

Transcript – In Conversation with Dr. Lauren Smith

Michael Stein: Welcome to our latest public health conversation starter. This is a series of discussions we have with thinkers who provide a critical perspective on the work of public health. Today's conversation will focus on the role of foundations in this moment of new federal uncertainty. I'm delighted to be joined by Dr. Lauren Smith, Vice President of Strategic Portfolios at Robert Wood Johnson Foundation. In this role, Dr. Smith serves as a member of the foundation's senior leadership team and oversees strategy, development, implementation and management of RWJF's key focus areas or strategic portfolios, which include healthy children and families, healthy communities, leadership for better health, and transforming health and healthcare systems programs. Dr. Smith comes from the CDC Foundation where she served as the Chief Health Equity and Strategy Officer, bringing more than 25 years of extensive experience at the intersection of healthcare delivery, management, public policy, and public health.

Her career includes leadership positions at FSG, a leading social impact consulting firm, the National Institute for Children's Health Quality, the Massachusetts Department of Public Health, the Medical-Legal Partnership for Children, and Boston Medical Center. She is a graduate of Harvard College where she earned a degree in biology before earning her MD at the University of California, San Francisco School of Medicine, and an MPH from the University of California Berkeley School of Public Health. And finally, and most importantly, Dr. Smith is a resident of Auburndale, Massachusetts, and I know Boston and BU are near and dear to her heart. She completed a residency and chief residency in pediatrics at Children's Hospital in Boston and completed her general pediatrics fellowship at Boston Medical Center. She's also served as an associate professor at Boston University School of Medicine and was the medical director and interim commissioner of the Massachusetts Department of Health. Welcome, Dr. Smith. Thank you for being with us today.

Dr Lauren Smith: Thank you for having me. I appreciate it.

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Michael Stein: Well, we're just delighted you're here. So maybe you could start off by sharing a bit about your background and what led you to this role.

Dr Lauren Smith: Well, I'd love to. And first of all, I just want to say I appreciate being able to be in conversation with you. Believe it or not, when I first started at Boston Medical Center, my office was right across from the School of Public Health in a building that's no longer there, so I definitely have warm feelings for the whole institution. I think maybe the best way to start is there was a quote that's variously ascribed to different people, but I like the meaning of it, which is service is the rent you pay for living. And so that really has been a sort of through line for me and what I've wanted to do and tried to do during my career. It's been a winding road with a lot of steps along the way. You, in your very kind introduction, mentioned a few of them. I also spent time in the Massachusetts State House in the office of the speaker providing as a health policy fellow. I did some visiting professor work at the Harvard School of Public Health.

So in one of these jobs, and before I even went to med school, I worked as a policy analyst for HHS in their Office of Inspector General doing policy analytic work, so I actually worked in government before working in health. This circuitous route has allowed me to have a whole set of experiences and gain different perspectives that I think I've been able to coalesce into one overarching one, which is, I see how social and public policy works, I see when it doesn't work, and I see how those systems can contribute to people being healthy or not. And so that's what's ultimately, I think, the through line in my work.

Michael Stein: So yeah, you've really done a variety of things. So tell us a little bit about your day-to-day work now. Tell us what you do during the day.

Dr Lauren Smith: Well, yes. Well, what do we all do in the day? Zooming. Zooming. That's what we're doing during the day. But all jokes aside, this is a really stark moment for public health. I know I don't have to tell you that given what your role is. It's important to remember that governmental public health is just one part of the public health

system, which includes nonprofit, I mean the public health system more broadly, which includes nonprofits, academia, community-based organizations and others. This feels like, to me, Michael, as a crucible moment, really, where we are at the intersection of multiple crises that are testing the public health system, political interference for sure, but also the misinformation and the erosion of trust, the impacts of climate change, the persistent and potentially growing health inequities in many of our communities. We could go on and on.

So the work that I do today in my role at the Robert Wood Johnson Foundation is to harness or leverage the resources of our foundation to attempt to really meet the current need and to achieve our ultimate goal where health is not a privilege of some, but a right for all. Yeah. So let me tell you a little bit more about how that plays out. At the foundation, we have these three goals that we're hoping to accomplish in our lifetime, which I hope will be a long lifetime, and it's essentially my job to make that happen. So the first is believing that as a nation, where it's possible for families to have access to affordable quality childcare and where they don't have to choose between paying for food or other basic necessities, that they shouldn't have to fear that they're one serious medical issue away from bankruptcy or homelessness. So that's the economic inclusion for wellbeing, and we have a body of work that's looking to focus on that.

So we have grantee partners who, for example, are working to expand the understanding of how the tax system is a mechanism for supporting families and how it hasn't been used as effectively as it can be. And right now, there's a lot of things happening in DC, as I'm sure you're aware, in terms of thinking about how the tax code and the tax policies are going to be changing or potentially changing soon, which would have a big impact on children and families. So that's an example of a body of work. The second is we want to advocate for a healthcare system and a public health system that's respectful, that provides high quality care and interactions, and that it works with all communities to dismantle or undo structural racism, which we know is an underlying cause for many of the health disparities that have

persisted. And so that's that idea of an equitable and an accountable public health and healthcare system. So within that body of work, we're doing a lot of work right now focused on shoring up and protecting and preserving Medicaid because as you know, there's a lot of conversations happening about what a overhaul of Medicaid could look like and could do, so there's a lot I'm sure we could talk about there.

We're also doing work on the... How would I describe it? The introduction of for-profit business and business principles and approaches into healthcare delivery, right? I'm sure you follow what's been called the financialization of healthcare, where private equity will buy physician practices, will acquire hospitals, are already majority owners of dialysis and other kinds of centers. What are the implications of having a for-profit approach rooted in what was meant to be at the delivery of healthcare where health was the primary, and healthcare delivery was the primary goal, not profit or return? So that's an example of the kind of work that we're doing there. And then lastly, we imagine that flourishing communities where everyone has access to clean, safe water, stable housing, where jobs pay a living wage, where people have been able to move beyond concentrated poverty and segregation, that's the idea of healthy and equitable community conditions, and so we have a large body of work that's focused on that.

And that even includes things like how can we look at small and medium-sized cities and think about supporting them in partnering, doing public-private partnerships with government funding, with other sorts of infrastructure funding that came through to be able to engage in really positive development that's good for everyone in the community, and that brings the whole community along. So that, for example, a lot of these things are going to be trickier or potentially challenged given how things are playing out in Washington. So one of the things that I have to do every day is be on the lookout and be listening for what's happening, not to be reactive, but so that we can be well-positioned to respond, but we also have to be looking down the road and imagine what could be coming so that we are prepared. There's just been a lot that's happened in the last six or seven

weeks in the new administration, which has created a lot of need to respond in coherent ways.

Michael Stein: It's hard to keep up, isn't it? So go back a step because at least part of the portfolio that I'm interested in, of the four. Several came from the healthcare system and sector principally. But tell us a little bit more about this idea that the foundation has of that sort of cultural and community knowledge are critically important for building actionable evidence that informs policy. Tell us what that means in plain language.

Dr Lauren Smith: In plain language. Well, in plain language, I would say that we know that the barriers, you know that the barriers to good health are wide ranging and include social, economic, environmental factors that people experience in their communities and in their neighborhoods. So what we're trying to understand is there's a lot of ways of gaining information, data and understanding about not just what those factors are, but how are they interconnected, how do they play out over time? And more importantly, what are the ways to create alternatives that avoid all the bad outcomes that come from these? And in the past, I would say, we've relied on a certain kind of evidence, a certain kind of research, and I think there's an emerging, or not just emerging, but sort of a recognition that knowledge isn't concentrated only. I know you're in academics, but not only in academic centers, right?

The knowledge and experience of people who are living in communities is really important, and they have important perspectives and insights about not just what the problems are and how they might prioritize them, potentially somewhat differently than we might from our governmental public health or academic points of view, but what are the potential kinds of solutions or what would actually improve their health and wellbeing? So we just need better science that includes people with different experiences and perspectives and ideas. And of course we value scientific methods, but we're also trying to incorporate and value the local wisdom, the innovative approaches and new ways of working that we're hoping will advance society in really profound ways.

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- Michael Stein: So what I'm hearing you say is that there's a complementarity between sort of academic, empirical, large data analysis and sort of community lived experience knowledge. Those are complimentary.
- Dr Lauren Smith: Right. And I think the goal there is to be inclusive, right? So we need a health research system that addresses the complexities of health and wellbeing in communities while building trust with the people who live there. And this approach has to be inclusive, it needs to value the different ways, and by ways of knowing how people take in information and what they believe to be knowledge and understanding. And that is rooted in equity at every stage, right? From how data is collected, how it's prioritized, how it's measured, what meaning and interpretation and digestion of that data happens, and then, of course, how it's used to make decisions.
- Michael Stein: So do you do this at the foundation through convenings or through grantees who you send out into the field? How do you actually solicit this?
- Dr Lauren Smith: Well, lots of different ways. My department has work within it that uses these approaches. I also have a sister department, the research evaluation and learning department within the Robert Wood Johnson Foundation that is wholly focused on expanding this approach and incorporating it into the work that they do. So it would be across grants or be across, like you said, the convenings, it would be across all aspects of the work that they're doing.
- Michael Stein: So tell us a little bit more about how the foundation collaborates with other health funders or other foundations. How do you think about that?
- Dr Lauren Smith: Well, we know that it is essential for us to work in partnership because even with substantial resources of a foundation like ours, there are not enough resources in any one foundation to meet all of the needs of the work that we really want to be about doing, so linking and connecting with others is really essential. So an example of how this is playing out is, a few years ago, the Robert Wood Johnson Foundation launched something called the

Funders Working Group for Racial Justice and Health Equity. And that brought together about 12 local and regional foundations along with Robert Wood Johnson. And so we recognized that it was important to link with these local and regional funders because they have a unique connection to their communities, right? They're closer, they have more proximity, right? They know what's happening in their communities, they have the networks, they have their personal connections, the leaders live in those communities, so the linkage and the rootedness is really important.

And so we wanted to be able to learn from them how they are approaching their place-based work, and to be able to sort of be in partnership, both to understand that, but then to also understand how we as a national funder might in fact show up differently or adjust how we were thinking about our work in place to be in better coordination with local and regional funders. So we are exploring what that's looking like, and so that's an example of how we might collaborate. Another example is we collaborate with funders, other foundations, on work related to public health communications. I'm sure you've heard of the public health communications collaborative with it, which is co-funded by several other foundations, including Kresge and De Beaumont, and the CDC Foundation participates, as does the Robert Wood Johnson Foundation. So

Michael Stein: how do you think universities can collaborate with private sector foundations, et cetera, to advance public health at the moment? How do you...

Dr Lauren Smith: Ooh, that's a tough one, Michael, because this is a tough time for universities, and literally every day it seems like there's a new assault on universities either directly or indirectly coming from the administration. And at the same time, it feels really imperative that we keep a commitment to the underlying values and principles that serve as the foundations of our institutions of higher learning and those kinds of principles around diversity because having different perspectives, people from different backgrounds, improves the quality of the work and better positions teams to get good outcomes, as an example. What's good for the field and

good for social wellbeing and good for our communities and good for health are those underlying principles of diversity, equity, inclusion. So I hope that universities continue to remain committed to those. Feels to me like truth does really matter. There is such a thing as truth, and universities have a responsibility to champion that.

And although it is a challenging time for universities, I really hope that they're able to sustain their commitment to truth and those underlying principles and values, because if they don't, that will be an incredible loss for all of our society.

Michael Stein: So let's assume that I as a dean or the university as an institution upholds these principles and values. It's a very different question than for an individual investigator who has used letters like DEI in their grant applications. And at the moment, those are very letters or words, however undefined by our current administration, are being attacked, and people's research careers are therefore upended. So can you talk a little bit more about the role of your foundation and maybe others foundation in bolstering that kind of work for these faculty who are interested in these topics? So for instance, I understand the MacArthur Foundation has increased its payout on its endowment to grantees recently trying to sort of add more money to perhaps the pot that's available to people who do this kind of work. Are you planning to follow in that direction? Or how do you think about it for the support of these kinds of principles and values that we both need to enunciate but also need to do the work about?

Dr Lauren Smith: Right. So really an important question. So there's a few things in your question that I want to attend to. The first is, I firmly believe that the distortion and warping of the concepts of diversity and equity and inclusion and the sort of Orwellian contortion of them to now mean something that's really a 180 degrees from what they actually do mean, but that's how they're interpreted, I think it's really problematic, and I think that there's at least two ways we have to go. One is folks are talking about reclaiming the terms and saying, hey, we want to reclaim them and with their original meaning. And the other is something that I think is also important,

which is around, if I say do you think it's important that people with different abilities or different backgrounds are part of teams and have the opportunity to access services, et cetera, and to be able to contribute, most people would say, yes, that makes sense. If I use the word inclusion, then suddenly that becomes a problem?

So it feels to me that if you were, to use your question about plain language earlier, if you were able to explain what the underlying concepts and values of this now manipulated and distorted letters actually mean, most people would say, yeah, that makes sense. So I think there's something to do there to either reclaim them or to talk about the underlying concepts in a way that everyone in the grocery store can understand and also be able to embrace and support. I think that the reason they've been successful in the manipulation of this is that the concepts weren't well understood, and so then they could be distorted. In terms of what the foundation is doing. So a couple of things. One is that the foundation has, over at least the past several years that I'm aware of, had a larger than required sort of payout in general. So it's not sitting by or limiting itself to what the IRS sort of requirements are. So I think that's important. The second is that we know that data and science and knowledge is essential.

And so as I mentioned, my fellow department, the research evaluation and learning department, that's the whole focus of what they're doing. So that includes both supporting academics in institutions where we've had longstanding connections, but also in expanding our connection to institutions where we haven't had as strong connections say in historically black colleges and universities. So that's an area where we are expanding our work, both in their department and in my department within our leadership for better health body of work. In terms of how to support individuals, researchers, we're looking to see like what kinds of convenings, what kinds of infrastructure we can do that will help clinicians and researchers be able to continue their work in a way, I wouldn't say stealth, but in a way that allows them to also be protected, both in terms of their own personal security and other security.

Because we also know that some of the very researchers that you're talking about, not only are they losing their funding, but they are becoming targets for threats, all sorts of threats. Some of them perhaps not as worrisome, but still, you don't want to go to work and have to face that. So we're looking for ways we can support the field in addressing those now increasingly important cyber and physical and other kinds of security ways.

Michael Stein: I like your ideas of sort of reframing the concepts and the language and trying to grab some of that back if possible, and expanding in places where you can. So I think that sounds promising. So tell me, finally, so what gives you hope in this moment of chaos and ungovernance?

Dr Lauren Smith: Well, as we look toward or as we are observing, I would say, real challenges to basic democratic institutions and policies and behaviors that I think many of us didn't expect that we were going to have to be debating. I, as a pediatrician, Michael, did not expect that we were going to be having to debate the overall efficacy and utility of measles vaccinations. Like, yes, I knew that we always had had some sort of naysayers, and there'd been the link to autism that had been debunked, but not the idea that we would have a Secretary of Health and Human Services who would call into question the importance of this major public health advance that has allowed... Yeah, we didn't imagine that that was going to be the level that we were going to have to be fighting to support things that we thought were givens. That being said, it feels like we're not only having to do that, but also thinking about what is the kind of future we want to see for ourselves and for our families and our friends and neighbors.

And what gives me hope is seeing community leaders and others who are still remaining focused on social justice and the kinds of conditions that you as a public health practitioner know are essential for healthy community conditions for healthy communities to thrive. Two weeks ago now, there was a group of grantee partners that gathered in Atlanta. And so hearing how they were approaching their work, persisting in the face of deep challenges, these are groups that were advocating on behalf of individuals with

disabilities, on different immigrant groups, LGBTQ communities, indigenous groups, and just hearing how they remain galvanized and mobilized and activated was really impressive. And the fact that they were working together across movements was also giving me a lot of hope in that people recognize that the stronger together idea, that not in our silos, but we really have to find the common ground and be able to convey a shared sense of the future that is possible and that our wellbeing is connected. I think that gives me hope.

I think one of the dangerous things that's happening now is the idea that every person is an island and that you're not connected to your fellow people and that if it's okay with you, then you don't have to be worried about anyone else, and the peddling of a zero sum kind of mindset, whereas if something gets better for someone else, it's going to mean that it has to get worse for you. We have to be able to provide an alternative view and to push back against that very limiting and I think inaccurate, which is the worst part, right? It's not even true, mindset around that zero sum. So whenever I see people going against that and being able to challenge that, that gives me hope.

Michael Stein: So that's beautiful, and it brings us right back to where we started, which is public health is service, whether it's the rent you pay, as you said, and that public health is local, as you've talked about in all your community work, and that public health service finds its way naturally to partnership. So I think that's a beautiful answer that combines sort of the three things we've been talking about today.

Dr Lauren Smith: Oh, there you go.

Michael Stein: I'm so glad to have had the chance to spend some time with you.

Dr Lauren Smith: Oh, I've enjoyed it. It's wonderful to be able to talk about not just the work we're doing, but at this time I'm so thrilled that you all are having these conversations, that you're promoting careful and thoughtful consideration around what is the role of public health and what we can be doing because it's so essential so I'm really glad to participate.

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Michael Stein: Thanks again and have a great day.

Dr Lauren Smith: Thank you.