

Garth Graham

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Female: Welcome to Conversations on Health Care with Mark Maselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care, delivery and the great minds who are shaping the healthcare of the future.

This week, Mark and Margaret speak with Dr. Garth Graham, Director and Global Head of Healthcare and Public Health Partnerships at Google/YouTube, where he oversees the creation of credible health content, aimed at overriding misinformation, circulating on the internet. Ensuring that YouTube's, two billion users per month can trust the medical information they're accessing on the platform.

Dr. Graham has long advocated for health equity for all, and serving as Deputy Secretary at HHS and Director of Community Health at CVS Health.

FactCheck.org's Managing Editor, Lori Robertson joins in, checking misstatements spoken about health policy in the public domain separating the fake from the facts.

And we end with a bright idea that's improving health and well-being in everyday lives. If you have comments, please email us at www.chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcasts. And you can also hear us by asking Alexa, to play the program. Now stay tune for our interview with Dr. Garth Graham here on Conversations on Health Care.

Mark Masselli: We're speaking today with Dr. Garth Graham, Director and Global Head of Healthcare and Public Health Partnership at Google/YouTube, overseeing the creation of credible health content, in partnership with multiple health institutions.

Margaret Flinter: Dr. Graham was the Chief Community Health Officer at CVS Health, and before that he was President of the Aetna Foundation. He was also the Deputy Assistant Secretary at the U.S. Department of Health and Human Services under Presidents Bush and Obama. Dr. Graham, we welcome you back to Conversations on Health Care today.

Garth Graham: Thank you. Thank you guys for having me again, it was so much fun the last time.

Mark Masselli: Yeah, it was great. And Dr. Graham, YouTube is as you know, spearheading this effort, really at a great time, when so much misinformation has dominated the narrative about COVID-19 on the internet. And you've been tasked with leveraging the massive audience of YouTube. And I am always amazed when I hear this number, two billion users per month really to provide vetted, reliable, science based information to a public that's quite hungry, needless to

say, how many clicks there are coming your way every day. Tell us a little bit about who your partners are in this endeavor? And how did you come about taking down this really important task?

Garth Graham: Yeah, I'll start with myself first, and then back into our partners, which are so much more important. So I have just always been, like you and many of the folks on your show, I've always been obsessed with this issue of community health and impact and being where people are, and being, kind of doing the thing that could impact the most people, and bring the most positive, certainly positive health impact, not positive impact overall.

So for me, part of this, what drew me to this role, was again, the impact, the amount of folks who visit the platform looking for health information. And you know the ability to make a difference in so many people's lives across the world. So I think, for me, it was this ongoing, I would say, magnetism or attraction to this idea of community health impact and reaching people where they are.

Now I think, quite frankly, I don't, I'm not the owner of that idea. Because certainly I think a lot of our partners feel the same way. And I think that's why they have decided not to work with us. So, the American Public Health Association, given that their onus on public health domestically, the National Health Service, CDC, you know, all of the different folks have been working with over the past a year, to bring the health information to scale, I think, share that similar viewpoint.

Margaret Flinter: Well, Dr. Graham, two billion people well that's a lot of people. And it is a reality for anybody who is in healthcare today, sort of on the delivery side that we know that before patients come and talk to us, they have probably already talked to Dr. Google about whatever the concern, the symptom or the medical condition is. But with COVID, there has just been so much misinformation for people to sort through and of course, a lot of new information because it's new, sometimes changing. How are you formatting the YouTube COVID content to leverage the internet's influencers, to get the message across that we're trying to get across, to billions of people really all around the world, we tend to think of this as, I tend to think of it as national but this is really a worldwide phenomenon that you're trying to influence?

Garth Graham Yeah, what I like to think of is, gone are the days in public health where people are looking for information from a flyer or looking to learn about health and public health from a billboard. They're looking for it in the palm of their hands. You know people ask questions, they wake up at 02:00 AM in the morning, worried about something. They're not going to, they are going to look it up, and they are going to try to find a source of information that hopefully is factual.

So our goal was to marry the evidence base and the science with the engagement. So realizing that there are a lot of places where, particularly on YouTube, where people go to, for information and other things. So what if we could provide evidence based information, to folks when they are looking for questions. You know, who would have thought, guys that Messenger RNA is going to be a topic at the dinner table.

Margaret Flinter: 100%, yeah.

Garth Graham: Yeah, the ability of video to kind of take complicated piece of information and make it digestible in this way where you utilize the influence of the audiences that people have, to bring engaging information is I think part of like what attracted me, but also part of a lot of what we've been doing during COVID. So I think my goal, I think our team's goal is to really bring the science out of Ivory Towers and into people's palms, and into their conversations. And really just kind of revolutionize the way science gets to the public.

Mark Masselli: Well, that's great. You know Dr. Graham, close to 70% of the population has had at least one dose of the COVID vaccine in this country. But the anti-vaccination movement is formidable force. You know, Margaret, I don't remember if it was Dr. Ashish Jha or Dr. Peter Hotez who said to us, "The biggest battle we have right now, the biggest fight that we have in our country is the internet." And that was telling because these are science people who were at this point worried about the vaccine and the distribution. And YouTube has been a hotspot for such activity in the past. And we've seen such a dramatic rise in vaccine resistance, as the COVID vaccine is now rolling out all across the United States. Talk to us about your strategy for countering some of that messaging.

Garth Graham: Yeah, the important thing here is to get science to the public at scale. So what we've done is we've worked with, we actually just did something with President Biden and Dr. Fauci and some YouTube creators, as an example. We've been doing this with Dr. Fauci, actually last year since the beginning of the pandemic. Where we try to bring information to people at scale from science-based viewpoint, but using the audiences, one of the things we did earlier on was with Dr. Fauci and Trevor Noah, and really broke down a lot of the very important information that basically the people needed to know COVID at the time.

But going back to your original question, the whole idea here is to plan and have information on the platform that is credible, scientific and evidence based. Now, it's interesting when you had mentioned one of the earlier comments from one of our distinguished scientists, about the challenges with information on the internet, that's where I see the opportunity, because the truth of the matter is, why there is a

challenge, because that's where people are. And so we need to go where people are. We need to be where the community is, be where individuals are, with information. And I often think, (inaudible 00:08:23) and this is, you know I often think about this issue of misinformation like a garden. We have to pull out the weeds and pull out the misinformation. But then you need to plant, you need to plant the proactive information that people will gravitate to. And we've been very active on the misinformation front, moving over 800,000 pieces of content that have violated COVID-19 policies or anything that is not synchronous with the science that may lead people down the wrong path. So I agree with much of what folks are concerned about. A part of why I'm in this role, is to really help us tackle that issue and make sure we can get information to scale to the public.

Margaret Flinter: Well, Dr. Graham, health disparities, health inequities were very real long before the COVID pandemic. But certainly the entire country, I think has realized this at a level, maybe we never did before about the gaps in life expectancy, how much harder groups were hit, how much people's economics plus race and ethnicity factored into whether they were likely to get infected, and if they were, how sick they're going to get. You have been concerned with this your entire career as long as we've known you for many years now at HHS, at the Aetna Foundation and CVS Health, you were very focused on health inequity and the social determinants of health. How are you using your new role in this incredibly powerful platform, to address health disparities, health inequity, to really engage populations that most need this information? You've got this incredibly powerful tool, as powerful as your two tools were before maybe this is the most powerful one yet. How are you putting this in service of those tools that you have?

Garth Graham: Thank you for saying that, you know you're right, I have been, had the issue of health inequities as a part of the reason that gets me up in the morning. I got a drive, it has driven my career in day-to-day decision. So think about this, think about the ability of platforms like YouTube, to empower folks from underserved communities with information. Now there are issues that we have to deal with, continue to deal with their own social determinants of health, structural racism, but I view the power of the platform is reaching communities with engaging information that allows them to make the right decisions for their communities.

And in fact during COVID some of our primary partners were folks who were tackling health disparities with the pandemic, with the Kaiser Family Foundation as well as folks like the Black Coalition Against COVID, and other similar groups were some of our first partners in working together, and it's because, like you said you know this issue of health disparities is real, has been a real for a long time. But has certainly, COVID I think unearth some visibility on that.

Garth Graham

So working with the partners to reach Black and Brown communities at a particular point and also educating the community, the broader community about the challenges within Black and Brown communities, is a big part of our agenda. And our work will continue moving forward.

Mark Masselli:

We're speaking today with Dr. Garth Graham, Director and Global Head of Healthcare and Public Health Partnership at YouTube. Dr. Graham, I was thinking as you were talking about the garden, prior to COVID-19, we had sort of only one variety of plant in there, which was in-person visits, right we only had one thing in the garden. And obviously, with COVID-19, coming along, we've had this dramatic shift to an adoption of Telehealth. And I think about the population we care for 90% to 95% of them live at or near poverty.

The ability to simply use your phone, you didn't necessarily have to have a smartphone, you could do telephonic, was so important, so transformational. And now we're getting to this point where there is a COVID 2.0 delivery model using Telehealth and other things. And I'm wondering what your thoughts are on it and you've been in the forefront for so many transitions and transformations in healthcare. But how does YouTube's content help better communicate to patients online? And what might that system look like, as you look down the future?

Garth Graham:

Oh yeah, that's a big part of what we're thinking about now. So thank you for asking that. So if you think about it, what Telemedicine really is, again is this idea of reaching patients where they are. You don't have to get up and put on your clothes and your shoes and socks and go to the doctor. Your doctor is coming to you in your own home. And that Telemedicine is a gift that we should have been unwrapping a long time ago. So thank you, COVID for allowing us to move faster. And as you know, it's been moving way too slowly for a long time. So that's a good thing.

So we see our platform as a compliment to that, this idea of getting information. So if the clinical visit is over, and there is other things that patients need to read about, watch, understand, and listen to, that's where they go to places like Google and YouTube, to get information and what we want there is to have scientific information that compliments much in terms of what they would have had in that clinical encounter.

Similar to how you know in the old days, I say the old days, like last year was old days, but I think going to in-person visits, when they are out on the visit. You know, there are other things that are, in fact impacting how they made that decision. And in a digital realm, this is where you see platforms like ours and others, you know be able to supplement that information, making sure that again, it is evidence

based credible information. But that is an engaging way of presenting the science.

So really all of these tools are complimentary and certainly as you just pointed out, COVID has accelerated that. But I don't think we'll be able to go back because now patients and individuals and consumers know what it's like. And they know that we can do it. So I think we'll have to continue to evolve, to meet people where they are.

Margaret Flinter: Well, Dr. Graham sort of, I think continuing somewhat along that theme, all science, all data points to a real escalation in behavioral health issues, mental health issues across the lifespan, but particularly in our teenagers and our younger children as well. Everyone is very concerned about this. You were joined by experts from Harvard School of Public Health recently with some influencers and some teens. I think, we still call them Digital Natives, although I think that's getting to be kind of an old fashioned term already. They've been accessing the internet since pretty much they were old enough to point their finger.

They're pretty comfortable. It seems sharing their feelings online and getting help through Telehealth. I know you've been studying this issue. What other solutions, do you think Telehealth might have to offer, as we confront really a gap between not just getting teens to use Telehealth, which I think is the easier lift, but just the enormous perhaps gap between the demand and the supply available to meet it?

Garth Graham: Yeah, it's a very good question. Right now, as you just pointed out, across all populations, we are seeing increases in incidence of depression, anxiety, certain substance abuse, all of those things that I think as a sequel to the pandemic, and you have seen that across the world. So you know, right now what we have to think about is, as people, where are folks, again, how do we reach them with information? How do we get? How do we link them to resources? How do we link them to, you know, the kinds of things that are coming out from SAMSA, the Substance Abuse and Mental Health Services Administration, the kinds of things that are coming out of community groups who have created resources, that are viable and impactful, in general? So a big part of, as you just mentioned, what we've been working on. Is this idea of connecting people to resources, and also ways in which for, the less serious end of the clinical spectrum?

How can we educate people on coping techniques, and the kinds of things that help improve their daily life? But once you get past a certain level of challenges, how to connect people, have them understand where to go and seek (inaudible 00:16:45). But you are so right, you know, when you look at some of the search criteria that

we've been seeing a spikes on over the last couple of months, it is just emblematic of the fact that this pandemic left a lot of folks, socially and emotionally burdened. I'm digging our way out of this is going to take us a long time and we have to be there for people where they're at to be able to help them on this journey.

Mark Masselli: You know, you started this conversation of, talking about one of the reasons you took the job was really giving you this incredible platform. I noted that you were at a Harvard event recently look back away forward with Dr. Fauci and Karen DeSalvo, who you work with at Google Health, and Harvard's Michelle Williams. Talk to us about the engagement though, with the user, how does a user play a role in making the internet better or making YouTube better? What does that engagement look like, because that seems to be pass the folks that we all look up to. It's really about us as a community working together.

Garth Graham: Yeah, I love the way that you asked that question. We are used to healthcare being very system centric. So we think of healthcare system and how we get care to the person. We rarely, there has been a lot of talk about patient-centered care. We haven't done a good job of doing that as a as a National Health Care Community. And that's where you think, and the funny thing about, when you, the tech industry, and the way in which a lot of the technology products are made is they're very user centric. So you start to look at this from a totally different lens where you start with the person's journey, and how they're going to interact with the system. And then how does the system change and maneuver? How does a platform deliver information? How are things created from a patient-centric, user-centric standpoint?

You know, if there's one thing, I'm so glad you asked the question, there is one thing I hope that these conversations inspire, is this idea of switching the paradigm from not how we as a system deliver care, but thinking about people as they receive information as they receive care. So a big part of our work starts with the individual, sitting and looking and searching and thinking through their journey. And I think for us, and for me, personally kind of having this healthcare experience and now understanding, you know how we utilize these tools better, I really do think that, now it's time for healthcare as an industry to evolve to truly patient-centric care.

Margaret Flinter Well, I really appreciate that note of optimism and forward progress. We're speaking today with Dr. Garth Graham, Director and the Global Head of Healthcare and Public Health Partnerships at Google/YouTube. You can follow his work by going to www.blog.youtube.news/covid-19education. Dr. Graham, we thank you for your commitment to advancing public health, for sharing your

Garth Graham

vision for how technology platforms can enhance the goals of public health and for joining us on Conversations on Health Care. Thanks so much.

Garth Graham: Thank you.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Randomized controlled trials, the highest standard of evidence have found that Hydroxychloroquine, isn't beneficial in treating hospitalized COVID-19 patients. Yet, social media posts are claiming the drug works and conservative outlets have touted an unpublished and much criticized observational study as evidence of the drug's effectiveness.

A randomized controlled trial is considered the gold standard in evaluating whether treatments are effective because it reduces bias by randomly assigning participants to treatment or standard care groups. Participants can be blinded, meaning they won't know to which group they are assigned and researchers can also be blinded. They can more confidently evaluate whether a treatment led to different effects.

Data from such a trial among other evidence led the Food and Drug Administration in June 2020 to revoke an emergency use authorization it had issued three months earlier, giving some patients easier access to Hydroxychloroquine and Chloroquine, if they couldn't participate in a clinical trial.

The antimalarial drugs also used to treat Lupus and rheumatoid arthritis were pushed by then President Donald Trump as early as March 2020, for treatment for COVID-19. Despite the lack of scientific support for the drug, Trump said in a June statement that he was right about several things including "Hydroxychloroquine works." Social Media posts have made similar claims about the drug. But no new randomized controlled trials have emerged to show Hydroxychloroquine works as a treatment for COVID-19.

Conservative outlets have recently publicized an observational study that hasn't been peer reviewed as having confirmed the drug's effectiveness. But experts who have studied the drug told us the paper has several flaws, particularly with the way the statistical analysis was done. And again they pointed the stronger evidence from

randomized controlled trial. One meta-analysis published by the Journal BMJ, provides a look at the combined findings of such trials of several drug treatments for COVID-19. It continues to be updated when new findings emerge. That meta-analysis concluded that Hydroxychloroquine and some other drugs including the antibiotic Azithromycin, “do not appear to reduce risk of death or have an effect on any other patient important outcome.”

The only FDA approved treatment for COVID-19 is the antiviral drug Remdesivir, which the FDA approved for COVID-19 patients, 12 years of age and older requiring hospitalization. As of late June, 11 drugs and biological products have emergency use authorization from the FDA for COVID-19. 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 www.chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Charles Slaughter learned the value of entrepreneurship, from an early age, first as paperboy growing up in Connecticut. Then with a bicycle repair business, he started at Yale. Later he took the passion globally, as a Field Organizer for microfinance company Trickle Up.

Then came his first successful venture TravelSmith a \$100 million online clothing supply company for serious global travelers. But his travels also showed him another stark reality. The number of children dying in third world countries from treatable diseases, due to lack of access to basic medicine.

Charles Slaughter: On average, in the countries we work somewhere between 50 and 100 out of a 1000 kids will fail to reach their 5th birthday. There is only three or four sort of major causes of this, diarrheal disease, malaria, and pneumonia. What is shocking, is that all of those things can be addressed at extremely low cost. But the barrier is effectively delivering what we know works.

Mark Masselli: He wondered how we could put the power of healing in the hands of villagers themselves. And he realized the successful model, already existed.

Charles Slaughter: The challenge is how can we reinvigorate this idea of door-to-door healthcare, make it both more impactful and financially viable in places where financial resources are extremely limited. I'm thinking

about that I go, wait a minute, hold the phone, isn't there a business model that excels at that, and you start to think about Amway, and Avon and Tupperware. Further research, I actually went out and enrolled as an "Avon lady" and try to learn it from the inside.

Mark Masselli: After training as an Avon lady himself, he founded Living Goods, a company that sells not makeup, but lifesaving essentials like drugs to treat malaria, and diarrhea and solar lights.

Charles Slaughter: In a sense, what Living Goods does is quite simple. We recruit, train and support networks of community health promoters, who go door-to-door every day, teaching families how to improve their health and wealth and then making a living by selling high impact health products like simple treatments for malaria and diarrhea, healthy fortified foods, high efficiency cook stoves, solar lights and water filters.

Mark Masselli: Sales associates go from home to home in their villages, not just selling the goods, but teaching the families in the entire community how to use these life-saving essentials.

Charles Slaughter: Every agent works as an entrepreneur, under the Living Goods brand. We typically partner very closely with a local government. So where we operate, we are the government's Community Health Army. And now perhaps most importantly, they get a smartphone. And that smartphone has a Living Goods designed application on it that can help them with a guided diagnosis of childhood diseases that enables them to register and support pregnant women, and reminds them to follow up with those customers.

Mark Masselli: There are now Living Good sale associates serving the needs of some 5 million residents through Sub-Saharan Africa. And the results are quite impressive. In some cases, infant and child mortality is down 25% in the communities being served.

Charles Slaughter: I think within 10 years' time it's possible that every community, who needs a community health worker, can have one, to make sure that that kid doesn't die of malaria, or pneumonia, or something else ridiculously simple that they need in time.

Mark Masselli: Living Goods, a simple grassroots business model, facilitating the distribution of low cost, life-saving materials to families living in low resource areas.

Female: Most of the health centers are very far. And these mothers, these fathers do not have access to these health centers. But with the Living Goods, we are always there for them. Anytime they come across you, you're ready, you have the medication, you give the treatment.

Mark Masselli: Generating income while saving lives, and improving the health of communities as well. Now that's a bright idea.

Garth Graham

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Mark Masselli: You've been listening Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcast. If you have comments, please e-mail us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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Female: COVID-19 is impacting the world and changing the face of healthcare. Conversations on Health Care with Mark Masselli and Margaret Flinter, welcome's the greatest minds in health policy, technology and innovation from Dr. Anthony Fauci.

Dr. Anthony Fauci: There are going to be more than one vaccine that's going to be approved by the FDA.

Female: Surgeon General Vivek Murthy.

Vivek Murthy: If we really want to get treatment, right, we have got to integrate it with primary care.

Female: We are bringing these experts straight to you, Saturday and Sunday mornings at 08:30, on the Federal News Network. Conversations on Health Care is a production of Community Health Center, Inc.