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- John Clymer:* Surgeon General Jerome Adams, welcome back to the National Forum. It's great to have you with us again.
- Jerome Adams:* Fantastic to be here with you, John. I'm just so excited, particularly with the release of my call to action on hypertension. I want to thank the forum for your support with the release of that. It's just really been a tremendous week for an important issue.
- John Clymer:* Well, congratulations on issuing the Surgeon General's call to action to control hypertension. The forum is pleased to support it. We're enthused about it. I know a number of National Forum members already are enthused and gearing up to help capitalize on your new call to action.
- Jerome Adams:* Great.
- John Clymer:* Dr. Adams, you've spent most of this year, 2020, helping lead the public health response to Covid-19. I think by now everyone understands this disease is caused by a virus, a novel coronavirus, because that's gotten a lot of attention. Those of us in public health and healthcare know that heart disease and other chronic conditions increase one's risk of severe Covid-19. How can we help increase public understanding of the importance of preventing and controlling cardiometabolic disease and risk factors?
- Jerome Adams:* Great question. As you said, heart disease and stroke increase the risk of severe Covid-19 complications, a point that I have stressed in interviews, tweets, and meetings with state and national leaders and stakeholders. We've got to start by putting it into context. While, sadly, 200,000 have died from Covid-19, over 600,000 people die every year from cardiometabolic diseases.
- We must also help people understand poor control of cardiometabolic diseases puts you at risk for other things like poor job performance and job loss, sexual and reproductive health issues. It even puts you at greater risk of dying from Covid.
- Furthermore, as I mentioned, I just released a call to action to control hypertension last week, which informs key stakeholders about the evidence-based community and clinical actions that we know will bring the nation's blood pressure under control. This will save lives and dollars by preventing heart attack, stroke, kidney disease, heart failure, dementia, maternal morbidity, and mortality.

The three main goals of the call to action are, first, making hypertension a national health priority; second, cultivating community support; and third, optimizing patient care to control hypertension.

*John Clymer:*

Great. One of the many things that the pandemic has done is shine a light on health inequities, which have deepened the burden from Covid-19, and caused it to disproportionately fall on people of color. One factor in this is disparities in hypertension. I know you covered some of this in the new call to action, but can you share with us what should we do to reduce uncontrolled hypertension in the US?

*Jerome Adams:*

Well, Covid-19, as you mentioned, is absolutely hitting communities of color harder. American Indians, Alaskan Natives, and African Americans have been hospitalized at rates five times higher than whites, while we see hospitalization rates 4.5 times higher for Hispanics compared to whites.

As you said, these same communities of color also experience a higher prevalence of comorbidities such as hypertension that put them at risk for increased Covid-19 complications. Black Americans have a higher burden of hypertension than any other race or ethnic group. More than one out of two, 54 percent of black adults have hypertension.

They also develop it at younger ages and experience more organ damage. I sit before you as an example of that. I was diagnosed with hypertension a few years ago. Hypertension control isn't where it needs to be for anyone, but it's absolutely stunning to me when you really think about the fact that four out of five Hispanic and black Americans with hypertension have blood pressures that are not under control.

But there's good news amidst all this bad news. The good news is we know what works. We can improve hypertension control by taking action in our communities and in our healthcare systems.

In my call to action, I highlight that everyone has a role to play in hypertension control. We can all do our part to prevent and manage hypertension, to help those we love lead long and healthy lives.

For clinicians, here are three things that I'm asking all healthcare professionals who are treating patients with hypertension to do. One, help patients self-monitor their blood pressures. Doing so can help you and your patients avoid under-treatment and over-

treatment, and individuals can literally gain control of their own blood pressures. Implement standardized treatment protocols. Customizable templates and exemplars are available at MillionHearts.hhs.gov.

As for individuals, here are three things patients can do to take control of their hypertension. Know your numbers. Check your blood pressure at home and share the readings with your healthcare team. Work with your healthcare team if you have questions or concerns about your medications. Begin or strengthen your healthy habits, like taking a walk or eating an extra dose of fruits and vegetables daily. That's something even as Surgeon General I've been trying to work on being better about.

Lastly, we must ensure that communities that are designed to provide income and financial security, education, access to transportation, safe places to be active and healthy, affordable food and housing are all free of structural and institutional barriers related to race and bias, because all of these things are interconnected. We talk about preexisting medical conditions. Unfortunately, we have far too many preexisting social conditions, which put people at risk for hypertension and for cardiometabolic disease.

*John Clymer:*

You made a number of key points there, Dr. Adams. The National Forum earlier today issued the Sidney Report, our annual signature report. This year, we're focusing on how Covid has brought to light these problems of cardiovascular, cardiometabolic disease receiving inadequate attention and the disparities that have received inadequate attention and have been exacerbated by Covid-19. So we're delighted that you're calling on people to act.

In fact, in this signature report, the National Forum calls on its members, the organizations to represent patients and providers, and payers and purchasers, and public health and pharma, and biotech industries and health systems all to work together to carry out, to answer the Surgeon General's call to action on hypertension control.

Now, I know your motto is, "Better health through better partnerships." Are there new partners who need to be brought onto the playing field to help us improve blood pressure control?

*Jerome Adams:*

I'm so glad you asked me that, John. Hypertension control, like any other public health issue, requires a collaborative approach if

we really want to see meaningful and long-lasting change. We quite simply can no longer afford to work in siloes.

Other than clinicians and healthcare professionals, which I just mentioned, a few other sectors that I have called upon in my call to action include federal, state, and local governments. Policy matters. Public health professionals. We need to get upstream as well as catch people when they are downstream.

Professional associations and societies can really help us have broader adoption of best practices. Healthcare practices, centers, systems, health plans, managed care organizations, employers, they all need to come to bear and make sure we're reimbursing, that we're paying for the right things, because every system is perfectly designed to get exactly the results that it gets. Right now, the bad outcomes we're getting reflect a need to improve some of our systems.

Academic institutions and researchers are gonna be critical. We still need to keep uncovering how we can better improve control of hypertension and cardiometabolic diseases.

Then community organizations and foundations are critical. They're out there already, doing a lot of this work. So I want particularly clinicians to understand that you don't have to do it all by yourself. There are already groups out there who are working with your patients and with your potential patients. We just need to connect the dots.

I also believe that health technology and applications can and will play an increasing role in blood pressure monitoring and control. We mentioned home blood pressure monitoring, and I have my own home blood pressure monitor. We've also seen a rapid increase in telehealth services available. We need to leverage technology, to make sure we can get people monitoring their blood pressures at home, but then we can connect those blood pressures to clinicians who can come up with a care plan, and then to community groups and interventions that will allow us to tackle not just the pharmacologic interventions that we know can lower blood pressure, but the societal interventions that we know will help us lower blood pressure.

*John Clymer:*

Your emphasis on community organizations I think is so important, and I'm really pleased that on our next panel at this meeting we'll be hearing from Mayor Broome, who is going to talk about Healthy Baton Rouge, and how that consortium is bringing

together not only the traditional partners, but also the community leaders. It's the United Way. It's housing organizations. It's food organizations. It's faith-based organizations. It's the different touch points in the communities, who are really touching people where they live, learn, earn, pray, and play, and addressing those social determinants that you just mentioned. So I'm really looking forward to that panel.

*Jerome Adams:* Yeah. Shout out to Mayor Broome and all the mayors out there, who I know the National Forum works with on a regular basis because health happens in communities. Health doesn't happen in Washington, D.C. Health doesn't typically even happen in hospitals or in doctors' offices. Health happens in those communities, and I just want to applaud you all for, again, recognizing that and for working with the people who help shape these communities.

*John Clymer:* Outstanding. I want to change topics for a moment. You help people connect the dots, Dr. Adams, between community health and economic prosperity. Soon, I know you will be calling even more attention to these links. Why is it important for those of us in public health and healthcare to understand this connection?

*Jerome Adams:* That is a great segue. You know that one of my famous stories is about talking to the US Conference of Mayors and really trying to understand what makes them tick. We know that the number one issue that people vote on, Democrat or Republican, black or white, rural, or urban, is jobs and the economy. If you want to get a mayor's attention, you've got to help a mayor understand how a healthier community leads to a more prosperous community.

In the coming months, I will release a Surgeon General's report on community health and economic prosperity, or we abbreviate it as CHEP. Our message to other sectors in the public health is that health and the economy are inextricably linked, a point powerfully and painfully made by the pandemic.

As you know, the health of Americans is not as good as it could be, and we pay much more for healthcare than comparable countries. This combination is called the US health disadvantage and it increases costs for businesses. The report offers ways for businesses to address the US health disadvantage by engaging with and investing in communities, while also creating value, lowering costs, and improving the health of employees and other stakeholders.

Businesses are a force for good in society. They produce wealth. They create value, provide jobs, pay taxes, offer goods and services, and bring innovations to the market. But they can also be a huge force for good in addressing the US health disadvantage and improving health disparities.

So our mission with CHEP is to mobilize businesses to invest deeply and over time in their communities, encouraging them to promote opportunities for health in the broader community as well as in the workplace. Doing so will have not just returns in health, but also improvements to the business' bottom line, increased productivity, decreased absenteeism, and beyond. So if we can help more people understand that, then we will have mayors, we will have policymakers, we'll have voters onboard with creating a healthier society for all and we all win.

*John Clymer:*

And I know this is something that you think about a lot, have been thinking about, and you're really leading on. So thank you for sharing all of that.

The final follow-up question for you. For those of us who are in the population health space, what should be our message? What should we be saying to help people connect those dots, and help build public support for the community health economic prosperity connection?

*Jerome Adams:*

One of the things that I think is incredibly important is to recognize that we're in the midst of a historic moment. A lot of tragedy comes with that moment. Two hundred thousand people have lost their lives. But a lot of opportunity comes with that moment.

Some of the greatest advances in healthcare delivery and in health policy in our nation and in the world have occurred after wars. When you look at the fact that we had increases in transfusion therapy after the Civil War and World War 1, increases in antibiotic usage after World War 2, improvements in trauma care after the Gulf War.

So we have a unique moment. This pandemic has shown really like nothing else in our history how not paying attention to health can really decimate your economy. We have wind in our sails to make this case to people out there like never before, that you need to really think about and really play an active role in lifting up the health of your community by acutely following the three Ws: washing your hands, wearing a mask, and watching your distance. If you want to open and stay open as a business, you need to make

sure your entire community is doing that, because the best plan in the world for reopening within your business and within your walls is gonna be set up to fail if you've got runaway community spread.

So we need to use this opportunity to help people understand that. We need to promote flu vaccinations, particularly right now, because we know that people who have cardiometabolic diseases are at particularly high-risk of dying from the flu. So if we can push just a little bit, a few percentage points more people to get the flu shot, then we will see significantly decreased deaths moving forward from cardiometabolic disease.

And guess what. One of the biggest predictors of who gets the flu shot is how easy you make it. So we need to help businesses understand one of the things they can do is, again, make it easy for people to get the flu shot.

I went around the building we're in right now the last two days, and as Surgeon General of the United States I gave people flu shots, because I wanted to make it as easy as possible, no excuses. If businesses have an onsite or if they let people leave work to go get it, we know more people will get their flu shot.

Those are things you can do right now, but you can also help people think about how they can change their systems to improve health in the long run. We're encouraging people to be outside. It's a great time to say, "Hey, guess what." If you set up places where people can eat lunch outside or be active and work outside, that's gonna lower the risk of them transmitting of Covid. It's also gonna lower their risk of cardiometabolic diseases. There are so many opportunities wrapped up in this pandemic for us to make the case in a way that we haven't made before.

I'd just add that you can't turn on a TV right now without seeing a doctor or a public health official on that TV. So, unfortunately, it's for a reason that we wish wasn't here, but use the leverage of this national conversation we're having about health to really talk about the ways we can change the system, because I don't want to just put the fire out. I want to prevent the next fire from flaring up.

*John Clymer:*

Yeah, exactly. In fact, one of the points, following up on what you had just said, one of the points that the Sidney Report makes is that we need to not go back to some imagined normal that allowed insufficient attention to be given to cardiometabolic disease, into health disparities and inequities. We need to move forward, to a

new normal that wipes out disparities and achieves health equity and leaves our country and its people stronger.

*Jerome Adams:*

I have to ask your folks. Go to SurgeonGeneral.gov. Check out my call to action on hypertension and share it. Stay tuned because we're gonna have calls to action coming out in the next several weeks to months on maternal morbidity and mortality, which is also severely impacted by the increasing incidents of cardiometabolic disease in this country.

Then when my CHEP report comes out, use that. Use that as your trampoline, so that you can jump up and say, "Hey, the Surgeon General of the United States has said businesses, employers, mayors, everyone out there needs to be worried about the health of their community."

But there are some great examples of things that you can do, no matter who you are, to lift up the health of the community, healthy policies that you can adopt, sometimes little things. As an employer, looking at the vending machine policies in your building, making sure it's cheaper to buy a salad than what it is to buy a burger and fries in your local cafeteria. There are little tweaks that added up over time can make a big difference in our incidents of cardiopulmonary disease, but will also significantly increase individual, community, and national prosperity in the long run.

*John Clymer:*

Exactly. I love the trampoline visual. That's great.

Well, Surgeon General Adams, thank you again for joining us again at the National Forum. It's great to have you. We really appreciate your words. Congratulations on the new call to action. I know all of us are really eager to join with you and to build better partnerships in order to answer your call.

*Jerome Adams:*

No better partner than the National Forum. I appreciate it. Thank you. Be safe. Get your flu shot, everyone.

*John Clymer:*

Absolutely. Thank you, sir.

*[End of Audio]*