Transcript: Stronger by Association “The Power to Protect Health”

Shannon Roche, Yoga Alliance:

I've been really struck by how association leaders and professionals have been playing an incredible role in making the country, and frankly the world, right, safer and smarter and more secure throughout the pandemic. It's also been really interesting to see how associations, from all angles, all industries, all sectors, professional, trade, hybrid, whatever, are filling gaps for the policymakers and municipalities in some of the spaces where the guidelines or the guidance is unclear.

Host: Mary Kate Cunningham:

Welcome to the Stronger by Association podcast. This podcast will share stories about how associations are solving problems in the United States and around the world. This is brought to you by American Society of Association Executives, ASAE, a membership organization of more than 46,000 association professionals and industry partners in the United States and 50 countries. Our members make the world safer, better, and smarter.

Host: Mary Kate Cunningham:

Welcome to the Stronger by Association Podcast. There is no question that, if nothing else, COVID-19 is shining a spotlight on our collective health and welfare, and associations are playing an instrumental role in addressing these challenges. Today, we're going to speak with representatives from three very different areas of the health and wellness community, from pharmacists to hospitals to yoga teachers. I'm really excited for these conversations about how associations are helping their members and our society and the perspectives from these three industry leaders on association management.

Host: Mary Kate Cunningham:

Now, I'm pleased to welcome Steve Anderson, the president and CEO of the National Association of Chain Drug Stores. Thanks for joining us, Steve.

Steve Anderson, National Association of Chain Drug Stores:

Hey, Mary Kate. How you doing?

Host: Mary Kate Cunningham:

Doing well. NACDS has been very active in the effort to expand access to testing through pharmacies. Can you tell us about your members are tackling this challenge?

Steve Anderson, National Association of Chain Drug:

Yeah. We have been involved in COVID really since the beginning of the year when the first cases hit our shores here in the country and we were focusing on certain issues and then, when the president declared a national emergency on March 13th, he had the CEOs at four of our member companies there and told the American people that these companies were going to be setting up mobile locations where people could be tested for COVID. And, obviously, testing is one of the bigger issues that we have in order to identify the seriousness of this effort. Our members launched those mobile testing sites, but at the same time, other members that we had, including the members that were in the Rose Garden with the president, were having trouble on scope of practice laws in their particular states. We went to work very aggressively immediately to reduce the regulatory barriers both at the federal and state level in order to allow COVID testing by pharmacists, which really expanded the number of people that we could test in this country.

Steve Anderson, National Association of Chain Drug:

We urged strongly the Secretary of Health and Human Services, Alex Azar, to provide the opportunity for pharmacists to do this testing. He, under the PREP Act, the Public Readiness and Emergency Preparedness Act, declared that pharmacists could order and administer these tests, which was a real game-changer. We then went out to all the states and we got 39 governors to issue executive orders that allowed us to do COVID testing. There were some states that resisted that and we got a ruling from HHS saying that Secretary Azar's emergency order preempted the state laws. Now we're doing more COVID testing and our members are very aggressive on this. And I have to compliment the people that work in our member company stores. They are volunteering in droves to do this kind of testing. We've been on the front lines of this from the get-go.

Host: Mary Kate Cunningham:

Thanks so much. I'm from Arizona. We've got a huge problem there, so added testing is exactly what we need. COVID has disrupted so much of the medical world and daily life. Can you share how this has changed pharmacists' patient care and best practices?

Steve Anderson, National Association of Chain Drug:

Yeah, that's a very good question. It has changed the pharmacy care tremendously. As we had these stay-at-home orders, it was very important for the American people to get their medication so they could continue to stay healthy and deal with the health issues that they are dealing with. There were different measures that we adopted. There were home deliveries, there were pick-ups that they could do at the store, finding other ways in order to deliver the drugs to the people. At the same time, as you know, we have clinics in a lot of our stores and you come out of pharmacy school now with a doctorate, and 90% of the American people live within five miles of our member company stores, so we're the most accessible health care professional in the community.

Steve Anderson, National Association of Chain Drug:

And so, at the same time, a lot of the American people, they didn't follow through on their regimens in terms of their other services that they needed to have to address by physicians. And not that we were practicing under those guidelines, but we were helping to meet with patients and help address some of the more acute care issues that they were dealing with. And you come out of pharmacy school now with a doctorate, you want to do more than just dispense medication, which is very important, but to provide those added services. That was very important.

Steve Anderson, National Association of Chain Drug:

The big issue that we're going to have moving forward is when the vaccine becomes available. The Centers for Disease Control and Prevention said that we can immunize 80% of the American people seven weeks faster if pharmacists can do the immunization in the stores, and this is going to be coupled with a big increase in flu this coming year, and the flu season is going to hit sooner rather than later. We are working very hard to allow pharmacists to provide that COVID vaccination in addition to the flu vaccination. We did about 35 million immunizations in our member company stores in the last flu season.

Host: Mary Kate Cunningham:

We are seeing now a sea change in a huge effort to address racial injustice in this country. Can you share more about what NACD is working on, especially related to disparities in health across America?

Steve Anderson, National Association of Chain Drug:

Yeah. We've always had really good diversity policies and programs at NACDS. Our workforce is extremely diverse. We represent not only traditional drug stores, but we represent all the grocery stores and the mass merchants, or the big box stores as some people would call them, and the commonality is that they all have a pharmacy. It's a 1.1 trillion dollar space. There are three million people that work in our member stores and 155,000 pharmacists. It's a very diverse industry and our members themselves have a very strong diversity and inclusion program. We really felt it was an obligation for NACDS to make a public statement, which we did, to the industry and to the public, but really, more importantly, and I think this is where associations are going to be spending more time, that our members of our staffs really wanted to know where I, as the CEO, stood on this.

Steve Anderson, National Association of Chain Drug:

And I was very aggressive, sent out a separate message to them, and really talked about my perspective and my experiences and how we're supporting all of our staff members, but really talk about the racial inequalities, the racial violence, and, basically, the discriminations that we're seeing and also disparities in health care. We published a document on how pharmacists can help reopen America faster, and a lot of those issues address the issue of the medically underserved and, obviously, the minority population in our country has been hit hardest by COVID more than anybody else. We've been very aggressive on that issue and communicating it not just to our staff, but to the industry and to the country as a whole.

Host: Mary Kate Cunningham:

We know this is a critical time for associations. They're trying to innovate and provide even more value to their members. What role is NACDS and do you see other associations playing in helping their members prepare for the future?

Steve Anderson, National Association of Chain Drug:

Well, I hear a lot about the term new normal and I would probably disagree with that. I don't think anything's going to be normal going forward. It'd be nice to think that this was just going to be another crisis that we overcame and I think that, as a result of all the technology we thought that we would be using in future accelerated so quickly and we're doing it now, and I'm absolutely convinced that, when we get on the other side of this pandemic, which will take a while, the world is going to look completely different, the economy is going to look completely different, and associations need to address those issues accordingly.

Steve Anderson, National Association of Chain Drug:

As a leader of an association, I think that we have to embrace [inaudible 00:10:02], that there will be things that we have to do to try to stabilize our organizations, but at the same time, we should embrace the difficulties that we're going to be experiencing. I would encourage everybody that might be watching this to pick up a copy of the summer edition of the Harvard Business Review, and they've got a cover note on it that the issue is about how to lead during crisis, and there's a lot of great things in there. The thing that I was most struck by was a article by Nitin Nohria, who basically said how organizations, but associations come right to mind when you read this, and how they're going to change. They're going to have to shift from having a centralized leadership to a distributed leadership, that if they were tightly coupled before with greater independence among the parts, I think there's going to be less interdependence and they're going to be more loosely coupled.

Steve Anderson, National Association of Chain Drug:

You have a concentrated workforce previously, now you have a dispersed workforce that I think will continue even after we quit all working remotely. I think we have had specialists in our organizations. Now we have cross-trained generalists if we're going to be successful. And the policy and procedure aspects of associations are very well known and I think we're going to be guided more by simple principles and rules that allow us to be much more flexible and to deal with these issues much quicker than we've been able to in the past. It's going to be a real sea change.

Steve Anderson, National Association of Chain Drug:

I talk to a lot of associations and I'm concerned about the financial health of these associations because a lot of us are either member-driven or we're meetings-driven in terms of our revenue, and no matter which category you fall into that, your financial situation is going to be very challenging. Fortunately, we've increased our reserves pretty dramatically over the last 15 years and we're really in a good position to weather this, but a lot of associations don't have the opportunity to do so.

Host: Mary Kate Cunningham:

I think from the HBR edition, there's a interesting article about how to do performance reviews remotely, and this is a time to definitely consider if your ratings are appropriate, how you appropriately appreciate your stars, and it's a interesting time for association CEOs especially.

Steve Anderson, National Association of Chain Drug:

Yeah. I think it's fascinating. I was on a call yesterday with the fellows of ASAE and we were really exploring all these issues. I think the area that I'm more intrigued, and it goes back to your comment about what we're doing on the race issue, associations have to start addressing some of these societal issues and really get out of our lanes in terms of what we do, and we do this all the time. We've been doing this for at least the last 10 years because we're in health care, and you have these social determinants of health that, if you're in a certain zip code, you have a different kind of health care than other people, but at the same time, it's a cycle of rising obesity rates, people losing their job, the opioid epidemic that we're very highly engaged in and very proactive on. But these societal issues are going to be really important, not just to our members, but to our staffs, who are mostly millennials, and Gen Z's are coming along, and they go to work for associations because they want to do good.

Steve Anderson, National Association of Chain Drug:

And the people that are at NACDS are very passionate because they're really not only improving lives, they're saving lives with medication and therapy, and that's why they like working for us, but at the same time, they see these societal issues that we need to be a leader on, and that's really what our mission is on this issue as a result of all the problems we've seen and the killings of George Floyd and Breonna Taylor. We have to take a stand on these issues.

Steve Anderson, National Association of Chain Drug:

And I have to compliment, ASAE has been out front on all these issues, and having been on the board of ASAE, I'm really proud of the work that ASAE has done. As you know, I'm slightly engaged in your Summit Awards dinner and it's amazing what we do for society and we just need to tell that story more and more. And there's a big role for associations to play, and it should be a place where younger people and other people should really want to come to work because they can do really good work. It's amazing.

Host: Mary Kate Cunningham:

What advice do you have for leaders during this uncertain time and maybe also for leaders of associations who are a little uncertain of how to engage in some of these really serious issues around race and social determinants of health?

Steve Anderson, National Association of Chain Drug:

Yeah. I guess, truth be told, you're supposed to be authentic in these communications, and I got high marks for doing that because I really said that, obviously, I worked for a member of Congress who cast the deciding vote in the Rules Committee, he got most of the civil rights law enacted to the House floor, and I've always been involved in these types of issues. But as a white man, I really wondered how I communicate that and say the right thing, and maybe I should've sent this note out to them maybe a week, a couple days earlier than I actually did. I did it when Mr. Floyd was laid to rest, on that day. But I struggled with how I was going to approach that issue, and as I told the staff, the one thing I forgot is that when somebody is going through hardship or concern or anxiety because of a situation like we are currently finding ourselves in on our discussion on race, the most important thing is just to be present.

Steve Anderson, National Association of Chain Drug:

And I probably wasn't quite there where I should've been and my authenticity, I think, came pretty strong because I really did ... I think everybody struggles with that. How do you say the right things? What are the right words? And it's hard. I have friends, they're Black and their kids go out at night, and they have a concern that I never had when my kids were in high school going out in the evenings, and it's hard for us to understand that. We've got people on our staff who do incredible things, exceptional things, every day on behalf of the American people and they leave the office and they go out and they go into a store or a restaurant and they face that discrimination just because of the color of their skin.

Steve Anderson, National Association of Chain Drug:

And we ended slavery a long time ago, but discrimination and racism still persist in our society, and this is a very unique opportunity and it needs to be addressed, and it just can't be one of those issues where you send a press release out, you really have to have a long-term commitment to this and making sure you're giving responsibilities and opportunities for people, no matter who they are.

Host: Mary Kate Cunningham:

Thank you so much for joining us, Steve. Thank you so much for candid conversations at these really tough issues.

Steve Anderson, National Association of Chain Drug:

Thank you.

Host: Mary Kate Cunningham:

I'm now pleased to welcome our next guest, Rick Pollack, president and CEO of the American Hospital Association. Thanks for joining us, Rick.

Rick Pollack, American Hospital Association:

Thanks for having me, Mary Kate.

Host: Mary Kate Cunningham:

Today, we are seeing a marked increase in COVID cases in some states around the country and a decrease in others. Now that we are a few months in, can you tell us what we need to know about how hospitals are coping and the AHA plan for relief, recovery, and re-imagining post-COVID?

Rick Pollack, American Hospital Association:

In terms of what hospitals are facing, hospitals generally are prepared for all sorts of emergencies, whether it's wildfires, hurricanes, tornadoes, or even nuclear, chemical, or other kinds of events. It's part of what we plan for and have as contingencies. In addition, planning for infectious disease control is something that's part of what we do. This pandemic has been particularly challenging because of the magnitude of it in terms of how many different geographic areas it affects, as opposed to isolated areas, and also because of the science and the fact that we simply don't know all that much about it and it constantly changes and we keep learning more.

Rick Pollack, American Hospital Association:

Our response to the situation falls into three categories. We call it relief, recovery, and, ultimately, rebuilding. When it comes to relief, our focus really has been on providing regulatory relief in the form of waivers from the federal government that allow hospitals to respond in a quick and decisive manner, regulations that have been reformed to give us flexibility. When it comes to relief, the federal government, through acts of Congress, has provided several relief bills that provide us with funds to deal with the situation. The second phase of how we approach this is what we call recovery, and that is moving back to providing non-emergent services. For many weeks, we did not provide regular operations in hospitals, so-called elective or scheduled procedures. We shut those down. Transitioning back to providing regular services and putting in place all the precautions to ensure safety for our patients and our health care workers, that's part of what recovery is all about.

Rick Pollack, American Hospital Association:

And then the third stage, which in some cases, we really haven't gotten to, is re-imagining and rebuilding. We're learning an awful lot from this experience, and some of the things that we have done in the past, we'll need to reboot. Some of the things that we've done in the past, we'll probably need to reevaluate, and then we'll have to reimagine, reimagine how we can deliver better care and better serve our communities based upon what we've learned. That's what we're dealing with.

Host: Mary Kate Cunningham:

Thanks, Rick. I know you touched on this, the scheduled procedures that were paused. It seems like the general public may think that these nonessential surgeries are frivolous, but we know that they're really critical surgeries that have just been put on pause. Can you share more about how that has impacted hospitals and health systems and what they're doing to address that?

Rick Pollack, American Hospital Association:

Yeah. And you make a really important point. When we talk about elective surgery, it's important to realize that we generally look at elective surgery as any surgery or any procedure, elective procedure, that's scheduled, okay? Just because something is scheduled, whether it's surgery or a diagnostic procedure or other types of procedure, just because it's scheduled doesn't mean it's not important. People tend to think, "Well, if it's an elective procedure, it must be cosmetic," or "It must be a hip or a knee or a joint being replaced." And, by the way, the delay in replacing hips and knees can result in a lot of pain that people endure regardless. But the point here is that there's a lot of elective procedures, scheduled procedures, that are lifesaving. The diagnostic efforts to discover a tumor, the removal of a tumor, the replacement of a heart valve, all of those things are elective.

Rick Pollack, American Hospital Association:

When we went through many weeks in which we had to stop doing elective procedures, it resulted in a tremendous loss of revenue to hospitals across the country and we're just beginning to bounce back. Many, many states basically banned all of the scheduled procedures. As a result, hospitals, between March and June, were losing roughly 50 billion dollars a month. We lost 200 billion dollars in lost revenue over that period of time. We also estimate, between July and the end of the year, we'll be losing 20 billion dollars a month or another 100 billion dollars in revenue.

Rick Pollack, American Hospital Association:

We're faced with this triple whammy, from a hospital perspective, as a result of the pandemic. The first element of the triple whammy is just taking care of the increased number of uninsured of a result of people losing their jobs. And we're unique. We take care of anyone that walks through our door. Second part of the triple whammy is the increased costs associated with caring for and preparing to care for COVID patients. Some of these patients are very, very expensive and, of course, setting up alternative sites, testing sites, and taking all of the necessary precautions, that costs a lot of money. And then the third part of the triple whammy is the reduced revenues that I just explained as a result of not doing all of the non-emergent procedures. That's the challenge that we face.

Host: Mary Kate Cunningham:

Thanks, Rick. Do you think that you will have hospitals around the country that are in danger of going out of business because of this?

Rick Pollack, American Hospital Association:

Yes. Even before COVID hit, one-third of the hospitals in the country were in a negative operating position in terms of what their margins look like, and we've seen closures particularly in a lot of rural communities and in a lot of inner cities. And, as a result of this pandemic, we're going to see, inevitably, additional closures unless there are additional revenues and support forthcoming from the federal government. That's a great concern for us, to say the least.

Host: Mary Kate Cunningham:

Absolutely. I'm from Arizona originally. A lot of rural hospitals there, I know, are very concerned, which, I guess, brings us to the topic of telehealth as one way to reach some of those folks. We've heard from other medical associations that this COVID period has really catapulted the technology and the use of telehealth. Can you share what you're hearing from your members about this issue?

Rick Pollack, American Hospital Association:

No question about it. We knew that telehealth had an awful lot of potential, and we have seen that potential materialize in terms of dealing with the epidemic, where people that didn't feel as if they need to leave their home while they were either being quarantined or while we were urging people that didn't have to come to the hospital to stay at home. One of the sayings we had is our front-line health care workers basically said that they'll be there for you, but you stay home for them, and we saw how telehealth could be very, very useful in this case, not for everything, but certainly for an enormous amount of care.

Rick Pollack, American Hospital Association:

And we have seen that facilitated by regulatory waivers that CMS was able to provide. That's the Centers for Medicare Services, Medicare and Medicaid Services. The use of telehealth without these waivers was pretty restricted in terms of the types of services that can be provided, in terms of the location from which they can be provided, and in terms of the types of providers that could utilize the service. They opened that up and they also allowed different types of mechanisms to be used, not just hospital-based telehealth equipment, but in certain cases, the use of FaceTime, the use of other mechanisms. Telehealth expanded. It's here to stay. I think that's one of the things that we'll see a lot more of as we move forward.

Rick Pollack, American Hospital Association:

And you talk about rural hospitals in rural areas, we already saw that there was utility there in providing service to people in isolated areas, and I suspect that's one of the lessons we're all learning here.

Host: Mary Kate Cunningham:

You mentioned the focus on health care workers, and I know AHA has a Protect the Heroes campaign to help the general public support local hospitals in purchasing personal protective equipment and other support for local health care workers to fight COVID. Can you share more about this program and the impact that it's had?

Rick Pollack, American Hospital Association:

Going way back to the start of the pandemic, and it continues to be the case, people recognize the special role that our physicians, nurses, respiratory therapists, the people that bring the food and clean the rooms, are the people that were there every day taking care of folks. They realized the special courage and the special role that these heroes were playing in dealing with it and they continue to do today. As a result of that, the Association for Health Philanthropy, along with the Creative Coalition, put together the Protect the Heroes campaign and it was to allow people to donate funds that could be used for the purchase of personal protective equipment to protect the heroes on the front lines, and we've been extremely grateful for that effort. That effort was also endorsed by the Major League Baseball Players Association and they also provided a generous contribution.

Rick Pollack, American Hospital Association:

And, essentially, how it works is you can go to a website and pick the hospital of your choice, your local community hospital, for instance, and direct your donation. So many people have wanted to help and this was a way to channel that help. One of the interesting things we also bumped up against was that the National Bobblehead Museum produced bobbleheads of people like Dr. Fauci and Dr. Birx, and they said that, for every purchase of those bobbleheads, $5 would be donated to the Protect the Heroes fund, and I think we've raised over $200,000 just from bobblehead sales alone. There have been a lot of these examples of other people donating money from the musical and from the entertainment industry as well. It's deeply appreciated.

Host: Mary Kate Cunningham:

That's incredible. That's a very creative way to fundraise. We know Dr. Fauci is a bit of a celebrity now. This is obviously a very turbulent time for association management in addition to actually the medical and economic fields. What advice do you have for other leaders during this period?

Rick Pollack, American Hospital Association:

Well, you can put it into a lot of different categories. For association leaders, obviously, everybody has to be sensitive to the anxiety that employees feel from being separated from their colleagues, from being concerned about their families, and trying to make sure that, not only do we put in place all the technologies to allow to people to work from home during these periods, but also put in place all of the necessary safety precautions that are needed as we begin to return to an office environment. It's also an opportunity, because I think all associations are faced with revenue losses, to, again, find ways to use this experience to change and to improve what we do through the use of virtual techniques.

Rick Pollack, American Hospital Association:

I think everybody, in particular, I know we did, have been sidetracked by COVID. Maybe it's the nature of our association, but it's been all COVID all the time, and it wasn't in anybody's strategic plan when we started this year, and all strategic plans, I believe, probably have changed in terms of what the priorities are for the rest of the year. The other thing that's, of course, important is to communicate, communicate with the staff. We have weekly calls with our entire staff of 475 people. We used to do quarterly meetings, now it's once every week to pull together our entire community.

Rick Pollack, American Hospital Association:

And, again, I think it's different for us as a hospital association, given what we're dealing with here, and we have a unique set of circumstances that may be a little bit different, but I think that what's in common for us all are the things that I just mentioned. One of the things that I think everybody's struggling with is how do you move to these virtual types of meetings, whether it's with boards or whether it's with membership? And one of the things I think that we're all recognizing is that you just don't do your regular meeting by putting it on a camera, that it involves a different programming requirement, that there are different techniques that are used when you do things virtually as opposed to when you do them in a live situation. Different techniques are something that I think we're all learning to experiment with, and as we utilize these different platforms, I think we're all getting better at them.

Host: Mary Kate Cunningham:

You are a former Hill staffer, a former government relations person. How do you think that this tele-world that we're in now has changed government relations?

Rick Pollack, American Hospital Association:

Well, I think it's like with everybody else, so much is now done by conference call and so much is now done over these other virtual platforms and it's been quite effective. On the other hand, as government relations people, we all know that relationships, maintaining relationships, is so critical to being effective and sometimes it's hard to maintain those relationships when you're dealing in virtual platforms and sometimes you start to deal with folks that you really have never even met before, but you're on the phone with on a constant basis and you look forward to just getting a chance to meet them at some point.

Rick Pollack, American Hospital Association:

In our case, there have been exceptions that have required in-person meetings, either at the White House or at the Department of Health and Human Services, and those take place and are necessary when you have to have those face-to-face meetings. But like the rest of the world, it's become all virtual all the time and I think everybody looks to the day when we can begin to transition back to normal human interaction.

Host: Mary Kate Cunningham:

Absolutely. Well, I know Dr. David Skorton, the CEO of the Association of American Medical Colleges, said, in your interview with David Rubenstein, "When the chapter is written about this pandemic, we'll say that the American Hospital Association is the reason we came out as well as we did." Rick, outside of COVID, what are three other big challenges that you see moving forward?

Rick Pollack, American Hospital Association:

Mary Kate, that's a really good question, and in some cases, the three big challenges that we have moving forward are the big challenges we were facing before COVID, and those challenges just got even more difficult. Number one, we were always faced with the issue of clinical resiliency in terms of our physicians and doctors having very, very challenging caseloads, being overbooked for appointments, being in high-pressure jobs, the issue of resiliency of our clinical teams. That was a big issue before. That just got even more intense, as you can imagine, given what our front-line workers have been through.

Rick Pollack, American Hospital Association:

The second big issue that we faced was the issue of behavioral health in this country. So many people are suffering from a variety of behavioral health problems. That just got exacerbated by virtue of the whole situation, when you think about people having been cooped up for the last several months, when you think about kids not having been able to go to school or camp, when you think about the fact that people have lost their jobs and the economic situation. The third big issue has been disparities and health inequities. We know that the whole issue of disparities, inequities in health care existed before COVID, and you know what? It just got even worse because so many communities, communities of color, so many vulnerable communities have been hard hit because the people that live in those communities are the front-line workers in many cases. They don't have the luxury of working from home like many association people might. They're the people that drive the buses, they're the people that are first responders, so a lot of those folks tend to be from communities that have suffered in a significant way.

Rick Pollack, American Hospital Association:

And when you think of the three big problems going forward, clinical resiliency, behavioral health, and dealing with health equities, we knew they all existed before, we had strategies to deal with them before, but they just got exacerbated and we're going to have to really focus on those three in particular going forward.

Host: Mary Kate Cunningham:

In terms of health inequities, we've talked to some of our other guests about social determinants of health. How do you see hospitals addressing some of these concerns, especially in light of the spotlight put on some of these issues around racial unrest in America?

Rick Pollack, American Hospital Association:

Yeah. I'm glad you asked that question because it's very much on our minds and dealing with social determinants of health. Oh, 80% of a person's health care needs are probably more related to the social determinants of health than clinical procedures, what they eat, whether they exercised, whether they are in a safe environment. All of those things are so critical, and hospitals have already begun to try to serve their communities in a variety of ways that deal with the social determinants of health, from setting up food pantries to, in some cases, providing different types of housing arrangements to doing mobile health clinics and health screenings to setting up grocery stores in food deserts. The list goes on and on in terms of things that we have already been doing to address the social determinants of health.

Rick Pollack, American Hospital Association:

But I think the important part is that we can't do it alone. We need to do that with partners, other partners in the community, the schools, the churches. All of the parts of the community have to come together and to deal with the social determinants of health. The other thing we need to do better at is consolidating funding from the government in a way that is directed toward addressing the social determinants of health and perhaps giving the states options so that federal funds that flow into them can be consolidated. Right now, if you think about a state, for instance, they get money from the Department of Agriculture on food stamps, they get money from HUD to deal with housing, they get money from the Department of Education to deal with education. It all comes into different silos.

Rick Pollack, American Hospital Association:

In some cases, we're not talking about more money, we're talking about taking the existing resources, taking them out of the silos, dealing with them in an integrated way that deals or addresses the social determinants of health.It's absolutely critical. You can't maintain a healthy community, you can't achieve a healthy society without dealing with these other elements that affect a person's health care status.

Host: Mary Kate Cunningham:

Are you more or less optimistic about the ability of our country to address some of these issues right now?

Rick Pollack, American Hospital Association:

You have to be optimistic about the fact that this country has faced other problems in the past. Other generations have had their challenges, whether it was the Depression, whether it was World War II. This is a time when we have to step up to the plate and meet the challenge. Many of us are children of the Greatest Generation or grandchildren of the Greatest Generation. Many of us are parents of the 9/11 generation. They all stepped up to the plate to meet the challenges of the time. It's now our turn to meet these challenges and I am always optimistic in our ability to deal with these things because of American ingenuity, because of science.

Rick Pollack, American Hospital Association:

Having said that, this is a very challenging and unprecedented situation, and we have to be guided by science, we have to be guided by our public health experts. I realize that there's a lot of pressure associated with opening up America and getting the economy back on track. I recognize and appreciate the fact that there's a real balance there, but, ultimately, this is a public health [inaudible 00:42:59] and we don't solve the economic problem without first solving the health problem, and as long as we can be disciplined solving the health problem, I'm optimistic. We're all in this together, we're all on the same team, and we have to follow the science.

Host: Mary Kate Cunningham:

Thank you so much, Rick. I'm glad that we have people like you and other association leaders at the helm to address these really serious challenges.

Rick Pollack, American Hospital Association:

Thanks again for having me.

Host: Mary Kate Cunningham:

I'm now pleased to welcome Shannon Roche, president and CEO of the Yoga Alliance. Shannon, thanks for joining us.

Shannon Roche, Yoga Alliance:

Mary Kate, thank you so much for having us. We're so thrilled to be here and grateful for all the work you're doing. Thank you.

Host: Mary Kate Cunningham:

Thank you. Can you tell us about Yoga Alliance's unique situation in terms of COVID?

Shannon Roche, Yoga Alliance:

Sure. And I'd love to come back also a little bit to how that fits into the association, the picture overall, too, because I think there's so much good work going on that's so interesting. Yoga Alliance, which I think you may know, is the professional and trade association for yoga teachers and yoga schools, schools being teacher training programs. We have more than 100,000 members, most of whom are teachers themselves, who teach yoga and serve communities all over the world. We really feel the impact of the challenges that COVID is bringing, not only here in the U.S., but all over. And it is true everywhere that yoga teachers tend to be people who work in service, they work largely individually. In the U.S., we really see them as self-employed or small, sole proprietorship businesses, and so they are hit really, really hard by the situation that we're in, not only because of that, but also because their livelihood has always been understood to be dependent on being in person.

Shannon Roche, Yoga Alliance:

In the U.S., they're not really protected by the relief measures that have been passed and they're already the smallest of the small businesses and their work happens in person, so we have really been worried about the impact on our members. And I know, it's been fascinating to watch, that's so true of so many other association leaders also in one way or another, and I just want to take a minute, again, to thank you for the work you're doing and also thank anybody who's listening. I've been so impressed watching association leaders and professionals and the role that they're playing, the incredibly critical role that they've been playing, in this moment in making all of us safer and smarter and more secure in the pandemic, and I know that's what the Power of A is really all about, so I really appreciate the opportunity to come here and to think about how we can all work on this together. It's so challenging.

Host: Mary Kate Cunningham:

Oh, thank you so much, Shannon. I've been amazed, too, by all of the incredible innovation we've seen among association professionals right now. It's obviously a really difficult time for associations, being so hard hit from meetings and every other aspect, sponsorship, but they're really, I think, raising the bar and serving their members right now.

Shannon Roche, Yoga Alliance:

I could not agree more. And I think it's a really interesting moment, always, to watch what member value means, or can mean, I think is maybe a better way to put it. I've been really struck by how association leaders and professionals have been playing an incredibly critical role in making the country, and frankly the world, right, safer and smarter and more secure throughout the pandemic. It's also been really interesting to see how associations, from all angles, all industries, all sectors, professional, trade, hybrid, whatever, are filling gaps for the policymakers and municipalities in some of the spaces where the guidelines or the guidance is unclear, whether that's because it's unclear or whether that's because we just don't know, right, and so the associations are really, I think, stepping up into a space that I haven't seen them step into before and it's critically important. It is really playing a huge role in public safety and public health. It's amazing.

Host: Mary Kate Cunningham:

Absolutely. I hope that we keep sharing that message to external audiences as well because this is the perfect time to really shine a spotlight on that issue. Can you tell us a little bit more about what your priorities were before COVID hit and then after the pandemic ensued?

Shannon Roche, Yoga Alliance:

Sure. What has really served us well is that we've stayed true to our vision and our missions, missions because we have two organizations. We have a C(6), the association, and a C(3), the foundation that's associated with it. And our vision for the two organizations, in short, I'll summarize, is really about making sure that everyone has access to safe and high quality and accessible and equitable yoga. That has remained the same, but our tactics have changed and have changed relatively dramatically to address member needs and to deliver on our responsibility to members and the overall yoga community.

Shannon Roche, Yoga Alliance:

We've really focused in this moment on three pillars of our response, borrowing from the New Deal framework of relief, recovery, and reform. First, relief, obviously, just what are we going to do? Now I think we're a little more in the recovery stage of, okay, we've made it through that moment, what comes next? And then, reform, really thinking ahead about the moment that this has created for all of us and what we want to carry forward into it from the way we were doing business before and what wasn't serving us very well. In all of that, our priorities have really focused on the business and the economic and the professional and actually the personal support, right, of yoga teachers, of our members. This is a situation that hits especially those small business owners, hits them on all of those fronts.

Shannon Roche, Yoga Alliance:

We are really, again, still working to ensure safe and high quality and accessible and equitable yoga teaching, but now have really pivoted to delivering that support in a few different ways. We're looking to help people transition their teaching from almost entirely in person to, in most locations, almost entirely online and doing this in an industry and in a community where that has not been the way that people have delivered their services up until now, for the most part. We're really, in addition to that and as part of that, we're looking to increase the quantity and variety of continuing education for teachers because a lot of what they need to learn right now in this moment is how to teach online. That is very much continuing education professionally. We're keeping them up to speed on legislative updates at the federal level, at the state level, to the extent we're able to, at the city level where that's relevant.

Shannon Roche, Yoga Alliance:

And a piece that's really newer for us, although certainly not new for many of your listeners, is providing opportunities to come together as a community and really helping make sure that the community and the community members are taking care of themselves and helping each other take care of each other. Yoga teachers, and I'm sure this is true of so many of your listeners as well, yoga teachers really are people who are oriented towards service and so, as is often the case with folks like that, their needs come last. We're really trying to help them remember that, in order to keep serving their communities, they need to take care of themselves too, and we're trying to do that in ways that are as clear and easy to access as we possibly can.

Shannon Roche, Yoga Alliance:

I'm sure a lot of your listeners will relate to this. We're working with a legacy website that doesn't necessarily make it as easy for us to do that as we'd like, so we've had to get a little creative around how to deliver that information in ways that don't make people spend 20 minutes searching for it.

Host: Mary Kate Cunningham:

We hear that from a lot of our members. Technology is really ... it's really a sticking point. We're hearing that a lot. How are you convening a lot of your members during this time when we can't meet in person?

Shannon Roche, Yoga Alliance:

We have pivoted entirely, and more or less overnight, to what we're thinking of as digital events. And so, just like everybody, we're doing a ton of very large meetings, very large convenings, over Zoom. What we've learned is that we need to do more of them and have them last less long, right, so shorter, but more often, and that's been a learn-as-we-go kind of thing, but lots of conversations there. And then we've also, for the first time for us, again, not new for lots of your listeners, I'm sure, but we had not had any sort of community platform prior to this. We've been in the process of building one for quite a while, but we decided that we didn't want to wait for that perfect product to be available, so we stood up a Facebook group and, hopefully, allowed members then to find each other more easily, so lots of creative solutions like that.

Host: Mary Kate Cunningham:

Wonderful. You mentioned that your members are really service oriented. I'm guessing that yoga teachers globally are passionate about social justice and equity. Can you share more about how your members may be dealing with the current civil unrest?

Shannon Roche, Yoga Alliance:

Absolutely. This is a set of issues that I think the yoga community feels really, really deeply and is very much behind. Yoga, specifically, is understood to mean union, and a lot of what yoga teaches has to do with the interconnectedness of all people, and so absolutely. Yoga Alliance stands firmly with the Black Lives Matter movement and we recognize that racism and hatred and everything that comes with it are the opposite of what yoga teaches. We're working really hard to stand in solidarity with social justice and with social justice for all.

Host: Mary Kate Cunningham:

Shannon, I'm curious, what do you think your members are focused on next in terms of bringing actionable, substantive change to equity issues within yoga or society?

Shannon Roche, Yoga Alliance:

I love that question. Thank you. Yoga has faced criticism recently, in the past in general, for a perceived lack of diversity. We've been working really hard on behalf of our members to change this perception. We started with a standards review a few years back and have really baked equity into what we're looking for through the credential and what we're trying to make sure is prioritized through all of the yoga schools that work with us. But one of the things that members, members in the broader community, have made loud and clear, made clear to us, is that there is not necessarily a lack of diversity in yoga, there is a lack of diversity in the representation of yoga in the U.S. And so I know our community and we are focused a lot on making sure that we and others are telling stories of people whose stories don't get told as often and that we're understanding and looking to understand the whole of our community and not just those who have found their way into our membership or another.

Shannon Roche, Yoga Alliance:

Again, I'm sure that's probably not all that dissimilar from a lot of listeners. It's challenging for, I think, lots of different reasons, but we are really looking to lift up those stories and not replicate the good work that people in communities that have had less representation have been doing for years, right? We don't want to recreate the wheel just because this is a moment in time where issues of equity are getting a lot of attention. We really want to be sure to lift up the stories and the incredible work and leadership of the people who've been doing it for a very long time.

Shannon Roche, Yoga Alliance:

The other thing that members have explicitly asked us and that we've been doing as a result is we've shared a number of resources for social justice and specifically anti-racism resources on a microsite that we built. It was actually built originally for COVID support, but I think those two issues, COVID support and racism or anti-racism are so inextricably intertwined, at least in the U.S., we've dedicated a portion of that site to making sure that, if anybody wants to learn more and wants to find a place where they can comfortably come and poke around and be uncomfortable, that we've provided that place and have heard wonderful response from our community.

Host: Mary Kate Cunningham:

That's wonderful. That's such a great example of meeting the moment and helping your members move forward.

Shannon Roche, Yoga Alliance:

It is a complicated and challenging and difficult set of issues and I hope that we're able to serve the whole community and I hope that we're able to help make change.

Host: Mary Kate Cunningham:

Absolutely. I think we're seeing that from a lot of associations now, just thinking about how can they make changes that are not performative, but are actually bringing diversity points forward, the leaders that already exist, lifting those people up. I'm also curious, I understand the Yoga Alliance Foundation is doing really great work in the time of COVID as well.

Shannon Roche, Yoga Alliance:

Thank you so much. We were really fortunate and grateful to be able to put an emergency relief fund in place. We had actually originally planned to run a grant-making program this year for the first time in a very, very long time. We took all of the budget that we had dedicated to that grant-making program and redirected it entirely to an emergency relief fund that's oriented globally. Any yoga teacher, any yoga professional anywhere can apply for support. I wish that we had enough funding that it could carry people through this crisis. It's really meant to carry them just long enough to be able to understand what's happening and make some decisions, because this hit so many people so hard so fast. We were able to redirect those grant-making funds to any yoga professional who's struggling to figure out which way to turn and what to do in this moment.

Shannon Roche, Yoga Alliance:

It does support not only Yoga Alliance members, but any professional. We made a very specific decision on behalf of our members not to limit the support to members only in recognition of what I mentioned a minute ago, that one's membership may not represent the entirety of the community for lots of historical and structural reasons. We wanted to make sure we were supporting the whole community and we also were able to launch it on Giving Tuesday and so have been able to generate a little bit more support as well that way.

Host: Mary Kate Cunningham:

That's a really interesting decision to open it up to nonmembers.

Shannon Roche, Yoga Alliance:

Like I said, it was a really deliberate decision, and to be clear, a deliberate decision on behalf of our membership that wanted to be sure that they were not really only looking inward, not only looking for themselves, but were really looking to protect the whole community, both because that was, for them, the right thing to do, but also because that then helps support the whole of the industry, right? I think that is both the ethical right choice for this community and also is the right business choice. And that is so often true, right, where the quote-unquote right thing to do always is good for your business too. I hope that it is. I hope that it's supportive.

Host: Mary Kate Cunningham:

Absolutely. Well, it sounds like you guys are doing incredible work right now. Is there anything else you want to add?

Shannon Roche, Yoga Alliance:

The only thing I would offer, if it's of service to any of your listeners, is just to know that we as an organization are also in the fortunate position of being among the people who can offer support in this moment. For anybody who's stuck at home, like I think we are all on this conversation, yoga is something that you can practice in your living room. You don't need special equipment for it and it is incredibly helpful. It's been proven by research to help mitigate symptoms like anxiety and insomnia and even some basic breathing issues. I certainly don't want to suggest that that's a cure for COVID by any stretch of the imagination, but in those moments where someone might be feeling stressed, this is a set of tools that we can offer that can be helpful in this uniquely odd set of circumstances, and so would just offer that as a service. And if any of your listeners are interested, I hope they'll reach out and we'd be happy to help and would just wish them well no matter what.

Host: Mary Kate Cunningham:

Yeah. That's a great point, especially in the work-from-home environment. I think it was said, "We're not working from home, we're living at work."

Shannon Roche, Yoga Alliance:

That's the best way I've heard it phrased. It's so true.

Host: Mary Kate Cunningham:

Yeah, it's so hard to take a break, but the value of getting a mental break in the middle of the day is really important.

Shannon Roche, Yoga Alliance:

And we don't have our usual structures and systems, right? I know a ton of people like to go to a gym to work out, and that's a great stress relief, I totally encourage that, but we can't necessarily go to gyms depending on where we are and, in some places, we can't even just go out for a run. The purpose of yoga originally was to understand how to quiet the mind, and so that is, I think, I'll speak for myself, I'm really benefiting from that these days, but, also, it can be practiced anywhere, which, again, in this moment is, I think, a unique offering. And so I hope that we can be helpful for anybody listening to this as well.

Host: Mary Kate Cunningham:

Absolutely. Thanks so much for joining us, Shannon.

Shannon Roche, Yoga Alliance:

Thank you so much for having us and stay safe, stay healthy, and be well.

Host: Mary Kate Cunningham:

Thank you.

Host: Mary Kate Cunningham:

For today's great moment in association history, we are talking about food labeling. As a legal requirement in the U.S. for many reasons, food labels help customers make informed choices about what they buy, help them store and safely use products that they're going to consume, all of which helps reduce food waste. We know there are a lot of issues with food labeling moving forward, but we're going to talk about the origination in the United States, and we have Steve Anderson back to join us. Steve worked at a variety of health associations over the years and was in a lot of interesting conversations about the origin of food labeling.

Steve Anderson, National Association of Chain Drug:

Before I joined NACDS and I represented the retail drug industry, I was CEO of the National Restaurant Association and the American Frozen Food Institute, and we ran a small little group called the National Yogurt Association. But when I was doing government affairs at the American Frozen Food Institute, I headed up the ad hoc food labeling coalition, which was a group of trade associations in the food industry, and we were working on the Food Nutrition and Education Act back in the George Herbert Walker Bush administration and, yeah, we played a big role in that and remember it very well. And it was amazing that, before we had the current food label that we have now, there was none of that information on the label. It had a list of the ingredients, but nobody knew what riboflavin was and some of the other ingredients.

Steve Anderson, National Association of Chain Drug:

It was a really landmark piece of legislation and I think it really did improve the health of the American people in terms of their knowledge and what they were consuming. It was a good move. It was interesting. As I understood it, if I remember, President Bush and Barbara Bush actually, they presented them with two or three labels of what they thought how it should be labeled and, apparently, the president and the First Lady, so I was told, actually decided what the current food label looks like. Now you know the rest of the story.

Host: Mary Kate Cunningham:

Incredible. Obviously, there are so many stakeholders when you're trying to make a major decision for the country like that. How did associations help bring together diverse viewpoints to come to a solution?

Steve Anderson, National Association of Chain Drug:

Well, we all came out of the food industry, so we were all food associations. We might've represented different aspects of the food industry, but there were manufacturers and retailers, and once you decide that you want to do something like educate the American people in terms of what they're consuming, it's really easy to get to that point because, obviously, some nutrient profiles were not as good as others, we'll leave it that way, but everybody, from that point of view, thought it was a really good idea, that we need to do this, and it moved pretty quickly. It was a big, landmark piece of legislation. It doesn't seem so at the time because we're just so used to it. You think those were always there, but it was a really big, big initiative, I thought.

Steve Anderson, National Association of Chain Drug:

And I think it was Ed Madigan was the Secretary of Agriculture and he really took a real great, big role on that. We all had good relationships with him. It was one of those things that makes you feel good about it. When I was at the American Frozen Food Institute, we were involved in the first big climate change bill, which was the ban on chlorofluorocarbons, which were the refrigerants or Freon that were used, and I got to play a role in reducing the [hydrochloron 01:05:28] items, and the Montreal Protocol was enacted and we had, I think, almost every country in the world signed onto that, and now the hole in the ozone layer, which was being caused by these CFCs, has been reduced dramatically. NASA measures it constantly.

Steve Anderson, National Association of Chain Drug:

And those are the kind of issues that I like working on. At NACDS, it's health care. Restaurant industry and AFFI, it was the labeling issues that we worked on and providing more information to the consumers and, also, when I was at the American Frozen Food Institute, we worked on the Montreal Protocol and banning certain CFCs, which made everybody healthier.

Host: Mary Kate Cunningham:

Thank you so much, Steve. That was a very interesting piece of history I didn't expect to hear. [crosstalk 01:06:11]-

Steve Anderson, National Association of Chain Drug:

I've seen a lot of history in my days in [crosstalk 01:06:13].

Host: Mary Kate Cunningham:

Exactly. Thank you so much for your time.

Steve Anderson, National Association of Chain Drug:

Thanks, Mary Kate. Have a good day.

Host: Mary Kate Cunningham:

Thank you. Thanks for listening to Stronger by Association. Join us next month when we're going to talk about how associations are making us safer, sounder, and smarter.

Host: Mary Kate Cunningham:

Thank you so much for listening. For more information, visit www.ThePowerofA.org and stay tuned for more episodes.