

## TSET Better Health Podcast Transcript

### Episode 15: The Power of Prevention with Dr. Steven Schroeder

June 4, 2021

Summary: TSET welcomes its first national guest and public health powerhouse, Dr. Steven A. Schroeder, to discuss the importance of prevention and why it should be a priority in Oklahoma and the United States. Dr. Schroeder wrote the 2007 Shattuck Lecture "[We Can Do Better](#)," a landmark report on the status of health and mortality in America. His findings suggest that despite high health care spending and standards, the United States ranks poorly in health rankings compared to the rest of the world. Where trauma care and disease treatment are critical components of health and medicine, prevention efforts save money, health and lives. Bruce Benjamin, Vice-Chair of the TSET Board of Directors, and Julie Bisbee, TSET Executive Director, share how TSET's recent foray into youth prevention efforts is helping to create a healthier Oklahoma for generations to come.

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#### **[Theme music]**

#### **[0:15]**

James Tyree: Hello and welcome to the TSET Better Health Podcast. This is James Tyree, a health communication consultant at TSET.

Cate Howell: And this is Cate Howell, co-host and producer. For our fifteenth episode, we decided to do something really cool. When it comes to public health, TSET's mission is all about solving the problem before it starts. We focus not only on helping people quit tobacco, but also on preventing them from starting altogether. We promote healthy lifestyles with nutritious food and regular physical activity not just among adults, but also for children and teens who are just starting to form their habits and ways of being in the world. There are plenty of agencies, foundations, organizations, research centers, you name it, all focusing on the noble pursuit of making sick people better. But today, we want to talk about how and why TSET approaches public health from a different angle: in other words, the critical importance of prevention.

J. Tyree: That's right. Today's episode hits at the heart of TSET's mission of lowering the rates of cancer and cardiovascular disease in Oklahoma, doing so by welcoming a powerhouse of public health on a national level: Dr. Steven A. Schroeder. Dr. Schroeder earned his bachelor's degree from Stanford, his medical doctorate from Harvard and has received numerous recognitions for his work in medicine and public health. Let's hear more from our prevention expert, Dr. Steven Schroeder:

#### **[1:56]**

**[Latin-style guitar and keys music ("[Latin Manhattan](#)" by Jonathan Boyle)]**

Dr. Steven Schroeder: Well, I am a general internist, a physician. I trained in epidemiology at the CDC and I've always been interested in integrating clinical medicine and public health. I knew from the literature and the science that a lot of our diseases and illness and disabilities were caused by personal behavior and could be prevented upfront, what we call upstream. I had the opportunity of becoming the president of the Robert Wood Johnson Foundation, which at that time mainly concentrated on health care delivery, and when I interviewed with the board, I argued that the foundation was missing a great opportunity by not also getting into public health and trying to figure out how we can prevent illnesses rather than only treating them, so that's what sparked my interest. Right now at UCSF where I came back after twelve and a half years at the foundation, I run something called the Smoking Cessation Leadership Center, which strives to get adult smokers to quit smoking and thereby to improve their health.

J. Tyree: In 2007, Dr. Schroeder wrote a research article called [We Can Do Better – Improving the Health of the American People](#). It was published as a Shattuck Lecture in the New England Journal of Medicine, and it made quite an impact. The landmark report revealed immense health disparities and poor health outcomes in the United States despite our high health care spending and competitive standards compared to the rest of the world.

Dr. Schroeder: The theme was based on a couple of observations. One is the United States has by far the most sophisticated health care system in the world, and yet when you measure our public health outcomes – how long people live, if they die prematurely, infant mortality, all those sorts of things – we don't do very well. We're like number 20th. And the reasons for why we do so badly don't have so much to do with lack of medical care, although there are some parts of the United States where there could be better medical care and people get shut out of the system, but it has to do with things like deaths from smoking, from alcohol, from automobile accidents, from not getting immunized.

It's interesting to think of primary prevention and secondary prevention.

C. Howell: Dr. Schroeder views prevention and care as a multilayered spectrum rather than a binary of sick versus well. By breaking prevention into these two categories, primary and secondary, we broaden our scope and approach things like smoking-related illness with a more comprehensive strategy. Primary prevention for smoking stops the epidemic at the source: Tobacco 21 laws, for example, keep tobacco out of the hands of minors, which lessens the risk of long-term addiction as adults. Secondary prevention tackles the issue from a couple of different ways.

Dr. Schroeder: Well, one is raising the price. People are what's called price sensitive. So if it costs more to buy a pack of cigarettes, you may stop altogether or you may just smoke fewer cigarettes. A second policy is Clean Indoor Air laws. The genesis of those was that the population that doesn't smoke doesn't want to be exposed to the secondhand smoke of smokers. There are about 500,000 deaths every year from smoking, and about 50,000 of those occur in nonsmokers who were exposed to people who do smoke and wind up getting things like lung cancer.

So Clean Indoor Air laws do two things. One is they protect nonsmokers, and secondly, they provide disincentives to smokers to smoke. If you're working in an office, you have

to leave the office, if it's bad weather outside, you gotta stand outside in the rain or snow, so that's an issue. One other policy is to try to encourage ways to help smokers quit. Like state telephone quitlines where you can call for free, get connected with someone who is a counselor and can help you to quit. So as a nation, we're sort of unbalanced. We're really good – if someone gets really sick and needs a heart transplant or cancer chemotherapy, we're really good at doing that.

The story is of the person who's at the bottom of the stream and keeps pulling up all these swimmers who have gotten in trouble and need to be rescued, and finally someone says, "Let's go upstream and figure out what's happening," and there's a dam that broke or there's a bridge that broke. We need to do more upstream medical care in addition to downstream.

J. Tyree: That is sound logic: addressing the problem at its source rather than wait until it becomes much bigger. So why does the United States, and Oklahoma in particular, struggle with this so much when it comes to illnesses from smoking, obesity and sedentary living? Well, one reason is because Americans, and Oklahomans especially, put a very high value on individual responsibility – which is great in many ways – but can come at the expense of a lower regard for *public* policy that affects all of us.

C. Howell: And prevention *is* a public matter because tobacco use, poor nutrition and lack of physical activity lead to four health conditions – heart disease, lung disease, cancer and diabetes – that account for 65 percent of deaths in Oklahoma. So if we cut our rates of smoking and obesity, we prevent an enormous amount of suffering, death and not to mention the added strain and expense on hospitals and long-term care facilities. But addressing these issues takes some finesse as there are differences between an unhealthy diet and tobacco use.

Dr. Schroeder: There's one huge difference. You need to eat. You don't need to smoke.

I'm old, and I grew up in an era where my parents who are well-educated, they smoked, my wife's parents smoked, most of their friends smoked. That's really shifted. We've gone from almost half the population smoking to now 14%. Oklahoma has also made progress, although I think it's one of the ten highest smoking states, but the rates have come way down. And as a result, smoking is now mainly limited to people who have disadvantages: low education, poverty, people who are homeless, people who are in prison... so there's a concentration of smoking in vulnerable populations.

Smoking rates always have been higher among people with behavioral health issues, that is people who have mental illness and/or substance use disorders, that is they're addicted to cocaine or methamphetamine or heroin. Smoking is really concentrated in that population. The population rate of smoking in the country is about 14%. In the behavioral health population, it's two to three times that amount. So smoking rates for people with addictions or schizophrenia or chronic depression or anxiety are also coming down, although they started at a higher level than the general population.

Food is a little different. We are having now an epidemic of obesity in all western countries and even to some extent in China, but the United States I think has the highest obesity levels of any nation. In part that's because we eat a lot of calories; in part it's because of the mixture of calories; and in part it's because we've become more sedentary. That's gotten worse during the COVID epidemic because we've been shut in. There's a balance – the more you're physically active, the more you're able to consume more calories. There's a lot of criticism about the type of food that we eat and a lot of focus on sugar-sweetened beverage, and some policies in some parts of the country, not, I don't think, in Oklahoma, have said we should try to do with Coca-Cola and Pepsi what we've done with tobacco, which is raise taxes as a disincentive. The other thing people have said is that in certain areas, it's harder to get nutritious food, easier to get sort of pre-prepared snack food, cokes, candy bars, fried foods, and harder to get fresh foods and vegetables.

With obesity, there's clearly a class issue and there's an ethnic issue as well. People of Color have higher rates of being overweight and it's much more of a problem with poor people, and as opposed to tobacco, obesity rates are going up. So the good news is that smoking rates are going down, deaths from smoking are still way too high but they're coming down, lung cancer deaths are coming down, so we can be optimistic about that, and give a lot of credit to public health and to Oklahoma for putting a priority on policies that try to reduce smoking. Obesity – we're still feeling our way, and we've gotta figure out how to make people take advantage of opportunities to be physically active, to consume fewer calories and to consume healthier food. And I think we don't have a good formula for that yet, but we're wrestling with it, and I know in Oklahoma you're doing that, too.

**[12:18]**

**[Feel-good guitar and keys music "[Clubhouse](#)" by Doo Dah Music]**

J. Tyree: Ultimately, we have come a long way, but we still have a long way to go. When we prioritize prevention, we take care of ourselves through personal responsibility, but we also take care of our neighbors who need us most.

Dr. Schroeder: Prevention is sort of the poor stepchild of health and health care. Because as Walter Cronkite once said, it's not news when a cat doesn't get stuck up in a tree. We don't have any smallpox today. We don't have any polio. That's not news, we take it for granted, but that occurred because of prevention. The other thing is that people with problems like smoking or obesity tend to be less well-represented in politics. They're poorer, they don't donate to political causes, and they're not as visible in state capitols or in Washington D.C. And so it's an issue of fairness that we need to make sure we take care of the most vulnerable. My own feeling is a society should be judged by how it takes care of those most in need, and so that's a very good reason to promote prevention to try to improve the health of the public.

**[13:44]**

C. Howell: The Oklahoma Tobacco Settlement Endowment Trust was created by voters to take money made from predatory tobacco firms and fund efforts that tip the balance in favor of the health of Oklahomans – of saving lives. TSET Executive Director Julie Bisbee and TSET board member Bruce Benjamin joined us to explain the purpose and methodology of our mission.

[14:11]

[Funk music (“[Jokers Are Wild](#)” by Flash Fluharty)]

Bruce Benjamin: I’ve been a medical educator for 35 years now. During that time period, I’ve had multiple roles, so faculty member, administrator, researcher, and more recently helped design a new medical curriculum at Oklahoma State University.

J. Tyree: Bruce Benjamin has been a longtime member of the TSET Board of Directors and currently is its vice chairman. He discovered in early adulthood that he could make a huge impact through his life work by focusing on prevention and education.

B. Benjamin: What I discovered in my training as a graduate student was that I could help people just like a physician could, except the time frame is different. So I would study and learn new things that would be applied, maybe not immediately, but in the event horizon of maybe 10, 15 or 20 years.

The focus that a physician has many times is a patient comes in with a problem and they need to put out a fire and help the patient over an immediate crisis. And what I learned over time was, as important as doing that immediate component is, people’s behavior and environment and social-economic conditions actually is part of what influences our health, and sometimes as important as the immediate physiology that’s going in the body at the time. And so my research has shifted from focusing on acute interventions to looking at how the body is influenced by the social and economic environment and things like that and how that can lead to disease as well and participates in the disease process.

C. Howell: One of the most influential behaviors with the greatest impact on your health is, of course, smoking. The science is in. We’ve known for a long time that tobacco use is harmful, but why is it still a persistent health problem?

B. Benjamin: For the first four or five or maybe even 10 years, so the first decade, you don’t really notice that your health is declining because your body’s robust, it’s responding to the changes in the environment and always kind of brings you back to a healthy state. So you think that smoking is cool and it makes you feel good and it fits along with peer pressure, and what you don’t realize is that subtly and very sneakily, it’s changing the physiology of your body so that you respond to stresses less well. So for the longest time, you think, “Smoking does not impact me.” And then at some magical point, and no one really knows how you reach this point, suddenly the body’s ability to compensate diminishes and the next thing you know, your body jumps into an alternative state that’s actually a diseased state now, and now the disease part takes over. It sneaks up on you –

you can't see it coming. So the behavior part – behavior is so hard to change, and the initial feedback things that would say, for example, if you touch a hot stove, you know immediately, "I need to quit touching the hot stove because it causes pain." You don't get that feedback when you're smoking. And then suddenly, a decade later, you start noticing that you're sick and now you have this behavior that's hard to stop and then the disease progresses on and gets worse and worse over time.

J. Tyree: That is quite an insidious process, and all the more reason to protect our children, teens and young adults from harmful, misleading marketing by the tobacco industry. But this is a complex endeavor as the world continues to change.

B. Benjamin: We think of youth and the first thing you do is you think about what it was like when we were growing up, but the kids today are growing up in a very, very different environment and, of course, we're in the information age that everybody talks about. And that can profoundly impact the students in terms of peer pressure and maybe getting them involved with some of these behaviors we don't want them to do. But then on the same hand, it's also a tool that I think we could leverage to help us help the students change those behaviors.

**[19:20]**

**[Funk music "[Funky Illusion](#)" by Pavlo Butorin]**

C. Howell: But, of course, reaching kids and teens with public health messages that connect with them can be challenging. That's why TSET has launched an ongoing multipronged approach to appeal to different groups of youth and nurture their unique interests. Executive Director Julie Bisbee breaks it down.

Julie Bisbee: This past year, TSET launched the TSET Healthy Youth Initiative and it's a three-phase initiative that we are doing over the next couple of years. The first phase was really about using social media, television, radio for public education campaigns, and those are called Behind the Haze and Down and Dirty and they've been out now for about a year. So you may have seen these messages where it's talking about what, exactly, is in vapor products, or what are the risks of using smokeless tobacco. And we have seen a really good response; these messages resonate with young people and that's fantastic.

We just recently launched the Swap Up messaging as well, which is around nutrition and eating foods that will fuel your activity. They're funny and surprising, but also very relevant in helping kids navigate in making healthy choices as childhood obesity is also something that we are looking to impact through these programs.

Starting this fall, we'll have the Youth Action for Health Leadership program rolling out to school groups across the state where those existing clubs or groups can work on specific projects to promote health where they can be leaders in their community. They can be the standard bearers for some of those health-promoting decisions and they have the opportunity to partner with us and get those skills. Maybe that's public speaking, maybe that's a better understanding of local leadership and civics, but then

also the opportunity to get an incentive for their various club missions. So we're hopeful that this will attract a lot of groups, get that health conversation happening at all levels and really have some positive things for our state.

And then we anticipate the third phase of that TSET Healthy Youth Initiative looking at some of the younger grades. The TSET (Youth) Action For Health Leadership – which after this I'm going to call YAHL because that's what we call it and that's kind of how it's marketed – after YAHL there will be a component that looks at the younger grades and really when kids are developing those habits and deciding which paths to take, healthy or risky behaviors, and making sure that there is ample education around healthy choices, the benefits of healthy choices now and later in life. So it's exciting that TSET is investing in this early form prevention, helping to get kids off on a healthy foot and helping to create a healthier Oklahoma.

[22:26]

[Peaceful beach music ("[Cranberry Surfboard](#)" by Tanager Kid)]

J. Tyree: With this three-phase initiative specifically targeted to youth, TSET hopes to combat the harmful tobacco and fast food messaging out there with diverse, memorable and action-oriented efforts to engage kids and teens in healthy lifestyles. Healthy habits are building blocks that pave the way for a fuller, healthier life. The results aren't immediately visible like with trauma care and medicine, but this long-term vision creates an enormous impact.

B. Benjamin: I also think that there's kind of a really positive, unintended consequence which is focusing a lot on youth, because you change youth behavior and that can impact them for a lifetime. But I also think as they embrace it, they come back and impact their families.

Simply, your behavior matters, and if you can establish good habits when you're young, they tend to carry over and there will be lifelong dividends for doing that. So if you can avoid the traps of smoking, vaping, and if you can maintain some good nutrition, that's a lifelong benefit that you're going to gain from that and I think that's the main focus of TSET.

J. Bisbee: Prevention is a long-term investment that pays off in spades. Like we've talked about, treating a disease is really after the fact, and so if we can create a healthier Oklahoma – our businesses, our schools, our homes support those positive health choices – we are going to be in a better place. So it's a long-term investment, but the payoff is great.

[24:28]

C. Howell: Prevention, like all aspects of health, is complex and requires a network of dedicated people approaching different pieces of it. We hope that today's episode showed you why this is such an important issue and what TSET is doing to help.

J. Tyree: TSET is the state's largest funder of prevention. We look at the comprehensive spectrum of public health through our strategic campaigns, grants and programs. Our nationally recognized tobacco helpline 1-800-QUIT-NOW, our public education programs like Shape Your Future and Tobacco Stops With Me, and our transformative community-based grants are just a few of the initiatives we have to make that long-lasting impact.

C. Howell: If you'd like to learn more about the programs we offer, you can visit our website at [tset.ok.gov](https://tset.ok.gov) or follow us on Facebook and Twitter @OklahomaTSET. For more podcast episodes, you can find us at [tset.ok.gov/podcast](https://tset.ok.gov/podcast) or anywhere you listen to podcasts.

J. Tyree: We would like to send a sincere thank you to the guests who participated in today's episode and we thank you for tuning in. So until next time, this is James Tyree –

C. Howell: And Cate Howell –

J. Tyree: Wishing you peace –

C. Howell: – and Better Health.

**[Theme music]**

**[26:12]**