Evan Schneider:

Hi Heather, how are you today?

Heather Howard:

Hi, Evan. Thanks for having me on. I'm doing well.

Evan Schneider:

Good. Thank you for joining us.

Heather Howard:

All things considered.

Evan Schneider:

Yeah, exactly. Well, I'm going to hop right in and start with the first question. You have a really fascinating and varied career in healthcare policy. I was hoping you'd start off by just telling us a little bit about what you study and what drew you to this field.

Heather Howard:

Thanks for asking and maybe making it sound more exciting than my background is, but I am basically a policy wonk. All of my jobs before coming to Princeton and joining the faculty of the Woodrow Wilson School were in government, and that's where my heart really has been. I have worked in various levels of government, at the federal, state and local level. I've also worked in the executive branch and the legislative branch and actually in the judicial branch because I'm a lawyer by training. I've seen government from all different angles. I think what I'm most passionate about now, and that I work on now, is state and local health policy. I did work at the White House in the Clinton administration on the domestic policy council and I worked in the House of Representatives in the Senate.

Heather Howard:

What sort of brought me here is that I was working for then Senator John Corzine of New Jersey. I was his chief of staff and he ran for governor and he convinced me to move up to New Jersey. I'm actually from New York originally, but he convinced me that the action was at the state level and I am now a complete convert to that. I really think so much of what's happening now that's exciting, especially in health policy, but in social policy generally is happening at the state and local level. I was his chief of policy when he was governor and then I became the commissioner of health and senior services for New Jersey. Then, I joined the faculty here at the Woodrow Wilson School, and I now run a program that's funded by the Robert Wood Johnson Foundation helping states implement health reform.

Heather Howard:

That can vary from helping a state expand Medicaid under Obamacare to helping us reach uninsured populations and helping them navigate the new terrain of new federal guidance, a whole range of issues that I work on helping states try and improve health care for their residents. Then, based on that work research and studying what states are doing, I teach classes at Princeton on health policy. Based on my experience as a state official and my work researching and writing about what's going on at the state level, I'm able to teach some really interesting classes in this field. I'm teaching a class on the Affordable Care Act this semester, an undergraduate seminar, where we're spending a whole semester studying

the origins of the Affordable Care Act and now all the challenges in its implementation. The ACA just celebrated its 10th anniversary.

Evan Schneider:

Wow.

Heather Howard:

We were reflecting on how it's changed the healthcare system. Right? I mean it's amazing. Ten years. Yet, when we study broad social policy change, we often assume that it gets entrenched sooner than it does. Here we are 10 years out and it's still being litigated, whether it's constitutional, we have President Trump in the courts trying to get it invalidated, so we're 10 years out, but it's far from entrenched in our social policy fabric. I teach that. This semester I also taught a graduate seminar on state and local health policy, which was very timely. We were talking about what powers does the state have to promote health and to protect health. Obviously, now that's implicated in our response to COVID-19. It's really fun for me to bring my experience in government to the Woodrow Wilson School and then to be able to teach health policy to students who maybe want to go into health policy or just maybe are interested in domestic policy generally and health policy is such a salient issue now, given the Affordable Care Act debates and now obviously the public health challenges with the pandemic.

Evan Schneider:

Well, your expertise is extremely timely for what's going on in the world. I actually wanted to ask a really quick follow up question. Given that your expertise is around states and specifically thinking about the ACA and Medicaid expansion, is there any difference you're seeing from state to state between states who have expanded and haven't expanded and the way they're responding to this crisis?

Heather Howard:

Absolutely. I mean that, to me, is the through line in all of this. Is that leading up to the ACA, where you lived largely determined what kind of healthcare you had access to. We do not have a universal or national system of healthcare like other countries, developed countries, do. The ACA was an attempt to correct that and to raise the floor. If you live in New Jersey or Alabama or Oregon, you would have access to the same kind of healthcare. That's what the ACA envisioned, but because of a wrinkle of some of this litigation about the ACA, the Supreme Court made the Medicaid expansion optional. We have 14 out of the 50 states have not expanded Medicaid. If you live in one of those 14 states, you may not have access to health insurance. That's a problem even when we don't have a pandemic, but it's a particular problem.

Heather Howard:

Let's take the state of Florida for example. Where they're seeing significant caseload, one thing we've learned is that one, individual's health is only as good as their neighbor's or the people they interact with. If you're on the beach in Florida and the beaches until last week were open, if a significant portion of the population didn't have access to health care and was sick and was afraid to go to the doctor to get treated because they didn't have health care, that affects your health care, even if you do have access to healthcare. We're seeing significant variation across the states because of those historical inequities. You bring those forward and you're seeing variation. Then I think the political culture has affected how states are responding. States like New York and New Jersey have been very aggressive, but we still have a handful of states that don't even have at-home orders.

Heather Howard:

We know that viruses don't know state boundaries. If a state is not as quick to respond, we may be doing everything we can in New Jersey, but we can't do everything. We can't keep out viruses if other states aren't practicing the same social distancing and their population is flying or driving to New Jersey.

Evan Schneider:

Yeah. My home state is Oklahoma. It's one state that has not expanded Medicaid and does not have a stay at home order, it's a terrible combination.

Heather Howard:

That's right. In academics, we're going to have a lot of time to look back and reflect on, I mean this has been happening now between Tennessee and Kentucky, a state that shares a border, a long border. Kentucky moved much more quickly to respond to the COVID crisis, and Kentucky had expanded Medicaid and had a broader social safety net. We've been able to see thus far that there's been more COVID cases in Tennessee because in part, we can theorize now, and over time we're going to be able to test this, they were slower to respond. Going forward, I think we're going to want, as social scientists, we're going to want to be studying how these state-level decisions have affected population health.

Evan Schneider:

Yeah. Well, so given your expertise around all of these aspects of the problem that's going on right now, I just wonder if you could give your perspective, if you wanted the average American citizen to know one thing right now what would you want them to know? Or maybe two or three things?

Heather Howard:

Well, I think one thing I want people to know is that what you're seeing in the news about what's being reported about the status of the outbreak isn't the full picture. Right? I'm worried that we're starting to see good news, which I really welcome, that we may be seeing a flattening of the curve and that people are going to respond by letting their guard down. The good news we're seeing now is a result of the sacrifices people have been making and the social distancing, which is great, but we need to keep making those sacrifices because this outbreak is not over and there's going to be a lag in the impact on, so we have to keep social distancing.

Heather Howard:

I think there's this question of people understanding how an epidemic spreads. I don't think people appreciate that. I'm worried people are going to be quick to pull back on some of the measures they've taken. A second thing I would think about is, to me, one of the lessons we're going to learn is the need for a more nationalized response, that this patchwork of state responses that, Evan, you were asking about, that our federal system serves us well in many ways, we've got great state variation, we've got states experimenting with interesting things. It is not serving us well when we've got a national crisis. Because states are reacting in different ways. We're not seeing the federal leadership that I wish we had. We're seeing these different state responses and my fear is that means that this epidemic is going to last longer because it's going to move around and then take hold in places that didn't take a dramatic action early.

Heather Howard:

I think that lack of a national response and the way our system is set up, I think is a real risk for prolonging this. Then, maybe the third thing that is we're just starting to get a handle on, but that requires a lot more focus, is the disparities in our healthcare system that this is shining a light on, that are actually being magnified by the outbreak. I think when it started, people talked about this was going to be the great equalizer, that everybody was going to suffer and that class and race were not going to matter. Instead, what we're seeing is that they matter acutely, right? That the disparities inherent in our system and the structural racism that were operating in our system to begin with have just been magnified. We're starting to see data showing that.

Heather Howard:

You're starting to see that by race, especially African Americans, are much more likely to be suffering from COVID-19 and to be dying at much higher rates. That probably reflects a number of things, that they have higher disease burden coming in as a result of structural racism. It also may have to do with the effects of these social distancing measures that certain populations may not be able to socially distance because of economic factors. We need to keep on peeling the layers here, but I would recommend people start asking questions of health equity and health justice and what can we learn and when we come out the other end, what can we do to strengthen our institutional systems so that we have a better chance the next time this happens of having a much fairer system.

Heather Howard:

I mean because I think it is just tragic as we're seeing this play out, these disparities and these inequities.

Evan Schneider:

Some important, hard-to-hear words.

Heather Howard:

Yeah, I think so. But I think this is an example of where at Princeton we've got so many people thinking about these issues that hopefully we can help be a, what I like to call a policy feedback loop to the policy makers to highlight these disparities. We can do that by talking about them now and highlighting them and in my work working with states to make sure, this starts with reporting. How do we report the data so that we are talking about it and that it's in the sunshine? We're recognizing these disparities and then planning, how do we do better going forward?

Evan Schneider:

One of the major concerns currently is that healthcare systems around the world have proven to be inadequately prepared to handle infections at this scale. Your research has deeply analyzed how healthcare is organized and delivered and how improvements can be made. What are some of the structural weaknesses that COVID-19 has illuminated and what are the most critical areas for improvement that you see?

Heather Howard:

That's a great question and one that I hope we'll be grappling with as we come out of this crisis and think about how to be better prepared next time. To me, what we've learned is that our public health system has been underfunded and neglected for too long, especially coming out of the recession in '08 and '09. Part of the problem is that public health itself, when it's successful, you don't see it. It stops

disease spreading. Sometimes we forget about public health that's in the background. Our core public health programs are the ones that identify an outbreak, often trace that outbreak, and then contain an outbreak before it gets to be a pandemic. We've just seen that our country didn't have that capacity. We didn't have that capacity. It's the CDC to produce tests, we didn't have that capacity. It's at the state and local level to trace the contact, to test people, and then trace their contacts once we knew people had tested positive.

Heather Howard:

We had a real infrastructure problem that after years of disinvestment, I think that is a real concern and we're going to face calls, hopefully when we come out of this crisis stronger, that we're going to need to go back and bolster that public health system.

Evan Schneider:

Okay, great. Thank you. In uncertain times like this, it's often helpful to try and identify some possibilities or things that you're seeing that give you hope. I'm just wondering, what are some new developments you see that do that for you?

Heather Howard:

Well, we were talking earlier about, we've just marked the 10th anniversary of the Affordable Care Act and it's worth reflecting that if we didn't have the Affordable Care Act, we would've had 20 million more uninsured people. It's provided a good basis upon which to respond, that more people have had health insurance, and we've been better suited than we would have been 10 years ago. I think that's one thing I like to point to. With that, comes the fact that we still have far too many uninsured people and too many cracks in the system. I think it's possible that COVID-19 and the pandemic may provide a political opening for more progress. That as people come together and say, "Wait a second, recognizing that everyone having health insurance ensures that our community is safer." Maybe it will move us a little bit away from that individualistic approach that Americans too often take and people will have a much better recognition of the importance of universal access to universal healthcare and maybe there'll be more support for progress forward.

Heather Howard:

That's one thing that that tries to give me hope. Another has just been I think there's going to be much more of a recognition of the importance of our social safety net, and of those first responders, we're redefining who a first responder is right? There's much more of a recognition of the people who are making things work for us now. We're much more appreciative of people throughout our society who are sacrificing for us. I'm hoping there's more of that sense of supporting through it from a social safety net perspective, those first responders, and we've seen now Congress has passed three COVID-19 response bills that are intended to help respond to the crisis, but also provide economic stimulus.

Heather Howard:

I've been pressed that those have been bipartisan and have been pretty bold action thus far, and I'm hoping that Congress will be open to a fourth and a fifth and probably a six. This crisis is so deep, we're going to need more, we need more of a federal response. Finally, I've been heartened by our state and local leadership here in New Jersey. Our governor has been a calm, sober, data-driven leader responding, and I think we've seen that leadership from a number of governors across the country. I'm hopeful because of the leadership they've provided.

Evan Schneider:

This whole conversation is actually really close and personal to my life. I have a daughter who has a lot of severe special needs and so she's immunocompromised as well. I'm just wondering if you've heard anything about that population of families and kids and how this crisis is affecting them.

Heather Howard:

Well, I mean, so two things. One, I mean it's for your daughter, that just is such a reminder about why we're doing social distancing, right? And why that message needs to get out and why so many of us in public health, we're so frustrated to see the people on the beaches in Florida saying, "Well, what do I care if I get COVID-19?" Well, actually it matters because you're jeopardizing so many people, whether the elderly or people who are immunocompromised. I think people are understanding that better now, and that's good, and it is for her that we are doing this. I hope more and more people are understanding that. I think there is more sensitivity there. When you talk about young people, I do worry about when we're going to get back to school.

Heather Howard:

Our schools, especially K through 12, are a place where a lot of kids who are at risk, whether it's in health or in other ways, access services. That safety net is not as strong when schools are not meeting, whether it's through school lunch programs or other services that are provided through schools. A lot of that assumes that people are in school to access those services. I do worry that that safety net has been weakened because everybody's home now.

Evan Schneider:

Yeah, we're really lucky. We're really lucky we live in the state of New Jersey, because we qualify for in-home nursing.

Heather Howard:

Has that continued?

Evan Schneider:

It has. We've decreased our nurses to two from a larger group of people. We're going, some of the shifts are going unfilled, but that was a calculated risk on our part because those two nurses can cover almost all the shifts between the two of them. For instance, right now our nurse is spending time with our daughter. She's not getting the therapy, occupational therapy, physical therapy, speech therapy, vision therapy that she would normally be getting at school. You make a great point that, but on the other hand, our nurse knows our daughter really well and she's able to supplement a lot. It's helpful.

Heather Howard:

That's great, and I'm so glad, and they're being careful when they're healthy and they're, yeah. Yeah.

Evan Schneider:

Yeah, the nursing company has a lot of really good protocols already in place just as standard practice. We can move forward with this plan with a decent amount of certainty. But also with the knowledge that we may have to make some really harder decisions down the line in terms of whether we're going to continue to have folks in our house.

Heather Howard:

Yeah, yeah. My grandmother's 101 and living at home and it's the same issue of like who can, this whole issue of how to provide home care for vulnerable populations is really tough. Yeah. I mean these are all the issues, but yeah. Well I'm glad you were able to keep that up.

Evan Schneider:

Yeah, we are too. We're really lucky. Well, thank you so much, Heather, for your time. It was really wonderful to hear from you, some really extremely valuable information, things that people need to hear. Hopefully people will listen and we can get folks practicing social distance, wearing masks and gloves if they have to go in public and all that stuff.

Heather Howard:

Right. Thanks for having me on.