



The Our American States podcast—produced by the National Conference of State Legislatures—is where you hear compelling conversations that tell the story of America’s state legislatures, the people in them, and the policies, process and politics that shape them.

You can subscribe through iTunes, Google Play or Spotify.

COVID-19: Connecting Behavioral and Public Health | Aug. 3, 2020 | OAS Episode 102

Ed: Hello and welcome to “Our American States,” a podcast from the National Conference of State Legislatures. This podcast is all about legislatures: the people in them, the policies, process and politics that shape them. I’m your host, Ed Smith.

“And I’ve always said that the mind and body are one and the only way that we separate them is the way we deliver healthcare, but not in the way that we practice our lives.”

Ed: That was Anne Zink. She’s the Medical Officer for Alaska and one of our guests today on “Our American States. Our discussion today focuses on how states can ensure that their public health systems are connecting people with physical and behavioral health services in an integrated system, an issue made even more urgent by the COVID-19 pandemic.

My other guests are Karmen Hanson, a policy expert from NCSL, and New Jersey Assemblyman, Herb Conaway. Assemblyman Conaway is a longtime legislator, a physician, holds a law degree, and is also a county director of health.

We’re going to start with Karmen and a little background on behavioral health. Karmen, welcome to “Our American States.”

Karmen: Thank you, Ed, it’s great to be back.

Time Marker (TM): 01:20

Ed: So, Karmen, thanks for taking some time to fill us in on the background of this issue we’re going to talk about today. And before we get on the conversation with Assemblyman Conaway and Dr. Zink, can you give the listeners just sort of the basics about why we’re talking about behavioral health in the middle of this public health emergency?

Karmen: Sure. Yes, it's a great question. The coronavirus pandemic has not only threatened our physical lives, but has upended nearly every aspect of our daily lives, and that kind of upending is causing stress on everybody, and that can affect not only our physical health, but our behavioral health as well, and that includes our mental health and any kind of substance use disorders.

And while it might be clear to see the response to the pandemic from the public health systems and other healthcare systems, the behavioral health systems are also responding to the spike in the need for behavioral health services right now, and those are often happening out of the spotlight.

But the recent behavioral surveys and insurance claim data out there right now is showing a distinct increase in the signs of anxiety and depression and increased use of drugs and alcohol during the pandemic. So, while not everyone who is going through these stresses right now will seek help, some will and treatment is often hard enough to find under normal circumstances, not to mention during a pandemic.

TM: 02:38

Ed: Yeah, Karmen, I know one of the things that you spend your time on is keeping track of state legislation. So, what can you tell us about what actions states have taken relative to behavioral health and the coronavirus, and how are they responding to the spike in need that you were just noting?

Karmen: Sure. Yes, NCSL is tracking thousands of state actions related to the coronavirus in not only the public health arena, but other related areas, and some of these actions have direct implications for behavioral health. States are enacting a variety of legislative and temporary rule changes that allow for the increased access to behavioral health services, and that's like the online talk therapy appointments that people have been using instead of those in-person, face-to-face appointments.

Federal agencies also made temporary and permanent rule changes that allowed state Medicaid programs and the Medicare program to reimburse for tele-behavioral health services, which had been a problem in the past. They also now allow for the prescribing of medication-assisted treatment for substance use disorders without an initial in-person office visit. And these changes are often mirrored by both public health systems, behavioral health systems and private sector providers.

States are also increasing their capacities for things like their emergency services, like suicide hotlines or warm support programs. And warm support programs, these are a newer thing that states are standing up, and they're pretty cool. Washington State recently stood up the Washington Listens program and it's a hotline where people find a friendly ear.

I kind of like to think of them as a phone-a-friend. So, if you're feeling anxious or depressed or you're just isolated and you need to reach out to somebody, you can call up a line and reach out to someone with a friendly ear. And if you are experiencing extreme despair, you can be connected to someone for behavioral health professional or substance use disorder treatment.

This program in particular is a partnership with the tribal communities around Washington State, and their behavioral health systems across the state, and that really helps it reach a really diverse population, and this program is also supported with federal agency funds.

Something else that Washington did was make mental health coping infographics that was shared with the public just to raise awareness that you're not alone, everyone is kind of going through this right now, and what to expect. And they also held mental health briefings with experts in disaster psychology and they discussed the psychological cycles that communities go through during these largescale disasters and emergencies like the coronavirus.

Moving from the West Coast examples to some East Coast examples, Delaware implemented an integrated crisis treatment model for those experiencing homelessness, and they not only provided shelter for people, but they've provided wraparound treatments, primary care and other services onsite, and that's been really successful.

Another East example is North Carolina and they've enacted a measure to provide 10 million dollars in additional in-school physical and mental health supports for students, and this is in direct response to COVID-19. And this is also including remote services to account for distance learning situations that many schools are under.

Another example is Alabama and many other states are taking some of their Federal Cares coronavirus respond funds and they're using it to supplement their public and behavioral health systems to meet the increases in demand.

And one last thing – with this crisis there is an opportunity – I think it's a Chinese proverb that says: For every challenge there's an opportunity. And the opportunity here is for public health systems to more fully connect with behavioral health systems by sharing data, partnering with each other, and sharing resources. And that might identify areas or special populations that need additional behavioral healthcare services or public healthcare services in order to treat the whole person and not just their physical health, but their behavioral health issues too, which can also be related in this case.

Ed: Well, Karmen, thanks so much for those examples and for that background. And I'll be back right after this with New Jersey Assemblyman Herb Conaway.

MUSIC

Ed: I'm back with New Jersey Assemblyman, Herb Conaway. Assemblyman Conaway, welcome to "Our American States."

AC: Glad to be with you.

TM: 06:56

Ed: Well, thanks for joining us. You hail from New Jersey, a state that was hit early on by the pandemic. As Chair of the assembly's health committee, can you give us some examples of how the legislature responded to the public and behavioral health needs during those early months?

AC: Well, as you know, we in the assembly and in the government in general were part of the frontline response to a public health crisis and much of that responsibility for driving that particular bus lies in the Governor's office and then the departments of government, particularly the New Jersey Department of Health and the Department of Law and Public Safety, as well as touches Human Services and other agencies that might touch on some aspects of the response.

The pandemic, as you are well aware, is primarily a public health driven crisis. It touches just about every aspect of life: the economy, schooling, recreation, the mental health needs of the citizens, infrastructure. It attacks on a very broad front and it is a time when the emergency measures that have been passed by other legislatures embedded in the Constitution really have to stand up so that you can get an appropriate response. Legislatures aren't designed for that kind of speed generally.

There are things that we can push through legislatures quickly to deal with economic effects; bond access is an example. ... laws that we needed to pass to allow people to access medical benefits more readily. We took action to ease the licensing requirements for professionals we expected to have to recruit into the state to begin to provide healthcare for those who needed it. We loosened up a lot of the reporting and other regulatory requirements on frontline agencies such as hospitals and nursing homes and the like.

So, a number of things that we are able to do as a legislature, but a lot of that, the bulk of that is driven through the emergency powers of the Governor's office.

Now, in terms of the mental health needs that people have, that's sort of a trickier question in many ways. Unlike a flood or tidal wave or a hurricane which strikes and then much of the damage recedes and the cleanup can start fairly readily, people can feel a sense of return to normalcy in fairly short order, comparatively a pandemic such as the one we're experiencing is something which goes over a long period of time, often with sustained periods of high pressure with continued effects as we're seeing now. Even as the tidal wave has passed, there are still floodwaters we're dealing with even now months after our peak, and of course there is a concern about a second wave.

And so, unlike the emotional stress that hits but you know there's going to be a light at the end of the tunnel, this pandemic hits and continues. And so, the stress reactions that we'll see in adults often is delayed. The other issue that we see is that because of stay-at-home orders, people are at home much more often than they would ordinarily be. And the disconnectedness that those stay-at-home orders cause will cause those who unfortunately are in recovery, that will increase recidivism rates to whatever addictions they had because of the social isolation that results from having to stay at home.

You see increasing incidences of domestic violence occurring because people are now sort of jammed together longer than they usually are. It's one thing when the abuser or the abused can leave and go to work or leave and go to school, but when those options aren't available, it's a problem.

And then just the question of getting out to exercise. Particularly in an urban area, you depend on a gym to exercise, or if you're in a crowded area and there's concern about even getting out of your house and walking around the neighborhood if a lot of people are doing that, people

tend not to do that. And that exercise, that stress relief, is not available to people in the way you would want it to be.

So, one of the measures in response to that is the government went through and provided a pathway, a ready pathway to get access to services telephonically or through telemedicine or telehealth services. So, that provided a lifeline to those who couldn't otherwise get out to their group program or to their mental provider or, even obviously for physical health, those lines of communication certainly helped. But it's going to be a long-term problem.

I'm currently working on legislation, with the advent of the school year, that would allow for mental health screening across our public school system, so that we can identify school-age children who might be having a problem so you can give notice to parents and trigger responses both inside of the school and outside of the school in the mental health system.

TM: 11:52

Ed: I've been particularly interested in talking with you because you have a unique perspective. You're not only a long-time legislator, you have a law degree, you're a primary care physician, and the director of your county health department. How have you balanced those roles during the pandemic? I can't imagine you're getting much sleep.

AC: Well, as you mentioned, I have been in the legislature a long time now and that's a part-time job. I have had a full-time job throughout my career, and then the kids were young and raising kids and getting to games. So, it's always... I don't know if struggle is the right word, but you have to pay close attention to a schedule, and you have to have assistance. Luckily, I have staff that helps me try to keep all of these pots spinning, if you will.

So, it's sort of par for the course with me. And oddly enough, as the legislative role receded somewhat in respect to the executive's action, while my workload certainly increased dramatically as a public health director, some of the legislative stuff actually receded a little bit and because we're on a remote schedule in the legislature, it's actually easier to do some of the legislative work because now, instead of having to get in to try to deal with legislation, we're voting telephonically. And our agendas are very much lighter because of the right and needed focus on the pandemic and its effects, which really don't require immediate legislative action.

So, those things we needed to do related to the budget, emergency measures that the Governor couldn't undertake on his own that required legislative action, we can deal with those very necessary things. But some of the other things, which quite frankly can wait, have waited.

TM: 13:45

Ed: So, speaking of your role in the county health department, how do you work with your colleagues on the behavioral health side?

AC: Well, in the first instance, listen to them about the concerns that they have, what they're seeing in the field. As I mentioned, domestic violence, spousal violence, violence against children, issues of social isolation for those who have addictions, so being on meetings with them and trying to understand what's going on was certainly one of the first important things.

A lot of our role in the legislature is listening and thinking with people about what the appropriate responses are, and then getting some education, sitting on seminars and other things to understand the effects of a pandemic on the mental health of residents. And then thinking about how we might respond.

Our big challenge in the mental health arena is the nature of the system itself, and it's long been understood that we need thorough ... reform across the system. The need for that certainly becomes more acute when the system now is stressed and a lot of people have needs, and a government and a healthcare system that quite rightly is focused on the immediate and the immediacy of a viral pandemic.

But we listen, we sit and think with those who are in the field about what they need. That's where we talk about telemedicine, telehealth. Make sure that we're getting guidance to them about how they might conduct business. For those people who need to enter the home to do investigations, making sure they have PPE and other protective equipment that they need to be able to conduct that business safely.

Then, where there is a need, and I haven't quite faced this here, but I imagine in other jurisdictions, to remove somebody from the home, we all throughout the state now have made contracts with hoteliers and others so that we can put people... get people out of the home and put them in a safe environment, so they can either decompress from a mental health crisis or, as more often is the case, can socially isolate themselves from loved ones if there's concern about the presence of the coronavirus disease.

So, those are just some of the things that come to the top of my mind.

TM: 16:07

Ed: So, let's switch over to your role as a legislator. You've talked a little about the legislative role, though you noted much of the response is from the executive branch. Do you feel the legislature is done addressing the public and behavioral health issues this session, and will there be more to do in the following sessions?

AC: Oh, there's going to be a lot to do. First, the legislature, the role as a review of governmental action, will stand up as the threat and danger of the coronavirus disease recedes. We're going to need to review executive powers and their use. We're going to need to review our long-term care system. We're going to review the need for stockpiling PPE when we've seen that there's been a failure of federal leadership in this area.

States are going to have to take on this role for themselves. Our own Governor worked as well as he could in concert with neighboring states to try to get the PPE that we needed in this region and get it distributed to those who were most in need.

So, all of those kinds of things are going to have to be reviewed and we're going to have to look for changes in the law. On the mental health side, as I mentioned, we've known for years that there are issues with the mental health delivery system that have been made more stark with

the advent of a pandemic. And so, we're going to need to understand all the cracks in that system and need to figure out how we can deliver services effectively.

We're already looking at a bill now to revise our telemedicine, our telehealth law to better respond to such a crisis in the future. We're going to have to look at licensure issues. There's a lot to do and we will be busy I predict dealing with the effects of the pandemic for certainly the rest of this term, but I think the next legislature that stands up will be dealing with these questions as well.

TM: 17:55

Ed: One question I've asked everyone on these COVID-19 podcasts is what lessons we should take away and use to prepare for the next pandemic, which will come along eventually.

AC: Well, yes. This is a 100-year one, so I'm expecting not to see another 100-year crisis while I'm still above ground. I would hope we're not that unlucky. But it certainly will be one of the stories told by generations coming of age during this time. They're going to be telling their children and grandchildren about the great pandemic of 2020.

One of the key measures is public health messaging and making sure that there is a unified message really from the top down. I think the examples set by our own governor and Governor Cuomo in New York and other chief executives across the nation where they have been in the media every single day, apprising people of the situation, reminding people about their responsibility not only to themselves and their own health, but just as importantly to the health and welfare of their neighbors.

The other lesson because of the possibility of affairs at different levels of government is that pre-disaster planning is critical. We did not know as a nation how ill-prepared we were to deliver the protective equipment. We have the technology for this; we know that it's available. But when you have so much of that equipment being produced offshore, it will leave you bereft of that equipment when you need it on your own shores. And it would be a dramatic failure of governments from the national government right down to local government if very affirmative steps were not taken to make sure that we have a supply chain on the personal protective equipment.

Ed: Assemblyman, thank you so much for taking the time to talk with us about this critical topic. Stay safe.

AC: You do the same and thanks for your interest. I appreciate it.

Ed: I'll be right back with my interview with Dr. Anne Zink.

MUSIC

Ed: I'm back with Dr. Anne Zink, Medical Director for the State of Alaska. Dr. Zink, welcome to "Our American States."

Dr. Z: Great, it's an honor to be here. Thank you so much for having me.

TM: 20:15

Ed: To start, could you talk about public health efforts in Alaska to make sure people can get access to the behavioral health services?

Dr. Z: Oh yeah, absolutely. That's a great question and a very large question. So, I am the Chief Medical Officer for the State of Alaska, and I've always said that the mind and body are one. The only way that we separate them is the way that we deliver healthcare, but not in the way that we practice our lives.

Public health is a big part of how we deliver good mental health services. We live in a very large geographically, as well as culturally diverse state, and so being able to provide good public health services involves providing good behavioral health services. That's delivered via telehealth, it's delivered via culturally relevant health, it's delivered via trauma informed care.

We have about 25% of our population is Alaska Native people and having it be culturally relevant is incredibly important. There are a whole bunch of ways that we do that. We have a very concentrated public health department. It's very focused at the state level. And then we have a large contingent of itinerant nurses as well as local public health nurses. So we work on this hub-and-spoke model across the state to make sure that we're supporting every community within the state, and we work very closely with our tribal partners who provide a lot of the behavioral health services within the state as well.

TM: 21:29

Ed: So, I know you've been an emergency medicine doc for more than a dozen years, and I'm wondering how that experience gave you insight into how behavioral health conditions can affect physical health.

Dr. Z: Yeah, thanks for that. It's always been fascinating to me when you get a person who comes into the emergency department and they're ill, or they're not feeling well, their belly hurts or their head hurts, and how we've really in medicine divided up between different specialties and different symptoms. But they're all related to that one person.

I mean, time and time again I would see patients in the emergency department complaining of abdominal pain and it turns out that they're just really anxious about an upcoming job change, or they have been having excruciating headaches and it turns out that that is related to cluster headaches and related to stress. How many times people present with chest pain and it turns out to be anxiety.

The connection between the mind and body is striking to me in the emergency department, and how often it happens. And it's part of what led me into becoming more involved in policy and policy change, because it became perfectly clear to me that if I was going to really care for my patients, I was going to have to figure out ways to improve systems of care that treated the whole person and didn't separate out the mind and body, but tried to find ways to treat them as whole people as well as to think about their social determinants of health and their ability to access care.

If I discharged someone who needed medication and they couldn't get it filled, it wasn't going to do them any good and they were going to come back in. How many times I ended up seeing patients who got discharged from an acute psychiatric hospital just to return to our emergency department acutely psychotic again because they were unable to fill their medications or get plugged into additional help and resources that they needed.

It's one of the things I love about the emergency department is I get to treat the whole person for whatever crisis they see as the crisis to them at that moment. And that may be very different and that may be a different definition for different people. But to them, it is emergent at that moment and to try to figure out what is their best path forward is part of the reason I chose emergency medicine.

TM: 23:29

Ed: So, certainly one common concern during the pandemic is how isolation can affect both physical and mental health. How have you tried to address that in Alaska?

Dr. Z: A great question as well. Isolation is real and it's been, I think, really challenging for many, many families and individuals in the state. We have been focused on that since the beginning and trying to find ways to keep people connected. We are very fortunate that we live in just a gigantic, beautiful state and so even when we were very hunkered down, we always kept the outdoors as an open place and encouraged people to go outside and to exercise and to enjoy the beauty and nature around them as a way to try to deal with the challenges.

We talk a lot about in terms of resilience, it's easy to become overwhelmed by COVID, feel like it's never going to end, become very isolated. We've even been talking to our school districts about how we can reframe this year as the year of resilience; instead of talking about all that it's taken away from us, what all we can gain from it.

Really promoting the connectedness between communities. It's one of the things that really I've loved about working in Alaska. I've always felt like to be able to create any sort of change, you need providers, patients, policymakers, the public, as well as the press all to be aligned in trying to create that change. And that really is community driven.

And so really highlighting the successes and the strength of Alaskans and Alaskan people in their communities and what ways they can support each other. It's been the most fun part, honestly, of COVID in this job is to see the ways that communities have been resilient and been able to respond together and make sure that people aren't isolated. And if that's delivering food to people who are having a hard time getting out...

A neighbor recently opened up their backyard playground to other kids in the neighborhood on a rotating basis so that they could get outside and play without having to be in a more congregate setting with other kids. It's been really fun to see Alaskans be able to respond together and to fight that isolation.

And, again, I think trying to stay focused on the positive and the hope within it. It's really easy to get overwhelmed. But we have gotten through every pandemic in the past. They all end.

Sometimes there is tremendous loss associated with them. What ways can we minimize that loss? What ways can we prepare for that? And what ways can we come out stronger on the other side?

I also really try to focus on our history. I feel very fortunate to work in a state where oral history is so important and the importance of narrative medicine and the stories of the Alaskan people, and particularly how hard the 1918 pandemic hit our communities, and listening to those stories and remembering those stories, and finding new ways to be resilient. Learning from the past I think is really important.

So, not just looking at this pandemic in isolation or just as COVID, but as a challenge that we have to face collectively and that we faced previously, and we can learn from our past and be able to respond to try to create a brighter future.

TM: 26:29

Ed: I've heard you talk about the role of social inequity and how that has led to different approaches and needs for behavioral services across your state. Can you tell us a little more about how that works?

Dr. Z: Yeah, so, there's a bunch of things that we think about when we say social inequity and needs across our state. We were very fortunate that we had a collective group of people working on that issue and thinking about behavioral health needs and applied for an 1115 waiver for Medicaid that was very focused on adverse childhood experiences, historical trauma and addressing the early upstream effects of many of the factors that lead to both physical and mental health and the connection between the two.

In that behavioral health model and with our 1115, they ended up hiring an architect, kind of thinking about what ways we can support behavioral health across the state, and it was really interesting that the architect felt like he needs to become an architect not of places, but of people. And so he ended up looking at the ways that people interact and communities interact across our state and divided up our state into regions based on where people normally got their healthcare and normally kind of moved and supported each other, and created these behavioral health zones that we then try to coordinate supplies and resources around to be able to support those areas. And they each have different challenges.

So, the challenges for behavioral health resources in Alaska are going to be very different in Anchorage than they're going to be in our more rural areas. Again, that was initially designed over behavioral health and looking at adverse childhood experiences and really trying to move upstream.

But we've been building upon that because it's been such a useful tool, even through COVID. So, now our alert levels in the state are actually built around those behavioral health zones because, again, it shows where people are interacting and moving and shows similar risk prevalence.

We also think about some of our communities... I oftentimes say that our goal in the department is the health and wellbeing of all Alaskans. And we know that we sometimes need unequal resources to get equal results. That is kind of intuitive when we think about nursing

homes and long-term care facilities, that they might need more personal protective gear, or they might need more testing of their staff that come in and out.

We would think the same thing if you were going to go to surgery, that you would have your surgeons have more additional personal protective gear, and you would have additional resources there.

But we also need to think about our minority communities, our rural communities, and those who may have other health challenges in a similar sort of way. They may need additional resources to be able to get the same health outcomes, and we can't always apply the same tool to every area.

So, we have many communities in Alaska that have no running water, don't have sewage and sanitation. We have communities with multigenerational homes, particularly with many elders who live in close contact with each other. And we've been thinking about some of those communities in a similar sort of way as long-term care facilities.

So, if they get one person who gets COVID, that we just do continual testing of everyone in that community to suppress that outbreak as quickly as possible, screening anyone who is coming in and out of that community just like we would screen people coming in and out of a long-term care facility to make sure that they don't have symptoms or any high-risk exposures, because of the significant risk of COVID once that community is exposed.

We think about it the same way with behavioral health – we're going to need unequal resources to be able to get equal results depending on what the challenges are. And that may be geographical challenges, that may be historical challenges, that may be other health inequities that may be related to opioids or methamphetamine or other diseases of addiction to be able to address those needs in that community.

So, again, the goal is healthy and well Alaskans and trying to make sure that we're using the right tool at the right place in the right concentration to be able to get those results.

TM: 30:13

Ed: So, much of our audience is legislators and legislative staff and other policymakers and I'm sure they would be very interested in what your perspective is on the efforts of policymakers, particularly in the legislature, that helped you to meet Alaskans' needs for both behavioral health services and COVID-19 during this period.

Dr. Z: Yeah, it's a great question. I've really appreciated our legislators during this process. They're the representatives of the people and it's really helpful to hear the diversity of their thoughts, of their questions, and their perspectives. It's also been so helpful having them be able to take the messages and the information that we're learning at a state level and being able to share it back to their communities.

So, we get invited to do radio shows in our rural northern communities because there are questions that are coming up there that I would not hear about, our team would not hear about without their involvement. So, I think that there's a real role that policymakers play just in

communication, both in the questioning as well as communication back to their communities, and I really, really value that.

I also value the role that policymakers play in asking really hard questions in testimony. I just did one today on school and on education and thinking about health inequities there and thinking about what we're going to do for the fall semester. Hard questions are great; it's how we all get better. So, I really appreciate legislators who are able to bring that forward, and also be able to find solutions moving forward.

It's also so helpful... as I mentioned, policymakers are a key part of this whole solution when they're able to help us think mindfully about long-term solutions, as well as how do we budget resources that get to the goal. And if our goal is healthy and well Alaskans, what does that look like? And how do we re-envision Medicaid differently? How do we re-envision the entire healthcare system differently to be able to promote healthy and well people within our communities that then promote healthy jobs and economy and create places that thrive?

So, when the policymakers are able to break out of kind of silos of how this was done in the past, or this is the way this money comes in or out, and really ask the hard, meaningful questions about what the goals are, I think we're all able to find partnerships together and solutions together in a way that none of us could do on our own.

TM: 32:25

Ed: Well, one question I've asked almost everyone in this series of COVID-19 podcasts is: What do you think is the one or two lessons you've learned that would help you deal with this pandemic and, sadly, prepare for another one down the road?

Dr. Z: That's a great question. I think that there are a couple of major takeaways. First of all, COVID and any disease really takes advantage of the cracks between us, and it's important to ask these hard questions, but I think at the end of the day, it's important to come together and work collaboratively together. I think that that is more important than any single policy, any one aspect.

There was a great quote in JAMA today that said: Communicable diseases do not respect boundaries. They also do not affect all members of our society equally. And I think we're seeing that again and again with COVID.

The other big takeaway is just the need for investment in public health. When we have people who are healthy and robust, then we're able to fight off these pandemics much easier. Preventative health is kind of the quiet work that's happening in the background with your public health departments across the country, and that work has been cut and has been defunded over the years, and it's a small but mighty team, but it's a critical team to be able to respond not only to the challenge of COVID, but challenges of health inequity, on system redesign.

I oftentimes think of public health as the little computer in your car. It may not be the big engine of Medicaid or other funding mechanisms, but it's going to help direct the way that you're going to be able to respond as a state to whatever challenges are presented, be it a communicable

disease or a pandemic like COVID, or be it the way that you're looking at behavioral and mental and physical health all fitting together.

And so, really investing in that public health infrastructure and having it connected to all of these engines of payment and reform is critical to being able to move forward. Otherwise, you're just reshuffling the chairs on the Titanic. I think the public health system and having good, accurate, timely data to be able to know what's happening in your state and being able to respond is also critically important.

I've heard time and time again from other public health officials about their shock and amazement at how limited we are in our data information and how hampered we are as a country and as a state to be able to respond to this because of our inability to have good, robust data sharing information to respond in a timely fashion.

And I think that we're also seeing that in health inequities. If I can't see if we're testing a broad range of people in my state, I can't tell you that I'm adequately applying that testing resource to make sure that people who don't speak English or people of color have access to the same resources. But we're building the ship as we're sailing it because we're trying to implement all of these IT solutions to this massive pandemic because we have not had a system that has been designed to work together for years, and we're really struggling as a country with that right now.

Ed: Well, I think the need to shore up our public health infrastructure is something every single person I've asked that question has mentioned. So, you're in excellent company.

TM: 35:36

Ed: As we wrap up, anything else you'd like to share with our listeners about the need for integrating behavioral and physical health, or about COVID-19?

Dr. Z: Yeah. I think we're so much more interconnected than we know. So, as you mentioned and as I talked about at the beginning, our mental and physical health are only separated in the ways that we pay for care. They're not separated in the ways that we actually interact.

And the same is true with COVID. We are so interconnected. And I oftentimes feel like we're in the public health world sprinkling this magic dust on these connection pieces and showing just how interconnected we are as people, and COVID is just highlighting that throughout our state and throughout our country and throughout our world. And so, we have to recognize that interconnectedness to be able to address this and other health challenges moving forward.

Ed: Well, Doctor, thank you so much for your time, and stay safe.

Dr. Z: Thank you so much and for you as well.

Ed: And that concludes this edition of our podcast. We encourage you to review and rate our episodes on iTunes, Google Play or Spotify. You may also go to Google Play, iTunes or Spotify to have these episodes downloaded directly to your mobile device when a new episode is ready.

For the National Conference of State Legislatures, this is Ed Smith. Thanks for listening and being part of “Our American States.”

MUSIC