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HEALTH AND US POLITICS

(9:00 a.m.)

MS. KATZ: Good morning everybody. Good morning everybody.

SPEAKERS: Good morning.

MS. KATZ: Come on. You're kind of late. We've already had stuff at 7:00 and 8:00 in the morning, so there you go. Good morning, I'm Ruth Katz, director of the Health, Medicine, Society program here at the Aspen Institute, a co-director of Spotlight Health. We're delighted that everybody is here up and out early. I promise you've got a great session ahead. Part of our intersections track -- I think the news speaks for itself a lot of intersection between health and politics.

I am delighted to introduce -- personally delighted to introduce Joanne Kenen who is going to moderate the panel. Joanne is the executive director of healthcare Politico which she joined in 2011, and where she's led a significant expansion of the coverage of health and digital -- digital health coverage and she's covered health policy for 20 years, a long time, including more than a decade on Capitol Hill. For those of you who had the great privilege of attending our late night session at the Meadows, Joanne was there along with two other top health reporters. It was an incredible session, so I guarantee you you're going to have an incredible session this morning.

I would also note that this session is being carried live by Aspen Public Radio, so we're delighted about that. Joanne take it away. Enjoy, ask very good questions. Thank you all for being here.

(Applause)

MS. KENEN: Good morning. Thank you for joining us reasonably bright and early. I told Ruth last night that the last minute event we put together proved that Margot (phonetic), Julie, and I really could do this in

our sleep.

(Laughter)

MS. KENEN: So the topic today is basically Trump, the Trump voter and healthcare and we have three very different and interconnected viewpoints here. James Fransham, right, am I pronouncing that right?

MR. FRANSHAM: Fransham.

MS. KENEN: -- Fransham is from *The Economist*. He did a piece last year, a data analysis that we actually featured in polls although it's very hard to find again behind the (inaudible), but he kindly sent me a version, you'll be seeing some of the highlights. And it really looked at the status -- the healthcare status of the Trump voter and how significant that is. So we'll talk about that for a bit. And then Sue Curry is currently the acting vice president and provost of the University of Iowa.

MS. CURRY: Yeah.

MS. KENEN: And -- but more importantly for us a lifetime expert and former dean of the School of Public Health, and she sort of wants to talk about healthcare really broadly define the social as well as the medical piece that we sometimes miss in our national dialogue and it's very pertinent to the Trump voter and I'm really -- just attempted to introduce Mollyann Brodie as my friend Molly, but that's not why she's here.

(Laughter)

MS. KENEN: She is the senior vice -- a senior vice president at the Kaiser Family Foundation and she is the brains behind those -- all those tracking polls that we get month after month and really tell us a lot about why I have 20 people covering all day at Politico.

(Laughter)

MS. KENEN: It is such an ingrained part of our

politics, it's become such a problem -- more than any other social issues, really a proxy for how we feel about government. So I'd like to -- and there's a brand new fresh 3:00 a.m. poll that we will hear about --

MS. BRODIE: Yes.

MS. KENEN: -- from Molly in a few minutes that's very pertinent to what we're talking about today. So James, why don't you start? James is --

MR. FRANSHAM: Yeah.

MS. KENEN: -- actually a housing expert who stumbled into healthcare on a dare.

MR. FRANSHAM: That's right. Yeah. Yeah. So I started my professional career as a housing expert, and now a broader general data journalist, so I cover all kinds of things for *The Economist*, but -- so this is kind of the story of my kind of discovery I suppose. So the story begins on October the 1st last year. And I'm based in New York City and I decided --

SPEAKER: You can tell by the accent.

(Laughter)

MR. FRANSHAM: Yes. Exactly. Exactly. And I decided to go and cover a rally for Donald Trump in Pennsylvania, so I drove 150 miles due west to rural Lancaster County to the Spooky Nook Sports Center, and I arrived which I thought was kind of quite early and there are massive lines outside and I didn't want to be penned in with all the -- all the other journalists in the kind of cattle pen and berated by the crowd, so I decided to line up with everyone else and mingle with everyone and just get an opportunity to chat and things like that. So that's basically what I did and the weather was really bad, so Donald Trump was delayed, his helicopter couldn't land for some time, so I think it was about 90 minutes or 2 hours until he actually got up on stage to do his stunning speech by which time I think I'd heard Elton John's Tiny Dancer at least a dozen times --

(Laughter)

MR. FRANSHAM: -- and I don't think I can ever listen to that song again, so. And so he got up on stage, did his stunning speech which didn't really deviate very much from that what I'd heard, you know, on the television or streamed online. So I kind of got a bit bored and was wandering around the sports hall chatting to people to kind of discover their motivations and kind of their background and so forth. So there's a decent Amish population there who were kind of on the outskirts of the sports hall. And then what I discovered was right at the back of the hall, so there was kind of this big long corridor. You were kind of so far back at that point that the kind of vitriol of Donald Trump was kind of -- had lessened to a kind of a murmur, kind of a distant murmur, and there were a bunch of people just kind of sat down and I was kind of -- I was looking at them from the far and you could tell they weren't in great shape, and you know, most of them had walking sticks, all of them I'd say were pretty overweight and I wandered over to look up to them and spoke to them and asked them about their motivations for turning up and the kind of usual stuff, those were not keen on Hillary, you know, he's right about a lot of things et cetera, et cetera.

I took a photograph of them which I've got up here, so I'm going to -- I don't know if at the back you can see that, but -- and I took this photograph without them noticing as you can tell and I posted to Instagram and I got some likes and then I left the rally and then kind of forgot about it for about 6 weeks. And that was until -- till after the election, so after the shock of Donald Trump being elected and -- so on the election night itself, on the Tuesday evening I'm as a data journalist *The Economist* running through the numbers, poring over the data to kind of work out, you know, what's going on here, what happened, how did pollsters get it wrong --

MS. KENEN: Lot of people were asking that even though they were not dated.

MR. FRANSHAM: Exactly, yeah, we were all doing

the same thing, you know, me and a thousand other people. But my goal I suppose as a data journalist is to try and discover something that no one else really thought about the time, so -- but the election in terms of timing for me and *The Economist* is kind it happens Tuesday evening, we go to press in London on Wednesday night, so it gives us, you know, literally 12 hours to try and discover some nuggets for print which I didn't find in that time. So kind of 8 days later you're then -- basically the election feels like a distant memory and then you've got to kind of really find something kind of really worth saying if you're going to say it kind of once the print tissue lands on people's doorsteps 10 days later. So I was spurred on by a pollster called Patrick Ruffini who some of you may know --

MS. KENEN: Dared you, right? Literally, right?

MR. FRANSHAM: -- you may know -- yes, he dared me, exactly. So there was a challenge he said on Twitter, so he runs a polling firm called Echelon Insights, and he'd been poring through the numbers like everyone else and discovered like everyone else that the percentage of non-college-educated white individuals on a county level basis explained a lot of the swing from 2012 to 2016 --

MS. KENEN: In places exactly like the Lancaster County. That was exactly --

MR. FRANSHAM: Exactly.

MS. KENEN: -- where the election was decided, yeah.

MR. FRANSHAM: Yeah, precisely, yeah. So in these swing counties this vote really mattered. So you can explain a lot about behavior by education and race alone, and that's really interesting and then maybe for lots of people that's kind of good enough and you move on and go and think about something else. But he set a challenge and said, you know, this explains about 41 percent of the variation in the swing on a county level basis. Can anyone else find another stat that beats it? So I went, you know --

MS. KENEN: Stat hunting.

MR. FRANSHAM: -- yeah, exactly, not wanting to shy away from a challenge I went and trawled through the numbers and everyone uses the American Community Survey data, so this is the Census Bureau survey, it's 1 percent sample, you know, it's very much like the decennial census, everyone has these numbers. So everyone was coming up with the same kind of things. So what I need to do is think about something that no one else had really thought about and then that's when I thought about this photograph and thought well maybe is the relationship between ill health and enthusiasm for voting Donald Trump, so I was aware with the University of Washington's Institute of Health Metrics and Evaluation, they have some really good data sets there and they have a great county level data set, several data sets covering obesity and diabetes, life expectancy and --

MS. KENEN: Alcohol.

MR. FRANSHAM: -- alcohol, exactly, and rates of exercise too. And so I pulled down these numbers, plugged into my (inaudible) code and ran it through and to my amazement, yes, they were significant. And what I did was to basically take the coefficients from each of the individual rivals and create an index of health metrics and that I found did beat Patrick 41 percent and it came out as 43 percent. So the R squared was 40 percent. And then -- so which is pretty cool. So I got my story, and this was Monday I think or Monday evening, and I wrote up the story on Tuesday and then we printed it on Wednesday. So I came up with this great chart which I think is great, anyway. So this shows on the X axis then index of county health metrics, as I stated obesity and diabetes and so forth, and then on the Y is the change in the margin, so the swing effectively from Republican to Democrat between 2012 and 2016. And that demonstrates I think really nicely that ill health or counties that suffer from ill health also were the most enthusiastic for -- towards Donald Trump

MS. KENEN: So basically the -- what you found

with -- I mean with the headlines about the Trump voter had been not that well-educated compared to much the country, job loss, a feeling of economic being left behind, and I think that -- there's data that is part of the profile that you also found the characteristics of the Trump voter were being overweight, drinking too much, having diabetes, not exercising when those are all things that link of course and a lower life expectancy --

MR. FRANSHAM: Yeah.

MS. KENEN: -- than we had. And what was sort of like -- before we turn to Sue, like what was your wow moment when, you know, you didn't come at this expecting to find this, that I think all of us who travel in this country have some mental image and I'd actually like to leave that photo up because we go back to your model?

MR. FRANSHAM: Sure.

MS. KENEN: -- this is called the vitality and the vote, but I mean I think this image really is who we're going to be talking about and I think all of us who've traveled to, you know, "Trump country" has seen something like this that is locked in our mind, so we'll keep this up there. So as you -- you know, when did you sort of say, kaboom, this is my wow moment, this is like I really amount to something here?

MR. FRANSHAM: Yeah, there's -- I mean, I think for me I haven't lived in America that long, so I --

MS. KENEN: But you knew we were fat.

(Laughter)

MR. FRANSHAM: I've heard -- I've heard about it, but when you live in New York City, you know, you don't --

MS. KENEN: You walk. People in New York walk.

MR. FRANSHAM: Exactly, yeah, so you're very much in a bottle there. So you really -- but it's

remarkable for me just, you know, how short a distance you can go and to see just how the population changes in that short time. I think the wow moment was just how striking a correlation it was. And to -- you know, to what extent that mattered even within states, you know, the different, you know, different values attributed to county. So we -- we gave just to go back to the chart is Knox County, and Jefferson County which are both in Ohio, so Ohio was obviously the big shock state. And Knox and Jefferson have very similar populations of non-college-educated whites, so about 80 percent or thereabouts, but Knox is much healthier than Jefferson and Jefferson sits quite a way to the west I think of Knox, and I've not been there, but you know, people there are heavy drinkers, they're that fatter, they suffer from, you know, worse health.

And that -- those, you know, the health elements explain about 6 of the 16 percentage points difference in the margin. So even within states it's really quite striking how much health appears to have made a difference.

MS. KENEN: So if the Democrats really want to win in 2020, instead of finding the right candidate they just have to change our eating habits.

MR. FRANSHAM: Quite. That's the -- I mean the inference you can make is extremely -- I mean so I --

MS. KENEN: Which is really hard to do, I'm married to a couch potato.

(Laughter)

MR. FRANSHAM: Yeah. I mean, I've raised it time, I think --

MS. KENEN: I don't think he knows this is life. Hi honey.

MR. FRANSHAM: So I mean -- but the margins are tiny and oversee the -- they oversee with the Electoral College, they matter a lot, but say in Michigan diabetes was 7 percent less prevalent or in Pennsylvania activity -

- people 8 percent more active or you know, 5 percent of people were less heavy drinkers in Wisconsin, that would have been enough to send Hillary to the White House in theory, but we can't rerun the election with healthier voters, we don't know, but the inference you can make is kind of fun.

MS. KENEN: That takes us exactly to where we want Sue to talk before -- I think we talk about healthcare narrowly. We tend to think of healthcare or a lot of our -- the national politics has really been about coverage and who gets covered, how do we pay for that coverage, who pays for that coverage, is it a right, is it not a right, those -- and we'll come back to that in a minute. But he really -- James really brought up, you know -- and you can't -- you need access to medical care, you know, you can't cure everything just by getting on a treadmill.

Sue has been really concerned and wants to talk a little bit about what we're missing when we talk about health in terms of only insurance and how it really ties into, you know, what we call social determinants, and also at this particular time, if they're really going to be taking something like $834 billion out of Medicaid, we're in -- in both red states and blue states it's not -- this discussion about health and housing, health and diet, health and education, health and homelessness, health and food security, that these are really -- you know, you can't -- we're way too siloed and how do we come together that discussion is actually happening across America in health policy world and in the healthcare delivery world. Medicaid state officials -- and it is not ideological, I've spoken to, you know, very conservative state officials who are really trying to put these pieces together, how do we broaden that dialogue and what happens to that course of action if we have these kind of cuts.

MS. CURRY: Well, that's an easy question.

(Laughter)

MS. CURRY: So let me just make a few introductory points. What James' analysis showed are very

real and very troubling health disparities and they do tend to cluster geographically, and you can live 5 miles apart in parts of this country and have as much as a 20-year difference in life expectancy. And so I think that we do need to take these very seriously and when you start to unpack the disparities that we're seeing, you do go beyond access to healthcare and you start to look at -- or you go beyond actual illnesses and you do start to look at some of the root causes, obesity, alcohol use, and so forth.

What I think we need to be very careful about is when we bring it to the individual level we start pointing fingers, if you didn't drink, if you didn't eat too much, if you would just exercise more and the determinants of what people can and can't do to improve their health go far beyond what an individual person can do and I don't want to lose that part of the dialogue. I also think that, you know, we -- that people who are in these situations, who are sitting in places like this, these people are probably most of them are younger than I am and I'm not that young and so when you -- you know, when you start to look at these folks they actually know they're not well. They know that they want their communities to be healthier places.

They're not complacent about this and this is what I think we saw in the voting patterns and of course the question comes up and it's very acute now when we're looking -- you know, staring at a new piece of legislation that, you know, we're starting to peak behind the curtain on, they're not voting in their self-interests, and so, you know, the last piece that I'll talk about which you alluded to is when you start to think about health more broadly, not just as the absence of illness, but the ability, you know, to live full and productive lives in your communities, you start to look at what we call the social determinants of health, education, housing support, the built environment, food availability, you know, there are people -- I live in Iowa which is a very rural state, people are doing their food shopping at Casey's. Casey's is a gas station that has a little market, okay, that's their food availability. So we have to look at all of those kinds of things and those relate to on the policy

level what we would call social expenditures.

What does our society invest to improve the conditions in which people live, and that is not healthcare policy. I'll have more to say about that, but I don't want to monopolize, so I'm going to stop there, but I thank you for giving me the chance to be a little passionate about some of these things that --

MS. KENEN: Well, they're important.

MS. CURRY: -- tend to get ignored when the topic is on, you know, caring for people who are sick.

MS. KENEN: But they're really important things because we are learning in the data not just the correlations of, you know, we know that your educational levels affect your lifetime health, we know that now. And we also -- so it's both in sort of much how do we think about the connection between the social and the --

MS. CURRY: Right.

MS. KENEN: -- and the health, but -- and also on the more granular level, you know, you can't take a little old lady who just had hip surgery and dump her outside a house and expect her to miraculously get up six flights stairs and order her food and -- you know, there's the how do you help the individual's social --

MS. CURRY: Right.

MS. KENEN: -- immediate needs as well as these larger issues that a lot of America looks like that picture, you know, we all have seen, we've all walked in and said this is it. Molly, you have some brand new data.

MS. BRODIE: I do. I do have some brand new data taking this from, you know, as much as the country is discussing sort of social determinants in these broader intersections, that is certainly not the political conversation in Washington right now. But -- and I do, I have hot off the press, just released today --

MS. KENEN: Yeah.

MS. BRODIE: -- new type of data, on what Americans and Republicans and Trump voters think of this bill, but before -- I've got to make you sit on your seats for one more second, I want to say something, pick up on what Sue just said about not voting in their interests. This is one of the things that's always been challenging, right, you often see the case where particularly sort of lower middle class less-educated white voters do not appear to be voting with their pocketbook or in their interests because especially in this last election there was a big choice between what kind of social contract the two candidates were going to provide for you, but what's interesting and we've just finished a big survey of role voters and we did focus groups funny enough in Ohio as well, Ashtabula County, which was -- I mean everybody in the world is doing focus groups in Ohio with Trump voters right now, I'm just going to say it's like the hot new industry, but who's read that?

But you know, what was so interesting in our data and in those conversations is that these Trump voters -- and again this is a county that had voted, you know, 16 points for President Obama in 2012 and now 20 or 30 points for President Trump in 2016, you know, what they said around the table is, you know, yeah I'm just -- I got insurance or I've just -- you know, I buy it this way, but my deductibles are so high, my co-pays are so high, I have to be dead before I go to the doctor. But those people on welfare they just get it for free and they can just go and get what they want for free. So this -- there -- what we were hearing around the table and you know, this other family, this woman was saying me and my husband sit around the table all the time and we just like we put up our hands like why are we working so hard if we just went on welfare and again you know I'm not sure factually it's welfare or it's Medicaid or in the -- they're in the markets and getting subsidies, but if we were just those people who have won the lottery and don't have to do anything and get it for free, then they'd be okay.

And so I think that in their minds they really were in some ways voting their self-interest in that here

was a candidate who is promising to make things fairer for them and to get rid of government abuse of benefits which is something that is really driving their thinking because they do feel very left behind. And so you know, when you do talk to them, the first issues on their mind are job and opioid epidemic which I know we'll talk about, but that's feeding a lot of these health outcomes as well. They don't talk about healthcare per se unless they're talking about it as the fact that even if they have it they can't afford it, and so the number one thing to take away from this conversation is what Americans want from the healthcare system, what Americans want is to pay less for healthcare and that's all they've ever wanted.

So with that I'm happy to tell you the headlines from our poll if you would let me go there.

MS. KENEN: Yeah, let's go.

MS. BRODIE: Okay. So what we know as of this morning is that ACA has for the first time in our polls, we've done it for over 7 years every month, so I've had about 100,000 respondents. For the first time ever, favorability of the ACA is at 51 percent, unfavorable is at 41 percent, and the -- on the new Republican bill, the favorability is at 30 percent and un-favorability is at 53 percent. What's particularly interesting today is that Republicans who of course have -- favor the Republican bill, but their enthusiasm has really dropped, so in May when we did ask the same question, two-thirds of them said they favored it and now it's down to just about half. So they dropped 11 points in one month which is a very big deal in polling. I think that what you can say about Republicans and Trump supporters with respect to the bill that dropped yesterday is that they want repeal of the ACA. They always have -- want to repeal the ACA. They don't really like the stuff in this new law and they're pretty lukewarm about it, but they do want repeal.

And so that is sort of the dilemma for senators, they are actually -- there is no way you could say that senators designed this bill based on public opinion polls. They may have consulted public opinion polls, but they certainly didn't follow what they say because this bill is

not consistent with what the American public says they want or even what their constituents say they want. So you have the legislators who are going to put forward a big change in if they do pass it in 2020, 2022, these Trump voters and Trump supporters could be very surprised by what repeal and replace ended up meaning because what they're going to get isn't what they want. So that's kind of that top line.

MS. KENEN: And one thing we've been doing polling with -- Politico has been a series of domestic policy polls with the Harvard School of Public Health this year and we find a really consistent, you know, soup that the Trump base wants to repeal, and they want to -- in some of our polls they want it more than the war with immigration, more than tax cuts, more than anything, they want -- sometimes it comes up as the second priority, often it comes up as the top priority. On one of our polls it came 80 percent of Trump voters repeal was the top priority. That was a few months ago, they're getting a little bit more nervous about what it looks like, but no, they haven't stopped. They want Obamacare to go away and they want something great --

MS. BRODIE: They want it free -- they want everything for free.

MS. KENEN: Right.

MS. CURRY: Now, this is an anecdote, okay, it's not dated --

MS. KENEN: Real loud.

MS. CURRY: -- so what we're going to do --

MS. KENEN: Before 10:00 a.m. Yeah.

MS. CURRY: but you know, if you go online, you can find go online you can find what I think is a exemplar interview with one of these folks who says I want Obamacare to go away, and the interviewer says what will happen to your insurance if it goes away? And he says, oh, it's no problem because I'm covered by the ACA.

(Laughter)

MS. CURRY: And you can -- this is not made up. I mean, you know, person on the street kind of interview. I don't know how many they had to do to get to that one, but it's there. So, you know -- so I think that --

MS. BRODIE: But that's very true, my point.

MS. CURRY: Yeah.

MS. BRODIE: The amount of confusion --

MS. KENEN: Right.

MS. BRODIE: -- I mean to say we should start with the fundamental things you need to know about people's views and experiences on Obamacare is that they don't understand almost anything, they only wanted their cost to go down and that's not what they saw. It's completely driven by partisan identification. Everything you think and everything you report to me about the ACA or Obamacare, if I know your party ID I can predict with almost certainty what you're going to say, not just your opinions about it, but your experiences whether you've had negative or positive experiences, and I can do that whether you're in the exchanges or whether you're a doctor talking to me about it or whether you're -- have on Medicare, I can tell you what you're going to say because of your partisan politics. So the those three things have been so consistent from day 1 that we have to just remember that the law and any conversation about it in ever asking about it, all it really triggers for people is whether you supported or didn't support President Obama and his administration. That's what it's really a measure of.

MS. KENEN: Right.

MS. BRODIE: It's a measure of almost nothing else.

MS. KENEN: And that's why -- that goes back to

how I started. We had 20 reporters and editors covering healthcare because we can't -- I mean the Republicans said -- and those of you who were there last night, I said this -- sorry for the brief duplication, the Republicans attacked the Democrats after 2009-2010 for doing a partisan bill, right, it was a partisan bill, it did not get a single Republican vote. However, there was no way they could have done a bipartisan bill. It was a partisan bill or nothing where -- and we fought about it for 8 years. We can't fix things because the partisan stuckness -- deep beyond, I don't have a word big enough for stuckness, we're beyond stuck and we're about to have the same thing, right, whether the Senate bill passes or not, whatever happens from here on out it's partisan, whether their bill passes without any Democratic votes or whatever fallback we end up on with state flexibility, whatever, in the future it's going to be very partisan, so you know, we all joke it's the full employment for healthcare journalists forever bill.

But we -- but one of the striking things and one of the things I love about the Kaiser polls is if you look at -- if you -- when you ask people about what's in the law --

MS. KENEN: Yeah.

MS. CURRY: -- right, do you like this, do you like this, do you like this, do you like, yes, yes, yes, yes, yes, yes, yes, yes, except the individual mandate do you like the Affordable Care at all, no, I hate it, you know, it's -- it is more popular -- the sum of it's -- it's less popular than the sum of its parts is I think the right way of saying that. Yeah.

MS. CURRY: So I'm going to pull it back from politics to health, we can relate -- which is -- I don't think if it's okay because I think that, you know, having an article like this come out in *The Economist* and having just the layering in front of your face what health can do in an election if you dig into it. And hearing that people just want to pay less for healthcare, let's just step back for a second. We spend more on healthcare in this country than any other developed nation in the world

and our outcomes are worse than virtually every other developed country in the world.

So, yes, I mean I think that you could say to someone you should want to spend less on healthcare because you're not getting what you're paying for and then when you, you know, pull that out and you take total expenditures on what could create health, so not just healthcare expenditures, but social expenditures and you put those in a horserace, social expenditures win, they explain much more of the advantage in life expectancy and the prevalence of, you know, chronic illness and so on and so forth. And so as long as we continue to have a dialogue in this country that focuses in the box of what we do in healthcare, we are going to have these people, we are going to have these graphs, we are going to see it get worse because the impact of social expenditures is actually greater in countries with more income disparity, and we are -- so, you know, when you line up all of the different pieces of information that we want to look at when we see something like the article in *The Economist*, you are not checking the box in the plus column in this country.

MS. BRODIE: I think just to add to that, I mean it is a point actually the journalists made last night is that with the potential cuts to Medicaid that they've -- that is on the table right now and the public health of prevention --

MS. CURRY: And the public health prevention fund goes away.

MS. BRODIE: -- and the public health prevention fund, there's -- you know, states are going to be it was -- maybe it's about $8 billion or something, let's see what the CBS says next week, but states are not going to be able to make up that -- all that money and the places if they're going to have to make any of it are going to come from other places that are already spending on these social expenditures.

MS. CURRY: Right.

MS. BRODIE: -- and so -- I mean, so we're already not spending sort of enough on investment --

MS. KENEN: In that area.

MS. BRODIE: -- they're spending too much and not in the right places.

MS. BRODIE: Right, and there won't be -- I mean there's going to be more competition for funds at the state level, I think that's one thing for people to really think about with what's happening in Washington right now is this idea of state flexibility, you know, a lot of people like that idea, but what it means is you have the education folks fighting against, you know, prison and law enforcement folks, fighting against the healthcare folks and the public health folks for less and less dollars in the states and so that's going to be a bigger challenge there.

MS. KENEN: I do want to touch on opiates very briefly before we turn to audience questions and I know there are several other events at Aspen this week only about opiates, so I don't want to spend the next half-hour talking about it, but this is also -- it's not that it's only in Trump country, it is not, it's everywhere, it's tragic everywhere, it's getting worse, not better in some ways. But you know, you didn't look specifically at that data but have you subsequently made other connections or you know, have you come across ways in which the opioid crisis is overlaid on data you did find?

MR. FRANSHAM: Yeah, I mean, and I haven't looked specifically, the opioid epidemic, no, but I mean obviously just speak about the social determinants, I mean this is obviously intertwined with labor market outcomes, housing outcomes, and you know, so it's difficult to disaggregate these things more than other. I mean for me from my point of view I'd be very interested to learn more about to what extent this is a function of either access to, you know, what combination of healthcare access and social determinants, you know, and what mix matters most there.

MS. KENEN: Some cases it began with healthcare, access, again with legal prescriptions --

MR. FRANSHAM: Yeah.

MS. CURRY: Yeah.

MS. KENEN: -- that were too much to the wrong people --

MR. FRANSHAM: Yeah.

MS. KENEN: Or to people with bad luck, I mean people who got a perfectly -- and it's a whole another long discussion --

MS. BRODIE: -- but I mean I'll take us back to Ashtabula, Ohio. So we, you know, started, you know, what's going on community, what do you want people to know, you know, across the nation and of course they started in on, you know, job loss and economy and the decline of the industries and that, you know, you get the only job, they're blue collar jobs, you can get a job if you hustle, but it's a blue collar job, it's not a good place for kids. As soon as that conversation sort of died a little bit the moderator asked, you know, is there anything else here that's going on in there? Oh, yeah, those drugs, those opioids, and everyone knew multiple people and they're like and it's not who you think it is who is on those and who it's in that it was this person and they just go on and on and on about their stories.

And so -- and there was an immediate like reaction about sort of the stigma, and then there is in every group somebody says, well, it's not who you think, that was me. My doctor, I was in a car accident I, you know, had a back pain, I, you know, got addicted, I couldn't get off, I went to a substance abuse program. So I'm -- so the idea that -- I mean, this is so ubiquitous in these communities and again the -- it is so tied up with the politics today of what governors are going to need to be supporting in their communities, most of the substance abuse and mental health treatment and the programs that can help people are funded through Medicaid

or through other sort of state programs and again back to social determinants, this is, you know, really going to be there's -- you know as they said yesterday -- *New York Times* op ed said yesterday we haven't even hit the peak of this epidemic at and there is no way to know how the country can respond to that with I think they have 2$ billion in the bill for it.

MS. KENEN: Right. They'll have more by next week.

MS. BRODIE: Yeah. Right.

MS. KENEN: But let's open it to some audience questions. Who has the mic? Okay.

SPEAKER: I have a question.

MS. KENEN: Right up here.

DR. GUPTA: A question here. My name's Dr Anita Gupta (phonetic). Just on the topic of the opioid epidemic, I'm actually a pain specialist coincidentally and I'm an innovator and entrepreneur here at the Aspen Ideas Festival. To me the opioid epidemic is actually in line with the politics of healthcare policy. I'm Princeton University Woodrow Wilson fellow looking at public policy for this very issue because it's an $80 billion problem and when you look at the socioeconomic problems that individuals who don't have healthcare, you know, what is a solution then because those individuals need healthcare to solve the addiction issue. You know, what kind of solutions do you see, you know, for those people who need healthcare? You guys are really smart. And I'm about to embark on policy solving issues in healthcare and I go to Capitol Hill talking to policymakers, you know, what would be the one thing to ask, you know, what would be the ask?

MS. CURRY: I'm going to add to the -- you need treatment obviously, but jobs, home security, child care, elder care, you need the ability to live a productive and optimistic life because you can treat the addiction, but if you don't treat the social circumstances, you know, it

doesn't work. And I know there are a lot of people who have opioid addiction who have those -- you know, have families who are supportive and roofs over their heads and so on and so forth, but if you peel it back, the recalcitrant, the hardest, are folks who have that and are lacking in these other things. So the policies need to look beyond what you're going to do in healthcare and that is not to say instead of, but we need to start having the "and" conversations to these other factors.

MS. BRODIE: And I would just say one thing, and as a pain specialist you're probably aware of this, we just spent prior to this meeting 3 days with the Aspen Health Strategy Group talking about this very issue and one of the things that we had done a survey of long-term opioid users, so people who had been on them for 2 months or more, many of them had been on them for over 2 years, not for cancer end of life treatment and the vast majority of those people say that it helped them and that it is a positive impact on their life and that it's changing their life and making them able to live their life. There is a subset there that tell us they're addicted independent and that it's negative for them, but there's a real challenge in the policy arena here because it's not sort of a single easy case where it's always bad.

As pain specialist, I'm sure you had plenty of incidents where opioid use and long-term opioid use was probably quite appropriate medical care, so that gets complicated. The other thing I would say to everybody is that the future of all of these discussions is going to get more and more localized. So there's going to be so much more and more variation at the state level and the local level given some of the changes that are happening in Washington and that's a real difference in ideology between sort of the two different administrations. The Democratic administration was really federalizing and making sort of things equal across --

MS. KENEN: Attempting.

MS. BRODIE: Oh, attempted, right. But it had made some progress. And then the new administration and certainly Republican administrations in general go to much

more of a decentralized situation, and in this case -- and I think particularly in healthcare policy and social determinants of health in these issues, these social issues that we're talking about, more and more action is going to be at the state and local level and that actually potentially provides a whole bunch of opportunities for many people.

MS. KENEN: Question here?

SPEAKER: So Mollyann, you've really hit it on the head, it's the money, but no one is really dealing with that. I'm a health economist and the ACA really didn't deal with cost. The new bill doesn't really deal with cost, yet everybody knows that's the issue what is it going to take to get people to have that conversation because there are things we can do, but it's like no one wants to talk about the things we could really do to reduce costs, and yes, there'll be some pain with that, you cannot have everything you want, but we need to have that conversation and when is it going to happen?

MS. BRODIE: Yeah, I would tell you -- you know, if I had -- whenever I gave talks about what went wrong with the ACA, my first point -- well, there's two things; one, they didn't have a little sticker that said brought to you by the ACA, so lots of good benefits accrued to people that they had no idea came to them from the ACA --

MS. KENEN: Like preventative --

MS. BRODIE: -- so things like preventative health, reproductive healthcare, lots of things. The only thing people actually knew is that their kid got to stay on their health plan, but most other good positive things that helped a lot of people nobody knew about. So they didn't have a -- they didn't have a stamp of brought to you by the ACA. The second thing they didn't do was have the tweet version of this is the policy in this 1,200-page bill that will reduce your healthcare costs. There was never that one-liner that said this is how we're going to reduce your cost. And that is because it is -- it is a hard political question. It's an economic question, it's a redistribution of wealth, you know, from providers to,

you know -- and insurers and from a lot of people to people who are actually paying out of their pocket.

And you know, there's a lot we don't know about how to do that. There was a lot we do know. The ACA allowed for an awful lot of innovation, an awful lot of it experimentation. You know, those results aren't in the -- unfortunately the ACA, they often talked about bending the cost curve, that is not what Americans care about. I'll be very clear, Americans think this nation needs to spend more on health. It's not that we spend too much, that's what you -- every economist would say, they think we need to spend more. They need to spend less. So it's -- they're not talking, they're talking about their own personal healthcare costs, they're not talking about national healthcare costs, but yet the political and policy discussion in Washington always goes to now it's federal health spending. And so whenever they hear they're going to cut federal health spending, well, that's bad in the public's mind.

MS. KENEN: Right. Next question from right here, hand the mic over.

MR. DEVENY: Hi, I'm Cliff Deveny, and I'm president and CEO of Summa Health System in Akron, Ohio. Recently left Colorado and I think the thing that I've noticed in the last 6 months is the hopelessness in Ohio, so Jefferson County, Steubenville, Ohio used to be a big steel company and the thing that I see is that in our Northeast Ohio, the top 10 employers are health systems. So what we're going to see is we've gone from a manufacturing community economy to a health system economy. You all have any sense of what the impact is going to be as a result of the changes, the loss of jobs, the effect on that (inaudible).

MS. KENEN: I mean there's been this -- there's a --

MS. CURRY: So -- and I actually have a question for my co-panelists who are a little bit more expert in unpacking --

MS. KENEN: Actually he is in from an integrated healthcare system that actually is doing social determinants --

MS. CURRY: Yes.

MS. KENEN: But you two can talk later.

MS. CURRY: So I'm picking up on something that Kathleen Sebelius said yesterday which is that, you know, the vast majority of people get their healthcare through their employers who are either -- you know, who may be self-insured or smaller employers who are providing it, that the sliver of people who are experiencing the biggest price increases are the folks who are out -- who are getting into healthcare through the individual market and that's where --

MS. KENEN: On the upper end of that.

MS. CURRY: -- on the upper end of that.

MS. KENEN: The subsidies are smaller, and they have pockets bigger.

MS. CURRY: Right. Right. Okay, so where the heck was I going with this? I was going to do a Rick Perry in the middle of this. So --

MS. KENEN: He's the mountaineer.

MS. CURRY: He's the mountaineer, yes. Oxygen --

MS. KENEN: It's a great excuse for that, but I don't have a case where (inaudible).

MS. CURRY: But guess what I'm trying to figure out is the degree to which the conversation that we're having about wanting to pay less for your healthcare, but spend more nationally on healthcare and the ACA and/or whatever the next iteration of it is, is going to result in any job loss in the healthcare sector because the vast majority of people are going to stay in the healthcare

sector pretty much the way they are. And so that's what I'm --

MS. KENEN: Well, I mean, there's this --

MS. CURRY: -- so I'm --

MS. KENEN: We're talking about spending less on healthcare nationally.

MS. CURRY: Yes.

MS. KENEN: At the same time that healthcare jobs have been the driver of the economic recovery.

MS. CURRY: Correct, but will every quarter -- well, anything in this new iteration of federal healthcare policy impact jobs, I think that's the question you're asking --

MR. DEVENY: Yeah.

MS. CURRY: isn't it, and I'm not -- I can't figure that out because I think the issue -- the people -- the opinions that we're talking about are largely people who are in the individual market.

MS. KENEN: Well, I mean, you would want a health economist up here --

MS. CURRY: Yeah.

MS. KENEN: -- but you know, I would assume that what you would say is that when you take $8 billion out of industry, you know, that -- a large portion of that --

MS. CURRY: True, true. Okay.

MS. KENEN: -- is paying for something that is probably going ultimately to jobs.

MS. CURRY: Yeah.

MS. KENEN: So I think it would be hard to say

that it wouldn't. I don't -- I'm certainly not an expert enough to say where are those -- where would have those implications, yeah. The narrative that you're finding in the focus groups and I hear anecdotally and I think you've probably come across it too is, you know, that sense that somebody else is getting something --

MS. CURRY: Yeah.

MS. KENEN: -- and I'm not in it in some way and it -- I think it ties into the debate about Medicaid work requirements --

MS. BRODIE: Oh, yeah.

MS. KENEN: -- when actually the workforce require -- the workforce participation in Medicaid for able-bodied people is not that different, it's like 2 or 3 points different than the rest of the population. It sort of does sound like, you know, it used to be a welfare debate --

MS. BRODIE: Yeah.

MS. KENEN: -- you know, the welfare queen debate and in some ways we're having the undeserving, they're getting free healthcare --

MS. BRODIE: Yeah.

MS. KENEN: -- and I'm paying through the nose and with that --

MS. BRODIE: And with the sense of fee, and that is one of the --

MS. KENEN: and with that sense of -- people sitting aggrieved.

MS. BRODIE: Right, and that's something that is really different in our polling is that, you know, everybody across the board says that Medicaid is an important program to their communities and to their families. Even half of Trump voters tell us that Medicaid

is an important program to their families. What is different across the party partisan divide is when we say -- ask a question like is Medicaid more like welfare, like a food stamp program that helps people pay for food or is Medicaid more like Medicare health insurance program that helps people pay for healthcare. Overall people say it's more like a health insurance program. It's like, you know, Medicare, but for Trump voters and for Republicans, they are more likely to think that it's something more like welfare, and so then there is this sense if it's not fair to me. I'm a working class American who is desperately trying to get by. I have job-based insurance, but my job-based insurance, my deductibles and my co-pays are going up.

So even if my employer is picking up a lot of my premium cost, I'm still paying a lot more on the doctor, so much so that I'm not going to go to the doctor unless I'm on my deathbed, you know, that's what they tell us and so I do think that that sort of a big underpinning of where the redistribution is going and in who's going to get help under the Senate bill as opposed to under the ACA.

SPEAKER: Can I ask a quick question because it kind of ties into that, then we've got few other folks who want to ask questions too, so I think this is fantastic and really fascinating, interesting, but I think a lot of what we've been talking about gets back to something -- and I don't remember who exactly mentioned this, but the ACA and the AHCA really just talk about health insurance coverage, and what we really know is it's much broader than just health insurance coverage, right, and I think some of things that you were just mentioning is when you start to get to some of what may be considered social determinants of health people start to overlap across person divides or part across other kind of typical cutting points, right, when you're in a party how can I get my people plus one more over to vote for my candidate? So my question is I guess based on either data or experience that you've had, not talking about health insurance, but something more social determinants of health, are there other places that have health impacts that seem to overlap as well on this person divides? Does

that make sense?

MS. BRODIE: Yeah, you know, the Robert Wood Johnson with NORC has just done a really big survey project on trying to tease out sort of how people think about the culture of health and they really do a deep dive on a lot of different of these values in these different components, and I would just urge you to look at that material. It's really quite extensively done there. There are-- you know, it's part of a big project they're doing. I think more generally, you know, what I can say is that, you know, the American public at the end of the day, you know, are really nice people. They want people to be healthy; they want, you know, good roads; they want good education; they want good parks; they want food. They -- all those things that you've just asked about, they understand that they're important and they want that for themselves and for everybody.

But you know, at the end of the day when it comes to tough redistribution issues that's where you get real divides, and there's a real different sort of ideological perspective about how should you redistribute -- redistribute wealth in this country.

MS. KENEN: If you were going to caption your picture, James, in light of the conversation, you were to put like a three or four-word caption under that, if you were not a data journalist, but a caption writer what would it be?

MR. FRANSHAM: I can tell you what I wrote originally --

MS. KENEN: Yeah.

MR. FRANSHAM: -- but I'm not sure I can repeat it, but I think --

(Laughter)

MR. FRANSHAM: -- I think the original Instagram caption was something along the lines of Trump supporters are too unwell in order to stand long enough to hear the

vitriol, I think something --

MS. KENEN: I mean, I don't think if any of us were writing we would use the word happy or hopeful, yeah.

MR. FRANSHAM: But it did look pretty miserable, yeah.

MS. KENEN: And I think if we were looking at -- you know, Sue talked about the other developed countries and how they, you know, spend less, but have better outcomes, I think if we had to match this photo with, you know, where you were asked is this Denmark, Sweden, France or Western Pennsylvania you would know. So, right, then we have a couple of questions --

SPEAKER: Yeah.

MS. KENEN: -- right here, who has got the mic, someone -- okay.

SPEAKER: I have, right here. One of the questions that I have that I feel like has been missing from this conversation is race and I think, you know, when we think about who didn't vote in this last election it was a lot of them were African-American women and I guess I'm just wondering, I mean there's -- is there as much energy going into understanding where African-American women and African-Americans generally speaking stand right now around health issues, around some of the issues that you've been talking about as there is in trying to understand what's happening in rural Ohio? I think it's a critical issue, I think the -- and all of the things that we're talking about and that we're struggling with right now in my opinion have a racial undertone, and that has not been discussed here. So I'm just curious.

MS. KENEN: Did you -- what did you say when you looked at -- I mean, the Trump voters were the white voters, the state, I mean there were districts --

MR. FRANSHAM: Yeah.

MS. KENEN: -- in outside of -- in the Detroit

area where just a few precincts the turnout might have made a difference for the state.

MR. FRANSHAM: Yeah --

MS. KENEN: She raises a good point, maybe that's your next project.

MR. FRANSHAM: Exactly, I mean turnout was the big unknown going into the election and coming out of election, you know, the CPS data suggests obviously, yeah, turnout diminished among African-American generally. That's what we --

SPEAKER: It's tougher for many of the same.

MR. FRANSHAM: Yeah.

MS. KENEN: Right. Yeah. Diabetes, you know, these are really high disparities like you would know the number, the statistic, but the diabetes rate among African-Americans is very, very high.

MS. BRODIE: Yeah, And I would just say that, you know, and it's a really good point and the point I meant to make is that these communities, real communities are not homogeneous, they have mixed race populations, there's African-Americans, there are Latinos in these communities, there's also Democrats and independents and Republicans, and so some of the same partisan divides that we see everywhere else we also hear about in these communities. I think that the question of race is an unbelievably important one. I think one of the things we've seen in all the healthcare polling is that because African-Americans are so disproportionately likely to identify as Democrats they have been among the staunchest supporters of ACA and of the Obamacare and of the things, their favorability rates are very, very high and those are still there and I think maybe that's one of the reasons why they're dropping out of the discussion right now in the political discussion because, you know, the Democrats almost at some level don't really have a voice right now in the conversation about what's happening. And so I think that's one of the reasons of not getting enough

attention, but you're exactly right. I know that Washington today right now there -- I mean just about right now there is what they call the Tri-Caucus I think, it's the black caucus, the Hispanic caucus, and the Asian-Pacific caucus I think are doing an event really looking at what these cuts mean in terms of healthcare access. Medicaid is big --

MS. KENEN: Right.

MS. BRODIE: -- yeah.

MS. CURRY: But I think you make a really important point and I'll illustrate where I think our narrative sometimes goes wrong in the direction that you're talking about. So there are some compelling data that were published recently that showed that, you know, white middle-aged men in particular are for the first time in decades seeing a decline in life expectancy and you know, every -- all other racial groups are seeing increases in life expectancy, so the narrative for African-Americans is that, you know, the gap in life expectancy is closing and that there we're seeing improvements. But then, you know, I'm reading all of this and I go back to the tables and the life expectancy for African-Americans is still on unacceptably lower than, you know, where it's coming down in this, you know, in the white population. So I don't have a solution for that, but I just want to validate that, you know, that conversation needs to be happening more than it's happening, and you know, this particular conversation went around an analysis that looked at, you know, public health indicators of wellbeing and those -- you know, that's really what we were talking about over and above and controlling for race and education, so it is there and it is troubling.

MS. BRODIE: And I would -- I mean this is what I remind students all the time that, you know, election outcomes matter, and you know, this election outcome mattered in a lot of ways and one of the main ways is it really changed the nation's conversations and it changed, you know, what we're talking about. And I was actually -- you know, there was a sense I think beforehand probably

not getting enough -- enough, but at least there was a conversation about inequalities and about race and about racial inequalities in America that was really happening on the national level and that has really gone away I think and it's really unfortunate that it's gone away because of the change in the election.

MS. KENEN: We had the penal justice discussion --

MS. BRODIE: Yeah.

MS. KENEN: -- we were talking about how do we talk about opioids --

MS. BRODIE: Yeah.

MS. KENEN: -- how do we talk about cocaine, that conversation we're not hearing right now, maybe that's a topic for next year. I think we need to -- do we have time for one more? No, zero minutes remaining, we don't, we're all going to be here. I want to close with one tiny anecdote, it's a *Washington Post* story. A reporter went to a Trump rally in Nashville, talked to a woman there whose son a middle-aged woman who couldn't sit in this picture whose son had lost his job and she said I'm not worried at all because he has TrumpCare now and they were, but it's great and he gets this free and he gets that free and he's not paying and the reporter said that's not TrumpCare, that's Obamacare and the woman said, oh, no, President Trump fixed it, so. Thank you for attending.

(Applause)

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