

# The Surgeon General Meets the Central Banker

Speaker 1: [inaudible].

Ruth Katz: Good morning everybody. Good morning everybody. Come on. You're not finished yet. Thank you for showing up despite the, um, I believe we're close to freezing temperatures this morning. For those of you who have been with us before, this is year six. We have never had a drop of rain, let alone tons of rain, let alone the possibility of snow. So thanks for being here. I am Ruth Katz, the executive director of the Health Medicine in Society program here at the Aspen Institute. We are the co-producers of Aspen Ideas Health. As I said, this is our sixth year. I hope you, despite the weather, I hope you have a to have had a terrific two and a half days and that we will see you again next year. It's my great pleasure to introduce one of our final sessions here. Uh, for our program 2019 the surgeon general meets the central banker, a doctor Jerome Adams, who is the surgeon general and vice admiral of the US Public Health Service Commission Corps.

Ruth Katz: During his tenure, he has created several initiatives to tackle pressing health issues such as the opioid epidemic, oral health and links between community health and both economic prosperity and national security, which are certainly going to hear about today. Previously, he was professor of clinical and it's these anesthesia at Indiana University School of Medicine and staff anesthesiologist at Eskenazi Health that I get it ranked. Yes. Terrific. Uh, to his left is Patrick Parker, who is president and CEO of the Federal Reserve Bank of Philadelphia since 2015 where he has helped to formulate, formulate the nation's monetary policy. Previously, Dr Harker was president of the University of Delaware where he also served as professor of business administration and civil environmental engineering. And he also served as my Alma Mater, University of Pennsylvania Wharton School. It is my great pleasure to introduce you to the surgeon general needs the Satchel bag. Thank you for being here

Jerome Adams: if all of you for being here. Thank you. Well, good morning everyone and good morning president. Good morning. Thank you all so much for coming out at 8:00 AM on a Sunday morning. We really appreciate it. Um, and I hope that you've, uh, you, you start thinking about some really good questions because we're going to have a little bit of a conversation up here, but we want to save about half the time for questions from you all and up. I want to start things off because even in health crowds I often know and have found out that folks don't know what the surgeon general does. So I know that in a health crowd, a lot of folks really don't know what the president of the Federal Reserve Bank does. So I want to ask you, President Harker, uh, tell us what does the Federal Reserve do and what is your role?

Patrick Harker: So, uh, fed one o one a quick primer but thank you so much for being here and for all of you for being here as well. So the Fed is, you know, the headline

event is monetary policy, the interest rates setting body for the United States, but we're more than that. We're a bank. We're an unusual bank in that our clients are banks and US government. We're the fiscal agent for the US government. So we run a large institution in terms of banking, but also the part that people don't fully understand is our obligation within low to moderate income communities. Starting in the 1970s with the passage of the, the community reinvestment act, Cra, we've had an obligation of supervising banks. We also regulate institutions to make sure that they are reinvesting in the communities where they do business. That has morphed over time. Uh, initially it was just low income housing.

Patrick Harker: That was the easy thing, kind of low hanging fruit for banks to invest in. But increasingly we're going through a rethink right now with our fellow federal regulators, the Office of the comptroller of the currency and the FTC, or rethinking the Cra and what could be eligible for credits. Uh, and some of those are things like guess housing, Transit, workforce development, and increasingly health infrastructure, uh, to create a healthy community. So we in the feds, each one of us is specialized in different things. And I'll come back to that in a little bit, uh, about what's going on in Philadelphia. But we all have a deep bench of experts dedicated to understanding how to help low and moderate income communities not be low, moderate income communities. So let me turn and ask the same question to you. I don't know if there are any central bankers in room remind, probably the only one. Um, but the US public health service. What is it?

Jerome Adams: Well, thank you for asking that question. Thank you for the explanation because all I knew about the Federal Reserve Bank before I started to partner with, with you and your colleagues was it, uh, there were lots of movies about you all getting robbed, but uh, but, but we didn't want to talk about that today. But, uh, the surgeon general is the head of the United States Public Health Service, which was actually initiated by President John Adams, the second president. We're older than the air force. We're one of the seven uniform services. And, uh, I carry the rank of Vice Admiral. Our mission is to protect, promote, and advance the health and safety of our nation. So we respond to hurricanes, to wildfires, earthquakes to natural disasters in a, in health emergencies across the globe. We were the only uniform servers to provide care on the ground during the last Ebola outbreak in Africa.

Jerome Adams: Eh, that's one part of what the surgeon general does. The other part is what I call the c Everett Koop role, the, uh, the nation's doctor. And in that capacity, I am the nation's chief health educator and advocate and a, you know, it's been really interesting because I used to run the Indiana State Department of Health. And in that role I had, you know, \$400 million budget. I had a foul a thousand employees. I had the ability to move pieces around on the chessboard. But, uh, in this role, it's very different. I have the bully pulpit and, uh, the bully pulpit can be very impactful when used appropriately, but it can only be used if you develop the partnerships in the influence, uh, to, to actually get folks to listen to

you. And one of the challenges of this role is that quite frankly, folks don't vote on health.

Jerome Adams: You know, I often say in, in the public health folks in the crowd may frown when I, when I say this, but, um, public health ain't that hard. Don't smoke, don't drink, move more, eat right, get your sleep. Anybody not know that before the surgeon general got on stage. So the challenge of actually getting people to modify their behaviors. And so, uh, what I've done is really looked at why people act the way that they do, what they prioritize, what they vote on. And the number one issue people vote on in the United States, Democrat and Republican, black, worldwide, rural or urban consistently is jobs in the economy. And so it's my, one of my big pushes has been working with the Federal Reserve Bank, working with other business folks to figure out how we can speak in a language that resonates with folks. And I'll tell you a really quick story that I think drive home that point.

Jerome Adams: I was at the US conference of mayors that had mayor Bill de Blasio on one side. I had, um, mayor Benjamin from South Carolina on the other side and about 50 mayors in the room. And, uh, I wanted to know what made them tick. So I asked these mayors, how many of you all ran for office on a pledge to lower your community's hemoglobin A1c rates by 15% and I was shocked, not a single person raising their hand, but that's the challenge. We have Aspen Ideas Festival and we have Robert Wood Johnson convenings and we have National Academy of Medicine talks where all of us health folks sit in a room and we'd come up with great programs that moved the needle on health. And then we go out into the public and say, we've got a great program that is going to lower your hemoglobin A1c rates by 15% but no one's out there voting or prioritizing hemoglobin A1c their prior prioritizing jobs, the economy interest rates. And so we've got to figure out how the two of us up here can work together and show folks that when you invest in health, you see not just health benefits, but you see benefits that accrue to the community from an economic point of view. No, no, no. So you mentioned the, uh, the Philadelphia Federal Reserve. What are you all doing in this space?

Patrick Harker: So Philly Fed has a unfortunate distinction being in Philadelphia. It's a great thing except Philadelphia of the top 10 cities in America has the deepest poverty of any top 10 city. So we over the course of several decades have developed an expertise and we have a major conference we do every other year called Reinventing Our Communities where we bring together a diverse mix of people at scholars, policy makers, philanthropy's, a government officials to mix it up, to come up with solutions, uh, to the kind of problems we face. We've been doing that work, as I said, for a couple of decades. A few years ago after I got to the Philly Fed, we said, you know, we need to really double down on this work. And it's not just Philadelphia. We have struggling old industrial communities throughout our district, reading's granting, et cetera. So how do we engage them in a way that is meaningful and also stays within our mandate? I mean, new, first thing they'd love for us to do is give them money. We can't do that.

Uh, we can give them tons of shredded money. We have lots of that. Uh, but we can't give them full

Jerome Adams: bill. If you want a good gift. I went to the Atlanta Fed reserve and they, you can get bags of shredded money. And so it's, it's actually pretty cool for a Christmas gift

Patrick Harker: and you can try to tape it all together. I wouldn't recommend that. But, so we launched what we call the economic growth mobility project. That's three legs to this stool plus one other important aspect. The three legs of the stool are job creation, good jobs. And this is an area we've been working with our colleagues in Atlanta and Cleveland on, what are, we call them, opportunity occupations. Where do the jobs in America, the pay above median wages that don't require a four year college degree? We're a four year college degree. Right? The way this is going to be an unusual thing for a university president to say, former recovering university presidents, not everybody should go to a four year college or at least right away, there are other pathways to careers. I'll give you one example. Lehigh valley, Pennsylvania. There's a guy with a truck repair business up there, desperate for diesel mechanics, truck mechanics. He pays him over \$100,000 a year and he can't find them. I'm gonna come back to that second piece then. Yeah,

Jerome Adams: and the other problem is you have someone who goes to school for engineering, gets a four year degree, comes out, and you still have to train them up for a year, 18 months to teach them how to be a diesel mechanic

Patrick Harker: and that's why the second focus we have is on skill development. Your workforce development, heavy emphasis, not just in Philadelphia, but across the system on this issue, and they are, again, it's what are other pathways where people can earn and learn apprenticeships. Apprenticeships are no longer, your grandparents were pennys ships are in it, they're in healthcare. They're coming out across the board. And then the third area that often gets overlooked in this economic development story is what we'd call broadly infrastructure, housing, transportation, broadband, access, health. If you can't get to a job or the job can't get to you or you can't live near the job and you're too sick to do the job, you don't have a job. And so this issue has become, if it's a two way street for us in thinking and for me for thinking about, oh by the way, quickly give the federal, uh, Federal Reserve disclaimer, these are my thoughts.

Patrick Harker: Nobody else's. Now I'm covered. I can't get in trouble. You're all my witnesses. Um, so if you think about health in particular, it's a two way street, right? Communities that have health challenges are going to be challenged. Conversely, employers who need those workers are challenged. And we are in a unique period in American economic history. We have more job openings than unemployed people in America cause the tune of over a million. We've never seen this before. So to me, this is the unique time for this country to work with.

Employers work with others, work with government agencies, work with us, work across the board to help solve this problem.

Jerome Adams: And where, uh, I completely agree with you. We're at an inflection point in this country and were having to take a hard look at the way we treat and consider folks with criminal background records, folks with substance use disorder, folks who we previously given the scarlet letter and who can't reintegrate back into society. And it's not happening from an empathetic point of view. It's happening from a financial point of view. I was with the first lady and a secretary of Labor Acosta in Richmond, Indiana not too long ago. And they're the company, they're called Belding and they've been in this small community for 80 years. They had to interview 300 people to fill about 25 flats because they couldn't find enough people who could actually pass the drug test. And so they had to rethink the way they look at hiring. And so now instead of having you apply and then coming in for the first interview and then coming in for the second interview and then hire him, you and then finding out you failed a drug screen, they actually drug screening up front or asking people, do you have a substance use disorder up front?

Jerome Adams: And if the people say yes or screen yes, they partnered with the community to connect them with treatment and if they're successful in treatment then they save a job for them. And they found that the people who complete this program are among their most successful and loyal employees and actually miss less time from work than people who don't have a substance use disorder. And so again, uh, right at an inflection point, but I do want to, to, to dig into this a little bit deeper with you because the times I've been to Philly, while I'd been searching general if all been, uh, because of the opioid epidemic, right. And, uh, help me understand how the opioid epidemic is affecting the way you all are thinking at the Federal Reserve and the impact that you see it having on businesses.

Patrick Harker: So we have a report coming out, uh, this week. Uh, next week, uh, one of our young economists wrote on impacts. It's having an impact on the third district, our district, which is most of Pennsylvania, half in New Jersey, in off Delaware. Uh, it's across the board. It isn't just in Philadelphia, it's in communities like John's. And what's happening is, you know, these islands of despair where people don't see an economic future. And so the epidemic is completely card with people losing hope, right? When people become hopeless, truly hopeless, and we all know our own families and relatives who have gone through this, right? It is devastating to them, right? They can't take care of their family, they can't feed their family, they can't be there for their family. And so this, this issue is now really starting to bite and affect economic growth. Uh, if companies can't find the workers they need, they are turning away business.

Patrick Harker: And this is what you're hearing through our survey work through anecdotal, uh, contacts we have that companies are limiting growth because they can't find the people. It's not just the skills mix, but it's this issue. And this is where we need creative solutions. Pick, try to help with issues like the opioid epidemic,

but other things. For example, in northeast Pennsylvania, where do the other areas of our economic growth and mobility project is what we call research and action labs. We take a problem that we think is a canonical problem as a problem, not just for that community, but broadly shared, northeast Pennsylvania, Scranton, Wilkes Hazelton area. Scranton is a city that Thomas Edison first electrifies. If you watch the office, you'll know there's a big sign saying electric, electric city and a lot of low income people living in the city. The transit systems were designed to bring people in and out of these cities.

Patrick Harker: But the jobs are all out on the highway. The truck repair warehouse, we'll district job. So we put a team together. Uh, we partnered with the local university Wilkes University, trained them how to do some of the analytic work and they then convened the group and they now have a group called Nepa moves northeast Pennsylvania moves to solve this problem. What I like about this story, it's Geisinger. The main healthcare system up there did joined in completely on this, but then a light bulb went off in her head. They said, you know, it isn't just about jobs. If people can't get to their appointment, if they can't get to their drug treatment program, if they can't get to whatever they need in terms of their health, not only do they lose, but actually we lose in terms of reimbursement policy. So they developed some called, uh, appointment navigator and they will help somebody get there on transit.

Patrick Harker: But if there's a last mile or so that they can't close by transit, they send a band, they pay for an Uber, and they piloted this. They see this in their economic advantage to help people get the healthcare they need because we're so desperate for workers. That's what I'm excited about. It's just creative thinking. We're starting to see new economy that we can multiply. Since we put this together, several other communities around the country have come to us and said, we have exactly that problem and now we can turn a toolkit over to them and they can solve their problem.

Jerome Adams: Well, I'm speaking of a toolkit and one of the a fig nature reports that I'm working on a third in general is my community health and economic prosperity report. And it's making the case that communities that invest in health see health notch RC outcomes that aren't just beneficial from a health point of view and don't just accrue to the individual, but they see a outcomes that a accrue from a financial point of view and a crew to the community. Interesting story, uh, that I often tell there's been a lot of fight. Anyone heard of this little startup called Amazon? Well, many of your communities were fighting over who was going to get their second headquarters over the past two years and where did they end up? They ended up in crystal city, Virginia. Well. What's interesting is when you look at crystal city, Virginia, four of us news and World report top 20 healthiest cities in the entire United States surround crystal city, Virginia surround, Crystal City, Virginia.

Jerome Adams: That is not a coincidence. But what's also interesting, and we learned this from talking with your colleagues at the Federal Reserve, when you actually talk to

businesses, they aren't intentionally, at least not to this point, they're starting to because of the opioid epidemic. But up to this point, they aren't moving because of health. They're moving to your point because of workforce. And so part of our challenge of helping folks understand that when you have transportation, when you have affordable housing, when you eliminate food deserts, when you have clean air laws, you're able to attract a young and educated workforce to your community and retain them there. And then that brings in businesses who bring in jobs and those jobs can pay higher wages. Why? Cause the number one cost for fortune 500 companies is salary. The number two costs for most fortune 500 companies is health care.

Jerome Adams: It is literally bankrupting many of these companies and workforce as a major problem. But there are traditional companies out there, and I won't call anyone out appear on stage because a, I don't want folks to feel like the surgeon general was putting them on blast at the Aspen ideas festival. But there are major traditional US companies who are looking to go overseas because they can't afford to stay in the towns where they're in because of diabetes rates are through the roof because the smoking rates or are through the roof. And so, uh, I want to understand from you how to, how to businesses, I mean, you, you went to Wharton. Is this something that you were taught about in business school or there's something, a place where we need to evolve in terms of the way we educate people to think about the number two costs.

Patrick Harker: Yeah. So first, let me applaud, uh, your emphasis in this area because the, the societal determinants of health are so critically important. So I really applaud the efforts that you've brought to the service. Um, in terms of Wharton, we had a health care management department focused on this. Um, besides that, you'd never thought about it, right? Other than your own, when I taught there for decades, your own health plan, that was it. Right? That's the only way I think this is the change that's happening right now. It's that we can't, can no longer just forget what's what's happening. For example, one of the challenges of cities right now, and you've seen this I'm sure, is gentrification, gentrification. Some studies will pat themselves on the backside, gay were being re gentrified, but what happens to the gentrify? They don't just fall off the face of the earth. They have to go somewhere. And typically the research shows that from our bank and elsewhere that go to places where the healthcare service isn't as good, where the housing services aren't as good, where the job training programs artists got, they're getting pushed out of where the s in the cities where the these exist, um, that we need to really emphasize inclusive

Jerome Adams: growth. We often say your zip code is more important than your genetic code and determining your health outcomes. I within Chicago two weeks ago and if you go seven I stops, there is a 25 year difference in life expectancy. Seven I stops away, their communities all across America where literally two zip codes right next to each other. We'll have a 20 plus year difference in life expectancy. And while you're hearing more for folks, talk about, uh, as you mentioned, president Harker the social determinants of health. But there's another

important aspect of this too. Um, businesses didn't talk about this at all and then for the last couple of years they've been leaning into work site wellness programs. And what's interesting is when you look at the studies, and you, you tell me if I'm wrong here, but I've talked to a lot of businesses, they aren't getting the return from a health outcome point of view on work site wellness programs.

Jerome Adams: Many of them tell me that they invest in work site wellness programs because it's a recruiting tool, but not because it's actually improving outcomes. And here's why, in my opinion, you can do everything right from 8:00 AM to 4:00 PM while you're on the job. But if you go home to an environment from 4:00 PM to 8:00 AM the next day where there's smoke all around you and you're, and you're not smoke free housing, well you don't have access to healthy food options where there's not complete streets are where it's not a safe neighborhood and you can't go out and be physically active. There was no green spaces. It's going to undo everything that occurs from 8:00 AM to 4:00 PM while you're on the job. And the other thing that people don't realize is that over half of the covered lives for most companies from an insurance point of view, aren't the employees there, the spouses and the children. So again, it's great that you have that cafeteria, that shiny new cafeteria with a salad bar, but that's only happy helping half of your covered lives when those individuals go home. So the thoughts on that, are you okay?

Patrick Harker: Yeah, absolutely. I mean it, the communities that people are coming from half to be healthy, it's not just the workplace has to be healthy. And again, we really need to emphasize inclusive growth. We cannot just push the problem to the side, uh, that those days are gone for a couple of reasons. And the one, again I'm optimistic about is that companies need those workers. They need to train these workers, they want to bring them into the economy. And so there is this virtuous cycle we can start to create if we're creative about it.

Jerome Adams: And the final point I'd make before we open it up for questions is that we also have all collectively understand that health is so much more than health care. And you often hear that the US spends more money on health care than anyone else in the world and has quite frankly, pretty terrible outcomes to show for it. But when you actually include the social determinants of health, transportation, housing, um, a living wage, parental leave policies and your definition of health, we've spend about as much money. It's Switzerland or the UK or Canada. It's just that we're spending 90% of our resources, our time, our talent and our treasure on 10 to 20% of the problem where if they're spending it more evenly across the spectrum. And, uh, I think it's a challenge because we often tend to think of these social determinants of health if personal choices, individual things, we don't think of them as having a community impact.

Jerome Adams: So we don't lean into them. But the challenge for me and what I'm trying to do on my check report is to help folks understand that when there's a black boy in downtown Chicago without a dad who is a victim of violence, it's not just his



problem, it's the community's problem because he's checking out of the workforce. He's becoming a disconnected youth who may go out there and commit a violent act on his own or break into someone's house. It's because we're losing that individual, um, for, for the rest of his life, uh, if he gets incarcerated. Now, some of you've heard me tell this story. If you were here last year, my, uh, baby brother Philip actually is in prison right now. He, uh, had unrecognized and treated anxiety and depression, um, self medicated with alcohol, with tobacco, with marijuana, and then got a pill one day at a party.

Jerome Adams: And that rapidly, um, went to er, he and rapidly a descended into a heroin use and stole \$200 to support his habit. Got a 10 year prison sentence. It costs about a hundred thousand dollars a year to incarcerate someone in most places. You multiply that times the time he was going to be in prison, you're going to spend upwards of a half a million to \$1 million to incarcerate my brother. You all are as taxpayers versus using that money to invest in, in a diversion program for him versus using that money to invest in a anxiety or mental health services for him versus using it to invest in community resilience programs so that he had good people to hang out with and to, and to be surrounded by instead of negative influences. And so I think it's important that we help folks understand that yes, there are individual choices, but the choices people make are 100% depending on the choices that you put around them in the environment that they're living in. And if we invest in a better environment, make the healthy choice the easy choice, more people will start to make healthier and better choices and it won't just help them. It helps all of us. Uh, anything you want to add to that before we yeah, please applaud that because I think that's important. Anything you'd add before we open it up as much as the men. All right. Yes sir.

Patrick Harker: Their microphone's coming

Jerome Adams: and I didn't just pick him because he have the same haircut as me.

Audience Member: Give Him all the tough questions though. It goes to this question. I think it's, I think it's right to try to include, uh, what you're speaking of in infrastructure, but the, what people think of as infrastructure that's crumbling. We can't get that passed and supported. How do you include this in that? That's my first question. My second question is for each of you, if you had to just talk about three things all the time, what would they be?

Patrick Harker: So Philadelphia, we talk about our super bowl wins because we may never have another one again. So,

Jerome Adams: well, I'll, I'll go backwards. I'll tell you one of the things that I talk about all the time and one of health equity, um, we often pat ourselves on the back for driving the averages down when in many cases were worsening disparities. Right? And one of my challenges, one of my goals, one of my missions is to help people see that health equity isn't about helping those people over there. It's

about lifting us all up. Another one of the things, again I talk about all the time is that health is important for all the other things you care about. And you know, let, let, let, let me, let me do this because I do this in some audiences, but I think it's important. Um, even in this crowd where folks are here because you care about health, you don't even prioritize health and your daily life. Raise your hand if sometime in the last month you didn't get enough sleep, you a skipped a meal, you skip the workout, you ate an unhealthy meal for the sake of your job. And those of you who didn't raise your hand or line, the fact is we don't even prioritize health in our daily life, but then we expect everyone else to prioritize health. And so I think it's important that we go out there and help folks understand the value of health to everything else that they do in their lives. And so

Patrick Harker: yeah. So what I talk about is also the answer to a lot of the infrastructures. Yes. We all wait for, particularly in this era for either the Federal Reserve to steer the economy, uh, or the federal government to come up with a policy first. We don't get the economies you, the economy's real people doing real things. We just create the conditions for growth. You create growth, you create opportunity, you create equity, right? In our society we just create one interest rate is not going to solve all that. What I think we're seeing and what I'm really excited about is because we're unable to come up with policy solutions at the federal level, we are starting to see more action at the state and local levels and even down to individual cities. So, for example, in Philadelphia, Philadelphia is launched along with, uh, the children's hospital, Philadelphia and others, and repair programs for houses. If you have a leaky roof, you have mold. If you have children that there's houses, they're sick. And so chop has recognized this. The city has recognized us. So it's moving way upstream on the health issues. If you want to avoid that child showing up at chop, er fixed their house. Right. And that's the kindest things. We're starting to see that what we want to do through the Fed, through our boy puppet at fed is highlight those issues, to do the research, to show the efficacy of these programs and to get the word out

Jerome Adams: and end up. Thank you for that because that's exactly where I was going to go with it. I know this is gonna offend some people, but we can't rely on the federal government to fade the day. Things have to be driven from the grassroots, from the ground up. And uh, again, part of my initiative, my chep initiative is about getting businesses on board. I would much rather have the CEO of the largest employer in my town show up at the State House or on Capitol Hill arguing for a health initiative or for infrastructure. Then to have the surgeon general of the United States doing it because they already know what I'm going to say. And a far too often health is pitted against against these other priority against business. Infrastructure is pitted against business. But I guarantee you when I, Jeff Bravo shows up and says, I'm not going to move to your town unless you work, unless you fix these bridges, these roads, unless you address if this crumbling infrastructure, the city, every city across the country came up with infrastructure plans to try to court am Yvonne, didn't they?

Jerome Adams: So we have to show folks that again, we have to show businesses that it's up. It's up to them to lean into some of these policies. And again, we've got to have some of these grassroots led initiative. Yes, the federal government has a role, but rarely if the federal government come up with good policy in Washington DC, that fixes the problems all across the wide swath of the United States. Considering the different cultures and sentiments and assets and needs of Aspen, Colorado versus Dallas, Texas versus Fort Wayne, Indiana versus Toledo, Ohio versus Boston, Massachusetts. Nope. Yes ma'am. How are you? We're not there yet. One of this, uh, I mean nobody knew that. Rodriguez, and I want to thank you for a great conversation. I want to ask about public spaces. I think that great public spaces have a potential of building both health and wealth. So do you have any examples about how great public spaces across the US are doing that freely?

Jerome Adams: And what can we do about it? I love you for that question. Well, I love you for that question because I started off telling you that, that story about the US conference of mayors, right? And Yeah. Uh, the reason why I asked that question is because the two mayors sitting on either side of me have two of the most walkable cities in the United States, Columbia, South Carolina, in New York, uh, New York City. And they didn't it to lower hemoglobin a one fee rates. They didn't do it for health reasons. They did it because when you have walkable communities, more business goes downtown, tax revenues go up, housing values go up. It becomes a safer and more secure area because you've got 20 people on the street and then they're less likely to be mugged than when you have one person walking down a dark alley in the middle of the night.

Jerome Adams: So many great examples of that purpose built communities starting in East Lake Georgia that now are all over the United States, blue zones. Uh, where, where it just started was in Orlando just yesterday. Orlando is now starting up a blue zone. Why? Because Disney has leaned into work site wellness programs as hard as they can. They are one of the best in the United States and the world. It actually worksite wellness for their employees and they're still going in the wrong direction because much of this is focusing on the 20% and not the 80% so there are many examples out there and that's what we're working on together. We're trying to help folks understand that there's a link and then we're trying to provide them toolkits and examples from across the country of people who've invested in the social determinants of health, including public spaces and a, and again, not just because it improves health but but, but because of increased safety, security, economic prosperity.

Patrick Harker: The there thing I'd add to that is, and I'm sounding like a broken record, we need to make sure that the people living there are diverse economically, socially. Because if you just push all those people out to even worse communities yet we'll be proud of the park, but we're not helping solve the problem.

Jerome Adams: Amen brother. And we're seeing that. I was actually hearing, uh, last night I had had dinner with a friend from San Francisco. Do you know the poverty rate for a family of four in San Francisco is now \$140,000 a year. So what we've done, and you've got people who are mega commuting, commuting three hours each way to come in and work in San Francisco. So that is your, you're so right. We've created these beautiful parks, these wonderful walkable communities, but we haven't baked in affordable housing into the equation and we've just pushed people out. And again, we're worsening disparities, not, not shrinking them when we do that. Them up back here with microphone.

Audience Member: Uh, good morning. Do you made a very important point about making healthy choices, easy choices. When you're, when you think back on, you know, Inner City Baltimore, inner city, Philadelphia, uh, you think about the choices that are around the people who live there. And you've also talked about the importance of business owners and businesses advocating for good health. What and how can we incentivize healthier eating choices so the businesses are providing cheaper, affordable produce in supermarkets in those inner cities so that people can actually go out and buy those as opposed to the junk that's typically there.

Patrick Harker: So easy to make. Let me use the example. Camden, New Jersey Camden has gone through a bit of a renaissance, lots of state support coming in, but in some communities still the idea of city planning, urban planning is still viewed as not a very good thing. Camden just opened, this is a city of over 70,000 people, very impoverished. They just opened their first supermarket in decades. There was another one's supposed to open, but they walked away. So while we're prioritizing new businesses coming in, gleaming office towers, we need to plan and give incentives for supermarket to show up because if the supermarkets not there, no matter how much we drove on somebody to eat a healthy diet, they can't get the food.

Jerome Adams: And again, there's a role for all of us to play in here to the obesity issue. It's tough. It's tough. You know what happened when the schools changed their school lunches and gave kids all healthy foods, all the healthy foods ended up in the trash. You know what happens when we try to force supermarkets to carry healthier foods? A lot of that food rots on the shelf and they end up not making money. Uh, so we have to help create an environment where more folks know about and are exposed to healthier foods. We have to consider the fact that a lot of folks don't have pots and pans and the ability to, to cook. A lot of folks don't know what a Kumquat is. So you know, I've gone around and they have all these great programs where they're giving out bags of fruits and vegetables and folks take them home and don't know how to cook them, don't even know what they are.

Jerome Adams: Um, we have to do health education from the ground up, uh, and, and combine it with policy from the top down so that we meet in the middle and create an environment, whether the demand, and a lot of that starts in the schools. So

one great example that I've heard about over and over and over again, or gardening programs in elementary schools, and when you do that and you're introduced kids to all the, all the variety of healthy foods out there and get them used to it from, from a young age, they go home to their parents and say, I want to cook from squash. I want to, I, I want to want to do this. And you slowly start to change the environment. But I just say that because it's a respectfully simplistic to say that the federal government should, from a top down or any government shift from a top down going and fake grocery store, you have to have you, you have to have all healthy food because again, no one's going to buy at the grocery store is going to go out of business and they're going to move out of that, that community, many food deserts have actually been created because grocery stores aren't making money and then they end up moving out and going somewhere else.

Jerome Adams: And so it's, it's a challenge and it's a challenge that we're all trying to lean into. But it's going to take all of us working together and doing our part along the way to create that culture, that environment of healthy eating from the ground up. And then folks will do the right thing. I was actually talking with Indra Nooyi who was the head of Pepsico, also Frito lay, but they also have Quaker oats. They've got many, you know, and at the bottom line is her job to her shareholders is to make money. So we've got to create the environment where they can make money filling healthier products, uh, versus versus selling the unhealthy products. And they'll gladly cater to that.

Jerome Adams: Sir,

Jerome Adams: I liked your best by the way. I want one of those.

Audience Member: I'm sitting here, this is fascinating, by the way. And you're like the Obama of medicine.

Jerome Adams: [inaudible]

Audience Member: phd clinical psychologist and I deal with debt. We provide service.

Jerome Adams: I've got, I'm still taking that in. Oh my gosh, that's amazing. That's even an amazing compliment or, or that's an amazing coach. Thank you. Thank you. I'm cause I don't, I didn't know which way you're coming from with that. So my, I'm a big fan, so thank you.

Audience Member: This is changing behavior of large population. Can we pay people to live healthier? Can you monetize people to, for example, if you took 500 people and he said every month you weigh in, if you stay the same weight or lose weight, we're going to give you \$100 a month or whatever it is. I've seen those programs had been highly successful, but speak on a larger framework.

Jerome Adams: I think there's carrots in there, stick Finn. There's still environment and whether it's one of these guys that promotes friendly competition or whether it's actually incentivizing people, paying people, many work site wellness programs do that. We'll pay you to quit smoking or will penalize you if you don't smoke. And again, yes, that is a nudge in the right direction for those of you who who, who know the concept of nudges, right? But I can pay you a \$100 \$200 \$250 to quit smoking. If you go home to an environment where everyone around you is still smoking and you're inundated by it, that's going to have a bigger effect on your ability to quit smoking. Yes. And so it's, the answer is yes and it's not either or, but, but sure,

Patrick Harker: the evidence in the behavioral economics for you all this mixed on this, there have been some successes but many where there's been no real results and it's not just in health. There's experiments going on, you know, paying kids to get A's and B's and again that some of that works. But the reality is I, I'll agree with that. Dr. Adams, I mean if you have this healthy environment, but everybody in work after work, whether in your community or your workers say let's go to the beer garden and stay there for the next four hours. Well you just blew all that. Right? So there's a cultural part and component to this. There's this, the places you live and uh, that may be affected by this. The evidence is mixed. There have been some successes. I'm not saying there are none, but not all been very successful.

Jerome Adams: I mean, if your friends, you, we can tell whether or not you're going to be obese, whether or not you're going to smoke or how long going to live by your friends. Right. I would much rather to, to answer your question more directly, if I had \$1 million to invest, I'd rather invest it in changing the environment in a community or around an individual than investing in and trying to give every person a financial incentive to do the right thing. Because the other thing we've learned from behavioral economics, and you know this as a psychologist is when the incentives go away, the pager goes back to what it was before. And we, you, you know this, I actually have a degree in psychology

Audience Member: change.

Jerome Adams: Exactly. And so the, yeah, the answer is really it's both. But it's, you're, you're going to get not as much bang for your buck if you weren't looking at the environment.

Patrick Harker: And this is where what I'd say is experimentation is important here. And careful experimentation, not just winging it. So, for example, one of my old colleagues, Barbara Kahn, who's in the marketing department at Wharton, she and her colleagues at Annenberg have done work over the years on health communications and health marketing. And for example, you walk into a restaurant and there's the calorie count, right? The uh, the three sizes, you go hot, they have salads, that'd be good. I'll have the big Mac. And psychologically what they found is people think, well, I thought about the salad so that I'm a

better person. You know, I thought about it, but I'm still going to eat a big Mac. So until we do serious experimentation and research on these, these ideas, uh, I'm skeptical about just rolling them out across the,

Jerome Adams: I love that you said that because we have policy makers in this audience, and one of the things that we do miserably from a policy value of a policy point of view is evaluation. We have these great ideas all across the United States and we put in a policy to try it out, but there's never an intentional plan up front to evaluate. And we don't course correct when we are, we don't never even noticed that we're not getting the results and we don't course correct to uh, to adjust when we find out. We're not getting the benefits that we thought we were getting. So critically important that evaluation as part of this process. And I want to talk about, so we've got six minutes left. I want to talk about one other thing and again, w we'll have time for more questions, but this one is particularly important to me, especially here in Aspen.

Jerome Adams: I'm very, very concerned as surgeon general at how far, how far and how fast we're going on marijuana in this country. Very concerned. Uh, you know, number one, this isn't your mother's marijuana. Um, marijuana a decade ago was 5% THC. It's single digits THC. You now have professionally grown strains that are 20, 30% THC and then they're concentrating them in the oils into waxes, they're vaping in the dabbing them, they're shatter, shatter and you're getting 90, 95% THC. It's like the difference between you having a glass of wine and a pint of grain alcohol. It literally is. And so, uh, we've this idea of marijuana use across the country way too fast to the point that in communities in California, there's one in five pregnant women, 20% of pregnant women reporting that they are using marijuana during pregnancy. Youth attitudes are changing about it, about marijuana across the country.

Jerome Adams: And um, I want you to hear me say this. As a nation's doctor, there is no such thing as medical marijuana and up, I see some eyebrows raised out there. We don't talk about Medical Fox glove, we don't talk about medical opium. There is no other substance out there that as a physician we say grow it in your backyard, crumble it up and bake it into a Brownie or roll it into, uh, into, uh, into, into a cigarette and smoke it. And that's going to be good for whatever ails you. There are, there are over a hundred components of marijuana, some of them which have medicinal properties and medicinal promise and we need to make sure we push for the research so that we can say to each individual, this component has been proven to be beneficial for your disease and here are the risks and the benefits.

Jerome Adams: But I think we have to have the courage to have a more nuanced conversation, particularly with so many folks out there coming out in favor of legalization with an election coming up. And from a social justice point of view, I'm terribly concerned about the injustice, the fact that black men are four times as likely to be arrested as white men for marijuana usage, but you already have a liquor store in a smoke shop on every corner in every black community. I don't know

that adding a marijuana dispensary to that mix is going to fix all our social justice hills. And right here in Colorado, I've talked to some of your police chief who were saying that. So here's the problem. The problem isn't the law that marijuana is illegal. The problem with from a social justice point of view is racism and bias. And so what they've seen is that now instead of your 21 year old black men getting arrested for using marijuana, now your 17 year old black boys are getting arrested at disproportionate rates for using marijuana because it wasn't the, the, the legalization wasn't the problem at whether the racism and bias within communities.

Jerome Adams: So I wanted to mention that and then I wanted to kick it back to you because from a business point of view, while I was talking with the ahead of the, uh, the, the defense health agency just the other day, and I've talked to the army, the navy and the air force surgeons general, what do you do now as a business? And when you're in a community where marijuana is legal, but you've got to get people to drive forklifts, right? And when you're giving people guns and sending them out to fight and a, and they're coming from communities where marijuana is legal. And again, where you've got the super potent strains, right? So if you all talking about that. Yeah,

Patrick Harker: the art world, it's a serious issue because states have legalized it. But under federal law, a banks cannot bank those businesses and ancillary businesses. So it's not just a marijuana dispensary or the place that's growing the marijuana. It's the warehouse, a owner. You can't bank that owner if the majority of their income or substantial portion of their income is coming from marijuana grok. Ah, so where's that money going? It's not going into chartered banks. And so it is raising issues about the stability of the financial stability of a fast growing business. A second though is the issue that you raised about some employers are just, if it's not a forklift operator, they're just relaxing. And I think not only have we gotten, no pun intended, no pun or that we're not, we're not only gotten ahead of, um, this issue as you mentioned, uh, in a variety of ways.

Patrick Harker: But for example, I used to work for the director of the FBI a long time ago. Um, we don't really, if you're a cop on the beat, you know, and if you think somebody is drunk, you've ever breathalyzer, what do you do? If you think somebody time, it's a clinical diagnosis essentially, right? Cause you have no reliable technology right on the street, uh, to diagnosis, not diagnosis person but that decide whether they're over the limit or not. We don't even have a concept of over the limit and these degrees. So we're hearing from a lot of the local communities are being hit by this. They said we don't have to do on the banking side, we don't know what to do from the law enforcement side because we don't have this technology.

Jerome Adams: And I just think the lesson for us is we need to proceed with a little more caution and not think that blanket legalization is going to provide a net public health benefit. All right. Net social justice benefit or a net medical and clinical benefit across the board. Um, we need to do more research and we need to, to,



to not think that legalization is, this is the salvation for all of our ills. Maybe time for it. Yes ma'am.

Audience Member: Thank you very much. Good Morning Jenny Joseph. Commonsense childbirth. I just want to bring the mothers into the room. Um, without women, without mothers, we have nothing. I agree. Right. And so I wonder if either of you would address the maternal health care crisis, the maternal mortality crisis, the fact that in the USA we are up the worst amongst developed nations for our maternal child health outcomes. And what is going to do, what are we going to do about, yeah,

Jerome Adams: UFC is the only developed nation where maternal mortality rates are going up instead of down as your search in general. I am very concerned about this and I'm actually working with the CDC and Hersa right now and my hope is to put out a call to action, uh, sometime this winter on maternal mortality, uh, helping a community of understand their role, helping, uh, hospitals understand their role. Because the other thing about maternal mortality, if a college educated, uh, Phd, uh, holding black woman is more likely to die during or within a year of childbirth than a white woman who dropped out of high school. Uh, there, there, there are a few other diseases out there where the disparities are so clear in, felt clearly traced back to race and bias within our communities. And yes, it's something I'm terribly concerned about and I'm going to be leaning into thoughts on that. Amen. All right. I think we are at a time, but a please engaged with both of us on Twitter and on social media.

Jerome Adams: Thank you for spending a little bit of your Sunday morning with us. Thank you.