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**Clinton Global Initiative University 2008 Meeting  
Starvation Amidst Plenty, Obesity Amidst Poverty:  
Malnutrition's Devastating Toll on Children  
Clinton Global Initiative University  
March 15, 2008**

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**FRANKKI BEVINS:** Hi, everyone. I want to welcome you here not only to the conference, but to the Global Health Track. My name is Frankki Bevins, and I'm the program manager of the Global Health Track. Before we get started today, I just have a couple quick points on housekeeping.

We're going to be here for ninety minutes during this session. The first thirty minutes we're going to listen to a panel discussion led by our moderator. During this time you'll notice that you have pads of paper at your table. Please use those to write down any questions that you may have for the panel in general, or specific panelists. Unfortunately this is your only chance to ask any questions, so please take advantage of that. Pass them to your table facilitators before the end of the first half-hour.

The second half-hour will be your turn. You're going to turn to your table and discuss among yourselves what you as students, along with your universities in the surrounding communities, can do on this issue. The third half-hour we're going to start off with the panel responding to your questions that you've come up with during this first half-hour, then we're going to present your ideas and what you've come up with during that second half-hour. We're going to give the panelists a chance to respond to your ideas and then we're

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going to close with three acknowledgements of particular commitments that students here at CGIU and faculty have made.

So without further ado, we'll get on to the good stuff. I want to just set the stage a little bit for why we're here, and why we're talking about under-nutrition, over-nutrition, and the associated chronic diseases like obesity and diabetes.

As many of you may know, under-nutrition is the number one killer of children around the world. Every five seconds a child dies due to hunger-related causes. That's over 1,000 just alone while we are here together during this working session. While there are 850 million people around the globe who are underweight, there's over 1 billion who are overweight or obese, leading to a host of chronic diseases, among them diabetes for which 60-percent of cases are directly attributable to issues associated with being overweight or obese. It's unacceptable and it's completely avoidable.

Today we are honored to have with us a panel of people who dedicate their lives to these issues in particular, in a variety of capacities all around the globe. I want to go ahead and introduce them to you. We have Gabriela Blanca--who is program director for Puente a la Salud Comunitaria, We have Rebecca Egan, who is the clinical program manager for Access Nutrition with the William J. Clinton Foundation. We have Noah Levinson, who is founder and president of Calcutta Kids. We have Daniel Zoughbie, who is the founder, CEO and president of

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the Global Micro-Clinic Project. And finally we have our moderator, Dr. Bill Dietz, who is director for the Division of Nutrition, Physical Activity, and Obesity at the Center for Disease Control and Prevention. Dr. Dietz?

**BILL DIETZ, M.D., PH.D.:** Thank you, Frankki. Good morning. I'm looking forward to this panel. But before we begin I wanted to just reemphasize a couple of points which I think were made in the plenary session, and that's how much energy, creativity and innovation that you all bring to this, both as students and as universities. Because you're interested in the possible, not what's been tried and failed, and we need to tap that. And I hope this morning's panel will unleash some of that energy.

I'm a pediatrician, I have a doctorate in nutritional biochemistry. I've spent my career in childhood obesity, although my interest in nutrition was fostered by a summer in Guatemala and then subsequently three years in Panama. And I'm going to ask the panelists to just briefly introduce themselves with a personal touch, and then we'll pose the questions for the panelists. Gabriela?

**GABRIELA BLANCO:** Good morning. I've been working in the field of malnutrition for about five years now. I think when I was around the average age in this room, I'm not that much older now, I decided to go to the Peace Corp. And while I did two years there, and living in a rural community as a rural

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health volunteer I quickly saw that all of these different health issues that we were working with were directly related to what people were eating, or what people were not eating. And by the end of my Peace Corp service I realized that, I wasn't sure how, but I really wanted to focus on improving nutrition in the United States, in the developing world, I wasn't quite sure. And then I discovered amaranth.

I don't know if anybody here has ever heard of amaranth. It's a grain native to Mexico. It was a staple in the Aztec diet and was actually eradicated in the Spanish conquest. It's been proven to reduce malnutrition, and well, I could go on and on and on. And as I was reading all this information I got really excited. And I'm also the result of immigration from Mexico. Both of my parents were born in Mexico and moved to the United States not necessarily looking for adventure and fun, but because there was very limited opportunity in Mexico for them. And so I decided to move to Oaxaca in southern Mexico--it's the second poorest state in Mexico--and work with Puente a la Salud, which means bridge to community health where we promote the commercial production and the daily consumption of amaranth.

**BILL DIETZ, M.D., PH.D.:** Thank you. Rebecca?

**REBECCA EGAN:** Hi. My interest in nutrition actually began when I was working as a translator for a medical mission in Ecuador. And one of the things that I saw was the

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disconnect between the way medical treatment is provided, and nutrition. I thought there was a real gap in the health community in addressing nutrition problems.

From there I realized how little I actually knew, and I decided to get my Master's. So I completed my Master's of science in food policy and applied nutrition over the past year. I was lucky enough to get a job with the Clinton Foundation, and my real interest was in international nutrition from a policy perspective.

What I now do is working on community-based therapeutic care programs across Africa and Asia. Now these programs, part of the reason that I'm very passionate about them, is they are community-based. They're not facility-based, it's not in a hospital. It really involves the community in addressing nutrition issues. And the other reason I was very interested in this type of programming was it addresses severe acute malnutrition. And there are so many communities in Africa that are still faced with high death rates, high mortality, any new shock that happens--a flood, droughts. And large portions of children will die. And I thought that this was such a great way to address malnutrition in these communities, so I felt very fortunate to be able to do that through the Clinton Foundation.

**BILL DIETZ, M.D., PH.D.:** Thank you. Noah?

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**NOAH LEVINSON:** When I was in my last year of high school I went to Calcutta to work at Mother Theresa's Home for the Dying Destitutes. I went there with a close friend of mine, and we had a remarkable number of summers working with this organization that literally picked up people from the streets that were dying, and would be with them as they were making their journey from life to death.

It was a fantastic experience. I finally felt like I had a purpose in life. And the second summer I went back I had an experience of a young boy that was about my age who died in my arms, and it was an experience that absolutely changed my life. This young boy named Sudeep [misspelled?], he didn't need to die. And it made it very clear to me that it wasn't enough to simply be with people as they were making their journey from life to death, but that there were ways to prevent them from dying.

And everything that I've done after that is sort of a tribute to Sudeep. I went to a college, Marlboro College in Vermont, and they allowed me to use the school as a platform in the same way that CGIU is a platform for all of you. They allowed me to spend half the year in India and half the year in the United States. We started off, I raised a lot of money with this friend of mine who I originally went to Calcutta with. And we started off working with street children to provide medical services for street kids. But it quickly

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became clear that we weren't making a positive impact on the health status of these kids. And if we really wanted to make an impact on these kids we needed to work with pregnant women and children to insure that kids during the first years of their lives were healthy, that they were not malnourished.

40-percent of children in India are undernourished, and that same malnutrition is associated with half of all child deaths around the world. Stated simply, kids that don't get enough food during the first two years of life and are born with low birth weight spend energy that would otherwise be spent on brain development on fighting diseases like diarrhea and respiratory tract infections.

These first two years of life are essential in the development of these functions, and so health and proper nutrition during this time is essential. The things that go on in the development of the brain during that time are irreversible.

So we have a cocktail of services that we provide to people in a slum area of Calcutta called Fukir Begon [misspelled?]. We provide pregnancy counseling for pregnant women in the slum. We have community meetings that range in topics from encouraging pregnant women to get enough food and rest during pregnancy to the importance of immunization and diarrheal disease management, anti-natal care, growth monitoring promotion, nutrition supplementation, and then we

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offer a facility base delivery for pregnant women to have a safe delivery, therefore reducing maternal and infant mortality.

**BILL DIETZ, M.D., PH.D.:** Great. Thank you. Daniel?

**DANIEL ZOUGHBI:** Well, I think like many of our panelists and probably many of you today, I, too, have a personal story. My grandmother, who's living in Palestine, passed away from diabetes complications due to basically a lack of education and access to medical care. So when I was a junior at U.C. Berkley I decided that I wanted to try to do something about helping to empower people in the developing world to manage and also prevent diseases like diabetes.

So we established the Micro-Clinic project which basically set up a network, a social network, of groups of people who were provide with basic education led by a community leader. And they transformed private spaces like homes or other central locations into community health care centers simply by bringing people together to discuss their health and well-being and also to share access to simple medical technology like a glucose monitoring system that can be purchased very widely in the U.S.

So, based on the initial pilot project in Palestine, we noticed that people within these social networks were starting to change their lifestyle. They're starting to change their diet, exercise more, but also very importantly provide one

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another with a sense of security, especially in the context of war and endemic poverty.

So based on this initial project, we expanded now to Jordan where we're partnering with the Ministry of Health in Queen Rania's health society. And we're looking to really set up a network of these Micro-Clinics throughout the kingdom of Jordan. And I hope we'll talk about this, but I think it's important to work with existing organizations, in this case the ministry of health who are not prepared to deal with the diabetes epidemic in this case. And so basically what we're trying to do is form these partnerships where needed, and also importantly to empower the individual within the group to take control of their health and well being.

**BILL DIETZ, M.D., PH.D.:** Great. Thank you. This is a really innovative set of activities that you've just heard about. And I'd like to try to focus this discussion a little more. You heard the term malnutrition. Well, malnutrition is a non-specific term. And what this panel represents are people who are focused on under-nutrition and over-nutrition.

And in the developing world there's an increase in the prevalence of both of these types of nutritional disorders. So that, for example, children around the world who are under-nourished are stunted. They're short. But they're also increasingly obese, which is a risk factor for type 2 diabetes, which is what Daniel was describing. So it begs the question,

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what's going on? And I'd like the panel to respond to that.

Go ahead, Daniel.

**DANIEL ZOUGHBIE:** Well, at least in the context that I work in which is the Middle East, and we will be expanding to South Asia this summer, but at least in the Middle East I've noticed that there are several things going on. One, I'd say, is just socioeconomic and also environmental changes. People are changing the way they live, the way they work, how they get to work, which means people are exercising less. When television's available they're watching more television. Junk food and processed or refined foods are becoming cheaper so people, instead of eating whole wheat bread, will now eat just white pita bread. And then also rapid urbanization throughout the Middle East is contributing to this problem.

So I think that by targeting the social group and by changing the way individuals relate to one another, and by leveraging the existing social networks that are available, we can really reverse what I think has been called, actually, an infectious disease--obesity--just because of the social nature of it. But we can use that social force as a positive way of improving the health and well being on a much wider scale.

**BILL DIETZ, M.D., PH.D.:** I guess I should have amplified that. Not only do we have an increased prevalence of obesity and stunting in the same population, those two problems may coexist in the same children. Gabriela?

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**GABRIELA BLANCO:** Well, the situation in Mexico is quite similar in many ways, and also actually in South America and Paraguay. One difference is that our focus is on rural population, so people are working very hard in the field every day. People are burning calories. And this is children as well. As soon as they're big enough to walk they're hurting some sort of animal, or helping the family out with the chores. So I think what we see a lot of is the junk food. Coca Cola is a status symbol in any small Wahakan village. Coca Cola finds a way to get that into any remote setting that you can imagine. No television, no running water, you will find people walking proudly to their house from the small store with a bottle of Coke.

There's a very large food corporation in Mexico as well that, I don't know how they do it but they get into every community, and I think that is really, too, another big problem which is prioritizing the family. A lot of it has to do with the decisions that are being made by these families. They have very low incomes and small resources, but they could potentially make choices to eat more nutritious foods, but instead they're filling up on corn, and sugars, and going out to work. And that is inevitably going to lead to micronutrient deficiencies and just malnutrition.

**REBECCA EGAN:** One of the things that I also see when you look at it from a biological standpoint, a child who is

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malnourished to the point that they have micronutrient deficiencies has a likelihood of becoming stunted or short-statured. Because of that short stature they actually have a higher propensity to become obese, and it's very paradoxical. And so you wouldn't expect that. So you can actually see a child who in one case would be severely malnourished, very skinny or even edematous, like having fluid retention, and later in life will be obese. And a lot of it does come down to issues of targeting micronutrient or nutrition interventions to children to not only address the short stature but also to provide the choices and the different opportunities like exercise.

So it's almost like we need to be focusing in two different areas. We have to be focusing on the child and their nutrition, and also the mother's nutritional status. A mother's nutritional status directly impacts the nutritional status of her child. If she was low birth weight she's much more likely to have a low birth weight child. A low birth weight child is much more likely to be stunted. So it's all these different nuanced areas that we need to be addressing and looking at to really focus not only stunting, but also on later obesity.

**BILL DIETZ, M.D., PH.D.:** Noah, do you have anything to add?

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**NOAH LEVINSON:** I think all of these points are absolutely right on, and I think that we see all of this in India as well. I think there's another thing that we see in India which has to do with the gender and equity, and the fact that in the same household, in the slum that we work in, you'll also find a man who's overweight and a wife who is very underweight. And you see the same thing for male children who seem to be getting enough food, and female children who are not getting enough food.

And this is much more of a problem in South Asia and especially India than it is in other parts of the world. And I just wanted to focus on that because I think these same issues that all of you are talking about are very much there in India, and especially with the booming economy. In India there is a lot of access to foods that were not available before, and a lot of that food is junk food. It's cheap food, it tastes good, it fills you up quickly and it's not very good for you.

**BILL DIETZ, M.D., PH.D.:** Good points, all. Let me just clarify that when Rebecca was talking about micronutrients, the three major micronutrients of concern in the developing world are vitamin A, iodine and iron. And one of the themes--you're hearing several themes. One is this high level issue, how do we reintroduce amaranth into the population? How do we change the medical delivery system for countries? What makes fast food and soft drinks, sugar-

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sweetened beverages so inexpensive and readily available? But you've also heard in each of these presentations a focus on individual behavior change. And our perspective at the Centers for Disease Control, particularly with respect to obesity, physical activity and nutrition in the United States, is that we need to have a broader focus on policy and environmental change, because that will affect the behavior of a larger number of people than individually-focused behavior change strategies. It also is a more sustainable strategy.

So to the panel, what are the kinds of policy or environmental changes that you see in the areas in which you're working, which are likely to have a more profound impact than individually behavioral change strategies?

**GABRIELA BLANCO:** Well, I want to repeat, but I agree it's very important to collaborate with local governments if you're working abroad. That's really one of the most sustainable ways to achieve any of these changes.

In the case of Puente and of promoting amaranth, we actually collaborate with the Opportunitatis Program, [misspelled?], which is similar welfare/WIC combination, and they are able to reach almost all of the rural communities in Oaxaca with health services and work shops. And it's actually a model for much of Latin America. So what we've done is try to integrate amaranth promotion into that program, that's already happening, and try to work with people with people on

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all levels in Opportunitatis; the health workers that are living in these communities and the secretary of health in Mexico to make it a uniform approach to incorporate something a little more sustainable.

Typically a government program in Mexico is based a lot more on a handout than on something that's actually going to change a behavior. And so when you can work with them on all levels collaborating, and you can train the trainers who are the people who are in the field to promote sustainable behavior change and to really find a way to--it's so complicated. They have so many free things that they give away, but how do you get a woman to actually take a folic acid supplement every day? How do you actually get people to want to do that? I can't go in and say well, amaranth has a really unique protein composition and it's really high on lysine, which is really special compared to corn. And so you need to eat it every day, just a handful. How can we get them to actually give a handful a day to their children under five? And then there's a whole lot of theories and things behind that, and getting that to actually work in a collaboration with a local government I think is a big challenge, but it's also something that we've had quite a bit of success in.

**BILL DIETZ, M.D., PH.D.:** Other panel members? Let me just amplify one of the comments that Gabriela made. Folic acid is an important vitamin which prevents neural tube

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defects. And the strategy that we pursued in this country is to fortify the food supply with wheat flour, with added folic acid to wheat flour. Because that's a policy which affects the whole population. People don't have to rely on remembering to take a supplement on a daily basis.

But it begs the question of what other potential--well, let me just amplify that, too, that that strategy depends on the compliance of the flour industry, the flour millers. What are the other potential public/private partnerships which could help address some of these issues that you're working with? Go ahead.

**DANIEL ZOUGHBIÉ:** Well, I guess the first thing that comes to my mind is just a simple statistic I read a while back. I think in 2006 or fairly recently the government of Jordan, which is a key Middle Eastern country, spent less than \$3 million on chronic diseases, meaning the prevention and even management of chronic diseases. So I guess the first thing that they could do on a public policy level, on a meta level, is just to give some money to that area because it's worthwhile. I think this is CBC's statistic, but for every dollar invested in diabetes prevention they estimate that almost \$9 can be saved in hospitalization cost and other things like that. So I think the first thing is to put the significant amount of money that is in there.

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And then on an environmental level I'd say that programs need to be pursued, especially in the context of urbanization where young people, children, can have the opportunity to go to a public park. If you do go to Amman, which is the capital city of Jordan, you don't really find very many places where young kids can just go and play soccer games in the park. And the same is true on the West Bank. So just creating those spaces, and creating programs, and hitting the mass media, targeting popular television shows and really getting the idea out that parents need to shut off their televisions and kids need to go out there and engage in physical activity.

**BILL DIETZ, M.D., PH.D.:** Noah?

**NOAH LEVINSON:** Yes. I'd like to get back to the question that you asked before about possible interventions of sorts. And one of the ones that's been most--and then I want to answer the second question. One of the things that's been most successful that we've been doing with Calcutta Kids is exactly what you were talking about, Gabriela, with the health workers. And what we're doing is, we have these community health workers that are from the very slum in which we work. They're trained in behavioral change communication. And they have almost become heroes in the slum. And the reason they've become heroes of sorts is that people see that as a result of people taking their advice, their kids are much healthier. And

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I think that this can be really broadened to government programs, and I think it already is. It's all over government programs, but I think it needs to be focused in a certain area. In India the focus seems to be on children between three and five, where the most important time for children is pregnant women and children up to the age of two.

I think that again getting back to brain development in these first two years, I think it's really essential, and it's really to the advantage of corporations and the private sector to invest in making sure that there's a broader array of people out there that have the same brain function that all of us have. I think it's to the interest of the private sector to invest in insuring that there are more people to choose from.

**BILL DIETZ, M.D., PH.D.:** Rebecca?

**REBECCA EGAN:** We in the community-based therapeutic care model use a very specific product, and the brand name product is called Plumpy'nut, but it's really a ready-to-use therapeutic food. And essentially it's fortified peanut butter paste with milk protein, and you can take it home, it's in a sachet, and the malnourished children eat it.

Well, the company that actually produces that product is a for-profit company. And we have been working with local producers, actually, trying to stimulate production not only in different countries in Africa but also in Asia. There's clearly a market for it. People will buy this, and GOs are

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buying it. UNICEF is buying it. UNICEF is a huge procurement agency. And I guess it's starting to reconcile that maybe integrating the private world is not necessarily a bad thing. It is not bad that an organization might profit off doing some social justice.

**BILL DIETZ, M.D., PH.D.:** Just let me add to that, that every nutritional advance in the United States has required industry's engagement in terms of altering food supply--the iodization of salt, the vitamin D fortification of milk, folic acid in flour.

We have time for one final question, which I think is relevant to the deliberations of this group. New communication strategies are prevailing not just in this country but all over the world. Have any of you harvested those strategies, or directed those strategies to try to promote the kinds of interventions that you're thinking about, or have you thought in a creative way about how some of the new communication technologies could be utilized to change behavior around nutrition, physical activity, obesity, type 2 diabetes management, et cetera. Gabriela?

**GABRIELA BLANCO:** You're referring to media, and videos and things like that?

**BILL DIETZ, M.D., PH.D.:** Cell phones, cell phone communication, yes.

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**GABRIELA BLANCO:** Yes. I think an initiative that we took starting at the middle of last year was to incorporate a sort of public relations approach to the way we're promoting nutrition. We said if Coke can do it, why can't we. Right? We don't have all the money and everything, but just that same idea, how can we make nutrition cool? How can we find that point where it doesn't become maybe an obsession like it has become in certain parts of our culture, but where we could make health and nutrition really be something trendy and hip. Right? And our focus group is rural women, and we've actually done a little bit of unofficial research with them, but trying to--we hired a graphic designer this year to do some basics, just some posters and some video clips, and really cool-looking moms eating amaranth and giving it to their kids, and stuff like that, basically trying to do what you see on television at a smaller level.

And in addition every day people are getting more connected to the internet and to technology. And our collaborations with our local health workers have become-- they're like, oh, this is a text message from the doctor in this community. And it's something I wouldn't have even really imagined when I was in the Peace Corps, just a few years later find how quickly these things are becoming tools for, well, promoting something that I guess you wouldn't assume

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immediately you could relate to something like public relations  
an using the media.

**BILL DIETZ, M.D., PH.D.:** Noah?

**NOAH LEVINSON:** Well, in the area that we're working in  
there are some people that have cell phones, but for the most  
part people are so poor that we don't have--we can't use mass  
media in that same way. We have been thinking about an idea  
which I'll quickly share, which is in India whenever a movie is  
shown there's always an intermission. And we have been playing  
with the idea of setting up huge movie screens in parks outside  
the slums in which we work and showing free movies. We're  
trying to work with some people in India to try and get  
copyright permission so that we can show hit movies that people  
want to see. They don't have the money to go to the movies,  
but this will put up big movie screens. And then at the  
intermission we will have health communication messages. So  
there we'll have 3,000 to 5,000 people there to watch the  
movie. And they're stuck, and we have access to 3,000 to 5,000  
people to give them health messages. So we're working on that.  
I hope that we'll be able to show some results with that within  
the next six to eight months.

**BILL DIETZ, M.D., PH.D.:** Rebecca?

**REBECCA EGAN:** The communication can happen at any  
level. In some of the district hospitals I've worked with in  
Africa where they don't have cell phones, they don't have TVs,

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it's amazing to see that you actually can have health workers, they're kind of like leaders in the community, and they've done dances. And you will see thousands of people surround them as they're singing African songs about how to not contract HIV and how to properly nourish your children, and it's very simple. And with that much, they're able to access that many people with those kinds of messages. It's pretty amazing.

**BILL DIETZ, M.D., PH.D.:** Well, thank you. You guys have done a terrific job. I think Frankki is back, and we'll be back in a half-an-hour or so after you all have done your work.

**FRANKKI BEVINS:** Thank you all so much. [Applause] Yes. Wonderful. I hope their stories have served to inspire all of you. They all found something that they were passionate about. They took a theme, an issue, they found a population, and they wanted to reach out and make a difference.

This next half-hour is really what this conference is about. This next half-hour is your chance to talk with your colleagues, to talk amongst yourselves, about what you all can do about this issue in particular. As students, as administration, faculty, university presidents, you have an immense amount of resources at your fingertips.

We have two questions laid out for you here to discuss over the next half-hour. The first question just asks you to briefly reflect upon what you've heard from the panelists.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Please don't spend more than maybe five, seven minutes, just a quick discussion to get each other's take on what you heard. The bulk of this time, it'll be about twenty-five minutes total, so about twenty minutes I'd like you to spend thinking about what all of you can do. This is could be individually, this could be with the university, surrounding community, whatever it is, please think big, think small, think bold, be creative. Voice your thoughts. Build off of each other's ideas. Listen to each other. This is an amazing opportunity that you all have. And I think with that we will get started.

[END RECORDING]