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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, the numbers are in and they are pretty impressive. The department of Health and Human Services announced the numbers of signups during the second open enrollment under the Affordable Care Act and the numbers far exceed the administration's estimates.

Margaret Flinter: During the first open enrollment about 8 million Americans signed up for coverage through the insurance market places. This year the number was way up 11.7 million Americans signed up for coverage.

Mark Masselli: Also quite a few Americans who research-enrolled shopped around for new plans that better suited their needs and there were 25% increase in the number of insurance companies participating and more insurance companies means more competition for the consumer.

Margaret Flinter: Well we also may be surprisingly saw some huge numbers in states like Texas and Florida where those State Governments had actively campaigned against the Healthcare Law, 1.2 million people on the Federal Exchange in Florida and another 1.3 million from Texas using their Federal Exchange. So the Federal Exchange option seems to have worked.

Mark Masselli: But still lagging though and more no reason, so called young invincible HHS says they are working hard to target certainly on insuring populations and they have got an extra chance to that with special enrollment period that goes on from now to the end of April on the federal exchange.

Margaret Flinter: And the average monthly subsidy that Americans receive to purchase insurance is about \$240 a month. Polls show that these subsidies are extremely popular with Americans.

Mark Masselli: You are absolutely right. The Healthcare Law is increasing access to affordable coverage. We have some serious public health challenges to address in this country and perhaps the most concerning one is the epidemic of childhood obesity.

Margaret Flinter: Well our guest today is someone who is leading the battle against that epidemic on the front lines. Dr. John Lumpkin is the Senior Vice President at The Robert Wood Johnson Foundation, overseeing the Foundation's quest to eradicate childhood obesity by 2025.

Mark Masselli: Lori Robertson, the Managing Editor of FactCheck.org. stops by, she is always on the hunt for misstatements spoken about health reform in the public domain but no matter what the topic, you can hear all of our shows by going to [www.chcradio.com](http://www.chcradio.com).

Margaret Flinter: And as always if you have comments, email us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook or Twitter@chcradio we will get to our interview with Dr. Lumpkin from the Robert Wood Johnson Foundation in just a moment.

Mark Masselli: But first here is our producer Marianne O'Hare with this week's Headlines News.

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Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. A 93% amount of Floridians receiving some kind of tax subsidy under the Affordable Care Act to offset the purchase of insurance Florida, a State that had fought hard against The Healthcare Law saw the biggest jump the country in signups during the second round of open enrollments. According to a national poll 71% of Americans are in favor of keeping of those tax subsidies in place and now smaller and mid-sized employers are getting in the game and some of it to just agreeing of employees being forced to purchase insurance selected by their employers. Under The Health Law large employers that don't offer their full-time workers comprehensive, affordable health insurance face a fine. The law requires large employers to either offer coverage or pay a fee if their full time workers excess tax credits to get coverage on the market place. And it has become an annual rite of spring. Congress is again haggling over the Medicare reimbursement formula the so called Doc Fix that would once and for all end the fee schedules set in place by Congress in 1997. That reimbursement rate drops 21% for docs and just a few weeks unless Congress gets its Act together last year, or deal to hammer out a permanent solution to fix the problem didn't make it through the session, this year's deal looks to be more of a temporary fix again. I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: And we are speaking today with Dr. John Lumpkin, senior Vice President and Director of Targeted Teams at The Robert Wood Johnson Foundation, the largest foundation in the nation dedicated to improving health and healthcare. Dr. Lumpkin is responsible for all management aspects of the RWJ Foundation's childhood obesity and several other teams. He is an emergency medicine physician. Dr. Lumpkin served as The Director of the Illinois Department of Public Health for 12 years. He is Chairman of The Board of Directors of The Robert Wood Johnson University Hospital, the major teaching hospital of Red Cross University. He earned his medical degree from North Western University and is NPH from Illinois University. Dr. Lumpkin welcome to Conversations on Healthcare.

Dr. Lumpkin: Well thank you, it's a pleasure to be here.

Mark Masselli: You know, what I think, most Americans know that we are facing an obesity epidemic but I am not sure they are aware of all of the implications and it's especially troubling for the Nation's Children, 35% of the Nation's Children are obese or overweight and they are also disproportionate rates of obesity facing racial and

ethnic minority populations. In fact the epidemic is so alarming that analysts predict this is the first generation that will have a lower life expectancy than their parents. Tell us more about the scope of this public health crisis and the risk factors for obese children today and the toll that it is taking on our healthcare?

Dr. Lumpkin: I started out in medicine many decades ago and when I was taught, I learned about two types of diabetes. Juvenile onset diabetes and adult onset diabetes, and pretty much you see one in kids and you see the other in adults. Now we talk about type 1 and type 2 diabetes because what used to be adult onset diabetes, we are seeing now kids in their early teens and this is a direct result of this epidemic of childhood obesity. You know we have seen the rates of obesity over the last 30 years have tripled among adolescents and quadrupled among children 6 to 11 years old. This generation the one who are the future of our nation are at risk of being the first generation live sicker and die younger than their parents.

Margaret Flinter: Well Dr. Lumpkin The Robert Wood Johnson Foundation as I think most of our listeners know is the largest foundation dedicated to improving health and healthcare in The United States and you just announced a sizable commitment to the program that began back in 2007 to tackle childhood obesity back then half a billion dollars was committed to stemming the epidemic and some progress has been made since then but still so much work to do. Tell us about some of the specific goals that you have established with the childhood obesity program at the foundation and some of the results and the outcomes that you are seeing so far.

Dr. Lumpkin: We started out actually in childhood obesity in 2003, when our new president Risa Lavizzo-Mourey joined the foundation and as we began to working we realized that the critical focus at that time was to do a few things. 1. We as a Nation believe by and large that childhood obesity was a problem of individual choice. And we have been able to identify with research that now the public believes that childhood obesity is a problem for all of us in our community. Obesity is purely an imbalance between how much food you bring in and how much you exercise. It's that simple. And if we go into correct it, we need to change from when I was growing up we used to think about young people as being dealt. Those are involving getting up and going, now this generation is sitting down and watching and eating. You know, that means that we have to change the way our environment is, where people live. So how we build our communities? How we make available access to fruits and vegetables and what we are seeing today is the rising tide of childhood obesity is slowing down and even stopping. Children are now having access to more healthy schools meals and the school snacks because of some of the Federal Policies as well as the fact that schools are adopting healthier school approach of focusing on exercise, recess activities and healthier lunches.

Mark Masselli: Now understand this new commitment of the foundation is going to really focusing on urban neighborhoods where poverty is a key factor, so tell our listeners about the new targeting approach to ensure that every American child who enters kindergarten enters in a healthy way. We are committing a second 500 million and so a total of a billion dollars over generation. Our priorities now are to move from where we have learned and how to work with school age children and to recognize that children actually some of the decisions that are being made either when mothers are pregnant or early childhood significantly stacked to attack one

way or the other. So the first goal is to ensure that all children enter kindergarten at a healthy weight. That we want to make healthy school environment the norm, not the exception across The United States we will make physical activity apart of the everyday experience for children in US and to make healthy foods affordable, available and desired choice in all neighborhoods and communities and so this is a problem for everyone of us in this country, whether it be individuals who have are physicians, nurses, who are in the caregiving profession, but it's also a problem for businesses, for churches, for communities for social leaders, for urban planners and the biggest challenges are also the communities that tend to be poor and so we are going to focus on activities there. And then our last priority is to eliminate the consumption of sugar or sweetened among children under 5 years of age. Evidence is clear that children start using sugary beverages at that age. Their risk of obesity and overweight goes up dramatically. So we have to help parents understand what puts their children at risk and what healthy drinks is.

Margaret Flinter: You have had some very creative calls for action and made investments in a wide range of programs. Maybe you could highlight some of the programs that you and the foundation have observed to really work to make it difference and I know there are many but share a few examples with us. Share some success stories across the policy activity nutrition intervention.

Dr. Lumpkin: I think perhaps the biggest one is the involvement of the first Lady Michelle Obama with her let's move campaign and with her influence in changing the rules for school lunches. As of today, about 80% of the schools in the country are now in compliance with dozen of school rules. They have had to remove the fries and put in boiling units, that the food that is served is lower in fats, higher in protein, higher in nutrients and higher in vegetables and fruits. Because of these changes, children are actually selecting more fruits and vegetables and consuming more, contrary to some of the rumors that are out there but we have also seen some significant progress in New York City and Philadelphia and they are both shining examples of what happens when the whole city decides they want to get involved. You know, we have seen over the last 2 or 3 decades that as school have had financial challenges they have cut back on physical education. You know, there is clear evidence now that children who are active at recess, who are engaged in physical activity, actually do better in academic performance. New York is focussing also on the child care setting. They have worked with childcare centers; they helped them understand now to provide healthier foods, how to provide nutrition education, because often if you educate the child they bring that home. They have looked at ways that child care centers can increase the amount the physical activity and most importantly limit the amount of screen time and all this is very important and we have seen the results that the rates of childhood obesity in both New York and Philadelphia have gone down. Now Philadelphia has done something that's really particularly special, because they have seen you know, in New York while it went down the rates did not go down as much in the African-American and Latino communities and we are doing some studies in Philadelphia to see exactly what they have done but they did pay special attention to helping increase the availability of fruits and vegetables in communities that prior to this have been food desert, we can begin to solve this problem.

Mark Masselli: We are speaking today with Dr. John Lumpkin senior Vice President and director of targeted teams at The Robert Wood Johnson Foundation. Dr. Lumpkin is responsible for all management aspects of several teams at RWJ including the childhood obesity teams, you know, Dr. Lumpkin there are a couple of takeaways. One is that teamwork is the new employee of every healthcare organization and second is really the importance of understanding the science of obesity and you mentioned the first lady and her great campaign on let's move. Do we have real bipartisan support around the whole effort around the food campaign? Any worries from you in terms of having a broad enough coalition for the science of what has worked so far so, important about the school breakfast and lunch programs. How they have really transforming the national realities for millions of children around the country?

Dr. Lumpkin: I think many of us in our country in the polls demonstrate that people are becoming increasingly befuddled by what's going on in Washington, because once you get out into the communities and you begin to talk to parents and you talk to businesses and you talk to schools. They can all understand that what's most important to them are their children and the children of those communities, and when you begin to make the statement in this country that we are all in this together. People begin to see the importance of change. Whether or not it's the first lady and certainly she has really championed this issue, but out in there communities began the big programs like lets move and you have organizations that have adopted to lets move name as part of their name because they are fully committed to the goals of getting children moving and getting children to have healthier school breakfasts and lunches. We have believed their partnership is a critical component. One is one that was started by The First Lady called The Partnership for Health America, and this has been really an interesting organization because they just had a meeting 2 weeks ago, I was here at the meeting and we had businesses from across many spectrums. There were day-care centers, there were food growers, there was just a new campaign on fruits and vegetables that was announced by the producer industry to make it cool for children to eat fruits and vegetables using movie stars like Jeff **Skoll** and football players and even world wrestling stars to say how important it is to eat fruits and vegetables and broccoli. We have also worked with The Alliance for healthier generation which is partnership with The Clinton Foundation, and they have worked with our support with over 26,000 schools nation side and these schools all make commitment to change their policies, to change how food is made available, and how exercise and play is available for children and I have been to so many schools and you just can't imagine how much of a change these school have. I was at one, just at last month, where the principal actually leads to spin class and the principle had a big office and said I don't need an office this big and she converted half of the office into a kitchen where students can come in and learn how to cook healthy meals. We are partnering with American Heart Association and Organization called Voices for healthy kids and this is focussed at many of the key components reaching on building partnerships with Life and other organizations. For schools it seems like it's got to be a nerve-brainer. Healthy children learn better. Children who are obese are more likely to be obese as adults to have illness and businesses work better when their employees come in everyday. So cost of care of the individuals is based upon how healthy they are and obesity is one of the major risks for diabetes, for heart disease and for stroke. So if we can begin at a younger age, that's where we begin to see real change happen.

Margaret Flinter: Well it does seem that we have seen a sea change in this area over the last decade and you know you just have such a clear memory of so many pointed arguments in the general assembly and so forth. Things like if you take away the vending machines in the schools and you take away the **Oak** Program and the football team. That seems to have subsided to a large degree, but some of this has really been about a partnership with the food and beverage industry to make a contribution on their part to try to eliminate or reduce some of these calories from the market place and the foundation had looked at a commitment from the food and beverage industry to remove 1.5 trillion calories from the market place and found that companies removed 6 trillion calories. Tell us about some of these large partnerships really with the food and beverage industry?

Dr. Lumpkin: Sure and you know, I caught my teeth on the campaign against tobacco. This is different. We will not be able to be successful in changing the whole outlook of our country about what's healthy without the direct involvement and commitment of the food industry, and we are beginning to see some changes. As a foundation we really have not been shy about pressing the industry to do more but we also believe that we shouldn't hesitate shine a light on practices that we believe are positive and make a difference, and that's what happened with the healthy weight commitment. They came to us, they said, we want you to be a part of our healthy weight commitment. They said, what we will do is we will find an independent evaluation, you say you are going to move 1.5 trillion calories we are going to followup to make sure that that happens. And we found not that they reduced 1.5 trillion that they reduced, removed 6.4 trillion and that really was a major support step. It's a first step but we think it's going to be critical for the food industry to not only realize that it's important for them to change but it also makes good business sense. The industry needs to actually believe that it can make financial sense. There are some studies that are starting to come out that show that companies had market better for you and lower calorie products actually do better financially and you are beginning to see companies like Burger King, McDonald's and Wendy's the big three of Hamburger's taking sugary beverages off of their children's menu, but the other pieces all of us who buy foods need to have been better educated, the problems of high sugar of high salt, of low nutritional value and we need to demand healthier foods and when you put those two together, and increase demand for healthier foods and the food industry realizing that's where they can do better financially, then we began to see a dramatic change. It requires a different working relationship with the industry then we have had on other issues.

Mark Masselli: We have been speaking today with Dr. John Lumpkin Senior Vice President and Director of targeted teams at The Robert Wood Johnson Foundation. You could learn by following Dr. Lumpkin at twitter at [jrlumpkin](#) or by going to [rwjf.org](#). Dr. Lumpkin, thank you so much for joining us today on Conversations on Healthcare.

Dr. Lumpkin: Thank you so much.

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Mark Masselli: At Conversations on Healthcare, we want our audience to be truly known 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 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: Vice President Joe Biden recently said that the Affordable Care Act would reduce US debt by “another one trillion dollars over the next 10 years” but that’s a democratic estimate for 10 years starting in 2022 or 2023, not the next 10 years. The congressional budget office projects the law would reduce the deficit by 109 billion dollars over the 2013-2022 period, but said beyond that it is very difficult to predict. So where does Biden get the 1 trillion dollar number. The CBO said in 2012 that beyond the following 10 years, the ACA would reduce deficit in the subsequent decade by a broad range around one and half percent of gross domestic products, saying that it doesn’t generally provide estimate beyond the initial 10-year period because it’s difficult to project that far into the future, and the calculation would have to assume that all provisions of current won’t change over 20 years. CBO director Douglas Elmendorf called the second decade estimate “a rough outlook” but democrats still took the one half percent of GDP estimate and calculated that it would amount to a little more than one Trillion dollars based on estimates of what GDP would be few decades into the future. CBO has long estimated that The Affordable Care Act would reduce yearly deficit and not add to them once both spending and revenues from the law are taken into account, stating instead only that “The ACA will reduce deficit over the next 10 years and in the subsequent decade” and that’s my FactCheck for this week, I am 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 would like checked, email us at [www.chcradio.com](http://www.chcradio.com), we will have FactCheck.org’s Lori Robertson check it out for you here on Conversations on Healthcare.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. In the emergency room or the ICU clinicians are confronted with a myriad of unpredictable medical crisis that sometimes can be challenging to diagnose. Most of these clinicians and now communicating with colleagues via their smart phones often sending images of the patient’s unique symptoms or chest x-rays to one another for shared diagnosis. ICU physician Dr. Josh Landy was noticing a growing trend of image sharing via smart phones to crowd source second opinions from friends and colleagues across the country, but he was also concerned about the potential violation of HIPPA regulations. So he developed an App for that. He created Figure1 a sort of instagram for doctors in which images can be de-identified but shared a dedicated social media platform that would allow input from clinicians within their network. Doctors are using the App to communicate not only with colleagues within their hospital setting but around the world where someone might have superior expertise with a certain condition. The App was recently used to share a chest image of one

of the patients who presented with the mid-eastern virus (MERS). Dr. Landy says the App's got about a half a million image views a day with about 80 million total views so far. He sees the potential for this platform only growing as more young digital natives enter the work force. Figure 1 is a free download through Apple App Stores and Google Play. A free downloadable App offering secure HIPPA compliant image sharing among clinicians around the world to reduce the time it takes to zero in on the diagnose by tapping the collective expert instantly. Now that is a bright idea.

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Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli. Peace and health.

Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at <http://www.wesufm.org> and brought to you by the Community Health Center.