former Secretary of the US department of agriculture and senior fellow with the Bipartisan Policy Center where he co-chairs the commission on political reform and the nutrition and physical activity initiative. Secretary Glickman is an 18-year-veteran of the US Representatives. You know I want to get back to the political landscape for a moment. You served in congress and you are in trenched at a time when there was distinctly far less partisanship. I know you are really concerned about the entrance that's happening in Congress. What do you think some of the solutions are not just on the food and farm policy but the larger conversation that's needs to happen in Washington, where people need to speak to each other versus at each other?

Secretary Dan Glickman: It's a very good question, if I had the actual answer to it I write a book and I made a lot of money. And I'll open on radio station operate a talk show. So but I would say you know there are many causes of what's happened you know the money and politics, the taxation on raising money I think takes a lot of time out of the system for members of Congress that you spent time focusing on the issues that 24 hour mediate cycle the growth of these outside groups, super packs and others. We have a kind of tribal atmosphere in Congress, both sides of the aisle participate in it, it's much more difficult to be a leader in Congress or an executive branch for that matter than it used to be but notwithstanding all these things, our political system is still resilience and ultimately the public has to speak up, they have to demand that their political leaders solve problems and not just engage and bitter fighting you know we don't need a civil war between our -- in our political system, folks want these problems deal with. But ultimately in our systems it's the public that has to push their members to do this.

Margaret Flinter: Well, Secretary, as you say that have two MG in my mind and one images the Friday morning farmers market near my office where people bring their snap vouchers and exchange them for fresh vegetables and fruits and other kinds of proto where moms and kids have their wick vouchers. So, on that very granular local neighborhood level we can see the impact of a lot of both local advocacy and also state and federal advocacy that allow us for things like the redemption the vouchers. My question to you as you go up to the 50,000 foot level and you're looking at things which I can barely comprehend like the core in subsidies and how all that works. Do we have

evidence to suggest that making a shift in policy at that level we'll have kind of direct line benefit down to the ground level, what are we operating on here in terms of evidence based policy?

Secretary Dan Glickman: You know most of the Ag region in this country is grown on these five crops I just mentioned and many of those crops are used to feed animals and -- animal agriculture about half of the growth nation product so to speak of agriculture in this country. And you know the government is not going to tell people what to eat and we're not going to have you know kind of police state in this regard but what our farm policy needs to do is to encourage the production of healthier foods. And that means a good balanced diet which includes large quantities of foods and vegetables and legumes and then we need better education of consumers by everybody in our system including doctors and the medical community. You know their -- they've kind of been the missing link in all this stuff because then what we've found in our Bipartisan Policy Center Review is very few doctors and very few medical schools teach nutrition. Doctors are very good once you're sick not very good and how to prevent illness. So there are a large institutions in our society that need to get engage in this debate beyond the government, another is the cooperate American which employees about 75 million people, you know more and more they're finding and lost productivity due to illness caused by bad diet or poor physical activity is a huge problem for them. So we need to encourage the production of more fruits and vegetables which is like the programs that you talked about but there is no one servable that I call there is a silver buck shot. There was a merit ways to deal with these issues and reminds me that all quote for every complicated problem there was a simple and a wrong solution, there are no simple solutions to this problem.

Mark Masselli: Well one of the pallets in that buck shot has to be a health technology and data sharing and I know little I'll feel farm and fruit policy but with this review big nature of social media, cell phones, and the like, the ability to share information. So how do you think technology is going to play role on trying to help and influence people decision making?

Secretary Dan Glickman: Well certainly modern information blow will get people information faster and as you say more **(16:41 inaudible)** way and everybody will be able to have it on their handheld devices or whatever technology is coming down the pipe. More and more people will be sharing best practices that something that you know there is a lot of great things happening in this country in terms of nutrition and physical activity in the private sector and the schools and corporate America but that information has to be shared so others can look at it, and so clearly the new technology gives us a great opportunity and then of course science and we need to adequately fund research into the issues of nutrition. So you know people are often very confused about you know what to eat and I think our diet is complex and we need better information from the science and health community and the kind of information that's understandable by the American public they get bombarded by a lots of different images included advertising of not such good foods on television and so they need to able to make better judgment for themselves.

Margaret Flinter: Secretary, maybe as one final question just so we leave our listeners no doubt in their mind about the importance of this topic when I talk about threat to the national security that the obesity epidemic represents it's a threat to certainly the health and productivity the American public but also it's a share economic burden maybe just final wrap upon the dimensions of the economic burden of obesity?

Secretary Dan Glickman: Well first of all when you consider 70 to 80% of healthcare cost private insurance carriers, medicare is due to chronic disease caused by bad nutrition and physical activity practices, that's a huge problem for our federal governments as a massive deficits and the biggest part of our -- the biggest growing part of our deficit is healthcare cost. So but not only it is a fact the cost of the federal budget or your own personal cost, but even the military will tell you that there are seeing large numbers of enlistees not qualified for a military enlistment because of either overweight, bad teeth, other kinds of health condition caused by bad diet or poor physical activity. So this is the real problem and it's a worst problem in America than it's in another parts of the world where you know we have lived in great excellence for a long period of time and issues of nutrition haven't really been in the top of the game for many, many Americans and now we are finding the chickens have come home to roost and that the healthcare cost are big, big factor in our national debate on physical security and national security.

Mark Masselli: We've been speaking today with Secretary Dan Glickman, Former Secretary of the US Department of Agriculture and senior fellow with the Bipartisan Policy Center where he co-chairs the commission on political reform and the nutrition and physical activity initiative. You can find out more about the work they do by going [bipartisan-policy.org](http://bipartisan-policy.org). Secretary Glickman, thank you so much for joining us today on Conversations on Healthcare.

Dan Secretary Dan Glickman: I am very glad to be with you.

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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](http://factcheck.org) a nonpartisan, non profit 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: Well Mark and Margaret, President Obama was pushing the new insurance exchanges recently and encouraging those who need to buy insurance on their own to sign up through state base exchanges beginning October first. This enrolment period will last through the end of March. The exchanges are a major part of the Affordable Care Act currently 15.4 million Americans buy their own insurance on which called the individual market, but that number is expected to increase to 24 million

by 2023 through the exchanges where millions of uninsured Americans will gain coverage.

The Obama Administration wants about seven million people to join the exchanges in the open enrolment period that will begin in October and it wants about 2.6 million of those to be young and healthy folks. There is a big push to get the young to join the exchanges so that the risk pools are not overwhelmingly made up of older and less healthy individuals which would bring premium cost up. And so other premiums will cost more or less and people would pay without the lost, that depends a lot on individuals and their circumstances, where they buy in a cheap bare bones plan before, do they have pre existing conditions that price them out of the individual market, what kind of insurance protections existed in their home state before the federal law, will they qualified for premium subsidies which will go to those earning up to 400% of the federal poverty level. For now we recommended those who will buy their own coverage visit the Kaiser Family Foundations online subsidy calculator, it's nearly an estimate but you can get an idea of what premiums might cost and what kind of subsidy you could receive to offset the price.

And that's my FactCheck 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'll have FactCheck.org's Lori Robertson check it out for you here on conversations on healthcare.

Mark Masselli: Each week conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Asthma is one of the leading causes of trips to the emergency room for children, and there are often a correlation between high density low income neighborhoods and more trips to the hospital for treatment and intervention. When officials at Boston Children's Hospital notice a spike in asthma outbreaks in certain neighborhood clusters they decided to do something about it. They launched the community asthma initiative, triggers for asthma are well known dust mold pest mice and even over use of certain cleaning products can cost trouble, they realize that if you could treat the environments in the patient's home that might reduce the need to treat the patient in the emergency room.

Dr. Elizabeth Wood: The home visiting efforts work with children and families that have been identified through their hospitalizations and emergency room visits as an identification of having poorly controlled asthma and also it's a teachable moment when families are open to making the changes in terms of care and environment within the home.

Mark Masselli: But Dr. Elizabeth Wood heads the program and says the first step is to identify the frequent flyers, those kids who make repeated trips to the emergency room.



Then they matched with the community health worker who visit their home several times and assess the home for asthma triggers.

Dr. Elizabeth Wood: And they work on three areas, understanding asthma itself, understanding the medications and the need for control medications and then working on the environmental issues, within the home.

Mark Masselli: Families are given everything from Hepa filter vacuum cleaners to air purifiers, they are told not to clean with certain toxic products and the homes are monitored for the presence of pest or rodents. The results says Dr. Wood, has been pretty dramatic.

Dr. Elizabeth Wood: What's remarkable is that there was a 56% reduction in patients with any emergency department visits and 80% reduction in patients with any hospitalization.

Mark Masselli: And while this program is expensive about \$2400.00 per family there is a return on investment in reduced hospital cost in healthier children. The program has been so successful. It's been deployed in other hospital communities around the country. The community asthma initiative a simple re shifting of resources aimed at removing the cause of disease outbreaks in the community leading to healthier patient populations, thus significantly reducing the need for hospital care. Now that's a bright idea.

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Margaret Flinter: This is conversations on healthcare I'm Margaret Flinter.

Mark Masselli: And I'm 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.