

[Music]

Marianne O'Hare: Welcome to Conversations on Health Care. This week, we welcome Dr. Dariush Mozaffarian of Tufts University and former USDA Secretary Dan Glickman, co-chairs of the White House Conference on Hunger, Nutrition and Health, which is launching a major initiative to address poor nutrition and its role of disease in the U.S.

Dr. Dariush Mozaffarian: Every segment of society, every family practically knows somebody who's suffering from a diet-related disease.

Marianne O'Hare: We hear from FactCheck.org's Managing Editor Lori Robertson, and we end with a bright idea improving everyday lives. Now, here are your hosts, Mark Masselli and Margaret Flinter.

[Music]

Mark Masselli: On September 28th, the Biden-Harris Administration will host the White House Conference on Hunger, Nutrition and Health. And our guests are well familiar with the scope of the problem and how the levers of public policy can be leveraged to make a real difference.

Margaret Flinter: Dan Glickman is the former Secretary of Agriculture and a former House member. He's the co-chair of an initiative focused on informing this White House conference. Dr. Dariush Mozaffarian is with Tufts University, and he's a renowned expert on food systems, and is also serving as co-chair of this very special effort.

Mark Masselli: Well, welcome to both of you to Conversations on Health Care.

Dan Glickman: Thank you.

Dr. Dariush Mozaffarian: Pleasure to be here.

Mark Masselli: Secretary Glickman, let's start out with you. It's important that we know your effort is officially independent from the White House, but give us a preview, if you will. We know the administration will release a national strategy with actions the Federal government will take to drive solutions. And they're looking to end U.S. hunger and reducing diet-related diseases in a majority of Americans by 2030. How will all this play out, and what more can we expect to see?

Dan Glickman: Well, first of all, thanks for having me. And you have a real expert on this who is Dariush Mozaffarian, who was the Dean at Tufts, and still is very much involved at Tufts and elsewhere.

And it's important to know the historical context of this, because in 1969 Tufts led the effort to create a national discussion about food, nutrition, and health at the first White House conference convened by then President Nixon. And as a result of that conference, we basically created almost all the feeding programs that exist today. And that would be food stamps, which became SNAP and the WIC program Women, Infants, and Children, it would be a lot of our anti-hunger programs, school meals, and so it was seminal and transformational. Many recommendations, including those programs, were enacted as a result of that conference. And we thought after 50 years, it would be appropriate to have a new conference to look and see where our Federal feeding programs are, how we're dealing with nutrition and health in American society, and the role of science in all of this.

So, Tufts has led this effort. And we had a kind of eclectic group of people working together to see if we could come up with a series of recommendations and policy proposals, which would go to the White House, and hopefully form the basis for their recommendations that they're going to make when the conference is held on September 28th. So this really is something that's seminal and transformational, and we hope that the White House takes it and runs with it.

Margaret Flinter:

Well, we are very excited about it. But Dr. Mozaffarian, I want to maybe turn to you for a moment. We know food inflation is high, and Feeding America says one in eight people face hunger. But we've just seen this new analysis that found that child poverty dropped by 59% from 1993 to 2019, and an increased safety net that's developed over those years is getting a lot of the praise for that. So, from your perspective, how severe is the problem, and are things improving? Are they moving in the right direction?

Dr. Dariush Mozaffarian:

Well, I think what's happened is we've learned the problems are more complicated. And you know, in 1969, the problems that were really families, kids not getting enough calories. There were videos. There were national documentaries done, hearings that were done going around the country, where you would see families, you would see children with emaciated arms, and distended bellies like you might see now in some of the poorest parts of the world. So really, the focus in 1969 was about getting calories to people. And it was successful. And we have to remember that there have been some successes of 1969 and our modern food system, in greatly reducing frank kind of starvation, not only in the United States, but around the world, greatly reducing vitamin deficiencies.

Diseases like Pellagra and Rickets and night blindness from Vitamin A deficiency, and these other conditions were really common in the United States. So we have addressed those. But what we have now is kind of a mess of a situation where more Americans are sick than are healthy from diet-related diseases like obesity, diabetes, and hypertension, and at the same time, we have people who are food insecure. So, maybe on average, over the course of a whole year, they're getting enough calories, but on any given day and any given week, in any given meal, they may be uncertain where their food comes from, and they're not able to get the quality of the food that they want. And so this has also led the USDA and Secretary Vilsack to focus on nutrition security, not just hunger but nutrition security.

And so I think what we've learned, and why we need the second conference, is that some things are better, you know, sort of frank lack of calories and lack of vitamins is mostly gone. But, families are struggling, people are struggling, and not just low income Americans. Every segment of society, every family practically knows somebody who's suffering from a diet-related disease.

Mark Masselli:

You know, Mr. Secretary, let's dig into your group's recommendation. And one of the more interesting that caught our eye is accelerate access to Food is Medicine Services. You know, I think back to our own movement in 1965, a young physician, Dr. Jack Geiger, who had formed the Community Health Center movement in the Mississippi Delta, is prescribing food just to those types of patients that Dr. Mozaffarian was just talking about, sending the bill to their pharmacy. Why is this not happening right now? And tell me how community health centers might play a role.

Dan Glickman:

You know, the old French philosopher who said you are what you eat, the whole issue of food being an integral part of your medical care, of your mortality, of your likelihood of getting a disease, is something that we know more about today. And it's much higher profile than it was before, not only in terms of extending human life, but also the enormous cost to our health care system of diet-related diseases, whether it's diabetes or other chronic type diseases. And so I think the conference, largely through Dariush's involvement and Tufts' help and others in the medical profession, are trying to actually tie the knot between health and medicine and nutrition. And to some extent, the medical community over the last 50 years has not given a lot of attention to that.

I know when I have my annual physical exam, I have to ask the doctor about nutrition and eating. He's not giving me a comprehensive set of guidelines and what to follow. And so that lack of information is not helpful to the customer, nor is it necessarily reflective of an understanding of these issues by the medical profession itself. It means you got to involve new actors. So, who are those new actors? One is community health systems, because they are where the rubber hits the road with so many people, particularly lower income. You got to figure out how we educate our medical professionals, not just doctors, but nurses, nutritionists, dieticians, and everybody else into this part of medicine, so they could live better lives. And so those all fit into what we're trying to do as part of this conference.

Margaret Flinter:

Mr. Secretary, another recommendation seems to shine maybe a bit of a spotlight on what we'll call the junk food makers and producers. And you've indicated that you want to reduce the marketing of foods that do not align with the official Dietary Guidelines for Americans and maybe increase the marketing of food that does align with these guidelines. And of course, we would assume, we can anticipate some pushback. So, what are you thinking in terms of the pushback that you're going to get, and what's your response going to be?

Dan Glickman:

Well, one of the things we're looking at is the SNAP program and what people are eating on the SNAP program, and whether there's an excessive consumption of sugar-sweetened beverages and other foods that maybe don't meet the dietary guidelines of USDA or similar guideline. This is a controversial item, because it pits the food companies, and many of them make a lot of money on packaged foods that are highly sugared up and salted up and other kinds of things, in the hunger community who don't want to see the poor treated different than the rich so to speak in terms of what they can buy.

But one thing I think that is important is particularly with kids, television and social media, and the media has a lot to do with what people eat. We know that we don't advertise strawberries or blueberries on television. We advertise a lot of highly caloric foods because they're tasty and because they can be eaten quickly and conveniently. So, within the guidelines of the First Amendment, we can't really engage in censorship per se. But, you know, the Federal Trade Commission and other government agencies can be involved in what's shown to children. And Dariush would know a lot

more about this because they've done a lot more research at Tufts than almost anyplace else in the world.

Dr. Dariush Mozaffarian: Margaret, can I jump in there with a comment as well?

Margaret Flinter: Please.

Dr. Dariush Mozaffarian: So, I think first, one of the important things about our taskforce report is that it's really the main multi-sector consensus report. We not only had experts, but we had experts from lots of different disciplines. We had a strategy group of national organizations, we did three national convenings, and we also held 16 listening sessions with people, particularly from low income backgrounds, who had lived experience in hunger and poor nutrition health. And in our taskforce, we include representatives from the food industry, FMI, which is actually the largest organization of retailers and food manufacturers in the country, we include people from insurance, and we include people from health care, Pam Schwartz, who leads kind of the food efforts at Kaiser Permanente.

So, this is a multi-sector report, and that recommendation you mentioned, had the consensus of the whole committee. The whole taskforce agreed that that was important. So there's more consensus than you might think, that even for food companies, if they can be rewarded for advertising healthier foods, you know, that would be a good thing. And maybe they'd accept a little bit of a carrot and a stick approach. Maybe that can be done for marketing to young kids, because there's evidence that kids up to age five don't really understand an ad is an ad, so that can be considered deceptive. So maybe legally, there could be some restrictions.

This is a time where the food industry recognizes that business as usual, is not going to work. The consumer, especially the young American consumer, is demanding healthier, more authentic food that's sustainably grown, that's just, social labor, and they're not buying the old products. These legacy products are dying. And so I think it's a moment for the government to help to work with industry to move it forward. Americans know what actually is kind of the aspirational food that we all want to eat, and marketers know how to use it, but they're not using it to sell food. They're using it to sell other things, which is really ironic.

Mark Masselli: Dr. Mozaffarian, I want to maybe take a sort of bigger look at the issue in front of us. One of the recommendations calls for increasing access to participation in the Federal nutrition

programs, expanding eligibility, simplifying enrollment. But there's a school of thought out there that this is just tinkering around the edges. As long as we have systemic inequity in the current economic policy, we will never really be able to tackle hunger. What do you say about that argument?

Dr. Dariush Mozaffarian:

So, I think first, you know, the Federal nutrition programs are the strongest and most important programs to address hunger and food insecurity in the country. And so SNAP covers, on average 10% or 11% of American families are on SNAP. WIC, the program for mothers and young babies, one in two babies born in United States are on WIC. There's also programs like Meals for the Elderly, and of course, school meals. 60%-65% of kids regularly consume school meals. So these are really, really important programs. I think the challenge is showing that the dollars that we're putting into those programs are bringing a return on investment, so that in an era of declining budgets, that we can make the argument. If we just use the moral argument to expand these programs, some folks, kind of folks on the more progressive side of the political spectrum, will be all for it. But others, moderates and more fiscally conservative folks, will say, yeah, we can't afford this.

So, I think to bring everybody on board, first, we have to show that this brings a return on investment by showing that when kids get healthier school meals, or when mothers get WIC, or when people are on SNAP and actually are encouraged and incentivized to eat healthier, that it lowers health care spending, that it improves the competitiveness of the American economy. We are spending more on health care than on these programs by far. Right? Health care has risen from about 5% of the Federal budget in 1970 when we had the last conference, to now almost 30% of the Federal budget. It's gone up sixfold in just these 50 years, and it's squeezing out every other priority. So we can spend less on health care, which is 80% goes to chronic diseases, many of which are diet-related, and then we can spend more on these programs.

And you mentioned Jack Geiger. Jack Geiger is from Tufts Medical School, so another Tufts' alum. Right? He understood that food is medicine. And so I think if the whole White House conference is about the Federal nutrition programs, I think it'll be a little bit of a disappointment to me, because those are important, but we could have just done the Farm Bill.

Mark Masselli:

Well, you have been an advocate of the hand in glove relationship between economic policy and science, right, putting that data together?

Dr. Dariush Mozaffarian: Go ahead Dan.

Dan Glickman: Well, I was just going to say, I do think that poverty and income inequality is certainly a major factor. There is no doubt that lower income people have much greater challenges for food, energy, housing. All those things are really critical. But I wouldn't put it all on that side of the picture, because we've had too many evidences of lived experiences of poor people that want to eat better and know the difference between a heavily fat saturated hamburger let's say, and fruits and vegetables and other things.

I mean, I think there are some people that make it seem like poor people are ignorant, and that's just not true at all. There are certainly economic disincentives for them to be able to purchase in many cases fresh produce in the same capacity as per to the higher income people. But it is partially poverty and income inequality, partially advertising and marketing. It's partially that the medical profession frankly has never really stepped up to the plate, but beginning to do so now. It's partially national leadership, lack of coordination from a Federal perspective, but the positive news is that private sector is now much more engaged than they ever were because their productivity, their employee is basically dependent on not getting sick. This is why this is good that this has been elevated to an important national issue.

Dr. Dariush Mozaffarian: I would add, Mark. So we have a whole section on recommendations on the Federal nutrition programs. They're incredibly important. I don't want to diminish their importance. And at the same time, we need big new ideas. And so I think the four big new ideas in our report that I really, really hope will be in the national strategy, the four big new ideas are food is medicine, let's integrate food and nutrition into health care. So you can go to your doctor and your doctor can write a prescription for a drug, or write a prescription for healthy food. Number two, science. We have to push forward the science, and really accelerate our understanding of the gut microbiome and personalized nutrition and supplements and intermittent fasting and keto versus paleo versus Mediterranean. All the questions that Americans have that are very real, we have to accelerate the science and we'll get a huge return on investment, for example, with the new National Institute of Nutrition.

Number three, business innovation. Just like our economy has been spurred in the green energy sector by this administration and previous administrations, we need a national strategy and

plan to spur the food sector. One in nine jobs in the United States are in the food sector, and in many minority and rural communities food sector businesses are the number one small business, the number one source of new jobs. We need a national plan to spur this sector, not just for economic growth, but for better nutrition, for health equity and for sustainability. And last, Dan mentioned this, we actually need somebody in charge. And so there is no person who's really coordinating this at the Federal level. Secretary Vilsack right now has really just been an incredible leader and is probably the leader in the administration on these issues, but his turf is the USDA. Right? And so you need someone that can coordinate between USDA and the Department of Defense and the Department of Education and the Department of Health and Human Services and all the other organizations like CDC, FDA, EPA. And so we have very concrete proposals to actually increase the coordination so there's somebody in the White House who kind of is steering the ship.

Dan Glickman:

And just to add to Dariush, we're like a team. The role of agriculture is extremely important. After all, everything we eat is produced from the ground for the most part, either raised by an animal or a plant. And so we can't forget the role of the producers of food in everything that we're talking about. And our farm programs have largely been devoted to focusing on the row crops, wheat, corn, cotton, rice, and soybeans, and many of those are fed to animals. In recent years, we have more and more incentives for farmers to grow specialty crops. That's brand new over the last 10 or 15 years. And so you're seeing more of that grown, and therefore you're seeing a stronger political pressure in the field of agriculture to care about these additional crops. We're not going to change the world overnight, and besides the science isn't complete in terms of what we ought to be eating. There's a lot of anecdotal stuff out there. But in fact, as Dariush says, we need much more science and research in determining what we should be---

Mark Masselli:

You know, I want to pull the thread on what you said earlier to Dr. Mozaffarian about 50 years ago President Nixon convened the first ever until now the only White House Conference on food, nutrition and health. Why has it taken so long? It was obviously historic event. You know, so many important programs came out of this initiative. Why hasn't there been momentum? And why should we think there's enough energy behind what might come out of this conference to really see it through fruition?

Dr. Dariush Mozaffarian: You know, I've been doing this work for 25 years, and every day waking up sometimes banging my head against the wall going why are we not paying more attention to the top cause of poor health in the United States, the top cause of preventable health care spending in the United States, the top issue depleting our natural resources in the United States, one of the top issues facing the military and national security in the United States? Why is no one paying attention to this? And I think it's because you know, humans are evolved to worry about the saber tooth tiger that's about to pounce on you, but not the smoking volcano that's going to erupt tomorrow and kill us all tomorrow.

And so, food has always been sort of the second issue. Right? When was the last Presidential debate where there were 30 questions on food, right? So somehow it hasn't entered the national consciousness. And I think you know, what's changed is just it's just the right confluence of time, the perfect kind of positive storm. COVID-19 led to incredible recognition around how frail and fragile our food supply chains are, and also of the incredible links between diet-related diseases like diabetes and obesity and hypertension and deaths from COVID. People are dying because of these diseases.

Number two, the Russian war against Ukraine has led to a more recognition of how we have to really think about our food and where it's grown. The science has expanded, the science on obesity, diabetes, hypertension. People kind of see that. And industry, and the consumer, is starting to turn away from kind of unhealthy foods. It's happening, and consumers are shifting. And so there's all this disruption going on whether it's hydroponic farms, or plant-based meat alternatives, or wellness centers, or other things, and the science and food as medicine has advanced. And so I think it just happens to be a perfect storm where we can see some real action.

Dan Glickman: And can I just add two things? Number one, we have made amazing progress in the last 50 years. Food is ubiquitous and available. The National School Lunch Program feeds 40 million kids a year. So, now whether we made the good enough progress in terms of the quality of food, we've made lots of progress on the quantity of food. Our SNAP Program is the most developed feeding program in the world. No country has anything like what we have done. And in terms of school meals and the elderly and the WIC Program, America has really been engaged in these efforts.

What's happened is, is that as Dariush said, the health issues

and the cost of health care and people's sicknesses have caused us to evolve into wanting to know more about what's in our food and more than just what's on the plate and how much can we eat. So, the quantity has turned into more of a quality issue in recent years. This has not been the sexiest issue in the world. When policymakers get together they'll talk about housing, energy, but they rarely talk about food policy, food security as a high level issue. That's because food is so available in this country. The secret sauce is more and more because of Dariush's and others efforts in food, food security, and the relationship to health. And that can change our national debate on the issue.

Margaret Flinter:

Well, you know, the two of you are clearly the team to lead this with such energy and optimism. And I guess I have to ask you, Secretary Glickman, is it just possible that you have found the one issue that might truly enjoy bipartisan support, or are we still held back by beliefs about personal responsibility and needing to carve your own way? What do you think about that? This sounds like real opportunity for bipartisanship.

Dan Glickman:

I think it is a real opportunity. And there is more bipartisanship in the food policy world than there is in most other worlds. But it's still not perfect. I mean, it's like the divisions on even minor issues today in politics kind of make me sick to my stomach at times. But, for the most part, there is a real opportunity here.

Mark Masselli:

Well, that's great. We want to thank both of you. This has been a great conversation. We'll be watching and learning more as the White House holds this important discussion. We want to thank you and our audience for being here. You can learn more about Conversations on Health Care, and sign up for our email updates at www.chcradio.com. Thank you both.

Dan Glickman:

Thank you. Thank you very much.

[Music]

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:

As we get closer to the midterm elections, President Joe Biden has given some campaign style speeches. And in a late August Democratic National Committee rally in Maryland, Biden said

that without the Affordable Care Act people with pre-existing conditions “cannot get insurance”. While, it's true that the Affordable Care Act prohibits insurance plans from charging more or denying coverage to those with pre-existing conditions, plenty of Americans with pre-existing conditions had insurance before the ACA.

The law’s impact was most acutely experienced on the individual market, where people without employer-based buy their own insurance. Before the ACA, which became law in 2010, insurance policies on the individual market could and did charge more, exclude certain benefits, and outright deny insurance to people based on their pre-existing medical conditions. But those with employer-based plans, had some protections before the ACA. Back then, thanks to HIPAA employer, plans couldn't deny insurance to workers or charge them more based on health status. But the plans could exclude coverage for a particular health condition for a limited amount of time if a new worker had about a two month gap in insurance coverage within the year prior to being hired.

About half of the US population had employer-based coverage in 2020. It's safe to say that the ACA’s blanket protections for pre-existing conditions have taken on greater significance during the Coronavirus pandemic. Enrollment in ACA marketplace plans has gone up, and many Americans may have experienced gaps in coverage with the pandemic-related economic upheaval. The protections are reassuring for anyone who might leave, lose, or retire early from a job and need to seek insurance outside the employer-based market. But Biden is wrong to flatly state that without the ACA, those with pre-existing conditions, cannot get insurance.

And that's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

[Music]

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.

[Music]

Margaret Flinter:

Each week, Conversations highlights a bright idea about how

to make wellness a part of our communities and everyday lives. When Chef Karl Guggenmos grew up as a kid in post-war Germany, he lived on a diet of organic and locally grown foods. Now he's the Dean of the Culinary Arts Program at Johnson & Wales University in Rhode Island, and he realized that he has responsibility to teach the next generation of chefs how vital, natural and simple ingredients are not just to creating good food, but to the health of the population as well. He watched the obesity epidemic take hold in this country and decided to use his platform to create a new approach to chef training. He teamed up with a professor of medicine at Tulane University Medical School in New Orleans, and together they created what they believe is the first course in culinary medicine in the United States.

Karl Guggenmos: So, we created this program where our students are actually going to Tulane Medical School for an internship. And they work side by side with medical students and physicians, working in the community, doing research, using an evidence-based approach to this whole idea of culinary medicine rather than anecdotal.

Margaret Flinter: So, in addition to learning knife skills, sauté and poaching techniques, fourth year medical students are given a lesson in food pairings, learning which foods are most poised to foster good health, and to combat obesity in their future patients' lives.

Karl Guggenmos: The medical students at the Center for Culinary Medicine they have their own coursework that we helped them develop, and they identify ingredients as to their relationship to health. They then start basic introduction to cooking, and then they do recipe conversions and then they have to do research. And our students are there helping, and they are engaged working, writing articles, working side-by-side with the medical students and learning techniques from each other. The results and the responses are incredible. It's really unique and it's one of its kind, and I think it's the first around the world, and we're getting more and more traction about this.

Margaret Flinter: He strongly believes in the idea that chefs will be the pharmacists of the future. A dean of a reputable culinary program, teaming up with a medical school to train future doctors armed with the skills and information to assist their patients in healthier eating, fostering the development of health conscious chefs who are trained to feed the next generation, well now that's a bright idea.

[Music]

Dan Glickman- Dariush Mozaffarian

Mark Masselli: I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

[Music]

Marianne O'Hare: Conversations on Health Care is recorded in the Knowledge and Technology Center Studios in Middletown, Connecticut, and is brought to you by the Community Health Center, now celebrating 50 years of providing quality care to the underserved where health care is a right not a privilege.
www.chc1.com and www.chcradio.com.

[Music]