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**The Obesity Challenge: What the Next President Must Do  
Democratic Presidential Advisors Roundtable  
Obesity Society, Washington University School of Public  
Health and Health Services, National Journal  
September 19, 2007**

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**LINDA DOUGLAS:** Well, good morning to all of you that has been attending this very interesting conference so far. I am just looking at my folks who want me to be sure I don't get anyone mixed up. I am Linda Douglas and I am a contributing editor with the National Journal and I have covered politics and government for many decades and health care for a big hunk of that time I have spent here in Washington. I am really pleased to see all of you here and all of these representatives of the Presidential candidates here to talk about a very important policy issue because number one, policy issues do not get a lot of attention at the early stages of Presidential campaigns even if the candidates try to talk about them. Number two, this is clearly an emerging health crisis which I know from my own experience in the mainstream media just does not get any attention at all. I think that the numbers that we heard from the O and B Chairman, Peter Orszag, this morning about the vast physical challenges that lie ahead with the government's challenge in figuring what to do with the cost of health related effects of obesity, is just a huge issue for all of the candidates who are seeking the White House to consider.

So, I want to introduce, first of all, our group here and let you know who is representing whom. We are starting from that end with Pat Johnson who is with Senator Joseph Biden

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and was called in at the last moment, but he is the Health Legislative Affairs person in Biden's office and has a long history working for the National Association State Legislature in the Medicaid and health care area and is one of Senator Biden's key health advisors.

Next to him is Laurie Rubiner, she has served as the legislative director for Senator Hillary Clinton since 2005 and she previously served as the director of the health care program at the New America Foundation. That is a nonpartisan think tank here in Washington and Laurie also served as Vice President for Public Policy at the National Partnership for Women and Families and was a LA to the late Senator John Chafee and was responsible for health and welfare issues in that office.

Next to her, we have another late add, but very, very, experienced in this area; Doctor Barbara Markham Smith, who is not a doctor but a lawyer who works for Chris Dodd's campaign and the health policy chair for Senator Dodd's campaign for president. She is an independent consultant working in health policy and her capacity as a consultant; she has worked with health management associates, the economic and research institute, and the Institute of Medicine. She is an expert on health insurance coverage, financing, and the impact of health reform on government budgets, institutions, and programs and is

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also the author of numerous articles and published studies on health reform.

Next to her is representing John Edward's Presidential campaign, is former Congressman David Bonior of Michigan. Congressman Bonior has extensive experience in progressive politics. He was in the House of Representatives for 26 years as I am sure most of you remember and served as both the majority and minority whip. Prior to joining the Edward's campaign last year, he served as the chairman of America Rights at Work and as a professor of labor studies at Wayne State University.

Next to Congressman Bonior is Doctor Dora Hughes who is an advisor to Senator Barack Obama. She is an advisor on a broad range of health issues and she is helping to develop his national policy and legislative agenda. She previously served as Deputy Director for Health for Senator Edward Kennedy on the committee on health education labor and pensions and prior to her work on Capitol Hill, she served as a senior program officer at the Commonwealth Fund which is a National Health Foundation in New York City. She completed medical school at Vanderbilt University and residency at Brigham and Women's Hospital and public health school at Harvard. She is also board certified in internal medicine.

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Finally, next to her is Sarah Dash who is a health policy advisor to Governor Bill Richardson and is currently a health care consultant with public works. She holds masters in public health from Yale and a bachelor of science from MIT. After receiving her bachelor's degree, she worked as a legal assistant at a public interest law firm specializing in child welfare, civil rights, and social security disability law. She is also head of fellowship at the National Cancer Institute where she served as a program analyst in the applied research program.

Before I go any further, I want to make an important note here which is that Pat Johnson with Senator Biden and Dora Hughes with Senator Obama and Laurie Rubiner with Senator Clinton, they all work in the Senate and today they are representing their candidates as experts who are volunteering their time to the Presidential campaigns of the senators for whom they work. I want to now tell you what the drill is going to be, we will be passing around index cards to all of you in the audience and we want you to be aggressive and creative in asking questions of our panelists here, because this is so important that we here at this early stage in the campaign, what ideas and philosophies they bring to approaching this problem. So, we are going to be passing out index cards, the index cards will be passed up to me at various points and I

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will convey your questions to the panel. I will also ask my own questions so you have a little time to think about your question.

First we want to start with each of the people here on our panel and letting each of them make an opening statement. Pat, I think we will start with you down at your end.

**PAT JOHNSON:** Is the mic on? Just to reemphasize the volunteer part, If I was not here, I actually would not be in the Senate Office today, I would on Grand Jury Duty which I have been serving on for about 5 weeks so the call last night to get me out of Grand Jury Duty, I gladly accepted to come here and speak for an hour or so.

I am a last minute fill, I do not have a whole lot of notes for this, but I am going to try and keep it in the spirit of Senator Biden's famous and one word answer in the first debate, yes, I am going to keep it short and sweet.

As everyone here knows, coming to this conference by the Obesity Society, billions of dollars are spent every year. Tens of billions more likely are spent. Associated with obesity everything that affects chronic diseases like diabetes, liver disease, high blood pressure, heart disease, the list of diseases are associated with obesity go on and on. Unfortunately, obesity which increases the risk factor of all these diseases pretty much, doubled in the last decade among or

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the last two decades among adults. This is not a small problem that we are tackling here; it has a huge, huge, effect on our country's health system and the amount of dollars that we spend.

There are four really quick things I want to touch on and then I will let the other panelist talk. The big things in terms of Senator Biden in terms of obesity and chronic disease is that he always says we have to put much more emphasize on prevention than we actually do. You will hear this theme throughout this hour. We spend so much dollars on treating the symptoms of diseases as people come in, in late stages of diseases or middle stages of the disease, where if we spent more on getting people annual, physical checkups and wellness examines, screening for obesity, heart disease, all that kind of stuff, you say a pound of prevention. An ounce of prevention is worth a pound of cure. That is a real thing and in order improve the prevention efforts that we have, the Senator wants to increase funding on existing programs that already exist that promote prevention and wellness. We can reduce the level of chronic disease and obesity in the country requires insurers that are participating in federal programs to cover preventive care. Make sure everyone who is in Medicare and the federal employee benefit plan and other Medicaid has access to preventive care. We can also do a better job of

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establishing better chronic disease treatment programs than exist now. Especially patients that have multiple chronic diseases with obesity is part of it, there is no reason not to do a better job at chronic disease treatment.

One way that we can do a better job that is implementing a comparative effectiveness panel. We spend a lot of money on procedures and x-rays and cat scans and all sorts of stuff; but a lot of times the amount of money that we are spending, we do not get a whole lot back in term for the money. Overall, we need to create this panel to look at which technology is actually working. Down the line, types of reimbursement into making sure that health providers are following and giving them an incentive to use treatment protocols that work and technology that works rather than just test after test after test. Make sure everything is covered. Part of that would be research on treatment protocols, what method is actually helping reduce obesity and chronic disease. Lay them out and compare them and see what works and what doesn't work and invest in the ones that work.

Also, we need to expand the number of people that have insurance. Forty-seven million uninsured, that is 47 million right there that do not have access to preventive medicine. We need to start with children. I think the latest stats I heard was obesity in children has risen from about 14-percent to

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about 18-percent in just the past 4 or 5 years or so. We need to do a better job of getting every child in America insured so we can get them into the doctor's office, we can get them to a nurse practitioner, somebody at school health somewhere that can deal with children that are obese and work with them and their families on education ing on proper nutrition and exercise.

Finally, it doesn't have to be just the health care. We have a holistic approach like I just mentioned in schools. Getting better school nutrition, getting the junk food out of the schools. Allowing incentives for schools to emphasize physical education, walking to school in safe neighborhood, there is a whole, not just health care, but every part of society has to think of health care over all, not just going to doctor's office and the hospital. Riding a bike instead of driving a car, walking to school instead of taking a bus. It is all of those things intermingled, but I don't want to take anyone else's time, so I will stop here and go to Q and A if there is any questions you may have.

**LINDA DOUGLAS:** Okay, thank you very much. Now we will go to Laurie Rubiner who is with Senator Clinton's office.

**LAURIE RUBINER:** Thank you Linda and I also want to thank Christine Ferguson for sponsoring this seminar this morning. Christine was my mentor in the Chafee Office and

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remains on of my mentors today, so I appreciate her bringing this attention and issue to everyone. I think one thing I would say is that the best news I think for health care generally is that every candidate represented here has a comprehensive health care plan and is thinking about it and putting ideas forward. I think that is probably one of the most important things and I think it is just a great first step for the Democratic Party that all of our candidates are taking this issue very seriously. I want to commend my other colleagues who have all been talking about this issue and working on it. Hopefully, one of our bosses will be in the White House so that we can really move this issue forward.

Some of you know, Senator Clinton did announce yesterday the third part of her plan to address the healthcare issues in our country. She started with; she sees it very much as a three pronged issue. The first being that we must bring down cost for everybody including those who already have insurance and the employers who are providing that insurance and so back in May she outlined a seven point plan to help bring down costs. Much of that related to the kinds of chronic diseases that we are seeing that eat up so much of the cost in our health care system.

In August she announced her quality agenda which really focuses on getting more value out of the dollars that we spend.

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Yesterday or the day before, she announced her coverage plan in Iowa, which brings the three parts together. I think the first thing I would say about obesity and I think we are probably going to hear many of the same themes from all of us, so I will try not to be too repetitive.

I think the first thing on this issue is with so many other chronic illnesses coverage actually does matter. While there are many factors that contribute to obesity, including environmental factors, no factor matters more than access to health insurance. This is no less true for obesity; those without coverage are much more likely to suffer from obesity and other chronic conditions that are linked to obesity.

So Senator Clinton's plan would cover all 47 million Americans and would hopefully eliminate or at least mitigate this risk factor since her plan is universal and would provide quality affordable coverage to every American.

Second, the patient provider relationship is extremely important in combating this disease. As part of her comprehensive health care platforms, Senator Clinton unveiled her quality initiative last month as I mentioned. It is an integral part of her vision for reformed healthcare system that covers every American.

As part of her quality initiative, Senator Clinton announced that she will promote innovative models of care,

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things like medical homes that will give primary doctors and nurses more time with patients to provide the care that they need and focus on prevention, lifestyle management, and other so called soft services to help patients live healthier lives.

Part of her seven part plan to reduce healthcare cost that Hillary announced in May, was unveiled as a national prevention initiative. She would also require all insurers participating in federal programs to cover prevention priorities and to make those prevention services either low cost or free to everybody. She would target prevention by coordinating and pooling public funding.

Third, on chronic care management, we have a significant chronic care management proposal in her initiative. The largest driver of health care cost in the nation is related to the small members of Americans who incur catastrophic expenditures usually for the care of chronic diseases. These diseases such as cardiovascular disease and diabetes account for 75-percent of our total health expenditures and are the leading cause of death in the United States. In fact, the 23-percent of Medicare beneficiaries who suffer from 5 or more chronic illnesses account for 68-percent of total spending in the Medicare program. That is a startling statistic one must address.

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A recent study projected nearly 30 billion dollars in national health expenditures savings per year after implementing disease and life style management programs. Combined with prevention and health information technology with full participation, the United States health system could save 147 billion dollars alone for better care of this vulnerable population.

To address this, Senator Clinton will ensure higher quality and better coordination of care. She proposes using state of the art chronic care coordination models with in federally funded programs such as Medicare and the federal employee health benefits program.

To provide care for Americans afflicted with these costly multifaceted and difficult to manage illnesses.

Based on the concepts promoted by primary care physician groups, Senator Clinton would permit multi specialty clinics, like the Mayo Clinic. Private plans like Ever Care and the Onloft [misspelled?] program in San Francisco. Provider sponsored organizations to bid on and provide coordinated care services.

She would also provide incentives for participation in chronic care management programs. Such services could include care coordination among and between providers, drug management,

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diet and exercise counseling, lifestyle management and the promotion of patient responsibility for self management.

Let me just say quickly, a few words about the work she has done as a Senator to address this issues over the last seven years. She co authorized legislation which passed the senate in the 108 Congress which would provide grants to train health professionals and students in obesity and eating disorders and part of this has to do with just really training people and giving them the education to really identify when you have a eating disorder or an obesity problem facing you and knowing how to treat that problem.

She has also sponsored several pieces of legislation that would support healthy meals in school and physical education as part of the school curriculum.

Lastly, I think we have to look very carefully at the relationship between the media and children and how much television they watch and what kinds of advertising they are seeing.

She has been a lead sponsor of the Children and Media Research Advancement Act, which is the first legislation of its kind that would establish a single coordinated research program at the National Institute of Child Health and Human Development to study the impact of electronic media on children's cognitive, social, and physical development. Particularly that

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of young children and infants. We know that children are exposed to up to one hour of advertising for every five hours of television they watch and anybody who has a child knows that those advertisements tend to be for sugar cereals and Ho-Ho's and Cheetos and all kinds of things that are not good for them.

The report suggests that long term exposure to such advertising may adversely impact children eating and exercise habits and this legislation I think is a very important step forward because we just don't know and we need to know what the advertising and the media what kind of impact it is having on our children.

I want to thank you again for sponsoring this very important seminar this morning. I appreciate being included and look forward to taking your questions.

**LINDA DOUGLAS:** Thank you very much. Now we are going to go to Barbara Markham Smith who is with Senator Dodd.

**BARBARA MARKHAM SMITH:** Thank you, it is a real pleasure to be here today. I appreciate you including us in the meeting. First and foremost, I think, it is important to recognize that obesity apart from its systemic implications, is of course, primarily a problem for those who suffer from it. The challenge is to provide healthcare that enables these people to address their problems and support to achieve results.

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That really is very difficult in the way that our healthcare system functions today. We need to look at healthcare that focuses on the individual that emphasizes prevention and that works with the individuals and provides support over time.

Obviously we have heard a lot of discussion about the economic and social ramifications of this just to add to this statics in your soup here. People with 5 or more conditions account for about 75-percent of Medicare spending. Virtually all of the spending growth since 1987 in Medicare. Obesity as a share of the Medicare population has grown since 1987 from 9-percent to 23-percent of the population in Medicare. Right there you can understand exactly what is happening in terms of the multiplication of chronic illnesses that come with that, there interactive effects and there effects on the demands on the healthcare system.

In the private sector, it is equally great about 75-percent of all medical spending in the private insurance industry is related to chronic illness, so it is pervasive to throughout our society and we need to address it in a comprehensive way. What we have here in terms of the humanitarian interest and helping people we reach there optimal health and then our needs to control it from a systemic view

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point is that we have it at perfect intersection of duty and self interest.

I think that we, Chris Dodd has a very comprehensive approach to healthcare that hopefully will address this on many levels. I want to echo what Laurie has said about universal coverage being the absolute lynch pin to getting a handle on this problem. We just will not have a mechanism for achieving the changes in care and particularly the way we care for people with chronic illness without universal coverage. Both as the carrot to get the healthcare system to undertake some changes and as a way to get people who do not have insurance and who have large numbers who suffer with this problem to get them into the healthcare system where they can get care.

Of course Chris Dodd's plan first and foremost is one for universal coverage. Secondly, his plan incorporates models of chronic illness management that are based on the best systems in the country, those from the Veteran's Health Administration, from places like EnterMountain Health [misspelled?] and Cleveland Clinic and Mayo Clinic that really have worked very hard to develop coherent systems of care.

He believes that these models of care must be incorporated into all of the plans in what will be his universal health mar [misspelled?] which is basically like the federal employees health benefit plan. This care is available

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to everybody who has insurance. The chronic illnesses become really much too pervasive a problem to say we are going to have special plans for people with chronic illness. We have to have that care available to people so that they can sustain contact with their providers, they can sustain continuity of care that they are not moving between systems and that they have access to multi disciplinary care and a team approach. This is particularly important for people suffering from obesity because you have problems on multiple layers, you have problems with secondary diseases, and you have problems with need for psychological support through a very difficult process. All of this demands team based care and that has been adherent in the best models of chronic illness management.

The other thing that I think is really important to realize and I think has a significant affect on this population is the United States has the lowest rate in the western world of people who keep their same primary care doctor for more than 5 years. When you were talking about dealing with chronic illness, sustained relationships over time are critically important. Senator Dodd's plan for universal coverage will enable people to have those sustained relationships by building these models into every plan.

In terms of quality improvement, I think it is very important again, particularly for this population, that we have

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quality measures and quality improvement that is particularly focused on sustaining access to care and sustaining relationships. You want to be sure that quality measures and quality improvement recognize the difficulty of dealing with certain types of clinical populations and that they respond to the needs to keep those doors open to people and well integrated into the healthcare system.

Finally, I want to talk a little bit about the role of public health here. Interestingly the United States spends more on public health per capita than most other countries. We do most of it in data collection. We really need to have more public health presence of foot print on the ground and communities working with communities that are affected by obesity and related chronic illnesses to develop community aids who can help people who can help people learn how to shop, who can help people in low income areas figure out how to make maximum use of their food dollars to their best interest. We need to improve the public health role in obesity management. Particularly in communities with poor access to care.

Finally as an integral part of Senator Dodd's plan, obviously there is a big role here for the electronic health record and interactive information technology and again for people with chronic illnesses this is going to be particular important because it enables them to have continuing contact

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with their health care providers at different levels. To check in, to resolve problems that do not necessarily need a visit, and I think this is going to be an integral part of that kind of management.

Finally, as I think everybody has recognized this is not simply a health problem, it is a societal problem, it is an education problem, and it is an agriculture and food programs problem. Senator Dodd has since 2004 backed legislation that would support a multi prong effort in the education systems in terms of control and what kind of foods kids have access to in schools, and improving exercise programs and local grants only 8-percent of elementary schools now have physical education programs. In other words, approach this in a multi-dimensional way. It is not a monolithic problem. I think that he has recognized that both through his education policy, his food policy and his health care policy. Thank you.

**LINDA DOUGLAS:** Thank you very much and now representing Senator Edwards is Congressman Bonior.

**DAVID BONIOR:** Thank you Linda, it is wonderful to be with you and the panelist here today. I want to congratulate the Obesity Society and George Washington University for hosting this event this morning.

Let me say first of all that this is not an area of expertise that I have, but it is an area of interest that I

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have. I am the national campaign manager for the John Edward's Campaign. It is also an area of interest for John and Elizabeth Edwards. It is one of the reasons that I am here today to express their real passion and concern for doing something about this.

I am going to talk about two issues that I think touch. As you know John Edwards is been in the fore front of two very important issues in our country: fighting poverty, when he left the 2004 race he established himself as the director of the Center of Poverty and Work Opportunity to [inaudible] in North Carolina. He has written on this subject, he just edited a book and did a chapter in it on poverty and of course the poverty issue intercept dramatically with the question of health care and obesity. He was also the second of the first person in this race, neither party to offer a comprehensive universal health care proposal. It includes provisions that our panelist just talked about on preventive care that I want to spend just a few minutes just to talk about as well. That is really one of the obviously key pieces to tackling this question of obesity in our society today.

We have a change, we have a motto in our campaign, and it is called Tomorrow Begins Today. You cannot wait until January of 2009 when the new President is going to be inaugurated to actually effect change. You have got to

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actually do what you are talking about. You have to walk the walk in other words.

Ghandi said be the change. That is what I did this morning. I had coffee and I had a bowl of fruit and I walked three miles here. I am all wet, my back is soaking wet from doing that. It was worth doing.

I ran for governor in Michigan after spending many years in the Congress. One of the things that was stunning to me and as I was campaigning was the obesity problem in rural areas and then in Detroit particularly in the urban areas. When I visited the schools, I was just flabbergasted by the problem. Michigan regrettably was one of the leading states, it was one or two or three usually in obesity and in smoking, really serious health problems. I wanted to make the question of obesity a primary issue here on the campaign. I thought it was a good portal to healthcare and this was like seven years ago, six years ago. I gathered all my consultants and my pollsters for our daily discussion and I told them I wanted to do this and they were pretty incredulous and this was their words not mine. They said do you know how many fat people there are in Michigan? I said yes I do, that is why we need to address this issue, which is why we need to talk about this issue, that is why this issue is important. I think it is

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indicative of how far we have come politically over the last six or seven years that people are talking about this issue.

John Edwards is talking about this issue. He runs every day, he talks about it. And Elizabeth talks about it and it is a big part of who they are and what they are trying to do. Bill Clinton has made this an issue of concern to himself. The other candidates as we just heard and will hear this is a real priority for them. You will probably hear from the representative from Governor Huckabee's office about what he was able to accomplish personally. The attention is really wonderful to see on this issue because it is an important issue financially; it is 12-percent as we have heard of health care cost in this country, roughly. World Bank Study indicated. It is a huge percent of the problem and less than 5-percent of the 1.4 trillion spent on US health care in 2002 went to preventive care. We are not really investing where we should and as a result, people do not receive the tests and the immunizations that can prevent the major illnesses and save money.

Diabetes alone costs Americans 132 billion in direct and indirect medical costs in 2002. We know that obesity lends itself as we have heard from others not only to diabetes but to emotional problems, heart problems, cancer; it has been linked to all of the major medical problems that we face today.

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The John Edwards health care proposal, which is as I said, universal, requires and spends a good deal of its attention on preventive care. It requires insurance companies to cover prevention. Insurance companies of little incentive to cover the cost or render services because people frequently change jobs, and they change insurers. One employer survey found that only 64-percent of insurers cover cholesterol screening and only 16-percent cover weight loss counseling. That will change under an Edwards's administration. It will change and it will change dramatically. We need to strengthen the primary care work force so we need to reward primary care. We talked about a little bit earlier here about primary care physicians. We need to create incentives so that we provide more opportunities for people to become primary care physicians.

Right now the number of US medical schools graduating graduates entering family practice residency dropped by 50-percent from 97 to 2005. One of the reason is the payment system doesn't properly reward primary care. We will change that.

Another point is it encourages individuals to pursue prevention care, which is a big piece of what we are all about. We have what we care health care markets which will offer lower premiums for those that get physicals and enroll in healthful

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living programs. Insurance programs will be redesigned to include appropriate incentives for families to use wellness programs and we will provide additional tax benefits for those employers who will offer their employees opportunities for exercise.

John Edwards is a strong supporter and believer of livable communities where people can walk to school, where you can have bike paths, and all those pieces that get our kids back on their feet and off their fannies and doing the things that are important that are healthy. Making sure that our schools have good proper nutritional food in them rather than the junk food that was talked about a little earlier.

All of these pieces are enormously important to addressing this problem. Finally, let me just say this and I will conclude, we need to have safe and accessible recreation opportunities for young people. This is really a young person's problem as well as a senior problem. We got to tackle it at the younger ages, we know from data that the younger you are the obesity problem will carry through for the rest of your life. We really needed to hit it at the beginning and that means good nutrition, good school opportunities, I mean safe and accessible recreational opportunities, it means primary care physicians, it means dealing with the poverty issue,

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affordable and accessible health care for everybody, all of these pieces have to be a part of addressing this problem.

I thank you for the opportunity to share a few words with you this morning and look forward to the discussion.

**LINDA DOUGLAS:** Thank you very much and now we go to Doctor Dora Hughes with Senator Barack Obama.

**DORA HUGHES:** Good morning. I want to start by adding my thanks to the Obesity Society for having us here this morning and inviting me to participate on behalf of the Obama campaign. I am slightly amused. I tend to be a bit long winded in my presentations, but I think being fifth in this series of very eloquent presentations, coverage of all the major issues with regards to obesity, will help keep me under the five minutes that we are requested to speak.

I will just start, many of you may have heard Senator Obama speak very passionately and knowledgably about the problems of overweight and obesity. His experiences as a father, as a community organizer, working with those who are disproportionately affected by overweight and obesity, as a policy maker in this state and here in the Senate, as well as a politician, have collectively given him a very broad and thorough understanding of the problems we face.

He has good understandings of the solutions that are needed and perhaps most importantly, he understands the

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extraordinary difficulty that we face and continue to face in attempting to address this issue and a permanent and long term sustainable fashion.

I think that and certainly I will skip past all the stats and the figures that people have already mentioned. I will just say that from his stand point, Barack Obama understands that obesity, the problems we face as both a symptom and an end result of the problems with our health care system. We have talked about the millions of Americans that are un insured and those that are under insured, and therefore, I do not have ready access to both the primary and secondary prevented services they need for treatment of obesity.

We have talked about the problems with healthcare quality, but what I have not heard really focused on this morning is the caseum between our healthcare system or our disease care system, if you will, and the public health world. This caseum is growing deeper and deeper. It is growing wider every decade. We have watched it to continue to roll back in the funding with now its estimate some say less than 4 cents of every health care dollar goes towards prevention; some say it is as low as 2 cents. This is a serious issue and one that the next administration would really have to grapple with if we are going to have again, long term success in addressing the problem with obesity.

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About three months ago now, Barack Obama introduced his health platform as part of his Presidential campaign. As many of you will have noted, it has a number of similarities to the other Presidential candidates.

His plan too, lays out a universal health care plan to make sure that everyone has the access to both a primary, the chronic disease and we agree that is a lynch pin to addressing problems at large but certainly obesity in particular.

His plan also has a heavy emphasize on reducing costs and increasing affordability of healthcare with a heavy focus on quality and improving healthcare quality and efficiency.

I will not belabor those details, but just again, they echo, I would echo earlier comments with you guys to chronic disease strategy, coordination of care initiatives, comparative effectiveness research. I think that there is a broad consensus among all the candidates and it is about the importance of each of these areas. I would note as a third part of his plan, which is a separate and very comprehensive, very detailed part of his health platform, focuses squarely on promoting prevention and strengthen public health.

He again, recognizes the growing split, the unfortunate split between the so and so medical world and a public health world. He wants to both as part of his [inaudible] but as part

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of his legislative work as part of his work as president that this will be a primary prioritized focus of his presidency.

The plan folks are very much on helping individuals and families. We all know that how you live, how you eat, how you work, how you play, that has significant implications for your health. Whether we talk about community, making sure we have the appropriate opportunities with physical activity, other bike paths, or the walking trails or the sidewalks, our children are able to go out and play without risk of exposure to pollutants and toxins and violence. Those are the types of issues that he is committed to addressing and I would say even three years ago, he introduced the healthy places act, which again deals with his exact same issue. How you create and sustain healthy environments so every American has the opportunity to live a healthy life.

Over 70 groups endorsed that bill and he was commended for bringing together other strange bed fellows if you will, to fight consensus on the way to euphoria in this area. That third part of his plan, he goes beyond creating healthy environments and also focuses on the role of employer, we have heard mention about the effectiveness of any worksite wellness programs. He wants to expand the reward of the employee efforts and make sure they have nutritious and healthy foods in cafeterias, opportunities for onsite physical activity exercise

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facilities, clinical preventative services being delivered on site and so forth.

His plan also focuses heavily on schools, we all know that children given the number of hours they spend in schools, we should insist that standards for physical exercise classes, that standards for nutrition are being adhered to by the schools and provide assistance to many public schools that serve a disportioned number of disadvantaged populations to make sure that they can meet these standards and give our children an early and perfect head start in life.

So not to [inaudible] just so we can move on to questions, but I do think that in addition to the focus on the health and the public health, that it is equally important that we also focus on our other national and federal policies as they relate to education, as they relate to agriculture, as we look at economic development, these all intersect with and impact health factors and will continue to be critical in addressing also as we move forward.

With that, I want to stop there and certainly be open for questions to give more details about his preferred policies and his approach at moving forward.

**LINDA DOUGLAS:** Okay, thank you Doctor Hughes. We are running short on time because everybody has gone a little bit over and Sarah Dash is next with Governor Richardson, but since

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we are going to hear from Governor Richardson, I would like to ask you if you could just boil it down to maybe a minute and a half or two minute and some general principles because I really want people to be able to ask some questions.

**SARAH DASH:** Absolutely, well I will talk fast. Thank you very much for inviting us to be here today. Governor Richardson is looking forward to being here later. I think that there is two things I want to say and the Governor would want to say about this issue its that number one, the governor really understands this is not just a singular one dimensional issue, it is not just about will power, it is about changing our policies and our programs throughout society. Also, this has been echoed earlier this is certainly about access to health care and he is proud to announce his healthcare plan earlier in August that would provide universal coverage building on existing models like the plan the members of congress have and as well as Medicare and just to say a couple of things about the governor's record in terms of this issue, because he does have a very strong record, he has been a real supporter of making changes in schools. He got junk food out and put physical activity in as he will tell you. He has been a champion of school based health centers which can really have an important role to play in treating and preventing obesity on given their multi-dimensional, interdisciplinary approach and

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he actually doubled the number of school based health centers  
the state of New Mexico.

He is a very strong supporter of preventing and  
treating obesity in the clinical setting through innovative  
models like school based health centers, medical homes, and  
obviously covering every American and as some of the others  
have noted that he would also require coverage of preventive  
services like weight loss counseling. He is also a strong  
supporter of increases in research dollars. We need the  
research and form and what the appropriate clinical strategies  
are and we need research of course across the population and  
policy setting as well. He has caused specifically for more  
than doubling the age of 10 years and also is a strong  
supporter of bringing all the various research entities CDC,  
FDA, USDA, et cetera; together to really coordinate their  
efforts on this issue because that is so critical.

Have I run out of my time yet?

**LINDA DOUGLAS:** We have some really good questions  
here.

**SARAH DASH:** Okay, well then I will stop because  
certainly the Governor has other things that he would like to  
do, but you will be hearing from him later. Thanks again and I  
look forward to taking questions.

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**LINDA DOUGLAS:** Thank you very much Sarah, sorry to do that to you. We are actually going to keep you here another five minutes just because we have some very interesting questions and we want to be sure that we get to the main question here which I am just going to frame and then I think I will go to your questions because I have several of them, I think the question that is on everyone's minds is what is the role of the government in terms of addressing this problem? Should the government be increasing regulations? Should the government be using the tax system? Should the congress be passing legislation? Should there be national policies with respect to schools and curricula at schools? With respect to exercise, so I think there is probably a philosophical difference between the democratic and the republicans in terms of how to address this health question. I just want to plant that seed in your minds as you answer some of the questions that the audience has sent up.

One of these is in fact, a matter that would certainly fall to the congress and to the president who would make this point with the congress, and it has to do with agriculture subsidies and this has always been an interesting question of should you subsidize the healthiest foods in order to address the obesity question? One of the questions is could the panel address their candidate's food agriculture policy, current

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policy favors subsidizing the production of less healthy foods compared to fruit and vegetable production? So rather than have each of you answered that, I think that maybe what we can do is let us start with Laurie Rubiner of Senator Clinton's office and maybe you can take that question.

**LAURIE RUBINER:** That is a hard question. I am not an agriculture expert; I will say that it has not gone un noticed that we subsidize some of the way our subsidies are structured. Is it necessary what is best for our health and I think we do have to take a very good look at that? I would like to just take a shot at the first question you asked Linda, because I do think that the role of the government, and this is really an important one, I think the role of the government at least in healthcare is to make sure that people have access to affordable, quality health care, but the truth of the matter is, and that is what Senator Clinton's plan does, but we all know as we have all said that individuals have a responsibility as well and you can have the best health care plan in the world, but if you are not following the regimens that your doctor prescribes, you are not going to be healthy and so I think we have to ensure that there is sort of a shared responsibility many of our proposals all have that theme including our own. I think it is an important one.

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**LINDA DOUGLAS:** Okay and I am actually going to move to some of the other questions because there are so many interesting ones.

This one has to do with the insurance companies. You have all talked about what insurance companies should be doing in terms of addressing prevention, and treatments such as counseling, so this sounds like an issue which would have to be addressed through legislation, through some kind of government action. So, one of our people in the audience has said how do we get the insurance companies to pay for the increasing cost of health care related to obesity and to cover all the insured in America as a whole? I know your candidates have gotten universal coverage plans and so I think we want to specifically talk about insurance as it relates to obesity. The question goes on to say if history is any method of judging, the insurance companies will try to avoid paying benefits. How do we avoid this and make these powerful companies accountable to the American people and in answering that question I would also like you to include at least a couple of points about what kind of legislated policies would you require of the insurance companies, whether it relates to disparities and co-pays for disincentives, to be obese which again addresses it as a behavior problem or whether it is a requirement for prevention and counseling. Keeping the questioner's question about the

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attitudes of insurance companies in mind, Congressman Bonior, we will address that one to you.

**DAVID BONIOR:** Well, I will be very brief about this because we feel very strongly about the insurance and pharmaceutical piece of our health care problems today. Edwards's universal health care plan will require insurers to cover prevented measures at low or at no cost. We would require everyone, everyone to have an insurance plan in this country.

We are not in the mode any more at the Edwards community. We are tired of the insurance companies and the pharmaceutical companies dictating health care in this country. We believe and we believe strongly that you can't compromise with these folks anymore; you just got to take them on. John Edwards has taken them on when he was an attorney. He fought them and beat them constantly in the courts. We believe that if you invite them at the table, they will eat all the food. We are in a very aggressive mode here with respect to the insurance companies and the pharmaceutical companies. Pharmaceutical companies did in the last Congress in writing the pharmaceutical law was an absolute outrage in this country. We have seen what the insurance companies have done over time with health care in this country. The way they have sent their lobbyist up to the Hill to defeat it and they have more

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lobbyist than you can shake a stick at. Probably half a dozen or so in this room today. We are in a very aggressive mode. We are very different philosophy than most of the campaigns here.

We are going to take them on and we believe that it is really necessary for everyone to have insurance and for preventive care to be a part of any health care proposal a required part of it.

**LINDA DOUGLAS:** Okay, thank you very much and now I want to address several questions on this. They are all really good questions. This really has to do with the government's role in terms of both designing research programs and providing money for research programs. Certainly the money that has been on research spent on looking at obesity is much less than for some of the other major diseases in this country. Heart disease and diabetes and cancer and so forth. Here we have a question from somebody who asks or who says it is nice to talk about prevention of obesity with diet and exercise and community programs, but they have had a minimal affect in studies for people who are 50 years and older. Is your candidate going to throw more money at this failed effort? That is a criticism obviously of research that is currently or least advice is currently given. How do you feel about more research money for innovative research rather than more diet

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and exercise trials. This does bring up the point that is often made that whatever is applied to treating obesity the outcome is not necessarily measured later on.

There are not a lot of patients with finding out what the results are, but let me ask Doctor Hughes if I could, should there be more money spent on research in what way and should obesity be addressed in some sort of campaign form the way that other message campaign forms and diseases HIV/AIDS? If you can go ahead and tackle that one.

**DORA HUGHES:** That seems to be a three part question and I am getting it down straight. The first I would say is simply yes, there should be more money allocated to obesity prevention research, how else should this money be allocated? That is a bit of a trickier question. We know there are some gaps in the research knowledge if we look at behaviorally research and interventions as one example. We know that if you look at community based participatory research that too has historically been under funded. With regards where within the research dollars different sub research question should be focused, I would just say that those are two of many examples of types of research that need to be better funded. I would also note that although it seems that we have not had much success in obesity prevention and treatment that even some of the existing research is very solid. It is just that frankly,

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it has been under resourced. At the expense of other research efforts have been age or institutes and so just as we need to continue to push on with the research that we are doing, this same time we need to both invest the overall dollars and increase allocation to some of these other areas.

The third area that I would like to mention is frankly translational research. This is not true for research in general but also true for obesity research is that we need to give greater money to the CDC, for example I am looking at helping there and turning what we know into community based interventions as one example. They have done tremendous work in many areas, example would be tobacco and some of what we have been able to do and in collaboration with these partners such as American Legacy Foundation, but translational research is going to be key.

The fourth issue that was mentioned is that it is true that we focus quite a bit on child interventions and that is for obvious reasons. It is very important to do early in life. To intervene early is more effective in many ways, but just given the number the amount of cost incurred by the older populations, it is important that we are balanced in our research portfolio dollars and how much is going towards to children and how much is going to middle and older age adults

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and so in a roundabout way I hope I touched on all the issues that you raised.

**LINDA DOUGLAS:** Very good, thank you. This is a question that has to do with regulation and this is certainly going to be an interesting, I think distinction between the way that democrats and republicans have looked at the issue, but I don't know what your answer is going to be.

This has to do with requiring restaurants to provide calorie labeling in their menus. Recently the California Legislature passed a menu labeling bill which would require certain restaurants to list calories and fat and sodium information on the menus and menu boards. Does your boss or your candidate support such legislation? Barbara Markham Smith why don't we address that to Senator Dodd?

**BARBARA MARKHAM SMITH:** Okay. You know, I don't know how he feels about listing calories on restaurant menus. I would assume that he would be strongly in favor of efforts and crusades and public support for that kind of thing and I imagine that he would think that probably has to go on at the local level. However, I think it underscores a very important aspect of this problem which is community education. It is clear that we really have a long way to go in getting people to understand what they are consuming, the relative health merits of what they are eating, what kind of quantities are

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appropriate for them to be eating and I think pervades our society. It has to go and education in the schools, it has to go on in community education through mass media and there has to go on through leadership and so I guess to get to a place that we call mindful eating.

I think this is really part of a generic effort at education which is absolutely essential. I also just want to add that part and it is part of getting people to be personally invested in their own well being, their own health care. I do want to just add that Senator Dodd does include in his plan incentives, financial incentives for people to add to weight loss programs, to add to exercise programs and I think that is all part of the same package.

**LINDA DOUGLAS:** Okay, I think we have time for one more question and this is another question that all of you will be getting about the government's role in dealing with obesity question and it has to do with Medicare and what role Medicare should be playing.

Given the significant cost imposed on by obesity related conditions, do you think that CMS the agency that regulates Medicare and sets the standards should recognize obesity as a disease and that Medicare part D, that is the prescription drug component of Medicare, should cover drugs if

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medically necessary and FDA approved to manage obesity? Pat why don't I ask Senator Biden that question?

**PAT JOHNSON:** Thanks. In terms of Medicare and what role it should play. Whatever happens in obesity is going to play a huge role because it is one of those biggest players in the health care in general. A lot of insurance companies take their cues on what they are going to cover from what Medicare does. Medicare is going to lead the way on a lot of this stuff. Should CMS recognize obesity as a disease? I have not talked to Senator Biden on this particular issue so I can't answer for him a hundred percent sure. My guess is in terms of drug coverage for obesity, I think he would be all for covering anything that helps with obesity. There are a lot of regulations that come out of it, like I said a lot of stuff that leads the way in terms of covering certain services. In terms of just drug covered, I think he would be pretty much for anything that would help lower obesity and get people the treatment that they need.

**LINDA DOUGLAS:** Okay well we have a lot of other questions here, but maybe we will save them for the next panel. I am going to keep your questions because I think we are out of time with this panel. Thank you very much to all the health advisors to the democratic Presidential candidates first of all for all of you showing up, it is very impressive and it shows

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how important this issue is being taken by your candidates. I  
appreciate it very much, thank you.

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