

Transcript of the [Socially Determined Podcast](#)

“The Social Genome”

with Dr. Isabel Sawhill, Senior Fellow at the
Center on Children and Families at the Brookings Institution
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ANNOUNCER:

Welcome to Socially Determined, a podcast about the social determinants of health. This podcast is hosted by Dr. Gabriel Kaplan, Board President of the National Association of Chronic Disease Directors. Dr. Gabriel Kaplan interviews Dr. Isabel Sawhill, Senior Fellow at the Center on Children and Families at the Brookings Institution, about her work on the Social Genome Project and her research on how unplanned pregnancies have a generational impact on public health outcomes.

DR. GABRIEL KAPLAN:

Hello and welcome to our podcast. Today we are pleased to be able to have a conversation with Isabel Sawhill, who is a senior fellow in Economic Studies at the Brookings Institution in Washington, DC, where she works at the Center on Children and Families and on the future of the middle-class initiative. Dr. Sawhill's research spans a wide array of economic and social issues including fiscal policy, economic growth, poverty, social mobility, and inequality. Her latest book is *The Forgotten Americans: An Economic Agenda for a Divided Nation*, published by Yale University Press in 2018. She has served as Vice President and Director of the Economic Studies Program from 2003 to 2006 and was Co-director of the Center on Children and Families from 2006 to 2015. Prior to joining Brookings, Dr. Sawhill was a senior fellow at the Urban Institute. She served in the Clinton administration as an Associate Director of OMB where her responsibilities included all of the human resource programs of the Federal Government, which account for one-third of our federal budget. Dr. Sawhill, thank you so much for joining us today.

DR. ISABEL SAWHILL:

Thank you for having me.

DR. GABRIEL KAPLAN:

Why don't we get started by telling our audience, our listeners, a little bit about what the Social Genome project is and how it came to be?

DR. ISABEL SAWHILL:

Well, the Social Genome Project started probably about eight years ago at Brookings, and I had the idea that we were not being strategic enough in thinking about child development and the various stages of a child's life and how it matters how people turn out in adulthood. How they're doing during the early stages of childhood, and then also of course as people get older they face new transitions, and adolescence, and early adulthood, even in middle adulthood, and so forth. And the policy angle on this was we hoped that we could have more people achieving the

American dream being middle class by middle age, as we put it. And the whole purpose from a policy perspective was to figure out what are the most important transitions and benchmarks that people need to achieve in order to be successful in life. Now I should add we were not the first people to have ever done this, but I think what was unusual is that we did it in a more rigorous and data-oriented way than had been done before, and a more policy-oriented way.

DR. GABRIEL KAPLAN:

So what did you find out from the research that you did going into this study? What were those important benchmarks and what were those critical policy levers that could influence life trajectory?

DR. ISABEL SAWHILL:

Well, we put a lot of emphasis as I indicated on childhood and so we started out with: what are the circumstances of your birth, your parents' education, and income, and so forth. And then we looked at how a child is doing, let's say in the preschool years and then we looked at whether you're achieving various benchmarks by the end of elementary school. Are you reading, doing math proficiently? For example, do you have the right social, behavioral metrics going in your direction? And on through adolescence and early adulthood and so forth. Did you graduate from college? Obviously, did you graduate from high school? And what we found is that each stage of life, how successful you are at each stage of life really plays quite a strong role in your later success. Successes is a cumulative process. And I think the policy angle on that is it means that you need to intervene early. You need to prevent problems from happening if you want people to be successful. Doesn't mean that the people kind of get off track in terms of our metrics of success, they can't get back on. But it just means that it's very helpful that if you're successful at an earlier point in life.

DR. GABRIEL KAPLAN:

And so if the state were to adopt this—and we've talked previously that a number of states have—what would be one of their first steps as they approach this problem? Would they begin by sort of looking at data? Would they begin by identifying key policy levers that they wanted to try to affect?

DR. ISABEL SAWHILL:

That's a great question and I think let's just not get too deep into all of the data and research issues here, which there are many, and just pull back and think about the fact that one of the problems or challenges that I think states and cities face is they have a lot of different departments and agencies doing different things, and you don't quite know how it all adds up or how it all fits together. So this becomes a kind of strategic framework. And one of its values is that you can pull together around one table, so to speak, all of the different parts of a state's system to see what everyone is doing and how it all fits within this common framework. So health departments are doing one thing and social services are doing another, and education is still doing something else, and so is economic development, and so forth and so on down the line. And we have found that by using this kind of strategic framework, even without the data, it's helpful to get people on the same page and understanding better how their efforts support one another.

DR. GABRIEL KAPLAN:

So one of the articles that really is a sort of a seminal piece in public health these days is this article by Dr. Karen DeSalvo, who we also interviewed as part of this podcast series. She was assistant secretary for health under Barack Obama, and a bunch of colleagues wrote an article called Public Health 3.0, which talks about the importance of public health moving into the field of the social determinants and forging partnerships with allies in other agencies. And one of the things they call for is for public health to act as a convener in this conversation. As you think about the social genome effort, do you think that it would be appropriate for public health to try to play this convening role, or does it need to sort of sit at a higher, more executive level?

DR. ISABEL SAWHILL:

I think public health is a good place to start. I think it would be even better if you had backing from people higher up the chain. When we introduced this in Colorado, we had the backing of Governor Hickenlooper and the first kickoff conference introduced the whole approach to the state was led by the governor himself. And of course, that helped to make sure that everybody else was willing to come to the table. As I think we all know, there's always going to be some petty jealousies and lack of understanding between the different departments. So it's best if it can be kicked off at a higher level, but not essential.

DR. GABRIEL KAPLAN:

And one of the things that sort of resonates in hearing this concept is the other idea that's been pioneered out of Stanford called the collective impact approach, which calls for a backbone organization to play a role when multiple entities or agencies or departments are being brought together for a very broad, comprehensive effort in which coordinated action is trying to take place. Does that sound like it would work, and this is a good venue in which to apply that?

DR. ISABEL SAWHILL:

Absolutely. I believe that is fairly essential, because you need a trusted, neutral source, often an outside intermediary of some kind, to make this work, to make sure it stays on track, to listen to everyone on an equal basis, to simply keep it organized and moving forward, and to bring some data and evaluation to bear on the questions that are raised. I mean, oftentimes what we saw is that you had at a state level—and this could be at a county, or a city, or any other level—you have advocates who have a lot of clout and a lot of importance in doing great work, and they passionately believe that whatever they're doing is working, and sometimes it is, and sometimes it's not, and you need someone who can be the neutral arbiter in that situation.

DR. GABRIEL KAPLAN:

Interesting. So what do you think are sort of the key levers that a chronic disease program could potentially push and pull in order to sort of have a role in this venue? I think one of the things that my colleagues and I, and other states really struggle with is much of our funding comes from the federal government. It's intended to focus on secondary and tertiary prevention projects, so the kinds of interventions where someone is either on the cusp of chronic disease or has already developed the chronic disease.

And with the social determinants of health we're really asking people to think not just about primary prevention, but what might be called primary primary prevention, where the prevention work goes in before primary prevention. So if primary prevention is moderating access to healthy foods and trying to increase it, or regulating access to unhealthy foods, or leveraging and encouraging opportunities for physical activity, or policies to prevent smoking initiation

among youth, primary primary prevention, as it were, might be looking at the education system, looking at the nutrition system, making sure that children are growing up in stable homes and learning good life skills. How can chronic disease make the shift into this arena, and what advice would you give to a chronic disease director who's interested in making that move?

DR. ISABEL SAWHILL:

Well, I think what you just said is terribly important, and you said it very well. It is all about primary primary prevention, about going up front and dealing with these issues before they even occur, and I think it does need to bring in education. It definitely needs to bring in family and healthy birth, and it has got to focus on lifestyle choices, and the way people live, and not just what we do for them after they develop a chronic condition. So the whole thrust of this approach is to go—I think I said upfront before; I meant upstream as opposed to downstream in what's causing these problems.

DR. GABRIEL KAPLAN:

So some states had elected officials who are going to be potentially concerned about investments upfront, because they pay dividends so far down the road, and the amount of investment can be quite sizeable in order to have the kind of marginal return on a kind of scale that's going to reap dividends for broad members of the population going ahead. How can government officials, who want to bring The Social Genome Project to elected officials' attention, get them to sort of orient around this idea that maybe some of the paybacks are going to be beyond their term of office and that moving resources out of sort of immediate interventions might create potential challenges in terms of the ability to address those who already have a chronic condition since resources are somewhat limited. How would you advise public health officials to sort of talk about these kinds of challenges with elected officials in terms of the tradeoffs and the benefit and making the right choices for society?

DR. ISABEL SAWHILL:

That's another very difficult set of issues. Unfortunately, money is always in short supply and people do want to focus on short-term benefits rather than long-term, and they do worry about whether the benefits of any intervention will accrue to some other part of the government and not to their department. And there are a number of people, including my colleague, Stewart Butler at Berkings, who are working on this issue of a sort of no wrong pocket. Nobody should be discouraged from trying something just because they're not going to reap the benefit. But that's a very sticky problem and does have to be worked on.

DR. GABRIEL KAPLAN:

It sounds like there's an opportunity to do some education of the broader public and policymakers around some of the findings at the front-end of the social genome project about the importance of key levers and the importance of investment. I know in our state, when we have approached voters to approve tax increases for these kinds of investments, they've typically rejected them, and I think it sort of speaks to the broader skepticism about government's ability to take resources from the public and make the right investments that yield the right long-term rewards. Are there particular findings that are so powerful they can sort of break through some of the noise around this and sort of crystallize public realization of the need to make these investments?

DR. ISABEL SAWHILL:

Well, let me mention one area that I happen to have done a lot of work on. In fact, I wrote a whole book on it, and that is making sure that children are born into families that are really ready to take care of them and want to be parents and are equipped to be parents. And this is not uncontroversial, but it has gotten a lot of traction in a lot of states now.

And the whole idea is to make sure that people are not having children before they want them, and we've had a lot of success there. We have reduced the teenage pregnancy rates. Of course, most teenage pregnancies are unplanned and many of them end up being aborted, but many of them end up with children being born to families who are really not ready to care for them and who then become a burden on the public sector and especially the health system. In Colorado, for example, where they have made access to inexpensive and effective forms of contraception more available, they have reduced the unplanned and teen pregnancy rate a lot, and that has saved a lot of money for Medicaid and for other social programs. And it's also, by the way, reduced abortion dramatically. So this should be something that we could come together around. Now, I understand there's still some political issues surrounding those issues, but there shouldn't be. The first thing we should focus on is that a child is born into a family that wants that child and wants to raise that child.

DR. GABRIEL KAPLAN:

It sounds also as though the notion of some kind of very salient dashboard of these key milestones and the data around those milestones is important for a state to put together. And public health, of course, excels at organizing and collecting and analyzing data. And can you speak to the role that such a dashboard plays and the kinds of things that public health is able to do to sort of raise public awareness and coordinate and really sort of spring activity out of other state agencies?

DR. ISABEL SAWHILL:

Yes, again, I think it's an excellent idea to try to do that. It is very hard to create a dashboard and various milestones and get the right data at the state level because the data at that level just isn't as good as it would be for example, nationally. Nationally in the social genome framework, we use longitudinal data that's followed the same children over many, many years. And where necessary, we've done a huge amount of work to impute the data that's missing or pull it in from somewhere else. And all of that is very time-consuming and expensive and requires very strong statistically-oriented researchers. But I think something like that, even if it isn't hugely sophisticated, it has to deal with gaps in the data, is still a useful frame around which states can organize and think about what are the key benchmarks and stages of life where we need to be doing better.

Take high school graduation. That's a very simple metric. You can usually measure it almost anywhere. And then you can begin to have a useful discussion about what else needs to be done to improve high school graduation rates. Or maybe it's improving access to some kind of post-secondary training or maybe it's dealing with the fact that a lot of children by age 10 are not really reading proficiently. All of these metrics should be looked at and then a discussion should ensue about why we're not doing better and what interventions could make a difference. By the way, the social genome model has been used to look at in a very rigorous way programs that have been successful where we have randomized control trial evidence that something has been successful to change one of these metrics at the national level. And we can then tell you

how many more people will be middle-class by middle age if we introduce that particular intervention on a wider scale.

DR. GABRIEL KAPLAN:

Is that something, that information, is that available on the Brookings website or have you built a special dashboard with that data set that sort of highlights those pieces?

DR. ISABEL SAWHILL:

We have written some papers that do lay that out, and you can find them on the Brookings website or simply by googling social genome model or even my name, Sawhill, and that should come up. I should mention briefly that there is ongoing work to improve the model at the national level, and its ability to tell us which programs are having what effects on people's success in life, and that is a large foundation-funded effort with three different research organizations involved, the Urban Institute, Child Trends, and Brookings. And we will not have results from that probably for another six months to a year.

DR. GABRIEL KAPLAN:

Interesting, well, thank you so much, Dr. Sawhill. I think that you and I should probably talk. And I should get a hold of some of those articles and we can post them on the links from our podcast website, so that our listeners who want to go back and see some of these articles and identify some of these interventions and in particular, what excites me about this is the notion of a return on investment figure. A notion that for every dollar that a state puts into this, here is the payback that's going to happen.

Here's the return that the state can see. Here are the benefits that would accrue from this investment. I think that's the kind of language that can appeal to people on both sides of the aisle and really speaks to the kinds of needs that we need to make as a nation. The needs we need to address and then the kind of investments we need to make.

DR. ISABEL SAWHILL:

I couldn't agree more.

DR. GABRIEL KAPLAN:

Well, thank you so much, Dr. Sawhill, for your time. You've been really generous with us. And I think we've really learned a lot from you. And I wish you the best of luck. Thank you.

DR. ISABEL SAWHILL:

Thank you very much. And good luck.

ANNOUNCER:

Thank you for listening to socially determined. A podcast brought to you by The National Association of Chronic Disease Directors. Please visit www.chronicdisease.org to listen to more podcast like this one.

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