

Senator Bill Frist:

NashvilleHealth is a community collaborative that pulls together, not just the health care delivery, but the health care delivery system with the social determinants, with the non-medical determinants, with transportation, with food, with the largest employers, with employee support, all coming together to improve the health and well-being of a population of an individual and of a family.

Ellen Kelsay:

That's Senator Bill Frist, surgeon, former U.S. Senate Majority Leader, and founding partner of Frist Cressey Ventures. Representing Tennessee from 1994 to 2006, Senator Frist served on both the health and finance committees responsible for writing all health legislation. As Senate Majority Leader, he was instrumental in the passage of the 2003 Medicare Modernization Act and the President's emergency plan for AIDS relief. Senator Frist is an active member of the business, medical, humanitarian, and philanthropic communities, serving as a professor of surgery, a member of several boards, and a podcast host of *A Second Opinion*.

I'm Ellen Kelsey, and this is the Business Group on Health podcast, conversations with experts on the most important health and well-being issues facing employers. My guest is Senator Frist and we'll be talking about how employers can support the public health infrastructure and how innovation offers us hope for the future.

Today's episode is sponsored by Thrive Global. Thrive Global is a behavior change technology company, helping the world's leading enterprises and the stress and burnout epidemic, one microstep at a time.

Senator Frist, welcome. We are thrilled to have you join us today.

Senator Bill Frist:

Ellen, I'm delighted to be with you today.

Ellen Kelsay:

You are an expert podcaster and have been doing this for quite a while. I'm still a newbie at it and you set a high bar and I hope I live up to your podcasting prowess throughout our conversation today. It's my privilege to interview you for this conversation. I know that the roles are usually reversed and you're the one asking the questions. So again, thanks for indulging me and joining us today. I really do appreciate it.

Senator Bill Frist:

You bet. It's great to be with you.

Ellen Kelsay:

Certainly you have had an incredible career spanning virtually all facets of health care. You've seen it from so many different angles, whether it be from the perspective of a physician, many years from the policy lens, as well as more recently as an investor. In addition to those roles, you are also a philanthropist, you're a mentor and you are a connector to so many others in this industry. We all learn from you every day and there's no doubt you have had so much impact and continue to have impact on a regular basis. We could take this conversation in any one of those directions, but I really like to focus most of our conversation in a couple of areas. I know one, in particular, that you hold especially close, which is the importance of community health. Let's dive right in there. I'd like to start with asking you to speak about NashvilleHealth and if you could describe for our audience at a high level, what is NashvilleHealth and who's involved.

Senator Bill Frist:

I spent 20 years in medicine, literally taking care of thousands of patients, doing thousands of operations, grew up in a family of physicians and spent the first 20 years doing that. I start with that because at the core of that is a patient, is a family, is a community. Everything that I've done since then, that 20 years followed by 12 years in the policy world, in government, in Washington, DC, in the United States Senate, then the subsequent 15 years since then, all creating companies, private sector businesses, innovating to solve a lot of these problems. That whole line, the narrative through all of that three disparate, very different fields, it does come back to

what we're talking about today, and that is health, and not just health care and health care delivery, but health, health of a patient, health of a family, health of a community, and that's the consistent thematic. What I did after these sort of three careers, all centered and coming back to health, is said, where can you make the biggest difference? And it's in the community. It's working with individuals in their community, working with social determinants, working with health care systems, working with hospitals, bringing CEOs into the room, having them sit side by side with the head of the public health department locally, or the commissioner of health at the state level. The best way to do that, I concluded, since all health ultimately is local, is bringing together a community. What we did and founded now about seven years ago, a community collaborative called NashvilleHealth. It could have been Cincinnati health or Los Angeles health. It could be anywhere, but it was Nashville cause that's my hometown. What we did was created a collaborative of the 120 non-profits that are in Nashville, focused on health and health care and well-being, with the 17 publicly held companies that focused on health services, frequently corporate offices for chains of hospitals and ambulatory care centers and palliative care centers all around America, side-by-side with the community advocates and the faith-based leaders in the community, and putting all of them in one room and addressing the fundamental issues of how to improve the health and well-being of individuals and families in Nashville, Tennessee, in Davidson County. What it really takes, not just better hospital, better doctors, but better health and well-being. That's NashvilleHealth.

Ellen Kelsay:

It's so impressive and no better city to do it in. Obviously, it's your hometown, but when you mentioned all of those different groups that are part of it, and I do often think of Nashville as being the epicenter of a lot of health care innovation, health care service, and what a great cross section of individuals you have contributing to that collaborative. You've been at it now seven years. What have you learned as you've gotten this group together and you've been working hard on community health issues within Nashville in Davidson County for seven years. What are the things that you've done together? Anything that you would look back on and say is especially notable?

Senator Bill Frist:

Well, hugely successful in terms of where we started and what we envisioned, it's a collaborative and the first huge advantage and revelation was the importance of getting people around a single table. Literally in part, but figuratively, five or six years ago we had people addressing the number one killers like smoking, like obesity, like maternal health, like the environment and the design, the built environment. Around these six different buckets that we identified, where there were levers that could be pulled that would change the direction of the community which would change an outcome, pulling people together who had never been together before we saw these unexpected synergies come forward. I think you can pick any of the buckets, but smoking, there were 12 different entities in Nashville, Davidson County, about 800,000 people, that independently were addressing the fact that smoking in Davidson County was higher than in surrounding counties. When you compared us to Charlotte, it was higher. When you compare us to Raleigh-Durham, it was higher. To Denver, it was higher. What was interesting is that those 12 people in the room, only seven had been in the room together before, and they met the other five entities, even though all had been working for years and years on the same issue. Pulling everybody together, we were able to combine the resources and more specifically target those populations in terms of education, in terms of prevention, in terms of policy and changing policies in our metropolitan Nashville, as well as at the state level. That was number one. Number two, we learned the importance of data. Without collection of local data, people tend to say these health issues, whether it's obesity or maternal health or smoking or hypertension, these big issues that we know affect quality of life, people always say, well, that's a problem, but it's not a problem here in Nashville. Nashville is a booming city. There's job creation. There's low unemployment. We got the best hospitals in America. It's the Silicon Valley of health services. We've got corporate offices that have high quality hospitals and ambulatory care centers all across America. Yet, if you look in our population health, if you look at infant mortality, if you look at incidents of obesity, of smoking, of food deserts, and you compare us to our five sister or brother cities, we do worse than them locally. That juxtaposition would not be possible unless we did a community health survey that goes much beyond the traditional government data and as you organically be

able to see, and what part of the cities is smoking really a problem, is crime affecting the ability of people to go outside a problem.

That was the second. The really powerful things. We developed a community health survey that was supported by our chamber, by our CEOs of the five largest employers in town. The employees of these companies picking up and distributing the survey is the community coming together. Then we have the data and with that data, we can apply it and identify where the needs are and then develop an action plan. Because we had this infrastructure of private business employers, employees, faith-based institutions, government, academics, Meharry-Vanderbilt, all in the same room when the Coronavirus came, and our response was critically important. We had the infrastructure in this integration of public health with acute medicine, with the hospitals already in place. Therefore, the nimbleness, the responsiveness, the collecting of data in the right form so that it can be applied to identify the disparities, was all in place. NashvilleHealth is a community collaborative that pulls together, not just the health care delivery, but the health care delivery system with the social determinants, with the non-medical determinants, with transportation, with food, with the largest employers, with employee support, all coming together to improve the health and well-being of a population of an individual and of a family.

Ellen Kelsay:

Wow, that is just so remarkable, unbelievably impressive, and just the power of that community, that collaboration that you've built and what you can tactically and tangibly affect when you have data, you have insights, you have alignment. That last point you raised on the infrastructure to really respond swiftly to emerging threats, risk, needs within your population, in your communities. When you talked about data and what you think you understand on the surface, once you begin to peel back the layers of the onion and when you have data to really look at things at a grassroots level, often what is on the surface is not at all what it is in actuality. I know you just recently wrote an article in *Forbes* and you talk about this community health survey you did. What else surprised you in that survey or anything that came out of it that was kind of not on the radar that now is being prioritized by NashvilleHealth?

Senator Bill Frist:

No, it's a great question and I think that really is important because I know people listening to us are from all across the country and it really does apply to your individual cities. In the policy level, I did Medicare Advantage. I did HIV AIDS globally. I did all the things as Majority Leader. I look at all that and I come back and conclude that it's what goes on in the local communities. Big policies are important, but in the local communities that have the most leverage to affect change in the well-being, in terms of how fulfilling one's life is, in terms of one's really health. A couple of examples, first of all people will say, well, why don't you just rely on the government data? I'm on the board of the Robert Wood Johnson Foundation and I've been on the board of the Kaiser Family Foundation and I've studied the government data a lot. The data today collected by government is a joint effort between CDC and the state health departments and is called the BRFSS data. That data is good in the aggregate, but it's based on modeling and it's collected every year or every other year in 50 states. The problem is it's not organic enough to what really goes on in a community the size of Nashville. They sample maybe 400 or 500 people in Nashville, and then they use modeling from around the country and come to conclusions. Well, if you really want to have a smoking prevention or cessation program, or you want to address hypertension that's in 40% of the population, that data is not organic enough. That's why you need to do it and I had these surveys put together locally. It needs to be serial surveys, so you can compare what the interventions are. If you have a sleep program or a maternal and child health program, or you address food deserts, you need to be able to measure it serially over time.

Lastly, surprising things are uncovered. In the *Forbes* article, we asked a number of questions that BRFSS doesn't look at. Some of it had to do with issues that are talked about a lot today, the health care disparities, and we've all looked at healthcare disparities by race and by the LGBT community, by ethnicity. Disparities are there. The data allowed us to go a little bit deeper in terms of looking at discrimination. Again, we have the best health care in the country in the United States. I'm exaggerating a little bit, but fantastic with the medical schools and with the corporate offices and all, but the data showed that we here in Nashville, our providers,

our doctors, have an element of structural racism or discrimination that we're not aware of. It's not the interpersonal racism of one person being a racist against another, but there's the structural racism that we weren't just aware of and the data is for blacks and Hispanics who leave a doctor's office or leave a hospital, that the feeling of discrimination based on race is six times what it is if you are not black or not Hispanic coming in. But that's the data. Then we even went a little bit further in that data and said, okay, you have that feeling that you were discriminated against in that interaction, what did it do to you? We found once again, that the incidence of causing you to be upset, less likely to comply, headaches, stomachaches, that result from that feeling of stress and discrimination has a negative impact on that doctor, patient interaction.

All that is uncovered by four or five simple questions in a survey and what it precipitates, and that's why I wrote it in the article, is that every hospital, every doctor's office, first of all I guess I better look at it and pulls them around the table and brings in the community, brings in the large employers, brings in the employees, brings in the whole community to say, we need to address this and there are things that we can do about it. First, is to know what the data is. Secondly, is discuss it. Third, is to go into action and put into action, what can be done to reverse it. That's a long story in a long-winded way of saying these unexpected bindings that come from good data through collaboratives that have to be supported by the business community will lead us to better care, better compliance, a reduction in the disparities that we've been documenting for all these years, but haven't known why or what to do.

Ellen Kelsay:

Let me follow up with maybe asking a little bit of an awkward or hard question, because you know the folks who are a part of this collaborative came together to try and align and operate at scale to address community health issues. In the example you just raised in the survey findings almost kind of make them take a hard look at themselves and say, what are we doing that's exacerbating this issue? What are our practices that we're not intentionally striving for this outcome, but unfortunately have the unintended impact of having this outcome where people feel marginalized or have that pain in their belly when they've had a bad experience with the physician or when they went into the hospital. Are your collaborative members kind of doing some introspection now to say, gosh, what do we need to do differently?

Senator Bill Frist:

Yes, yes, yes, yes and that's why it's so exciting. The discussions and we've all had it and had the Floyd realization come forward. We've had the pandemic, which has stripped away these coverings of these disparities, the disproportionate impact on people of color, of race, of where people live. All of a sudden you stimulated these discussions in every boardroom. I'm in the venture capital world now and we've created about 24 companies, and in every one of those boardrooms of these small companies, and with Cressey & Company I've worked with mid-size companies and a partner there, in every one of these boardrooms, this discussion around the diversity in part, but also disparities in what can be done. There are three kinds of racism. I mentioned the interpersonal where one person is racist or has a bias or discriminates against another. That's not what we're talking about.

The second is an internalized racism where if you've been a victim of racism or discrimination, you get your dignity destroyed so much you kind of just give up in life. That's another kind. The third part is what we're talking about, which is institutionalized. We have it in our health care system. We have it in our policing system, in our system of justice. By talking about it, we can make change. What is institutionalized discrimination or racism? It is defined as a differential access to services. It might be food, to goods, it might be good education. It's a differential access to opportunities of society and all of that is by race. It is sometimes built into our judicial system. It's usually manifested as something we inherited from generations before us, the famous red lining of 70 years ago. That sort of discussion, all of a sudden said, well, now I get it. That discrimination is coming from the fact that there are food deserts, and the fact that when we were sending people from hospitals home and there's no grocery stores of healthy foods within four miles of where they live, that's something where communities can come together. It's something that corporations can come together to identify food deserts in an area to make sure that people who live there or from those areas, all of a sudden have access to the goods and services that disproportionately they have not had impact to in in the

past. Then you see how it fits together and why these community initiatives of people are coming together. Defining it with data, number one, identifying where the pockets are, and then addressing this differential access to goods and services and opportunities. You think health, you think education, you think food, you think transportation, you think access to the internet, all of those are issues that contribute unbelievably in powerful ways to the health and the well-being of an individual, of a family, of kids. Then that's going to determine what kind of jobs they get, how fulfilling their lives are, how much they can give back to their communities in turn by paying it forward.

Ellen Kelsay:

It's so important. NashvilleHealth is just doing remarkable work. I really appreciate you walking us through all that. As you said, NashvilleHealth could have just as easily have been Cincinnati health or Los Angeles health, but it's not. A lot of other communities do not have effective collaborations such as yours. Any advice for our audience, whether they be an employer or a community health activist, how can they come together to align and try and replicate in their communities, what you have done so successfully in Nashville?

Senator Bill Frist:

That's really, really important. I've spent 12 years, full-time in government at the highest level in Washington, DC, and there are powerful things that can be done there, and we need to advocate for the right sort of policies that address the disparities and the inequities of our health care system today, provision of insurance, Medicaid, how can it be improved and how can it be expanded to those states. Let them decide, but show people the advantages, as we saw with the pandemic, of having Medicaid expansion. That policy level and supporting those policies and people that believe in them, that's what some people from the corporate world can do and the private sector can do. Equally importantly, I think, is what we've been talking about. That is to not wait for a governor to appoint a commission like this and say, well, they're doing it. Or a mayor to appoint a commission like this, but for employers and the CEOs and in the boardroom, as a reflection of the employees, basically asking the simple question, I heard, you know, Senator Frist talking about this data, is it available in our community? I like to see the same data. And the answer will be no, it's not available. And therefore, do what we did. We are not a government collaborative. We were individual, private citizens, predominantly from the business community who got together and said to have sustainable economic development over time, the only way you can do it is to have a population, a workforce, that is healthy to do it. Nashville is a hot city now. I'll tell you, everybody's moving here. If you're 20 to 35-years-old on a per capita basis, you're moving to Nashville, Tennessee. The hospitality industry is booming. The music industry is booming. The restaurant industry is booming. The health care services industry is booming. That's good, but it won't be booming five years from now. People in Amazon coming in and Facebook and all these big companies come in, that's not going to happen if you turn around and say, Nashville, Tennessee, has an infant mortality rate higher than Austin, higher than Denver, higher than Raleigh-Durham, higher than Charlotte. The businesses of the future and the young people are going to go to those places. The fundamental message I have is that communities need to come together, mainly the private sector, don't wait for government. Government tends to move too slow. If you have a mayor's commission doing this, usually when the mayor leaves, they have to start over again because there's a new set of people. You need this broad community, business supported, grassroots business supported initiatives to continue forward. I would ask the question, do we have the data? The answer will be no. How do you get the data? You get the data by bringing together a collaborative of non-profits, for-profits, faith-based people, all in the same room, and that's what grassroots is all about and that's where the major impact can be or at least that's what I'm witnessing.

Ellen Kelsay:

I suspect you will have a lot of folks calling you and your peers at NashvilleHealth asking for your playbook or mentoring, or some tips and tricks as they try and execute this and build it in their communities. It's just such a wonderful role model and terrific example for them to follow, the terrific work you're doing.

I'll be back in a moment with our guest, Senator Bill Frist. After this brief break, we'll delve into his thoughts on the COVID pandemic, his reflections on what we could have done differently, and lessons to take forward into the future here on the Business Group on Health podcast.

Thrive Global:

For all the challenges we're facing in this brave new world of hybrid work, we also have a once in a generation opportunity to redefine work and productivity. The pandemic has brought employee well-being, mental health and resilience to the top of companies' agendas. When businesses are shaping the future of the employee experience, Thrive Global is leading the way. Thrive Global is a behavior change technology company committed to ending the stress and burnout epidemic and helping people live and work with greater well-being and mental resilience. With its science-backed methodology and AI powered platform, Thrive has helped employees at more than 100 organizations, take more than 1.5 million micro steps to build new habits and improve their lives. Learn more about how Thrive is helping end distress and burnout epidemic, one micro step at a time by visiting <https://thriveglobal.com/bgh/>.

Ellen Kelsay:

This is the Business Group on Health podcast and our guest is Senator Bill Frist.

I want to shift gears and we're going to go to COVID. We couldn't have a podcast in this time without mentioning at least one question related to COVID, but this is more of a retrospective. We are not fully out of the pandemic. We are beginning to see glimmers of light emerging at the end of this pandemic tunnel. I wanted to do a little bit of an after-action review with you and ask for your assessment of things employers and communities should be really reflecting upon as lessons learned and incorporating into their go-forward planning to really better position themselves to be more equipped to respond when, and if, and more likely when, something like this happens to us again in the future. Any thoughts there?

Senator Bill Frist:

In part because I spent 20 years in medicine, I was involved in the 2002-2003 SARS epidemic, not quite a pandemic that we had in 2004-2005. While I was in the United States Senate really began to lay the foundation that made Operation Warp Speed possible with the mRNA response in the vaccine development. That's a story that hadn't been told, but will increasingly be told if it takes investments over the last 20 years, to realize almost miraculous occurrence of developing a vaccine with this efficacy within one year of the appearance of a virus. That long-term investment of infrastructure is critical, but that story will have to be told. We'll probably need a national commission, not a government commission, to do that. We did the 911 commission when I was in Washington and it had a huge impact to take the self-examination of the national response outside of politics and the partisanship that we all know is today.

Parallel to that, every community should do an after-action review now. A lot of people are waiting and say until COVID goes away. COVID is not going to go away. It's going to go from a pandemic to being endemic. Right now, every community should say and look at their response over the last 18 months, it needs to be done at the community level, at the city level, at the county level, and at the state level. You need to have a formal commission. What we have done in Nashville, and we're working with Meherry Medical College, looking at the disparities. We're working with the Nashville Health Care Council, which is not NashvilleHealth, but a separate entity of that, which is a group of the CEOs, the corporate world, it's about 300 companies that are involved in health and health care here in Davidson County and in Nashville. We'll couple that with NashvilleHealth. We're doing a formal after-action review. What we're doing, and our report will be released in about a month or six weeks from now, is we went back and looked from day one, the deficiencies, what the actions were, what our response was, measured it, got really current insights into what should have been done. Every city or community should do that.

The third is, I think we've all realized, our public health infrastructure has been a stepchild of not just the health community and the hospitals and doctors and not just of government where it's been inadequately funded, where over the last 10 years, we have 56,000 fewer people at the local level working in public health than we did just a decade ago, but also the importance of having businesses and employees coming together and looking at what their important response should be. We come obviously to the things like, mandates that we're talking about today, whether it's on the vaccine side or whether it's on the mask side. This intense self-

examination is critical. We got the federal level where I think all of us need to advocate for appropriate investments in infrastructure to make sure that we have the appropriate science and support of the science and our NIH is funded, but then at the local level, how we responded in terms of communications, response to questioning the value of science. It's an exciting time and important time. For Nashville what we've done is got Avalere Health there in Washington, as you know, and use them as consultants coming in to facilitate and exploring five domains. This is probably too much information, but what we've asked them to do and we've done over the last six months is to look at the areas of the pandemic: infrastructure preparedness, how prepared are we and that kind of comes back to what we were talking about before. Do you know who runs public health in your community? Maybe you do now, but two years ago, you didn't. That's one area. Number two, what is the economic response? Nashville, a huge hospitality town with the music and the Country Music Hall of Fame, what the economic response has been and shutting down businesses over a period of time. Third is the policy response of the local community. How effective was our mayor? Did the mayor have the appropriate communication and how did they interact with the Metropolitan Health Council in enforcing mandates or putting mandates out there. Then the public health and health care response. What about our hospitals? Did all of the hospitals get together and share, whether it's ventilators or masks or the PPDs that are out there. Then the last category is the vaccine rollout. We're obviously in the middle of that. It continues to be debated. We continue to learn more. Every community should be doing this sort of review right now, for themselves and self-examination so that when the next, not just pandemic and not just sort of emergence of a virus, but the next big environmental or natural disaster or public health challenge is put before them.

Ellen Kelsay:

That's terrific. Self-examination, reflection is so critically important. I do appreciate all that detail. That wasn't too much at all. That was really helpful. If we turn from reflection and self-examination to a more forward-looking view, I'd love to close with asking you a question about what gives you a sense of optimism and where do you see hope on the horizon as you look to the months and years ahead?

Senator Bill Frist:

I'm really optimistic. Most people, when they think of pessimism or optimism right now are not all that optimistic. We've got prices rising and we've got inflation coming back in and we have this extreme partisanship, which was very different than when I was in Washington, now 14 years ago. What I see, however, is this miraculous advances in science to offer solutions to problems that were insurmountable, that were impossible to address even three years ago. If you'd asked me three years ago what's the fastest that we can develop a vaccine, I would tell you that the fastest vaccine in history among all the vaccines was five years from beginning to end. That was the very fastest. Yet six months later, we cut that down to 20% of that to a year by relying on science and technology that we never had even envisioned before.

We have that in our toolkit today, not just mRNA but the whole world of synthetic biology. We can sit down and using a different alphabet, that of the genetic code, and we can begin to synthesize all sorts of positive, constructive, live organic life and has huge pharmaceutical impact. That's the sort of science that is out there today. It needs to be regulated. You need to have government oversight to make sure it's not used for evil and it's used for good, but that's the power. The second big bucket of optimism to me that we didn't have when I was in medical school or when I was a heart transplant surgeon doing heart transplants, we just didn't have the big data that we have today. That bigger data today with all of the worries about cybersecurity and all of the worries about privacy, but if you go a little bit higher up and look at it, the access to that big data that allows you to personalize health care for you as an individual, in a way that heretofore was unknown, and that big data is available today because of parallel computing and super computing and the power of artificial intelligence that we just didn't have. The last big area of optimism comes from the lessons that we learned from this pandemic. Those lessons, that we've talked about addressing through local collaboratives and collection of local data, is this sensitivity of understanding the disparities, the inequities that are out there today in our health care delivery. There's no question. I've been in the middle of it doing the heart transplants and the heart lung transplants every day and every night for years. I've seen it in the best cancer therapy in the world, but we have these huge pockets that we have not been able to identify that now we have the tools to identify, and once we can identify them, we put that data, target that data on it and we target that science on

it, just like we did in the pandemic and come up with solutions that we just didn't know were possible in the past. It takes participation. The government can't do it, and I love government and that was my life. Government can set the big tracks and can make sure that equity is in every conversation, but the innovation comes from the private sector, it comes from private industry. That dynamism comes from the ingenuity of being able to have free thinking, looking at problems, self-correcting, and that comes from the private sector, from the employees, from the people who are working, from the boards, from the leadership of the private sector itself.

You can tell, I think we have the tools today that I know we didn't have five years ago. The problems are big. They're insurmountable. We've learned from the pandemic. We talked about the disparities. We talked about the empathy. We talked about the disproportionate impact by race and by social economic. All those sensitivities now are being talked about, and gives us new opportunities to apply innovation, big data, science, to address them, and it can be done.

Lastly, I have to add our young people today, I do a lot of teaching here at Vanderbilt and the local universities here, and we've got youth out there today that are very in tune with things that the generation before were just missing. It's sensitivity to the environment. It's sensitivity to climate change. It's sensitivity to global health that we have a responsibility beyond our local communities. I should add that to my list of why I'm so optimistic. This younger generation seems to get it in a way that a lot of us, I don't know, we maybe we didn't have time to or we weren't aware that we can change these things, that the younger generation seems to understand that it is within their grasp as individuals by doing their small part, that you put that together and you can move mountains. A lot of us didn't really understand that several generations ago.

Ellen Kelsay:

Well, I love that you closed with the youth and they are our future. For all the other things that you mentioned, our future is in their hands and there is promise and potential that can fill us all with optimism if we choose to view it that way for what we can accomplish and achieve in the future. Senator Frist, with that I just want to thank you so much for your time and insight and sharing your knowledge and expertise with us today. It was just a wonderful conversation. I'm so grateful to have you.

Senator Bill Frist:

Ellen, it's always great to be with you and thank you for what you and what everybody who's listening is doing out there on the front line, from an employer standpoint, an employee standpoint, it takes all of us getting together. Thanks so much, Ellen. I love, love, love that I have had the opportunity to have this conversation with you.

Ellen Kelsay:

Likewise. Thanks again.

I've been speaking with Senator Bill Frist about how employers can support community health, the importance of data and trends that leave us hopeful for the future. To hear more from him, check out his podcast, *A Second Opinion*.

I'm Ellen Kelsey. This podcast is produced by Business Group on Health, with Connected Social Media. If you're listening on Apple Podcasts and like what you heard, please rate us today and give us a review.