

Dr. Warren Jones: I want to say thank you very much for the opportunity to be here, and John, thank you for that kind introduction. I'd like to take a moment to introduce our panel and then we'll set the stage for our discussion today. Our first panelist will be Ms. Meg Guerin-Calvert. She serves as the President of the Center for Economics and Policy and is a Senior Managing Director at FTI Consulting. In addition, we have Dr. Karen Hacker. Dr. Hacker serves as the Director of the National Center for Chronic Disease and Control at the CDC.

So we have a really good expert on chronic conditions that'll be talking with us. And by the way, Dr. Hacker, you and I share something else in the background, that Adolescent Medicine Fellowship. It helps us to deal with our coworkers. *[Laughs]* And we also have from Baton Rouge, the home of the Red Stick, we have Honorable Sharon Weston Broome who serves as the Mayor-President of Baton Rouge, Louisiana, and again, a connection, Mayor Bloom; my daughter's at LSU's campus so keep an eye out for her for me, okay?

As we set the stage we have to recognize that poor health burdens people, employers, and local and state governments. Improving health and reducing disparities will strengthen the community's vitality and resilience. These attributes are important as we deal with COVID-19 and the challenges it brings forth. Some of the things we'll ask you to think about during this session: Besides public health and healthcare, who are the change agents we need to engage to make community health a priority, how can we sustain health improvement for all community members, and what forces for change can we marshal?

As we go through our discussions today we can think about some of the points that were made by the Surgeon General in the last session. When we look at the fact that hospitalizations are five times higher among African Americans and four-and-a-half times higher among Hispanics and Latinx, it tells us that our underserved communities really require a greater degree of focus and some really innovative ways of dealing with some of the challenges that are there. And we know that in order to make these things occur it requires working through better health partnerships, and that's the information that you bring to the table for us. Probably everyone attending and participating in this meeting knows that 60 percent of premature deaths are attributable to the social determinants of health, but that no view is shared widely enough to the public to support adequate investment in housing, education, safety, etc.

While helping people to connect the dots between community health and economic prosperity, we have to find ways to broaden the support for investing in the social determinants of health. So what I'd like to do is turn to you first, Ms. Guerin-Calvert, and also in response to this question invite you to make any opening comments you'd like to make. Beyond the obvious cost of employee healthcare, how does health affect businesses and communities?

Meg Guerin-Calvert: Thank you, and I'm honored to be here today and I learned so much this morning already and in preparation for this panel from my fellow panelists, and I would say one of the critical things listening particularly to the Surgeon General and to the earlier panels is that we've got here what I think is a critical aspect to addressing the questions that you've raised, Dr. Jones, and the original ones, which is we need to have a collaborative, all of us thinking creatively, and understanding the lessons of what we've learned. So to go to your question, let me just kind of share a perspective. As an economist and as a head of center we've done a lot of research in some recent studies looking at that, and I'd say first what we all kind of understand but is maybe even more relevant given COVID-19 is that economic prosperity and health are really integrally linked – we know that – but it's also a two-way linkage.

As you have improved health you enhance economic conditions and resiliency in a community at state, in a nation, and improved business community and activity in turn is going to support better health and quality of life. Federal Reserve studies have shown that communities that have better health are more resilient and more capable of sustaining downturns in crises. But let me share – I was encouraged as an economist to hear people talking data this morning – let me share three takeaways from the data to answer your question going beyond just the premiums and the healthcare costs, what it is that poor health, how it affects businesses and communities. First, I think if you think about it for cardiovascular and other diseases, from our studies of many metro areas many, if not most, communities in the United States have high prevalence rates for hypertension, diabetes, obesity and other disease conditions and rates tend to be higher for African American communities.

So that's a baseline of measures that are really important in terms of thinking about health. Other data though that we look at that I think are also important to share is self-assessed good health. Do people feel healthy matters. That's something also at a metro level

that tells us something about personal health and also life expectancy. All of those we know have an impact on business and community vitality and the human costs, but two immediate costs to kind of share with you is as we've looked at across communities – and this was mentioned earlier – the incremental medical costs from hypertension, that's in essence the avoided costs, if we could keep people from getting more ill, increasing the severity, if we could increase improved management.

With regard to hypertension those costs are in the millions of dollars for cities that we've examined in our study such as Buffalo and Nashville, between \$200 million and \$350 million in incremental medical costs. Across all conditions it's closer to \$1 billion annually in those communities. But I think Dr. Jones too something that we should maybe be thinking about, and the Surgeon General just mentioned it, is what's the productivity cost for businesses and for communities? In the two communities that I just mentioned it's upwards of \$100 million a year in people being away from work, less productive at work or having to spend time taking care of others who are ill with hypertension, and it's in the larger ranges for others.

I'll close with this, because I'm very eager to hear others talk about this, is that all of the data and the studies show that there's complex relationships between health and economic conditions. Social determinants of health are critical as well. So I want to emphasize those as qualitative as well as the quantitative data.

Dr. Warren Jones: Thank you very much for those excellent points, and we look forward to more dialogue as we go through our session today. I'd like to invite Dr. Hacker to consider any comments she would like to make, and I'd like to pose this question in the process: What is the role of health equity in making a community more resilient and more prosperous? Dr. Hacker?

Dr. Karen Hacker: Thank you so much, Dr. Jones and thank you for having me today. I feel like a lot of what the Surgeon General said and what was just said by prior speak kind of music to my ears, because for those of us in the chronic disease realm we've been talking about this for a long time. What wasn't mentioned was that prior to my current role at the CDC I was a health department director in Pittsburgh, in Allegheny County, and so on a daily basis was working with our elected officials to try to figure out how to make the county a healthier place.

From my perspective, similar to what was just said about economics, ultimately if you have wide-reaching disparities in your community you don't have a healthy community. It's as simple as that. So making it available for everyone, bringing everyone to the same opportunity level I think is absolutely critical as we're thinking about how to change our communities and the health of our communities. And as you know, in almost any community you look at unfortunately we have the haves and we have the have nots, and that ranges from access to things like fresh and healthy food, places to safely exercise, opportunities for employment and on and on and on, and unfortunately similar to what I saw in Allegheny County, oftentimes as shifts and changes are happening – for example with gentrification – you'll even see communities, impoverished communities being pushed further and further away from those types of resources and adding to health inequities.

I think we're ultimately only as good as what everyone has access to I think, and so as we talk about trying to reach health equity it really is about how do we – you know, all those phrases, how do you have all boats rise, how do you have – everyone basically have equal access to the same types of resources so that they can achieve their greatest potential? I think health of care, the ability to live in a safe and healthy community are all part of that, and that sort of gets into a whole discussion around social determinants, which I think we're going to get into a little bit later, because we know that it's a lot of the things that surround us that definitely impact our abilities to be our healthiest selves.

Dr. Warren Jones: Thank you so much for those opening comments and you make great points there. It's extremely important for everyone to be aware that we're only as good as the resources to which we all have access, and that's something that we have to strive for in our communities, and thank you for those comments. Mayor Broome, I'd like to thank you again for finding time to be here with us this morning. I've got to share with everyone I'm smiling because in my world she's a rock star, and so to have a chance to look face to face with her is something that I find very important.

As I open up with a question to you I would invite you to make comments and share your thoughts, Mayor. There's a lot of evidence that programs in barber shops and beauty salons can improve blood pressure among blacks and African Americans. One knock on these programs is that they're too costly to sustain. How have you approached this challenge in Baton Rouge when making

sure that you've got the resources to have the ability to sustain programs that have shown longitudinal effectiveness?

Sharon Broome:

Well first of all, thank the National Forum for Heart Disease and Stroke Prevention for having me on this panel. Thank you, Dr. Jones, for your kind words, and I'll take care of that student at LSU for you as well. And our Surgeon General has certainly hit the nail on the head, wherein he talked about the role that mayors play in terms of advocating a healthy community, and I will tell you we've approached our challenge as it relates to blood pressure control among African Americans with an initiative that we call Our Hair and Health, which is a program that was started by my Mayor's Healthy City Initiative. We call it Healthy BR.

It's a local nonprofit that is embedded into our office and administration, and so we've reached out to other local nonprofits – MetroMorphosis, The American Heart Association, and Pennington Biomedical Research because we really believe strongly in creating sustainable programs and initiatives and we've approached this challenge by fostering – and I think this is something the Surgeon General talked about, the relationships – we have fostered a relationship with organizations who really recognize and who are on the same page with us regarding the urgency of this cause and by identifying organizations who are doing similar work as well. For example, we've been working with the American Heart Association who has been working on addressing blood pressure in the clinical setting, but they are now working with us to address it in the community.

Let me give you another example. We have a researcher at Pennington Biomedical Research Center, Dr. Robert Newton, and he has been doing research around chronic disease but is now working with us to study to study interventions in the community setting. And the other organization that I mentioned to you, MetroMorphosis, their mission is to transform urban communities from within. So they have been partnering with barber shops to hold barber shop conversations and they're now helping us to train and empower these barber shops. Through this program we've been able to train 11 barbers who've been able to survey community members and take their blood pressure readings while in their shops.

And so it's important to create relationships within the community, with community stakeholders, who recognize the importance of your vision and the urgency of the situation at hand, and so this program has made a big difference in our community. Let me in

closing of my initial comments, let me say this; we have a well-known Baton Rouge musician in Baton Rouge and he got his blood pressure taken at one of our participating barber shops. Well, his barber informed him that he had high blood pressure, but he didn't initially believe it I guess because it came from the barber. So he got his pressure taken once again at a kiosk in a local grocery store.

His blood pressure was so high that the kiosk alerted him, saying he should seek emergency care, and so after receiving this alarming notification he went to the emergency room where his doctor told him he would have suffered a heart attack if he hadn't sought out care. So this is showing the obvious connection and value of these barber shop initiatives.

Dr. Warren Jones: Mayor Broome, you point out something so critically important. We have to take every opportunity to encourage people to get appropriate and meaningful health screening, then encourage them to have confidence in following up with the customary and usual source of care to make sure that that screening is not just the canary in the coalmine or just something that shows up but actually helps to assess where they are, particularly surrounding hypertension. I will share with the panel and those attending that we have to really be serious about hypertension and the beginning role it plays in promoting and significantly increasing chronic heart disease and other conditions within our bodies. I lost a daughter early to the complications of congestive heart failure. I mean a young woman, and she could talk to me every week and I'm a doctor, okay?

We've got to find a way to get folks to pay attention to do what needs to be done and go to their usual and customary source of care to make sure that they do the things that are important. But Ms. Guerin-Calvert, I'd like to ask you how can we help businesses support people in communities with health improvement and to help them reach out and engage more effectively out of an enlightened self-interest for both the businesses and the communities?

Meg Guerin-Calvert: Thank you. And maybe just to follow up on Mayor Broome's great example, I think in an interesting way the COVID-19 has really heightened the awareness on business side and community leaders' side of everyone's vulnerability to poor health and the overall health of the community, and so I think there's a greater sense of the common good and the importance of really addressing these issues. But where I see some optimism on my side, I had the privilege of leading a couple of webinars for the Actional

Collaborative on Business Engagement, and let me mention two examples. One was in Winston-Salem and one was in Buffalo, which I think goes exactly to your point where collaboratives there, which in one case were started by a faith-based group with the Erie County government and with many, many partners, a collaborative that included businesses, wanted to address significantly high and disproportionately high rates of mortality from African Americans and they collaborated on an effort.

But to go to your point, what they did is they used their trusted relationships not only to address that specific issue but to reach out to help get the message out about food availability, about testing, about use of care, to have the right person making the right phone call, making hundreds if not thousands of phone calls to really make community members in a particular community feel like they had a trusted set of relationships to go that last mile. In Winston-Salem it was an initiative across a whole variety of communities on something called Mask the City, recognizing that getting a mask in everyone's hand, including the vulnerable populations and seniors, would be very valuable, but that it took again those trusted relationships. So that is where I would say taking that understanding, that collaboratives have that ability and turning it and recognizing where the self-interest comes in is that to the extent hypertension, other kinds of chronic disease conditions are better managed it is in the interest of the overall community but it will be in the enlightened self-interest because there will be enhanced wellness, greater productivity, greater economic vitality and greater connections in the community. So I think working through collaboratives and engaging businesses would be a great way to follow up on the example we just heard in Baton Rouge.

Dr. Warren Jones: Thank you very much. Dr. Hacker, one of the questions I'd like to ask of you is have you seen strategies that have successfully built support for population health from sectors that care about the economic health of a community? Are there any that could work in other communities that are replicable and scalable that can potentially have an improved outcome?

Dr. Karen Hacker: Well, thank you for that question. So I think similar to Dr. Guerin's – I can't see the last name there, Dr. Calvert.

Dr. Warren Jones: Calvert. Calvert.

Dr. Karen Hacker: Thank you.

Dr. Warren Jones: [Laughs]

Dr. Karen Hacker: You know, Zoom. Anyway, I was going to say I'm a big fan of collaboration and I have been – I basically spent my entire career in some collaboration with other sectors. First of all, I think that the magic actually happens in the intersection between sectors. I think when we have an opportunity to sort of see from another perspective what's going on that's where we innovate. That's where we kind of have these new and novel ideas. And the fact of the matter is not one sector is ever going to be able to do this by themselves.

You know, so for us at CDC, as we talk about social determinants of health, it's pretty clear some of the major social determinants like housing and transportation are not technically in our purview. So how do we work with those other sectors to really help move those agendas? In my past experience, one of the areas I worked a lot with was economic development, and I think that that is an area where there actually has been a tremendous amount of interest in _____ *[audio cuts out]* designs communities, how we make sure that we're not creating obstacles, for example. Something as simple as running a road between or a part.

We all know stories of how communities have been essentially dissected by various transportation scenarios, and that has led to more access. The same thing we talked about earlier, which is how do you make sure that people have equal access to the resources that are available? And if you can't literally get there from here it makes it very difficult. So there's a tremendous amount going on I think in the economic development sector at this point in time, thinking about how the communities of the future should be looking.

Now COVID has probably put a little bit of a damper on that because, as I think most of us are aware, there's been a lot of interest in more densely-populated communities and how we walk to various different things and how we can get access to, whether it's the grocery store or the pharmacy or the healthcare or whatever it is without having to go very far, and now as we're in this separation, this social distancing scenario it's a little bit more challenging. But I think the basic constructs that I've certainly seen with my colleagues in economic development, certainly in my past experience in Allegheny County but also in my experiences in Boston, was that they're really engaged and involved in what these communities are going to look like and they're the ones who are also engaged and involved in the incentives for a variety of other developers and businesses to come into those communities.

So their comprehensive development plans are actually a really important place to get health into, to think about what healthy buildings look like. Let's not create, for example, scenarios where we end up with a dense scenario and the air pollution is really bad in that one sector because it becomes a tunnel, for example. We can think about these things far in advance, and I think as they open themselves to thinking about health and we're there at the table to have those discussions with them – and I'd say the same is for transportation – I think there's a real opportunity for us to be co designers in all of our healthy futures.

Dr. Warren Jones: Thank you very much. Thank you. Mayor Broome, in what role do you think mayors can play in getting community buy-in? As we talked about having individuals have confidence and trust is a big challenge there are data that are showing that minorities are very, very hesitant to get even routine immunizations, and now with all of the political noise there are numbers suggesting that they're going to not be as readily willing to participate in even a COVID immunization if and when it's ready. So how do we – what are your ideas on the roles that mayors can play in making sure that social determinants of health are high priorities not only within the communities but within the homes within the communities so that individuals can more actively participate in self-determination?

Sharon Broome: Great question. I have to say to Dr. Hacker I love the phrase "co designers" that you just shared as we go forward in this discussion. Excellent, excellent. Co designers. And as you well know, Dr. Jones, in the African American community, because of the history with some medical tests there has been apprehension about immunizations, vaccines, et cetera, and it's interesting that we have had to dismantle that, what took place decades and decades ago, even now in the 21st century.

And so as mayor, I see myself playing the role of an ambassador for the wellbeing of my community. I believe that we have to co design our path and trajectory of health here with our residents, nonprofits and our businesses. And so my number one recommendation for other mayors is that we must use our position as leaders and a stakeholder to move our community forward since we have to lead by example. Since we started we have made the future of Baton Rouge health in all places a top priority for our city and for our community. My vision is that every single resident lives a life of peace, prosperity and progress.

That's my vision – regardless of their zip code, regardless of the color of their skin – and I certainly realize that the foundation of that is the ability to lead a healthy life when it comes to health, economics, education, crime in the zip code where you live, all are factors that are just as important as your genetic makeup, and I've used my role as an ambassador for Baton Rouge to encourage our stakeholders to see our community through the lens of public health and to understand that in order to create a safe, hopeful and healthy community we must address all of the factors contributing to our health outcomes. I want to give another example of leading by example, if you will. I was so delighted about the vision of our Mayor's Healthy City Initiative when we launched our Go Get Healthy Initiative.

And I will tell you that I personally was struggling with obesity, and it might not have looked like it, you know, because we can kind of camouflage things, but I knew I was struggling with it. And actually, I was on a very low, low dose of hypertension medicine for my blood pressure, it was a very low dose, because of the stressful lifestyle that I lead. So when we started our Go Get Healthy Initiative I decided I was going to lose weight, that I was going to lead by example. So we started bike rides, we started walking, we started running, I went to schools and did gym classes with fourth graders, I got on rock climbing with eighth graders – anything that was showing our community what it means to exercise and lead a healthy lifestyle.

And as a result of that and changing my diet I lost 30 pounds, and so the goal has been to keep it off, which I have been very diligent and focused on, but for me that's my personal testimony of leading by example. I think it's one thing for me to tell my community, "Look, we've got to watch our blood pressure, we've got to do better with our choices of eating," and then my lifestyle contradicts that. It makes me a poor ambassador. So I think it's very important that we as ambassadors, as mayors, that we lead by example.

Dr. Warren Jones: Well, thank you very much for that. I know you're going to face a big challenge keeping the weight off with all that good food in that area, especially when you get to the gumbo and the boudin, so I wish you much success with that, okay? *[Laughs]* And I'd like to ask you, Ms. Guerin-Calvert, do business people seem to be able to connect the dots between population health and the performance of their own businesses? When I was advising several companies a few years ago I would give them some recommendations on how to make sure that they look at how to keep their workforce healthy, but they reminded me that they had an 18 to 24-month period of

time where they most demonstrate a profit or they no longer keep that business, and as you know healthful outcomes is more longitudinal.

So do you think that businesses really are recognizing the importance of connecting those dots? Even though it may not give a short-term return on investment it still makes a big difference in the outcome that their business may be able to have in the long run.

Meg Guerin-Calvert: I think you raised a great question, and it goes both to what how businesses exactly, as you say, value their own let's call population health of their workforce and also something that they tend not to look at quite so much is the broader population health in their community, and I would say in terms of connecting the dots they do it at a very high level. You know, they know and they're very familiar with all of the things that we've talked about, which is generally in the nation what obesity – I've suffered from this too – hypertension, et cetera, et cetera, what the costs of that are. They know it has overall productivity costs but they tend to focus almost exactly as you say, and for good reason, on the 24 months of what is going to be their premium and their medical expenditure. The things that increasingly I have found – you know, we've been called, for example, to broaden this question to the community level and also I think very much on this co design level.

We were reached out to by a business collaborative led by the chamber in Nashville with the head of the chamber asking us a very blunt question on this connect the dots. We know generally our health status is not that good. We tend to rank low as a community on obesity, hypertension and diabetes, but why? We don't know what we don't know. And I think to go to your point the couple of pieces of information and data that we have found very useful for businesses to make them understand the economic impact is to look at not just the prevalence in their population but the prevalence overall in the population of the disease conditions, it's to look at the costs and to think of cost not just in premium dollars but in the medical spend that you have this year that you maybe could've avoided or reduced if your population was healthy.

That's a concept to all of us that since we live in a public health world we understand, but oftentimes businesses are not thinking in those kinds of context, and what increasingly they are thinking about is what are the productivity costs, if they have to keep turning over their workforce, if they are losing time away, and if they lose that productivity or just even the human factor. And when we quantify that – we did a big study for Eerie County

Western New York, did another large study and the results are reported for Nashville in the report that we just released yesterday, it was in the hundreds of millions of dollars. In the business community, one person said to me, head of a major company in Tennessee said, "I had no idea how significant it was. It's time for me to do something."

So that I would say is the answer, is connecting those dots and then maybe going the next step in that co design to say, "Well, what are the deficits, what are the gaps? Is there something relatively low cost we can do to reduce those costs to improve that health and think about who's responsible for it and how do we measure the benefits?" So those are the extra connecting the dots that I think would be really helpful for businesses.

Dr. Warren Jones: You make very important points there, because businesses will ask the question, as you know, not only how can I help to make a difference but also they'll ask how do I measure the impact that I've had? So the ability to capture the data that they can put up against their cost/benefit ratios will help them immensely. Thank you very much for those points. I wanted to ask you, Dr. Hacker, we know that doctors are very magical. We can make all kind of things happen by walking in our white coats. We can take someone with normal blood pressure and make their blood pressure go through the roof just by walking in.

Dr. Karen Hacker: [Laughs]

Dr. Warren Jones: If you could wave a wand and bring a new player onto the chronic disease and prevention playing field, who would it be? Have you seen places where the new player had been successfully engaged and how do you think that these new players that we could bring onto the team would be able to have that engagement sustained?

Dr. Karen Hacker: You know, there's so many players that are important and I think one thing is that every community is its own context, and so while some players are going to lead in some communities and may not lead in others and so I think some of this is up to a community to kind of figure out who are champions are as they create these collaborative teams. Right now I would've said economic development, and I already talked about that and I've see that as a success, but the one area that I think there's a lot of need is in housing, and I think typically we think about housing as in I don't have a home and I need one, but I will tell you one of the things we saw in Allegheny County was that in fact people did own their homes but they had no ability to keep those homes up. So they

were very – the homes were – the roof was leaking, they weren't able to pay for their electricity or for their gas, and they were living in very difficult scenarios and they weren't – you know, it wasn't like they were really dealing with a landlord because they themselves had inherited the home from a family member in the past.

In several scenarios I've talked to recently with folks, when they're really thinking about social determinants housing tends to rise to the surface, but housing is complex – similar I would say transportation is very complex – and the typical response I think is bring the Housing Authority to the table, but it turns out these days it's a very small percentage of the housing that we're talking about. I mean I think it's an important player but there's a lot of rules around what happens from HUD and what happens in public housing. There's a lot of housing that people are in that those rules don't apply to. So I think the whole challenge of how housing is a social determinant, whether that's that you have lead paint that's falling apart on your front porch, whether that's that you're not able to pay for your water bill or your electricity, that you don't have heat when you need it – I mean these things are pressing issues for folks, and honestly one of the things we found in a project we were involved in in Allegheny County was that you can't even talk about hypertension or cardiovascular health if those other things aren't attended to first because they're just too compelling.

People are too involved in those types of issues to actually get to my own personal health, whether it's lose weight or exercise or just get to the doctors, right? So I think that that's really a challenge for the healthcare environment because we're seeing a very biased sample. We're seeing people who show up at our door, right? We're not seeing the people who have these other issues who just can't make it into our door. I think that does take the entire community to really think about and it really takes listening to the residents to find out what the issues are and to build the trust so that even those conversations can take place.

And I would put in a plug for community health workers because I think that we need individuals from and of communities who are well trusted by those communities. I think the mayor talked a little bit about those types of ideas that are going to be able to engage individuals in thinking these types of things through.

Dr. Warren Jones: Well, you know, those points are extremely important and we thank you for them. Having that trusted component or the trusted entity that individuals can turn to makes a big difference. I was

going to ask you in addition to that do you think that there's a way to help providers to ask the question, what's going on in this family's environment that causes them to be seen at this time? Okay. One of the things I found when I trained my residents and practiced all those years was that I'd have to ask why is this going on with this family at this time?

And what it would do was take the clinician out of their comfort zone and have a more meaningful dialogue not only about the headache or the blood pressure that day but what are all of the other components that are playing a meaningful role? Do you think that that's a way that we can get those who treat our communities to make sure that we look beyond the obvious and get, as someone said in the chat, the nuanced view of how we can make a difference? Your thoughts?

Dr. Karen Hacker: You know, I think it's part of a larger puzzle and I think it's inherent in being a clinician, which is that just telling someone, "Go take your insulin or go eat this way or whatever," when in fact it's not really possible for that individual to do that is not going to end up getting the individual or the physician into a happy place, right? But that said, I also think that there's a lot of barriers in the medical system and people want to make their doctors happy. They don't want to tell them something that may embarrass them or may make them feel somehow lesser. I mean from my perspective – and I don't know about you, Dr. Jones, and we can have this conversation later, but you go to the doctor and you still feel a bit infantilized no matter what the situation is, right?

And people don't have huge amounts of time always to spend with you. This is where I think – you know, back to this whole question of it really takes an entire community, it takes an entire village, whatever the phrase we want to use. We need neighbors to check on neighbors. The story of the heat scenarios that happened in Chicago and the people who were resilient versus the people who weren't had an awful lot to do with what neighbors were doing in those communities. So to me doctors and clinicians and healthcare providers are part of this larger scenario that everybody needs to be engaged with, whether it's the business sector or the healthcare sector, you know, transportation, et cetera.

Dr. Warren Jones: Thank you for those additional points. And Mayor Broome, should other cities have their own version of Healthy Baton Rouge and how would they – and what do you see as some of the opportunities and some of the challenges that they may encounter

if they were to try to emulate what you've been able to successfully do?

Sharon Broome:

Well, let me just say that I am the biggest cheerleader for Healthy BR, and I have to give a shoutout to our executive director Jared Hymowitz who has really transformed the Mayor's Healthy City Initiative since I have been in office during the past four years, so I absolutely believe other cities should consider their own version. Baton Rouge does not have a public health department. We don't have a health department in our municipality, so Healthy BR helps us bridge this gap of bringing together healthcare providers and nonprofits to better the health of our residents, and Healthy BR really goes beyond the role of a public health department as well because our team works to improve health through education, advocacy, community-based programming and fostering public-private partnerships to meet the needs of our community.

I will tell you since we've been dealing with the pandemic – this is a perfect example – we didn't have a health department but our Healthy BR, our Mayor's Healthy City Initiative had to stand up and respond, and the way we did that was through collaboration with our private partners, our area hospitals here who are part of Healthy BR. So they're a part of Healthy BR on a regular basis. And so we did not have federal money, we did not have state money nor local money because as you know global pandemics are – or I should say local budgets were not designed for a global pandemic, and so we brought together all our hospitals and they stood up the first drive-through testing site for COVID-19, and this was in early March or mid-March I should say, and individuals who came there did not have to pay up front.

The drive-through testing site was stood up with the volunteers from the hospitals rotating and with the tests from the hospitals. So having that collaboration and that relationship through our Mayor's Healthy City Initiative in COVID-19 really helped us have a formidable response to this global pandemic, and that relationship continues to guide us as we navigate this global pandemic. I will also be remiss if I did not say through our Mayor's Healthy City Initiative that we were one of the first – or I should say we're among the first in the nation to implement a community health needs assessment, which we did with the collaboration of our hospitals in the area. So that, working on other social determinants of health like food access where we've been given significant grants from area nonprofits, over \$1 million to close that gap in addition to our Move with the Mayor Program, our Healthy BR Initiative has certainly helped us close the gap, respond to the

healthcare of our citizens and our community and be great ambassadors in the process.

Dr. Warren Jones: The points you made are simply outstanding and it really undergirds one of the things that was talked about by the Surgeon General, was the need to really have emphasis on interacting with community organizations in order to make a distinct difference on the impact of hypertension. We've gone through the structured questions that I had for you, but we have a couple of questions from our attendees, and if you don't mind I'll see if I can pull them up. Mark McEwen, who is a member of our board asks, "We've been talking about a healthy lifestyle for what seems like forever. Two questions. Why does it seem like people have a hard time hearing us when we talk about this? Why does it seem food that's bad for cardiovascular health costs so much less than food that is not?" Anyone would like to take a shot at those questions?

Sharon Broome: Well, I'll be glad to start. You know, I believe habits – and I'm not the medical professional in this conversation, but we do know that habits are very hard for many people to break. In addition, I'm going to talk from the African American community perspective and the fact that as you said earlier, Dr. Jones, we live here where the culture is built on good food. Children are brought up on that, you know, the food here in Louisiana, so having consistent conversations, having consistent events that show how you can still satisfy your palate and do it all in balance has to be very intentional because it's part of a culture. It's embedded here into our culture.

That's why it's even, from my perspective, so important that we intensify our efforts and continue to elevate awareness. And I'll say this secondly; sometimes until a medical issue hits home with a person they don't really embrace the need for a lifestyle change, and that's unfortunate but that's often how it happens. But for me it's important that I show my community through our Mayor's Healthy City Initiative options to eating healthy and then eating satisfying foods. And actually, it starts with our younger generation. We've got to start early to change that trajectory.

Dr. Warren Jones: It's amazing that you would mention the fact that you have to find an opportune moment to connect with someone with something that has impacted them that now makes them receptive to it. So we've got to find a way, as you say, to put meaningful messages that don't turn people off but are available that they can recall them at the appropriate time. Dr. Hacker?

Dr. Karen Hacker: I was just going to agree with the mayor. I think that behavior change is very, very difficult. You know, we can't orchestrate it, we can't stop people from eating, we can't stop – you know, we can't force people to exercise. These are things that individuals come to. I think that what we've been talking a lot about is this concept of making the healthy choice the default choice by making sure that we surround people so that at least making those decisions is an easier task, right? And when you think about some communities one could argue they are fast food oases and food deserts so to speak and things like that that just doesn't help the situation at all.

If you've got to get on two bus lines to get to a grocery store where you can buy healthier food that's a deterrent to doing it. You've really got to be saying, "I'm going to go and make this happen." But I would also say that our lifestyles have changed in general, and when you start to think about what's happened since when obesity really started to climb since the 1970's and '80s, we are living very different lifestyles, and so trying to incorporate, for example, physical activity into a sedentary lifestyle where you're basically sitting and doing Zoom calls all day long, for example, it's very challenging, right? It's very challenging in setting up a scenario where every day between this time and this time I'm going to actually get up and I'm going to go outside, I'm going to walk.

I think those are very challenging circumstances for individuals to really make these behavioral changes. I'd also say that we need buddies. We need other people in our immediate environment who are going to be working with us because it's very hard to do this alone, and I think similar to what the mayor was saying, and particularly if you're in a community where you're the odd person out, where everybody else is doing certain things and now you're sort of trying to say, "I'm not going to do that." We've certainly seen that with smoking as we've been able to create environments that are smoke free.

We've seen a really big drop in the number of people who are smoking. Much harder to obviously do that when it comes to food and exercise, and I think we still have a lot of work to do from a creative strategy and thinking about how to make it as easy as possible to live healthy lifestyles.

Dr. Warren Jones: About 20 years ago I was advising a community on how to have more active engagement, more opportunity to exercise in response to then Surgeon General's Satcher's call for bettering activity, and the question was asked, "Where can I walk in my community

safely?" So I said to them, "Why not approach the business ----- in your community that has major parking lots and get them to say we'll dedicate a portion of our parking lot as a place that you can come and walk safely," because as you know many of those parking lots are well lighted, many of them have a good surface, and I said to the businesses, "Well, not only do they come to your location to do this walking, many times they will need groceries or many times they will need to pick up something." So you provide the community a safe place to exercise and then they see you as a place where they can provide their business support. It never took off. I even turned to national foundations.

There was a reluctance to get engaged to helping communities because they did not see an immediate return. Is this something that you feel that now the environment may be ripe to pursue, that we can go to our big box stores and say, "Set out a component of your parking lot as a place for people to come and exercise"? Mayor?

Sharon Broome:

Absolutely. Absolutely. Not only do I think that we could do that for exercise, I think we absolutely have to engage our community partners. We have to talk about and implement what I describe and my team describes as help in all policies. And so I believe when we talk about whether it's the grocery store parking lot or our complete streets, including places where people can walk, all of that. I want to give another example if I may, and I don't want to take too much time, and it goes back to the access to healthy foods, et cetera, that was just mentioned and having to travel far.

So we have been doing mobile markets to take healthy foods into those communities. But guess what? In addition to that I'm going to say a store, not to promote the store because there's been some mixed reviews about the store, but in our community, in communities of color, you will find Dollar General stores almost on every other corner. That's almost a fact – or within a certain radius. I don't know how it is in other cities but here they're all over the place.

So my administration intentionally reached out to Dollar General, number one, about one issue which I'm not going to talk about right now, but another issue we discussed with them was, "Look, you all have a plethora of stores all over our community. Would you please consider –" because we found out they have a model where they have fresh foods and vegetables that they put in their stores, and they took us up on that and they started in at least three of their stores in one area which has a strong deficit of healthy

foods, they put fresh foods and vegetables in their store. And so I think we have to reach out and be very intentional about these public-private partnerships as we address health, closing the gap, et cetera. So I wanted to give that as an example.

Dr. Warren Jones: Our discussion has been so healthy and enlightening that I see the electronic hook coming up at me. I want to thank all of you panelists for your tremendous engagement today. I came into this session really in awe of each of you and I leave this session in greater awe. Thank you for your willingness to work with us, but more importantly thank you for doing what you do and having the impact that you have.

[End of Audio]