

Mark Masselli: This is Conversations on Healthcare, I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well, Margaret here we are again wondering what will become of the Affordable Care Act based on another pending Supreme Court decision. June 16th is the expected decision date for King v. Burwell a case that could have far reaching implications on the fundamental foundation of the health law and its financing.

Margaret Flinter: And the case is challenging one of the economic foundations of the healthcare law.

Mark Masselli: So here's what's at stake, the plaintiff argues that the law prohibits residences states without state run health insurance market places from receiving federal tax credits and cautionary reductions. If a high court decides in favor of the plaintiffs millions of Americans will lose these vital tax subsidies that help fund their health insurance.

Margaret Flinter: If the high court rules against this provision it will have very far reaching implications. And as you say Mark millions of newly insured Americans who rely heavily on the ACAs tax subsidy provision could lose their benefit. And then the medical industry would feel the brunt of it as well. It's estimated that physician practices, hospitals, prescription drug, other medical spending could see up to a 35% drop in business if these millions of Americans lose coverage. And of course that's without quantifying the price tag for what happens in the absence of prevention and effective treatment.

Mark Masselli: We've said all along the healthcare law will continue to run the gauntlet of challenges. But as providers we've seen the ACA having benefited so many previously uninsured Americans who now have an affordable access to prevention and good chronic disease management.

Margaret Flinter: Well insured or not America has another problem Mark, and that's obesity. An estimated 1 in 3 Americans is obese or overweight and add significant cost to the population's health. And our guest today is a world renowned expert on the topic.

Mark Masselli: Dr. William Dietz is Director of the Sumner M. Redstone Global Center for Prevention and Wellness at George Washington University. He'll talk about new prevention initiatives to bring this weighty health crisis under control.

Margaret Flinter: And Lori Robertson will be checking in, our managing editor of FactCheck.org is always on the hunt for misstatements spoken about health and health policy in the public domain.

Mark Masselli: But no matter what the topic you can hear all of our shows by going to chcradio.com and as always if you have comments please email us at CHC Radio at CHC1.com or find us on Facebook or Twitter we love hearing from you.

Margaret Flinter: And we'll get to our interview with Dr. William Dietz 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 number of uninsured Americans is at its lowest level in decades according to a recent analysis done by the Centers for Disease Control. CDC survey the insurance landscape and found that only 11.9% of respondents reported being uninsured for summer all of last year. That number had been far higher since at least the mid 1990s anywhere from 18 to 22%. The National Health Institute survey report comes as a Supreme Court weighs another decision on a fundamental aspect of the healthcare law. Whether the subsidies received by some 13.4 million Americans purchasing health insurance are actually legal in a 37 states that didn't set up their own exchanges that decision could lead to more than 8 million Americans no longer being able to afford the cost of insurance.

And Medicaid expansion has only happened in about half of the states though the number is growing, widening the eligibility for those living closer to the poverty line to qualify for Medicaid coverage. The health laws expansion of Medicaid coverage to adults with incomes over the poverty line was key to reducing the uninsured rate among 50 to 64 year olds from 12% to 8% in 2014 alone. The bipartisan policy center has released a white paper on recommendations for incentivizing prevention in healthcare setting, highlighting a new initiative from the center for Medicare and Medicaid's innovation program. They've launched a million hearts cardiovascular disease risk reduction model which rewards physicians who significantly reduce the risk for stroke or heart attack in patient panels. The program will marry financial incentives to improved outcomes (inaudible 4:17) providers and patients will work to determine potential cardiovascular risks device a preventive treatment plan and pay for positive outcomes through Medicare.

And take two Shakespeare's and calming in the morning. Mount Sinai Medical School in New York is leading its efforts to diversify its pool of medical students by plucking students who didn't go to traditional pre-med track of math and science but art and humanities. Mount Sinai and a growing number of institutions around the country are expanding their admissions process to include more so called **Humads [PH]** humanities majors seeking medical degrees. The dean of the program saying it's bringing in

diverse thinking approaches to the interchange among medical students and a creative thought process as well. I'm Marianne O'Hare with these Healthcare Headlines.

(Music)

Mark Masselli: We're speaking today with Dr. William Dietz, Director of the Sumner M. Redstone Global Center for Prevention and Wellness at the Milken Institute School of Public Health at George Washington University which is seeking solutions to the obesity epidemic and the growing public health problems. Dr. Dietz is internationally recognized expert on prevention obesity and nutrition, having served for 15 years as the director of the division of nutrition physical activity and obesity at the Centers for Disease Control and Prevention. He's a member of the Institute of Medicine and is a prolific author with over 200 peer reviewed articles and five books including the Clinical Obesity in Adults and Children and nutrition. Dr. Dietz earned his B. A. at Wesleyan, his M. D. at U Penn and his PhD in Nutritional Biochemistry from MIT. Bill welcome to Conversations on Healthcare.

Dr. William Dietz: Thank you.

Mark Masselli: You've been long studying the links between nutrition physical exercise and obesity its impact is well known now I think in the public's mind an estimated 1 in 3 people in the country. And certainly a problem around the globe and a recent estimate by the Brookings Institute projected obesity related medical cost little over a trillion dollars. In the work that you've been doing, what's the most alarming to you in terms of the pervasiveness of the obesity problem?

Dr. William Dietz: Well obesity is as you point out is a pervasive problem. About 1 in 3 adults have obesity and about 17% of children and adolescence have obesity. And the consequences of this overtime are substantial not only is it very expensive as you pointed out with the recent Brookings study. But it also is associated with very significant diseases it's an important cause of several different cancers about 20% of cancers arise from obesity. It's a significant risk factor for cardiovascular disease and its strongest association is with type 2 diabetes.

What's encouraging about obesity is that the prevalence is now pretty flat in adults and in adolescence, what's even more encouraging is that among 2 to 5 year old children there are decreases in the prevalence of childhood obesity which suggest that we're at the corner and maybe slowly turning the corner on this epidemic. And what's encouraging to me is that there is widespread awareness now of this epidemic. We've been focused at -- at CDC and now here at GW focused on policy and environmental solutions to change the environments and which people live, work, play and pray.

Margaret Flinter: Well Dr. Dietz you recently participated in a panel discussion at the Bipartisan Policy Center on this topic of chronic disease, obesity but also the need for new comprehensive prevention strategies and we sort of sit here in 2015 of healthcare transforming. They're still transitioning from a healthcare system that pays for sick care versus a system that pays for better outcomes and better health and what are your thoughts on incentivizing the healthcare system to advocate for prevention?

Dr. William Dietz: There's a very important role that the healthcare system can play in the treatment of severe obesity. What we've seen and what I think helps account for the plateaus that we've seen I think those are consequence of increased awareness and modest changes in practices. So we know that fast food consumption, soda consumption and pizza consumption have all decreased recently. There's also been a lot of interest and change in things like the school lunch, thanks to Michelle Obama and the White House. But those environmental changes are -- I think very effective for prevention but they're not going to help people who have significant obesity to begin with. This is not a problem that's going to be exclusively solved through medical interventions.

And one of the developments that we've talked about at Bipartisan Policy Center is the need for integrating clinical and community services. So that what's going on in the community reinforces the kinds of changes that medical providers are trying to achieve with their patients. So you can't very well consume a better diet if you don't have access to healthful food. And one of the key elements there is how does one compensate either providers or invest in community systems in a way that saves money, and how do we avoid the double pocket problem which is savings and on one side are not realized by the groups that are achieving those savings.

Mark Masselli: You know, we have patients in front of us a 100 minutes out of their 526,000 minute a year life. And so the work that we need to do particularly on chronic conditions really requires us to be engaged in the community and to be thoughtful about it. It is exciting you mention the First Lady certainly her Let's Move campaign. So we're starting to see those types of programs take root, I'm wondering if you could talk about programs that you're seeing that have meaningful impact and how we might change the behaviors of families. Even I'm wondering what you're seeing out there sort of on a system side but also right down to the level of parents, what might be some encouraging behavioral changes within families or communities that we might be making?

Dr. William Dietz: Well one of the things that we know about obesity is that it spreads along social networks, they're the Framingham Study there was a very nice study showing that both obesity and tobacco uses spread along social networks. And there are some recent very interesting work that is beginning to suggest that weight change,

weight decreases can occur along those same networks. In the case of children and adolescence it's quite clear that family engagement is a crucial element that you can't expect children and adolescence and a family to make changes that are helpful without the kinds of reinforcement because parents are responsible for what comes into the house. But parenting is also the toughest nut to crack although we have access to parents in our pediatric practices. Engaging parents and change making it a meaningful issue is often difficult for pediatricians. And when we talk about obesity, obesity is a pejorative term, and work by the Robert Wood Johnson Foundation has shown that talking about a healthy weight is more likely to engage parents. What we're seeing though around the country is a very intense interest and changing the environments for children. The work in schools, the Healthy, Hunger-Free Kids Act we're about to see some guidelines for the child and adult care. Food programs which provide food early care and education centers, those are all -- are environmental changes. And those are likely to be significant because that's where children spend a lot of time. The question is are the changes in early care and education and in schools enough so that they're not counterbalanced by occurs outside early care and education and schools.

Margaret Flintner: Well, you know, Dr. Dietz so much of this is reminiscent of some of the great public health social campaigns of recent decades certainly I think about the use of seatbelts and how successful that has been. But you co-authored a article on the journal pediatrics talking about the link between one commonly consumed food item and the growing growth of Americas children and I assume that, that was pizza maybe you could tell us a little about the study and what it showed about the correlation between some of Americas most popular food choices and the epidemic.

Dr. William Dietz: Right, well I'm not sure that, that article is the most popular article that I've ever written or been part of. Because pizza is widely consumed, one of the characteristics of fast food sodas and pizza is that when children and adolescence consume those food they don't compensate for the consumption of those foods by reducing the intake of other foods. On any given day 1 in 5 children or teenagers in the United States has pizza. On those days an adolescent consumes about 600 calories worth of pizza. But in the adolescent they consume 250 extra calorie and we think that's a significant contributor. And interestingly enough the healthiest pizza that kids consume is the Pizza that they have at schools and that's a consequence I think of the very nice work that the administration has done and setting standards for school meals.

Mark Masselli: We're speaking today with Dr. William Dietz, a Director of the Sumner and Redstone Global Center for Prevention at George Washington University. So during your time at CDC we're just start (inaudible 13:59) talk about prevention is important directive for national health policy. I'm wondering what's your thought about how this can be shaped I think Frieden and Bloomberg had a great run smoking where they, you know, use New York City as the springboard. What do you see the role of an

elected official and any examples that you have of people who you're excited about the work they're doing.

Dr. William Dietz: Well six states and 16 municipalities have reported decreases in the prevalence of childhood obesity. And although New York City has gotten the most attention and certainly Mayor Bloomberg and Tom Frieden deserve credit. Even though the limits on soda sized failed, if you look overtime the media's coverage of soda was substantial and grew with time. And I think accounts in part for the declines in soda consumption but not only in New York City but more nationally, New York was one of those examples. But other examples that are being investigated include Anchorage, Alaska and like New York City there was a champion and that champion was the superintendent of schools. Philadelphia is another place which has reported declines and Mayor Nutter was certainly a leader in this. What was interesting about Philadelphia was that those decreases occurred in all ethnic groups. There have been greater declines among the white population than among the African-American or Hispanic population which means that disparities in obesity become greater as a result of those interventions.

Margaret Flintner: Well Dr. Dietz there is a merit of new technologies that make it easier for folks to quantify their fitness behavior of maybe 50 million Americans that use some kind of wearable or digital device. What role do you see for technology and health data and these personal devices in the quest to improve health particularly from healthy weight perspective?

Dr. William Dietz: My impression is that people who use those devices and wear them are people who are already interested and concerned and actively engaged in positive health practices. The other challenge I think with the devices is who is using them are we going to see another digital divide that is ethnic specific. But the other application which I think there are some good studies on is the role of technology and internet interventions related to obesity, there are clearly some success with the use of internet reinforcement for weight loss practices that are not yet in wide use but are quite promising.

Mark Masselli: You know, Dr. Dietz another area where the population can be motivated towards better fitness and nutrition and certainly in the work place. So this area of corporations being engaged, can you share with our listener some success stories where the business communities incentivize employees to take a more active role in their health and well being?

Dr. William Dietz: The national business group on health has been actively engaged in promoting worksite wellness among its members for at least a decades. But it's important to remember that the national business group on health represents the

biggest companies in the country. And yet the biggest companies in the country employ a minority of adults, but in those companies which have the capacity to build fitness centers to have reinforcements for health risk assessments by lowering insurance rates and so forth. And those companies have reported a good return on that investment. But the bigger challenge is about the medium and small worksites which are employee the majority of American adults.

And in those companies I think the strategies are little more challenging, and I've always felt that we're going to have a greater success in those companies if we're able to link those companies or get them to invest and support community based intervention that would benefit not just the community but would benefit their employees. Worksites are to adults what schools are to children very modest changes can make a big difference.

So for example we were talking earlier about the important role of elected officials Mayor Menino when he was mayor in Boston eliminated sugar drinks and I can't remember whether they eliminated vending machines or just mandated that vending machines had to provide more helpful options. But in Boston setting policy for the municipal agencies was a significant step forward. Another good example of how a worksite can change the availability of less helpful products comes from the Boston Hospital Commission which convinced the major teaching hospitals in Boston to change the labels on sodas in their cafeterias and so they did a red light, yellow light, green light type label for the less helpful to more helpful sodas.

And Mass General Hospital not only did that but they also engaged choice architecture by moving the sodas label right around the corner where they weren't the first thing that people that use their cafeteria saw. And there's a consequence of that they saw a decline in the consumption of the less helpful sodas and it increase in the consumption of more helpful products including water and made a profit to boot. So structuring worksite has been done quite successfully in Boston is a very easy way to make helpful choices, easier choices.

Margaret Flinter: We've been speaking today with Dr. William Dietz, Director of the Sumner and Redstone Global Center for Prevention and Wellness at the Milken Institute School of Public Health at George Washington University. You can learn more about his work by going to GW Public Health. Dr. Dietz thank you so much for joining us on Conversations on Healthcare today.

Dr. William Dietz: Well thank you so much.

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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 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: Several law makers have made the claim that scientific study show a 20 week old fetus can feel pain. We looked into the research on this issue and it's a complicated and controversial topic, but the ability to feel pain at that specific point in gestation is unproven. The law maker's remarks were made during house debate on a bill that would ban abortion beyond 20 weeks with some exceptions for victims of rape or incest or in case if the mother's life been endangered.

Research on this topic has focused on brain and nervous system development and what scientist know about the process in pain. The issue is complicated primarily because pain is a subjective experience and a fetus cannot indicate if something hurts. Publish research generally supports pain been experienced later in gestation in 20 weeks. In 2005 a summary of the available evidence published in the journal of the American Medical Association concluded that the limited evidence on the issue indicated that the perception of pain is unlikely before the third trimester which begins at 27 to 28 weeks from conception.

One reason for that conclusion is that the connections between the thalamus and the cortex have not yet formed, that happens between 23 and 30 weeks gestation and the (inaudible 21:36) authors argue those connections are a precursor for the perception of pain. Some expert say that pain in the fetus is not the same as it is in an adult but scientific study has not pinpointed a firm starting point for pain in a developing fetus. One expert we interviewed had stress the need for more research on this complicated issue. 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 like checked email us at chcradio.com we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

(Music)

Margaret Flinter: Each week Conversations highlight a bright idea about how to make wellness a part of our communities and to everyday lives. Healthcare providers are forever on the lookout for that magical (inaudible 22:41) that can cure a host of chronic ills in one step. And in the case of obesity, depression, anxiety and stress (inaudible 22:49) could be turns out a number of steps as in taking a hike.

A large study conducted by several institutions including the University of Michigan and the Edge Hill University in the UK looked at the medicinal benefits derive from regular group hikes conducted in nature.

Dr. Sarah Warber: We can see that these two different types of help for a mental well-being they're operating independently, that means that if we go out in nature for a walk we're getting an additional boost to manual our mental well-being.

Margaret Flinter: Researchers evaluated some 2000 participants in a program called Walking for Health in England or sponsor some 3000 walks per week across the country.

Dr. Sarah Warber: There was investment in these walking groups, in training leaders to take people on walks, finding trails that were good for people to do even if they had health problems.

Margaret Flinter: Dr. Sarah Warber Professor of Family Medicine at the university of Michigan School of Medicine said the study showed a dramatic improvement in the mental well-being of participants.

Dr. Sarah Warber: Depression was reduced, perceived stress was reduced and people experienced more positive feelings or positive emotions.

Margaret Flinter: Dr. Warber says it seems to be the combination of breathing in fresh air surrounded by nature during moderate exercise and a group dynamic adds a social benefit. Other studies have shown a link between mood and exercise, but Dr. Warber says this is the first study that reveled the added benefits of group hikes in nature and significant mitigation of depression.

Dr. Sarah Warber: Because we are really interested in whether issues are more stressed, would you get some better benefits and in fact that did pan out.

Margaret Flinter: Walk for Health a simple guided group nature hike program which incentivizes folks suffering from depression and anxiety to step into the fresh air with others improving their mood, reducing their depression, now that's a bright idea.

(Music)

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

Mark Masselli: And I'm Mark Masselli, peace and health.

Female: 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.