

A Q&A WITH GEORGES C. BENJAMIN, MD

Rebuilding the Ties of Public Health

Interview by Allison Inzerro

To mark the 25th anniversary of The American Journal of Managed Care® (AJMC®), each issue in 2020 will include a special feature: an interview with a thought leader in the world of health care and medicine. The September issue features a conversation with Georges C. Benjamin, MD, executive director of the American Public Health Association.

AJMC®: Your organization publishes the *American Journal of Public Health*, and your August issue is about public health as a common good. Could you talk about that in the context of what we've seen this year?

GEORGES C. BENJAMIN: Sure. What we know for sure is that 80% of what makes you healthy occurs outside your doctor's office and that the social determinants of health—those things in society that can help you more effectively be healthy or can serve as a barrier to you being healthy—are generally societal goods. It's education, it's housing, it's transportation, and certainly it's access to health care; it's racism, discrimination, how we treat one another, where we build our communities—all those things make a big difference in whether or not one can be healthy. Recognizing that to be true, and also the fact that we seem to be moving as a society into an “I'll take care of myself” mode vs an “I'll take care of us” mode, we've been trying to emphasize the fact that we really need to have a new societal compact for health—an agreement that we're going to all take care of one another.

I think what the COVID-19 [coronavirus disease 2019] pandemic has done is share in the starkest terms how unequal our society is and how disease anywhere impacts everybody, everywhere. [It's shown] how interconnected we are in the employment area: The fact that some of the people we thought were our most essential workers were the people we ignore and don't pay attention to every day—the grocery store clerks, the service workers, the people who pick up our trash. That group of people in many ways had an enormous, enormous risk, and disproportionate risk, because some of us may have to telework from home, but they had to go to work. Then, when the economy essentially collapsed because we closed things down, we discovered this group of workers who get up every morning and go to work, but now their jobs are lost. So we went from one of the best job environments to now one of the

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worst recessions that we've had in many years, and we're pretty much close to [Great] Depression-[era] levels [of unemployment].

I think that in order for us to get out of this, we're going to have to recognize the societal obligation that we all have for one another to prosper in our society, and that starts now. It starts first by defeating this terribly infectious and destructive disease, [and] it's going to be about rebuilding our economy, but by the same token, it's going to be about us building the social supports so that we can all get back on our feet in a reasonable way.

AJMC®: You mentioned education as a social determinant of health, and this month a lot of districts are going back to school. We also know that a big factor investigators are now discovering in adult health is adverse childhood experiences. What are your concerns, as a public health official, in striking that balance between keeping people healthy but recognizing the need for consistent education and that school might be the only stable place for some kids or where they get their meals?

BENJAMIN: We've always known [about the importance of] school—we haven't really appreciated it as much as we needed to—but during [children's] formative years, we've known that school and even daycare before that, [as well as] preschool activities,

INTERVIEW

go a long way toward enhancing our children's social-emotional needs and engaging them in learning how to work and play well with others to improve their socialization skills. Then, of course, it helps them learn reading, writing, and arithmetic, but it's those other skills that really help them, I think, and society in a bunch of ways that we really don't think about very much. Their ability to interact with each other, their opportunities for play, and their competitiveness, and their ideas on right and wrong—all those things happen in the schoolyard, in the play yard. Yes, we parents give them some guidance, but it's the real-world practical experiences that they get that really imprint upon them these important skills.

What's happened now, of course, is that we have pulled them out of that environment where they would get that, and then we really haven't replaced it. We haven't been as innovative as we need to be, because we assume we will stay away for a while, and then we'll just go back to normal. And now we're discovering we can't just go back to normal.

We also always knew that for many children, the place in which they actually got their only real good meal for the day was at school. So food insecurity is growing exponentially—not just [for] these kids, by the way, but for many of their parents, as well, as they lost their jobs. And again, everybody assumed this would be a short-term issue—tragic but short term—and now we're discovering it's long term. We really didn't plan well to go back to school, and so what will happen is lots of false starts and stops as we rethink this.

In many ways, I think people are thinking about this in a 1-dimensional way—you know, how do we make the school safe? But that's not really the whole picture. The whole picture, in my mind, is how we make sure that children become prosperous and healthy and emotionally well-endowed during these periods, and then build the system around them, whether it's the educational piece, virtually or in class, or whether it is their engagement with their friends. If play is so important, which I believe it is, and if we're going to have these kids at home, then we ought to have some virtual playtime. For these kids, many of them were going home anyway and playing on their games. But we've got to figure out more structural ways to meet the social-emotional needs of these children. We need to find more effective ways to meet their food security needs and recognize that this is not a short-term event now. We need to reconstruct this thing in a semivirtual [or] hybrid environment for probably the next 6 to 8 months, for sure.

Then we ought to, probably concurrently with this, be figuring out how we can improve the health and well-being of our whole society. You know, how do we how do we get rid of these disparities that we have in education? A lot of kids went home and the kids with means were able to hook up right away—their parents may be able to hire someone to come in and help them with their schooling—but many kids weren't able to do that. Even if they had access to a computer, they didn't necessarily have access to Wi-Fi,

or if they had access to Wi-Fi, they didn't have access to a computer, or their parents were home at work and simply just didn't have the time to spend the quality time that they needed. So they got plunked in front of a computer, and yeah, there was a teacher on the other end, but the education wasn't as ideal as it needed to be. We've got a lot of things we need to do around that.

AJMC®: I have read some examples of innovative partnerships, primarily in the Northwest, of health systems getting involved with schools and community organizations to make sure kids get what they need. Are you or your organization involved in any of those sorts of discussions? You've said that health systems and health care organizations need to start showing up in places where they don't normally go to bring their voice to the table.

BENJAMIN: Yeah, we've encouraged them to do that, and a couple of systems for sure—for instance, Kaiser Permanente—have been doing that. They've reached out, and we've worked with Dr Bechara Choucair to look at ways we can put policies in place to encourage health systems and others to do that. We have worked with the Aetna Health Foundation to do a better job of educating the field on both the public health side and the medical care side around opportunities to do that. And I know that my members are in a variety of jobs in which they are trying to bring people closer together to deal with things like food insecurity and housing.

Right now, during the COVID-19 outbreak, we're in the process of trying to put together a large national coalition to make contact tracing, mask wearing, and physical distancing cool again, recognizing that right now, those are the tools that we have. It's been so badly politicized that we're trying to figure out how we can we can make it something that everybody feels there's a societal need for. As I tell people, the mask protects me from you and you from me. We want contact tracing and testing to be the same thing, in that people see that as a societal good. Then, as part of that, recognizing that if someone has to be isolated in quarantine, the next step is to make sure that they have the capacity to do that. Because far too many people were told, "Yeah, you've got COVID-19, go home and quarantine." But they basically went home and they ended up infecting everybody else at home because they weren't able to effectively quarantine. Some communities figured out how to use vacant hotel rooms and other places. [We need to] give people a place to go, with appropriate supports, to just stay away for a couple of weeks so they don't infect anybody else. Then, you know, dealing with things like food insecurity in the family, and once you identify a need, getting social service workers to go into those communities and those homes to try to help them out. I know the health systems are trying to do that. ■

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