



IssueBrief

December 2020

A call to action: Case managers can help build healthy, equitable communities

Our nation seems more divided than ever. But in many ways, the fissures we are now seeing have been there all along. But it's not simply political. The divide is socioeconomic, and much of it comes back to health.

Where you live has a profound effect on your health and wellbeing. A zip code determines access to a range of services: schools, job opportunities, nutritious foods, social capital, social cohesion, access to transportation and of course quality health care.

To illustrate this, Georges C. Benjamin, MD, executive director of the American Public Health Association, points to two counties in West Virginia. Average life expectancy varies by two years between two neighboring counties. Putnam County, the more socially rich county, has a Healthiest Community ranking that is 20 points higher than close by Mason County (see Figure 1, next page). Higher ranking translates into higher average life expectancy and other better measurable health indicators.

It's not that the people in Mason County are making more unhealthy choices. Putnam County has better schools, a stronger economy and spends more money on public safety. Putnam's population is ultimately more healthy as they have more social resources. Mason County residents

"Case managers likely witness social aspects that impact client care and outcomes. The social workers, nurses and disability management specialists who are board-certified see firsthand how clients are burdened by poor living situations, lack of affordable food and polluted communities."

— MARYBETH KURLAND, CAE, CEO,
COMMISSION FOR CASE MANAGER
CERTIFICATION

do not have as much access to social goods, and thus there are health disparities in the state says Dr. Benjamin.

Roughly 80% of what makes you healthy or unhealthy occurs outside the health provider's office. Those social, economic and environmental factors that can affect health are social determinants of health. He points to several examples.

■ **Access to healthful food:** Currently society is working at cross purposes. "Health is about equitable access to affordable and nutritious foods. But policies don't always reflect that." For instance, although it is important to reduce substance abuse, some policies actually undermine that by drug testing people and then taking away their

"Health is about equitable access to affordable and nutritious foods. But policies don't always reflect that."

— GEORGES C. BENJAMIN,
MD, MACP, FACEP (E),
FNAPA, EXECUTIVE DIRECTOR
AMERICAN PUBLIC HEALTH
ASSOCIATION

food stamps and other support services when they're found to be positive. "Those kinds of policies tend to undermine our ability to have healthy communities."

■ **What and how much we eat:** We know that health is about how much we eat and what

we drink. It's not so much *that* we drink sugary beverages, says Benjamin, but how much. "When I was a kid, the sugary beverages were very small, but as many of you know, they've now gone from 12 ounces to 16 ounces to 32 ounces, and they're nothing but sugar. We're really working very hard to try to encourage people to drink less soda." Solutions range from consumer education to taxing sugary beverages. "We know such taxes, like tobacco taxes, reduce consumption of these."

■ **Safe food and water:** Despite the work of the FDA and CDC, we often don't have a safe food chain. "We have to recognize that that's a big problem in our country as well." So is access to clean water. We know that many communities still have unsafe water. We know about Flint, Michigan, but it's not isolated. "Many of our central cities have exposures of lead in their water," he says. "That's something we really need to pay a lot more attention to."

■ **Tobacco use:** Tobacco use is the leading preventable cause of death.

■ **Infrastructure:** "There's no question that bridges that fall down and kill and maim people are a problem. As a nation we have not really invested as we ought to in our core infrastructure," says Dr. Benjamin. That must change.

■ **Trash and garbage disposal:** "Health is about where we

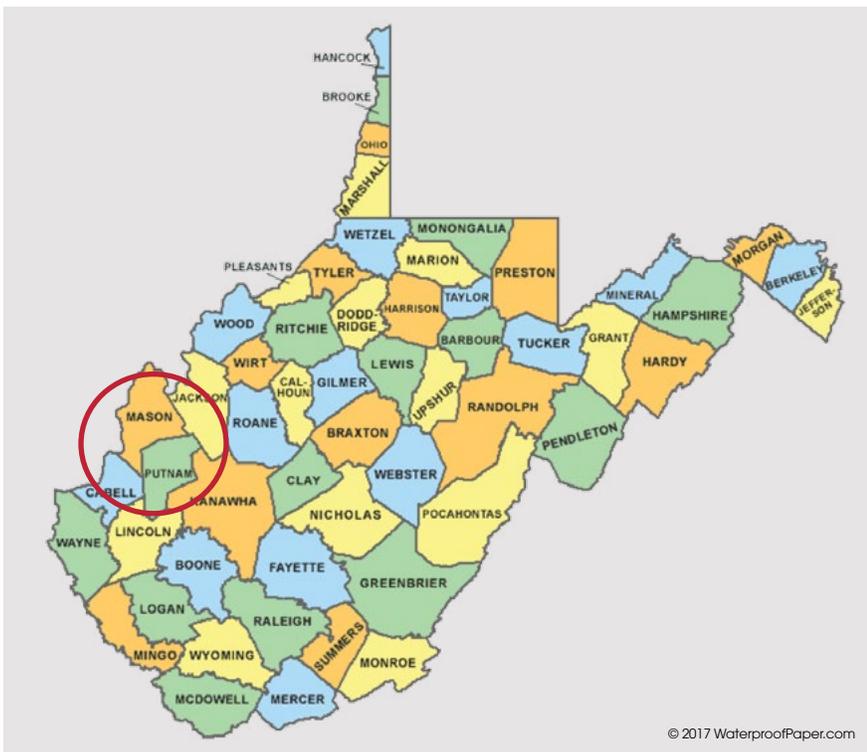


Figure 1

dump our trash; we see this as a problem far too often not only in our urban settings but increasingly in our rural communities.”

■ **City planning and places to play:** Health is about how we plan and build our communities and whether we make them walkable, bikeable and green. Too many people in our country lack “the ability to just play, to find green space—places where you can go when someone gets on your last nerve.” Health is about having places to play. “We know that having places for kids to go and participate in organized play results in better school performance, better mental health and better physical fitness.”

■ **External and internal stressors:** Racism, prejudice and unconscious and conscious bias result in enormous societal stress. He shares a personal example, as a Black man, related to such stressors. “I have two daughters and I remember having to talk with them when they were young. I’ve got three grandkids, two grandsons and a granddaughter, and I’ve already begun to have the talk with my grandson who is 10. And that’s insane that you have to do that, but until we deal with these issues of bias in our police departments, these children are going to continue to have problems.” Such stressors contribute to health issues, like hypertension.

■ **Income inequality:** Health and income are closely related. People’s ability to make a living and

work in communities that are safe is extremely important in our society and impact mental and physical health.

■ **Housing and homelessness:** Health is about equitable access to quality, affordable housing. “There are all kinds of

terrible environmental conditions that these folks are living in, that—if we had access to really high-quality affordable housing—we could prevent.” And of course, homelessness itself is a social determinant of health. We have huge encampments of people who are homeless in

COVID-19 and health disparities

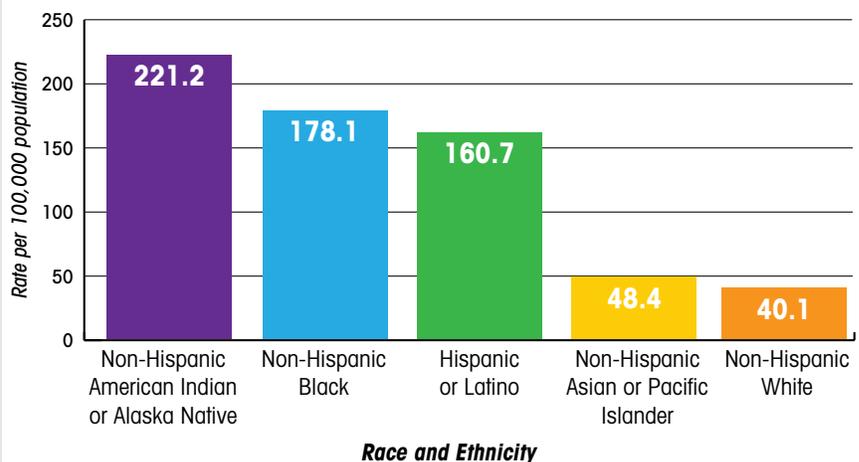
We know COVID health disparities due to race and ethnicity are substantial. There are myriad reasons.

Many of these individuals are in high-risk, public-facing jobs. They collect garbage, work in hotels and grocery stores and drive buses. Or they work in jobs with high rates of exposure, such as a meatpacking plant. He also points to “associative determinants of health,” such as clearly living in multigenerational homes, crowded housing, not having paid sick leave, etc.

And it’s also largely a function of limited access to health care throughout their lifetimes.

Of the people who get infected, about 20% become very sick, he said. They’re more likely to be those who have several chronic diseases: diabetes, heart disease, high blood pressure, obesity, etc. As a result, they’re much more likely to develop a more severe case of COVID-19. ■

Age-adjusted COVID-19-associated hospitalization rates by race and ethnicity, COVID-NET, March–June 13, 2020



"Far too many of these folks that are homeless are kids; they tend to be three to six times more likely to get sick or three to four times more likely to die prematurely."

— GEORGES C. BENJAMIN,
MD, MACP, FACEP (E),
FNAPA, EXECUTIVE DIRECTOR
AMERICAN PUBLIC HEALTH
ASSOCIATION

our country that we need to address. "Far too many of these folks that are homeless are kids; they tend to be three to six times more likely to get sick or three to four times more likely to die prematurely. And not only

does homelessness impair health; poor health—and lack of insurance—is a cause of homelessness," he says. "We know in many cases the absence of health insurance ultimately results in homelessness because those folks become impoverished."

- **Transportation systems:** We've built a system designed to move cars not people. "What we often do is just simply add more lanes on the highway." We also move people further and further away from where they work. This contributes not only to urban sprawl but to poor air quality.
- **Climate change:** "We know that climate change is here today. It's manmade, and it's harming our health." (See Figure 2.) It affects the air we

breathe and our water supply. The temperature fluctuations we are experiencing increases the instances of heat-related illness and death, particularly in urban settings. "As our planet warms up, we're going to be seeing more and more of those heat-related diseases."

Broadband and education

We're beginning to recognize that access to broadband is a social determinant of health. "If we didn't know that before, COVID-19 certainly brought that to the fore. All those kids that had to go home and/or are returning to school ... aren't able to do their schoolwork because they don't have access to Wi-Fi or may not have access to computers." And, he adds, it's not just a rural problem.

Benjamin compares the need for broadband in 2020 to the need for an interstate highway system decades ago. "You know President Eisenhower recognized the need for us to have an interstate highway system, and it created jobs. Now we can move from one part of the country to another. We need to do the same thing with Wi-Fi. It will create jobs. It will create great new green jobs as well in many parts of the community, and so this is very important for us to do, I think, and people should see that the lack of Wi-Fi is a social determinant."

Lack of broadband access has a significant—and growing—impact on education. And education

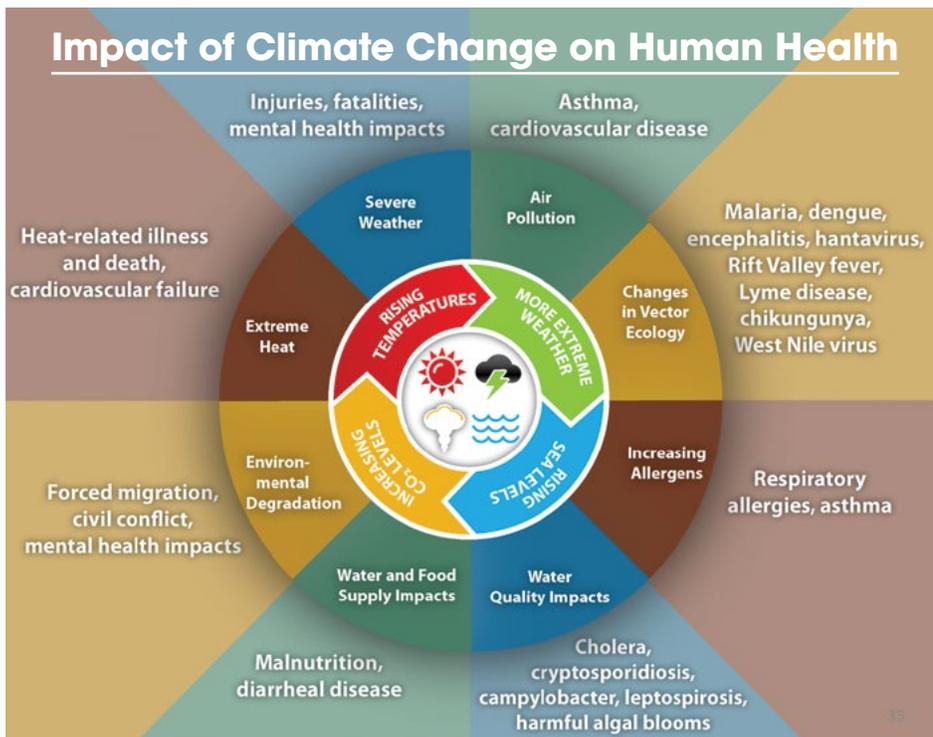


Figure 2

influences so many other factors—including infant mortality.

Research has found a strong correlation between a mother's education and a baby's chance of survival. "The more education the mom has, the more likely that child is to survive their first birthday." Figure 3 illustrates the relationship.

That's just one example of why it's so critical to ensure all children have access to education. And, to provide that education, schools—all schools, not just those in wealthy areas—need adequate resources.

"We know that, tragically, we're not investing enough in our public education. That's ultimately resulting in what we call the prison-industrial complex." Kids go to school but end up in the criminal justice system. Many schools are unable to provide the support for those students because teachers lack adequate supplies and equipment.

Connecting clients: Be bold

This non-exhaustive list of social determinants may be, well, exhausting. But case managers are perfectly positioned to begin to address—and mitigate—them.

Sometimes, it requires a little digging. For example, case managers should take a comprehensive social history for each of their clients and work to understand their needs. But sometimes, he warns, it's not enough to ask clients to volunteer information. Take food insecurity. "Quite frankly, people will not

"The more education the mom has, the more likely that child is to survive their first birthday."

— GEORGES C. BENJAMIN,
MD, MACP, FACEP (E),
FNAPA, EXECUTIVE DIRECTOR
AMERICAN PUBLIC HEALTH
ASSOCIATION

own up to that. They won't tell you that they're hungry." You must ask that question directly.

It becomes easier if they have children, Benjamin says. "They're going

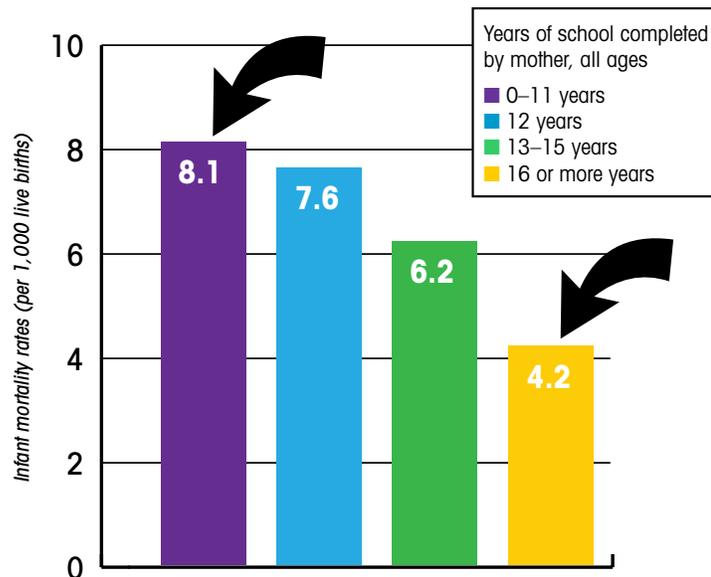
to feed their kids before they feed themselves. Are the kids progressing in their height and weight normally?" If they're not progressing normally, this could indicate food insecurity is an issue.

Another approach is to ask how the kids are doing in school. If they're not doing well, sometimes it's because of nutritional issues. Having a conversation about school performance can open the door to a broader conversation that can provide more clues about the reason for poor performance.

It is also beneficial to build partnerships with local religious institutions. "We know a faith community plays

A Mom's Education, A Baby's Chance of Survival

Babies born to mothers who did not finish high school are nearly twice as likely to die before their first birthdays as babies born to college graduates.



Prepared by the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco. Source: Mathews TJ, MacDorman MF. Infant mortality statistics from the 2004 period linked birth/infant death dataset. National Vital Statistics Reports; vol 55 no. 14. Hyattsville, MD: National Center for Health Statistics, 2007. © 2008 Robert Wood Johnson Foundation

Figure 3

an important role in connecting people to the services they need," he says. People will often share needs with their faith leader that they won't share with a case manager or other health professionals.

Case managers can play a tremendous role in helping connect clients with the resources and services they need. But they also have the opportunity to address the systemic problems in their communities.

Benjamin quotes Frederick Douglass: "Where justice is denied, where poverty is enforced, where ignorance prevails, and where any one class is made to feel that society is an organized conspiracy to oppress, rob and degrade them, neither persons nor property will be safe."

Says Benjamin, "I think he was trying to point out the importance

of engaging in a broad societal support."

A new social compact

Benjamin calls for a new social compact. Everyone thinks they know what a social compact is, but he offers a definition: "An implicit agreement among the members of a society to cooperate for societal benefits, this may involve sacrificing some individual freedoms for the good of the entire population."

The compact means making sure everyone has a living wage, making sure we address environmental laws, making sure we do criminal justice reform, ensuring access to affordable quality housing, making sure everyone has universal access to health insurance coverage as well as health care and good public education so that all of our

children can flourish and learn. "And at the core, such a contract will help us deal with the issues of racial discrimination and inappropriate privilege that are so corrosive in our society."

From equality to equity to justice

"I often talk about the difference between equality and equity and justice. Equality is giving everyone the same benefit." And as you can see in Figure 4, that really doesn't result in everyone being able to actually see that same sports event.

Equity is the next step—giving people what they need to participate fully. He uses a definition from the Robert Wood Johnson Foundation to explain equity: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires

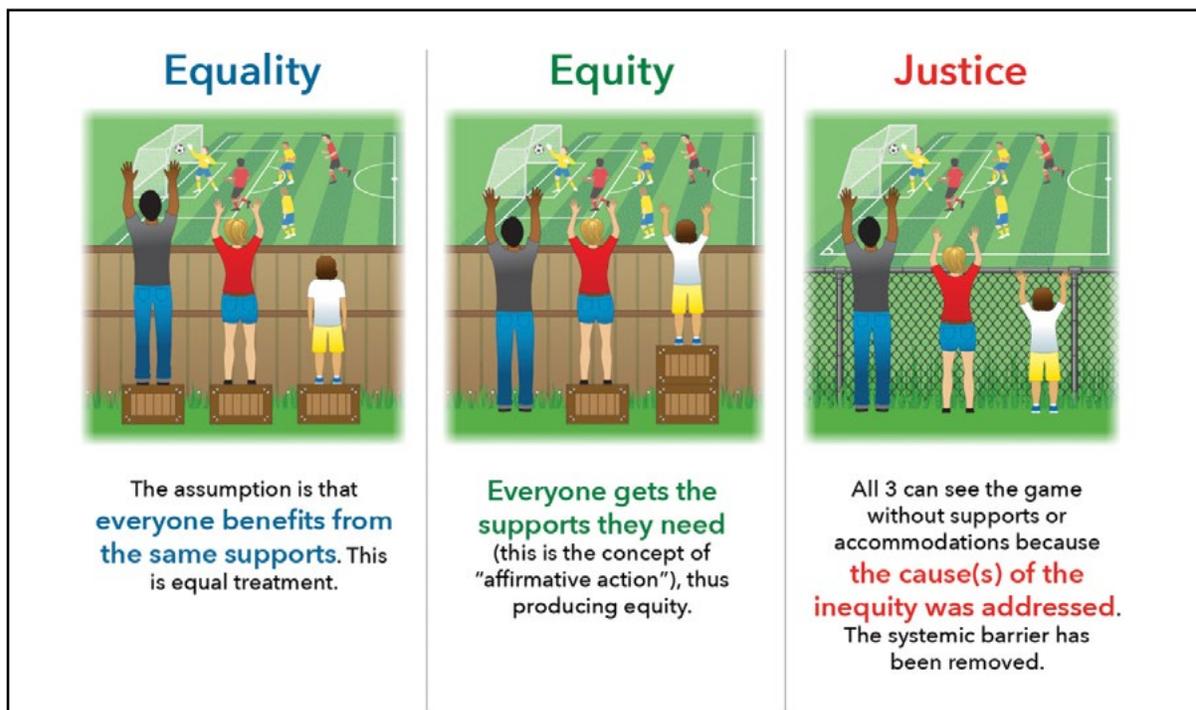


Figure 4

"I think the best way to do it is to get rid of that fence or make that fence porous so everyone can see, regardless of their height and size. That's ultimately what justice is all about. Public health at its core is all about justice."

— GEORGES C. BENJAMIN,
MD, MACP, FACEP (E),
FNAPA, EXECUTIVE DIRECTOR
AMERICAN PUBLIC HEALTH
ASSOCIATION

removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."¹

But even equity isn't enough; what's needed, he says, is justice. "I think the best way to do it is to get rid of that fence or make that fence porous so everyone can see, regardless of their height and size. That's ultimately what justice is all about. Public health at its core is all about justice."

The unanticipated messenger

As advocates, case managers can be champions for more than their individual clients. They bring an essential voice to

conversation related to societal needs, Kurland says.

Benjamin wants them to use those voices. "I encourage (case managers) first to get to know their elected officials—whether it is the city manager or the members of their city or county council or their state elected officials, even their federal officials—and be involved in the community discussions." These discussions may be about access to safe, affordable foods or housing or even other determinants.

Case managers can be the voice of expertise—the subject-matter experts. He encourages case managers to educate themselves and testify to the needs of their clients. Case managers have heartfelt and compelling stories to tell about their clients, he says.

"I encourage [case managers] first to get to know their elected officials—whether it is the city manager or the members of their city or county council or their state elected officials, even their federal officials—and be involved in the community discussions."

— GEORGES C. BENJAMIN,
MD, MACP, FACEP (E),
FNAPA, EXECUTIVE DIRECTOR
AMERICAN PUBLIC HEALTH
ASSOCIATION

"You're what I consider the unanticipated messenger," he says. "When I come in the room, they know exactly what I'm going to say, but when you come in, you're representing a cohort of people that have a need and an experience that very commonly is not told."

Commission CEO MaryBeth Kurland agrees. "Case managers likely witness social aspects that impact client care and outcomes," she says. "The social workers, nurses and disability management specialists who are board-certified see firsthand how clients are burdened by poor living situations, lack of affordable food and polluted communities."

It's those stories of lived experiences that everybody can understand and that can change hearts, minds and policy, Benjamin says. He offers other advice: Engage the next generation. Use multiple strategies that are tailored to local needs. Engage the business sector because this is very much an economic issue. It can bring about change. "I would encourage us to be ferocious in this effort because today's policy environment is, as many of you know, quite hostile." ■

¹ Braveman, RA., et al., What is Health Equity, RWJF, June 2017

About the Experts



**Georges C. Benjamin, MD, MACP,
FACEP (E), FNAPA**
Executive Director
American Public Health Association



MaryBeth Kurland, CAE
Chief Executive Officer
Commission for Case Manager Certification

Georges C. Benjamin, MD, is a well-known health policy leader, practitioner and administrator. He currently serves as the executive director of the American Public Health Association, the nation's oldest and largest organization of public health professionals. He is also a former secretary of health for the state of Maryland.

Dr. Benjamin is a graduate of the Illinois Institute of Technology and the University of Illinois College of Medicine. He is board-certified in internal medicine, a master of the American College of Physicians, a fellow of the National Academy of Public Administration, a fellow emeritus of the American College of Emergency Physicians and a member of the National Academy of Medicine. He serves on several nonprofit boards such as Research!America, the Truth Foundation and the Reagan-Udall Foundation. He is also a member of the National Infrastructure Advisory Council, a council that advises the President on how best to assure the security of the nation's critical infrastructure.

MaryBeth Kurland leads and sets the Commission's strategic mission and vision. She manages relationships with likeminded organizations and oversees business development as well as the Commission's programs, products and services. She works directly with the Board of Commissioners, building its corps of volunteer and subject-matter experts who directly support and evaluate certification and related services.

Prior to becoming CEO, Kurland served as the Commission's chief operations officer and was staff lead for the development and launch of the Commission's signature conference, the CCMC New World Symposium®. Kurland brings extensive experience to her role, having served as executive director of organizations including the Association of Medical Media, Office Business Center Association International and the League of Professional System Administrators.

She holds a bachelor's degree from the University of Delaware and is a member of the Institute for Credentialing Excellence, the American Society of Association Executives and the Mid-Atlantic Society of Association Executives. In 2011, Kurland was recognized as Association TRENDS Young & Aspiring Association Professional.



Commission for Case Manager Certification

1120 Route 73, Suite 200 • Mount Laurel, NJ 08054
(856) 380-6836 • ccmchq@ccmcertification.org
www.ccmcertification.org

WRITTEN AND PRODUCED BY HEALTH2 RESOURCES
© CCMC 2020

Join our community of
professional case managers!

