

David Burda:

Welcome to the 4sight Health Roundup podcast, 4sight Health's podcast series for healthcare revolutionaries, outcomes matter customers count and value rules. Hello again, everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, February 26th. Only two days left of February. People make them count. On today's show, we're gonna talk about something we've never talked about on the roundup, and that's online sports betting. A new viewpoint in the Journal of the American Medical Association calls online sports betting a growing public health issue, as if we don't have enough to worry about. Weighing in on the topic are Dave Johnson, founder and CEO 4sight Health, and Julie Murchinson partner at Transformation Capital. Hi Dave. Hi, Julie. How you two doing this morning, Dave?

David W. Johnson:

Well, Dave, we get to this time of the year, you know, middle to end of February, and I feel like we finally kicked winter in the ass. The days are getting longer, a few robins are showing up. So I always feel good around this time of year. Yeah, spring is coming.

Burda:

Yeah. Yeah. A lot to look forward to. Thanks Dave. Julie, how are you?

Julie Murchinson:

I just said the very same thing to my husband about how crazy the Seattle sun is. Like three weeks ago, one Pilates class when I walked out, it was like dead dark and <laugh> this week. It was like light as day. Ah. So it is a really, it it changes your mood.

Burda:

It really does. It really does. All right. Before we talk about this new piece in JAMA let's talk about your experiences with online sports

betting. Dave, do you have a betting app on your phone or know anyone else who does?

Johnson:

No betting apps on my phone, I've been to Vegas a bunch of times, never placed a bet. I look around and think, boy, the house is doing pretty well here, and I'm reasonably good at statistics <laugh>, so I know how this thing works, but I can tell you any bro type dude under the age of 35 has these apps on their phone, and they're actively engaged. It's part of normal social interaction now for certain types of men and, and some women too, although women are much much more logical about this particular aspect of human behavior.

Burda:

Yeah. Yeah, I would agree with that. Julie, how about you? Do you have any online betting tips to share?

Murchinson:

Oh, I have no tips whatsoever. This is definitely not my category, but when we were with some friends over the holidays our friend was in Calci every moment of every day, actually on sports. It wasn't, you know, they were talking about how sports is kinda the overlap between gambling and prediction markets. So, you know, this is like a, a man who is outside the, the age range. You're talking about Dave, who who is pretty obsessed

Johnson:

<Laugh>. Oh, yeah,

Burda:

Yeah.

Johnson:

Oh yeah. They're out there.

Burda:

<laugh>. It is scary. Now. I don't have any betting apps on my phone, but I do have a good story to share.

~~And you know,~~

Dave, you heard this this one before, but today actually is my oldest son's 27th birthday. Happy birthday, Ben. I took him to a Black Hawks hockey game for his birthday on February 2nd, and the Hawks beat the shark six to three, with a few minutes left in the game, the outcome pretty much decided. The hawks were just skating around with the puck killing time. And there were these four guys about my son's age, sitting just to the left of him. And they were all going nuts, standing and screaming at the hawks to shoot the puck on net rather than skate around with it. So I asked Ben, what the hell was going on? And he said they all had bets on their phones, on how many shots on goal the Hawks would have at the end of the game. So they weren't cheering for the Hawks, they were cheering for a number, you know, a stat line. So their experience and ours of a hockey game now is completely different because of online sports betting; it's not win or lose. It's whether something happens or not. And I think my exact words to Ben were, that's bogus, man. So let's talk about whether this new viewpoint in JAMA is bogus or not. Three researchers, three researchers from the Johns Hopkins School of Public Health wrote it, and I'm gonna share some of their key points and get your reaction. So here it goes. They said half of all men between the ages of 18 and 49 have online betting accounts. Total wagers for sports betting, including online betting, are more than \$100 billion a year. Certain features of online sports betting make users more prone to gambling disorders and addiction. Those features include inplay betting, which is what we saw at the hockey game. Same game parlays and player proposition bets. Then they outlined six policy levers states could pull to reduce the risk of gambling disorders and all the behavioral health and public health issues that come

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with them. Those levers include limiting the riskiest types of bets, restricting marketing to young adults, putting caps on how much you can bet or lose, and earmarking a share of state tax revenue for prevention and treatment. This is like kids and social media all over again. Deja vu. Dave, what's your overall take on the public health risk of online sports betting, and what policy levers would you pull to minimize the risk of gambling disorders?

Johnson:

Sports betting is a public health scourge of monumental proportions on American society. If anybody has an interest in going deeper on this topic, I'd encourage you to listen to season four of Michael Lewis's podcast against the rules. Michael Lewis, the, the bestselling author. He goes deep on this topic, and the more I listened the more revulsed I became. But anyway, short history Bill Bradley when he was in the Senate, of course, he was a star basketball player and got worried about the potential for betting to infiltrate sports in America. So he passed a law called PASPA, Professional and Amateur Sports Protection Act. And basically the way that worked was every state outside of Nevada could not engage in in sports betting. That was the law of the land until 2018 when Bill Bradley's home state of New Jersey challenged the law in the Supreme Court and got it overturned. They were looking for a way to revitalize Atlantic City. And the fact that Nevada had this exception became the vehicle through which the law got overturned. Now, at the time the companies most prepared to exploit this new opportunity, business opportunity were these dinky little rotisserie sports companies, which have now become big business: FanDuel and DraftKings. They had infrastructure in place already databases, analytics, payment mechanisms, and they just went to town and totally kind of outraged everybody else particularly the, the big casinos that were, that tried to get into this market. And today they control 80, 70 to 80% of, of the market. They have a combined net worth of \$30 billion, and they're buying everybody off. So the four professional sports

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leagues rake in in excess of \$4 billion a year from these, from sports betting governments in 2025, got 3.5 billion, and going up the 3.5 has doubled the level it was, that was 2025, it was double the level it was in 2023. But probably what bothers me the most about this is just some of the embedded and I'm just gonna call 'em evil practices that these companies employ. When you bet in Las Vegas, there's a certain amount of friction, right? You, one, you have to get there and stay in a hotel. And, and so that, there's, there's that, and then there are natural limitations to how much money and the nature of betting for each of the, the games, whether it's wraps or blackjack or, or or. What these app driven vehicles do, draft DraftKings and fanduel is they use parlays and other types of mechanisms, profits to dramatically increase their return on investment. So the more complicated they make the bet the higher their return is, and they actually use their algorithms to kick out experienced gamblers. They don't want people that could actually win <laugh> in their network and to target those with a pension for gambling addiction. So just think about, you know, a very well financed corporation with behavioral scientists behind it, figuring out how exploit the vulnerabilities of mostly younger men, but all of us. And so the, you know, kind of Michael Lewis goes through all this, and then at the last episode, he's worried about his son Walter, who's 17. And so he decides to do a controlled experiment where he gives him 10,000 bucks and expects him to blow the whole thing, except it backfires and Walter wins <laugh>. And but at the end of it he gets, Michael Lewis gets the outcome that he wants because Walter comes to him and says, you know, I'm, I'm just not gonna do this anymore. Because I've concluded that anybody can win this in sports betting, anybody can win, but everybody is gonna lose. And wherever sports, as it's sort of sequentially gotten legalized in different states across the country, suicides go up mental health visits go up, hotlines get you know, inundated. So it's, it's, it's a scourge society. Now, in terms of what we can do about it, I mean, the genie's out of the bottle but there's certainly regulatory and legislative reforms. You know, there could be advertising restrictions. There's a federal bill called the Safe Bet Act which tries to establish

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national standards including affordability checks. You can restrict buyer types, bet types, you can have dedicated funding to do research and preventive exercises and so on. Treatments. you can put in place digital guardrails, mandatory limits, universal self-exclusion. So if you know you're addicted and you wanna prevent yourself from getting sucked in, again, you can put your name into a a database and they can't access you, can't tempt you. You can ban the use of credit, you can have notification controls to parents. Third category public health and community support. Early intervention and education, reducing stigma, supportive networks. And then what we're also starting to see is how this is infecting sports. So sports integrity, I mean, the number of players that are now getting arrested for throwing games and taking bribes and so on is breathtaking. And so gambling free broadcasts, anti harassment measures and that's another thing. You mentioned those four guys.

Burda:

Yeah, yeah.

Johnson:

It's not uncommon for players to just get harassed after a game for missing a foul shot, or not taking a shot on goal, like in the Black Hawk game and so on. But my conclusion here is it's, the genie is out of the bottle. This is a scourge upon American society. It particularly targets young men and it's all over college campuses. It's even into high schools and probably junior high schools. And we gotta do our best to kind of contain the damage, but we're gonna be living with this for a while.

Burda:

Yeah. Yeah, I agree with everything you said there, Dave. Thanks Julie, any questions for Dave?

Murchinson:

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Great observations and summary, Dave. You know, I thought started to think about all that, how big these numbers are, and thinking about just addiction, similarities and differences, right? Gambling, alcohol, drugs, et cetera. Do you think this kind of addiction will present the same way in that those addictions present to your average clinician, or do you think we're gonna need some sort of trading around this? Like I was, I was gonna ask you to tell me what the billboard would look like, but I bet if you gave me enough time, I bet you'd come up with a song, pardon the pun, <laugh>.

Johnson: ([25:14](#)):

Well, that's so, that's so funny. You know, me too. Well, you, well, Nancy Reagan already had the best slogan, right? Just say no. You put that up on billboard boards everywhere. But yeah, I think obviously this is a type of addiction, but it's got unique properties and it's gonna be hidden to a lot of people to the general public. So I think education and training for clinicians to try to ferret out those that are at greatest risk; and I think we just have to protect the kids. So there ought to be an iron clad way of preventing anybody under the age of 18 from getting one of these vetting apps. Maybe we could also turn the tech to our advantage. We could, if the sports companies are really good at figuring out who's addictive maybe we independently, society, could also get very good at that and target preventative actions at individuals that are particularly susceptible or even better you know, force the companies to hand over their files of those that are the most addictive, you know, the ones for whom they're directing their predatory efforts. So I think there's probably a lot to do in that area. But again, my sense is we're probably fighting a losing battle to some extent. We can mitigate the damage, but we we're not gonna stop it.

Burda:

Well, your tech comment there is a good transition into, into my question for Julie. Well, first, Julie, what's your reaction to this piece?

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And then what could you do from a technical, you know, algorithm app point of view to maybe minimize the risk of addiction? Any applicable lessons here from all the behavioral health apps we're seeing in the world?

Murchinson:

Yeah, I mean, the extent of the user base here and the activity is such an eye-opener for me. This is not my territory, and I've heard nothing but the words calcium pie market now for six months. And that user base, I don't know, must be massive. And since I've assigned the range, this age range, you know, unfortunately, who would not benefit from the age controls, I would absolutely wanna see age controls for kids under 18 or 21, or whatever the right age is. And I thought about this a lot. I do think there's plenty lessons to be learned from behavioral health apps that have, you know, employed so many different kinds of tactics. And frankly, how we have started to evolve our safety you know, gates, so to speak, in social media. Dave sort of talked about some of that. The problem is when I think about applying a lot of the things that really could work, these companies are absolutely not gonna do any of this voluntarily, right? So right <laugh>, right? Like it just goes completely against their business model. So the three best things I think bfs have done that could be useful here involve mood tracking and goal setting and trigger identification. Like, so lemme talk a little bit about these. Mood tracking. You know, I think certainly for teens and I, also adult apps BH apps will ask users how they're feeling when they log in or some sort of daily, you know, feeling update. And this could be helpful for both the users' own acknowledgement about how they are feeling and to really inform the data about patterns of usage. And BH apps are also, you know, because there's not a lot of clinical evidence based in behavioral health today, a lot of BH and wellness apps have centered around goal setting to define outcomes. So you could imagine a user setting in an app, like a cash share apply market, or a FanDuel or what have you where that user would set goals and, and, and limits, and it

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would help that user with their own self-selected accountability and help the app, you know, remind them of things. And then third, identifying triggers. I think BH apps are really built around users recognizing patterns like are they gambling more when they're stressed or at certain times of the day or night or during certain sports games or kinds of games or what have you, or after a big night out, right? So starting to collect and use that data in a way that can inform the user would be super helpful. And I, you know, I think any of those, one of these companies could do, I don't know if they would do <laugh> and maybe something more mainstream would be like giving the user the ability to schedule restrictions and they could block access to the app at certain times, or, you know, reminders while they're using the app. Like, you've been betting for an hour, <laugh>, do you, you still wanna do this? And those kinds of transparency things could go a long way, like helping the user understand like real time in the app, like how long their session has been, how much time they've been betting over a weekly or monthly basis or something like that. So unfortunately some of the, the more helpful things, Dave, that you referred, you referred to, I don't know that apps would really do a lot of that, but there's plenty of helpful functions that I think would at least create some user awareness that could go a long way.

Burda:

My Apple watch tells me to stand up. That's, I've been sitting too long's, right? So yeah.

Murchinson:

Even, even when I'm standing sometimes <laugh>.

Burda:

Yeah, <laugh>. Exactly. Thanks, Julie. That's those are great. I suggestions. Dave, any questions for Julie?

Johnson:

we talk a lot about gamification <laugh> in healthcare and you know, trying to get people to pursue healthier behaviors. And I guess I'm wondering Julie, since we now have sort of ubiquity of gamification within society particularly in educational programs for kids. I'm just wondering whether this nonstop gamification could be an underlying causal factor that is contributing to the dramatic increases in addictive behavior or addictive sports betting,

Murchinson:

I have to think that gamification is like the gateway drug <laugh> to gambling. Yeah. I mean, we've, kids have been, you know, since the, the time like our, my kids' generation, like they've been using apps that give them points and badges and they get to new levels and there's leaderboards and you know, like the streaks. And there were a couple summers there where my daughter was having her friend keep her streaks going when she was at sleepaway camp. Like, it's crazy. So when I really look back and think about what that behavior trains you to do, it absolutely, I would think messes with your dopamine levels and how you think about reward and how you think about... I don't know how it affects risk exactly, but I'm sure if they started to tease it apart, there'd be some connections. So we may just be raising little mini gamblers now.

Burda:

Man, I just thought of my, I didn't even think of this when you said that. My daily solitaire challenge streak 287 days, and it's the first thing I do after I make coffee in the morning.

Murchinson:

Dave <laugh>, you're addicted.

Burda:

Oh, man. Okay. All right.

Johnson:

I do the same thing with the Strands game on the New York Times Game app. Yeah, I love that thing.

Burda:

Oh, interesting. <Laugh>

Murchinson:

See? Addicts.

Burda:

Yeah.

Johnson:

Yeah.

Burda:

Well, I'll tell, tell one more story. So I won't pretend to be holier than thou, you know, I do like to gamble, but I do it inside a real casino with table games like craps and blackjack, and I stopped betting on sports a long time ago. It's too unpredictable. And here's my best sports gambling story. The last bet I made was in the mid nineties. My boss at the time got a tip on a sure thing and a horse race <laugh>. So he told a few of us in the newsroom. So I and several others raced off to an off track betting parlor near State and Lake in Chicago. And I put \$20 on the horse to win, which at the time, you know, it was a decent amount of money for me. And the horse's name was No Cause To Pause. And if my buddies are listening to, they'll know the story. He threw his rider coming outta the gate and finished last. And I had that betting slip pinned to my

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cubicle for the next 17 years as a reminder to never bet on sports. So <laugh> hear that one kids. All right. Totally true story.

Johnson:

You know, Dave, I gotta tell you sometime about my jai-alai experience in graduate school where we statistically figured out the odds of each player winning. But anyway, that's another whole story.

Burda:

We're all gonna win, Dave, right? That's what we think. That's great. Alright now let's talk about other big healthcare news that happened this past week. Julie, what else happened that we should know about?

Murchinson:

Well, I saw a study this week, another study about microplastics that directly links it to cancer tissue. I think researchers just found microplastics in 90% of prostate cancer tumors examined. Not good.

Burda:

No, no. That's an interesting finding and in some ways not that surprising. Dave, Dave, what's your big healthcare news of the week?

Johnson:

Well, I feel like I'm sharing all my podcast secrets today. You know, Michael Lewis and I listened to the Ezra Klein podcast this weekend on the New York Times, and the topic was the power dynamics inside the Trump administration. And he interviewed Ashley Parker and Michael Sheenan from the Atlantic. And it was a long podcast, hour and 15 minutes. And they of course went into Trump and how he makes decisions and profiles on Susie Wiles, Stephen Miller and Marco Rubio and Pete Hegseth....But other than a brief mention that Trump sometimes likes to call RFK Jr at night to talk there was no mention of either RFK or HHS, and it just got me thinking that HHS is an island

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unto itself in the Trump administration under RFKs control. And of course we saw [accalaria] getting the appointment at the CDC this week. And Casey Means getting interviewed and likely to become the Surgeon General; and each in their own way, is an extension of RFKs, anti-vax way of thinking about things. That's probably worth an entire show unto itself. But I just found it really interesting that Ezra Klein, who does the deepest of deep dives, no <laugh> no interest or no maybe it's not no interest, but had no mention of HHS in a, in depth analysis of power dynamics inside the Trump administrator.

Burda:

Yeah, A little bit scary.

Johnson:

Scary.

Burda:

Yeah. Sailing us right into the rocks. That's right. Right. Alright, you,

Murchinson:

Dave, on that note, I saw that Mumps in Baltimore this year are six times higher. The cases are six times higher than all year last year. So something's going on in Baltimore. Stay away if you haven't had your MMR.

Burda:

Yeah, yeah. And I know Dave, you're watching that measles outbreak, right?

Johnson:

Yeah, yeah. In South Carolina.

Burda:

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Yeah. Yeah. Scary times. I bet you could bet on measles cases. <Laugh> for sure. Right?

Johnson:

Well, I'm sure, I'm sure could, if you can bet, you know, Howard Lutnik will tell you if you can bet on whether or not tariffs are gonna get turned down by the Supreme Court, RFK Jr can probably <laugh> be on whether or not they're gonna adopt you know, measles vaccines. Ah, you know? Yeah.

Burda:

What a world. Thanks, David. Thanks, Julie. That is all the time we have for today. If you'd like to learn more about the topics we discussed on today's show, please visit our website at 4sighthealth.com. You also can subscribe to the roundup on Spotify, Apple Podcast, YouTube, or wherever you listen to your favorite podcasts. Don't listen to another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.