

APHA POLICY ACTION INSTITUTE 2019
Public Health Under Siege:
Improving Policy in
Turbulent Times

**APHA Policy Action
Institute Proceedings**

de Beaumont

BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES™



AMERICAN PUBLIC HEALTH ASSOCIATION
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INTRODUCTION

Increasingly, public health professionals are recognizing the importance of policy in achieving sustainable improvements in health. Rather than quick-fix solutions that address a symptom of a problem, policy has the potential to tackle the root causes of poor health—which is not only more effective, but also a better investment of resources.

The American Public Health Association (APHA) holds its annual Policy Action Institute to discuss practical ways to implement effective policy at all levels. Along with AcademyHealth and the de Beaumont Foundation, the February 2019 event brought together local, state, and national leaders to discuss common issues, opportunities, and strategies to address the nation's biggest health challenges.

This report is a snapshot of the conversation at the 2019 Policy Action Institute. Titled “Public Health Under Siege: Improving Policy in Turbulent Times,” the event covered the practical challenges in implementing policy even when the public health solution is clear, like the proven health benefits of Tobacco 21. These challenges are compounded when the nation as a whole grapples for common ground in an increasingly polarized political climate.

Even within this context, The 2019 Policy Action Institute opened a space for healthy dialogue and productive discussion. Several speakers defined progress as an ongoing, piecemeal process, guided by difficult—yet indispensable—partnerships. Others focused on taking bold strides at the local level. However, each speaker—and, just as important, the attendees—contributed to an honest and dynamic atmosphere where participants could examine the many intersections between health and policy.

We hope this report can honor the room's energy, open dialogue, and thoughtful discussion; serve as a practical step toward incorporating health in all policies; and capture key advice from leaders in the field.

The conference would not have been possible without participants' engagement, the speakers' time, and top-notch staff. We hope this document will be valuable to you as you work toward our common goal of improving health for all.

ACKNOWLEDGMENTS

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Event photography by Joe Center Media.
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AGENDA

8:30-8:40 a.m. **Welcome:** Dr. Georges C. Benjamin and Dr. Lisa Simpson

8:40-9:10 a.m. **Opening Keynote:** ADM Brett Giroir, MD, Assistant Secretary of Health, U.S. Department of Health and Human Services

Morning Moderator—Susan Dentzer, President and CEO of the Network for Excellence in Health Innovation

9:10-10:00 a.m. **Session 1: THE STATE OF U.S. PUBLIC HEALTH POLICY: FEDERAL PRIORITIES AND LOCAL SOLUTIONS**

Panel Discussion: All Health is Local: Using Policy as a Tool for Community Health Improvement

- Catherine Patterson, de Beaumont Foundation
- Ron Nirenberg, Mayor of San Antonio
- Colleen Bridger, MPH, PhD, Director of the San Antonio Metropolitan Health District

10:30-11:00 a.m. **Keynote: Speaker of the House: Speaker Nancy Pelosi (D-CA)**
Session 2: VIOLENCE AS A PUBLIC HEALTH ISSUE

Panel Discussion: **Session Keynote:** Former Connecticut Governor Dannel Malloy

- Mary Gavin, Chief, Falls Church Police Department
- Kyleanne Hunter, Vice President Programs, Brady Campaign to Prevent Gun Violence
- Helga Luest, Abt Associates

Afternoon Moderator—Shelley Hearne, DrPH, President, CityHealth

1:00-2:00 p.m. **INNOVATIVE EFFORTS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH**

Fireside Chat:

- Steve Clemons, Washington Editor at Large, The Atlantic
- Leana Wen, MD, MSc, President, Planned Parenthood

2:00-3:30 p.m. **Session 3: REGULATORY POLICY: A SOCIAL DETERMINANT TOOL**

Fireside Chat:

- Henry A. Waxman, JD, Principal, Waxman Strategies, Former Member of Congress
- Joshua Sharfstein, MD, MPH, Former Deputy FDA Commissioner, Vice Dean for Public Health Practice and Community Engagement at the Johns Hopkins Bloomberg School of Public Health

Panel Discussion:

- Nse Witherspoon, MPH, Executive Director, Children's Environmental Health Network
- Stan Dorn, JD, Senior Fellow, Families USA
- Anand Parekh, MD, Chief Medical Advisor, Bipartisan Policy Center
- Joshua Sharfstein, MD, MPH, John Hopkins

3:40-5:15 p.m. **Session 4: #SPEAKFORHEALTH: A CALL TO ACTION**

Panel Discussion:

- Leslie R. Crutchfield, Executive Director, Georgetown University Global Social Enterprise Initiative, McDonough School of Business
- Emily Holubowich, Executive Director, Coalition for Health Funding
- Xavier Morales, President, The Praxis Project

4:40-5:30 p.m. **CLOSING SESSION**

Session Keynote: Boris Lushniak, MD, Dean of the University of Maryland School of Public Health

Closing Remarks: Dr. Lisa Simpson and Dr. Georges C. Benjamin

APHA POLICY ACTION INSTITUTE 2019 Public Health Under Siege: Improving Policy in Turbulent Times



Public health leaders from around the country explored the power of policy and identified practical steps toward a healthier future at the American Public Health Association's inaugural Policy Action Institute. The event, "Public Health Under Siege: Improving Policy in Turbulent Times," was held in Washington, D.C., on February 6, 2019, building on AcademyHealth's annual National Health Policy Conference.

Attendees were welcomed by APHA Executive Director Georges C. Benjamin and AcademyHealth President Lisa Simpson. Both leaders underscored the importance of policy as a health improvement tool. Dr. Benjamin highlighted APHA's ongoing efforts to encourage people to engage in the advocacy around health, including Speak for Health. This initiative gives health professionals and the public tools they need to talk to their members of Congress about the importance of public health.

Dr. Benjamin stressed the urgent need for attendees and members of the broader public health community to advocate for sound health policy. This engagement is a powerful way to improve health for all people.

Participants reflected on their progress, assessed the environments they work in today, and shared their expertise in making lasting change in communities' health. Dannel Malloy, former governor of Connecticut, captured the event's core purpose by ending his keynote address with a challenge his mother gave to him: "You have an obligation to leave the world a better place."

After listening to engaging discussions among lawmakers, academics, and other public health pioneers, attendees left with inspiration, knowledge, and insight that better equips them to advance policies that make our world safer, healthier, and cleaner.

FIVE TAKEAWAYS

- 1. Advocate for public policy at the federal level to ignite change at all levels of government.**
- 2. Never underestimate the power of local efforts.**
- 3. Bolster facts with stories to garner support.**
- 4. Ensure that people have the tools to make policy part of practice.**
- 5. Apply successful strategies from past campaigns.**



Event photography taken by Joe Center Media.

1. Advocate for public policy at the federal level to ignite change at all levels of government.

Brett Giroir, the Assistant Secretary for Health, reported on the federal government's plans to end transmission of HIV, the virus that causes AIDS, by 90 percent within 10 years. His announcement was the first public discussion of this groundbreaking initiative. Using epidemiological data that shows new cases of HIV are concentrated in seven states, the administration has proposed a three-pronged approach: Improve public education, aggressively use Pre-exposure Prophylaxis (PrEP) for people at high risk of HIV infection, and focus on early identification through screening.

Attendees generally were supportive of this approach, but some expressed concern that many of the Administration's social and discriminatory policies would undermine it. Dr. Giroir acknowledged that the department does not control all of the aspects of federal policy; however, he also stressed the potential strength of overlapping federal, state, and local actions to address HIV infection. As a triad, these efforts can amplify one another to drastically reduce this major infectious disease.

Although most members of Congress lack formal public health training, many senators and representatives have long recognized the key role of policy in improving population health. Speaker of the House Nancy Pelosi and former Congressman Henry Waxman highlighted this understanding in their comments.

Speaker Pelosi delivered remarks on the activities the House of Representatives will be pursuing over the next few years. She emphasized the importance of federal policy as a framework for empowering health promotion and disease prevention. Our country's policies around climate change, she said for example, contribute to public health: "The warming climate triggers drought that threatens food supplies and deadly heat waves and kills the most vulnerable among us."

Congressman Waxman, who served as the chairman of the House Energy and Commerce Committee, has been a longtime supporter of common-sense public health policy. He participated in a fireside chat with Joshua Sharfstein, a former deputy commissioner of the Food and Drug Administration and also a former staffer for Rep. Waxman. They discussed the important role of policymaking in improving health.

Rep. Waxman provided insights about the role of reasonable compromise in shaping policy and its role in advancing a health policy agenda. While it is acceptable to compromise when the benefits outweigh the disadvantages, he said, one must never abandon their core values.



2. Never underestimate the power of local efforts.

Although federal legislation is the goal for many initiatives, Susan Dentzer, the president and CEO of the Network for Excellence in Health Innovation, emphasized that “all health is local.” In her role, she uses her work to emphasize the collaborative nature of public health policy. She called legislation “a complex interplay of policies at the national level, the state level, and the local level. All of these policies fall on people actually delivering on the objectives of improving and maintaining health.”

How San Antonio raised the legal smoking age

To illustrate how effective local efforts can be, Ron Nirenberg, Mayor of San Antonio, Texas, and Colleen Bridger, director of the San Antonio Metropolitan Health District, discussed their successful partnership in implementing policies to improve their city's health.

San Antonio has historically ranked as one of the most socioeconomically segregated cities in the country, grappling with high rates of obesity, diabetes, teen pregnancy, and crime. In 2010, then-mayor Julian Castro spearheaded an effort to create a vision for San Antonio's future, including steps to help ensure implementation of that vision. The strategic plan, SA2020, aims to break down the barriers to a better quality of life for all.

While SA2020 tracks progress in many areas, Mayor Nirenberg and Dr. Bridger discussed one particularly successful initiative—Tobacco 21, which made San Antonio the first city in Texas to raise the legal age of sale for tobacco products to 21. They used results from CityHealth, an assessment of the health-related policies in the nation's 40 largest cities, to aim their focus on this particular initiative.

Armed with a community survey of 5,000 residents showing that 75 percent supported the idea, Mayor Nirenberg and Dr. Bridger worked with more than 25 community partners and built support for the policy to pass with the city council.

“We thought it would be a four- to five-year initiative,” Dr. Bridger said, “but we began talking about it in August 2017 and it passed in January 2018. There are now two cities in Texas that have passed Tobacco 21, and there are several bills that seek to implement it statewide.”

Mayor Nirenberg stressed the importance of infusing the notion of equity into any decision he makes. “If we're going to have equality across our community, we have to make sure it's rooted in the conversation around health,” he said.

“If we're going to have equality across our community, we have to make sure it's rooted in the conversation around health.” – Ron Nirenberg, Mayor of San Antonio, Texas



Both Mayor Nirenberg and Dr. Bridger voiced confidence that cities throughout the country could make similar changes in their communities. “Line your ducks up and work with the grassroots advocates to communicate that it’s something your community wants,” Dr. Bridger advised. Mayor Nirenberg added that leaders need to be made aware of their communities’ health status and the implications that come with it. “Dr. Bridger is here to tell us what we don’t want to hear,” he said, “and to help us understand what the health priorities are.”

Public health policy customized for communities

Mayor Nirenberg and Dr. Bridger’s story highlighted the advantages of local policy, including advocates’ ability to tailor a policy to a particular population. Their discussion sparked further conversation among panelists about why it’s important to approach public health policy in a way that works for your specific community. Xavier Morales, executive director of the Praxis Project, a national organization that seeks to achieve health justice for all communities, shared his example.

Dr. Morales spoke about a soda tax that had failed to pass 30 times—until he and his team restructured their thinking to formulate a measure in Berkeley, California. They compared the absolute best-case scenario with more reasonable outcomes that would likely pass, and met somewhere in the middle. “We crafted legislation to fit our city, and that was the first soda tax that ever passed,” Dr. Morales said.

Amending your efforts in such a way is not necessarily settling for less, said Emily Holubowich, then senior vice president of CRD Associates, a consulting firm for nonprofits and advocacy groups. Rather, any achievement—no matter how small—is an important one. “We have to compromise,” she said. “I think it’s important to have those who are the purists pushing hard, setting that bar, and you negotiate back from there. I want to win, and I believe policymaking is incremental. Just get something done and you set the groundwork for success the next time. The fight never really ends.”

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*– Emily Holubowich,
Senior Vice President
of CRD Associates*

Change doesn’t always have to happen at the polls

Mayor Nirenberg went on to point out that not all public health changes should be determined according to their popularity. Regardless of popular opinion, he said leaders have a responsibility to take initiative when a community’s health and safety are at stake. “Nobody wants to have public policy completely follow popularity,” he said. “We’d never get anywhere.”

Gov. Malloy, who was governor of Connecticut when the Sandy Hook shooting took place in 2012, echoed Nirenberg’s thoughts. When he spearheaded efforts to pass gun control legislation, “a mistake was made by one of our leaders in saying whatever we do will have to be done on a bipartisan basis,” Malloy said. When the first vote resulted in a tie, “I knew my state was in trouble. If someone was not going to lead the fight for what had to be done, then it wouldn’t be done.”

From there, Gov. Malloy and his administration published a document outlining the changes in their community that needed to take place, then shared it at town hall meetings and other local events. Less than six months after the shooting, the state passed a comprehensive bill on gun control and school safety.



Source: Quinnipiac University National Poll. (May 22, 2019). Retrieved from <https://poll.qu.edu/national/release-detail?ReleaseID=2623>

Seeking opportunities for improvement within communities

Leana Wen, then president of Planned Parenthood and former health commissioner of Baltimore, discussed lessons learned during her time at Planned Parenthood. In an effort to reduce infant mortality rates, one Planned Parenthood affiliate in Ohio partnered with a local public health organization that conducts home visits for pregnant women. In Los Angeles, an affiliate collaborated with the health department to open 50 wellness centers in schools, recognizing that reproductive healthcare and behavioral health go hand in hand.

These are the programs that make a difference in communities, Dr. Wen explained, and these are the patients who would suffer if policy shifted and Planned Parenthood no longer received adequate funding.

The efforts that succeed at the local and state levels can have ripple effects, ultimately galvanizing change at the federal level.

Gov. Malloy's work to make Connecticut safer went beyond gun control to criminal justice reform, particularly for the younger population. He discovered

that 75 percent of inmates were incarcerated at or before the age of 21.

"We incarcerate so many young people because we become frustrated with them," he said. "What we're doing is sending them to a place where they're going to get an advanced degree in criminal behavior. And if you're a convicted felon, you probably can't qualify for public housing, a job, a student loan—yet we expect you to leave prison and never go back. It makes no sense."

To reduce the number of youths in prison—and maintain the health of those who do find themselves in the criminal justice system—Connecticut has become more strategic in breaking the cycle of domestic violence and treating childhood trauma. The state also began creating reintegration centers and ensuring prisoners have access to healthcare as soon as they're released. Specific programs exist for incarcerated people who have families, as well as military veterans.

Together, these efforts have led to outstanding results. The state has cut its youthful incarceration rate by 66 percent, and it has seen a seven-year increase in graduation rates in the lowest performing districts.

*"It's not simply about violence or guns. It's about reimagining what we could do long-term to make ourselves healthier and happier in a place with no crime."
– Dannel Malloy,
former Governor of
Connecticut*

Gov. Malloy concluded, “If you want to have an impact on a long-term basis, advocate for these kinds of changes. It’s not simply about violence or guns. It’s about reimagining what we could do long-term to make ourselves healthier and happier in a place with no crime.”

Communities have the power to take action

Key players in communities often have the power to drive policy by changing the healthcare landscape in ways that improve access and delivery, according to Stan Dorn, senior fellow for Families USA, an organization that combines policy expertise with partnerships to improve health in our nation’s families.

He explained how hospitals and charitable orga-

nizations in Wisconsin, North Carolina, and other states have put together systems where the hospital pays a share of premiums for patients slightly above the poverty level. “They bring down \$11, \$12 in premium tax credits for every dollar put in, and every hospital system that has funded these things has seen a tremendous return on investment,” Dorn said. “Hospitals grow, and people get care.”

He recommended working on a bipartisan basis and applying everyone’s ideas to create sustainable policy accomplishments. Otherwise, Holubowich said, we “insulate ourselves in an echo chamber.” She said, “The greatest lesson I’ve learned is to interact with those who don’t think just like I do and to understand where they’re coming from. That’s where I think the coalitions and the partnership-building really come in.”

3. Bolster facts with stories to garner support.

Public health needs both facts and effective storytelling to underscore health policy’s essential role. “Public sentiment is everything,” Abraham Lincoln once said. “With public sentiment, nothing can fail. Without it, nothing can succeed.” Speaker Pelosi reminded attendees of this quote, which framed much of the discussion around the types of stories that, as she put it, “shorten the distance between the inevitable and the inconceivable.”

Holubowich pointed out that we don’t just need to appeal to the emotions of policymakers alone: “Communicate to anyone and everyone who will listen. There’s a reason you see an emergency supplemental spending bill for \$7 billion for Ebola. It’s because the public is paying attention, and they’re talking about it.” Public health advocates can harness parallel stories to showcase other issues that are worth funding.

Stories + facts = attention

Throughout the day, other public health leaders talked about the best ways to get people to listen. Dorn shared a three-step process: “Tell a story, relate it to something people already think about the issue, and use one fact to support the point you’re trying to make.”

Dorn recalled an example of a time he and his team sought a way to tell a story—and made sure leaders heard it. In the mid-1990s, Speaker of the House

Newt Gingrich and President Bill Clinton proposed legislation that meant people who lost welfare would have no access to Medicaid either, leaving millions of children and parents uninsured.

“Tell a story, relate it to something people already think about the issue, and use one fact to support the point you’re trying to make.”
– Stan Dorn, Senior Fellow for Families USA

"We conceived a strategy. We reached out to the *New York Times* and gave an exclusive," Dorn explained. "They ran a story on the front page about how millions of people are going to lose coverage, and it helped turn the tide and convince members of Congress to put in place a law that said if you would have qualified for Medicaid under the pre-welfare reform standards in your state, you are guaranteed Medicaid today."

The exclusive resonated, Dorn explained, because it told a story about what life would look like if people lost access to Medicaid, explained the proposed legislation's financial impact, and presented the fact that 36 million low-income people were at risk of losing healthcare.

Science itself, unfortunately, isn't enough. "Other people aren't convinced by the same facts that convince you," noted Dr. Joshua Sharfstein, vice dean for Public Health Practice and Community Engagement at the Johns Hopkins Bloomberg School of Public Health.

For example, "people right now have crazy ideas about what Medicaid is," Dr. Sharfstein said. "You've got to go out there and say this is what it means for kids, and this is what it means for older adults. Push the facts that matter to people in their lives. We're at the state where health insurance coverage is actually expanding now."

Dr. Wen challenged attendees to communicate problems sooner and ensure that stories give people hope that their health can improve. "We study the problem for way too long," she said. "We need to broadcast these issues. I don't want to read another study about disparities unless it's about how we're overcoming, combating, reducing, fighting them."

Personal anecdotes: The path to pathos

Both Dr. Wen and Gov. Malloy understand how stories can shape public perception. Combining facts with stories is successful because, as Dr. Wen pointed out, "Data provide context. Stories compel action."

*"Data provide context. Stories compel action."
– Dr. Leana Wen, then
President of Planned
Parenthood*

Using her platform as a recognized public health leader, Dr. Wen shares her life story to combat negative rhetoric toward topics like women's reproductive healthcare and immigration. During the APHA Policy Action Institute, Dr. Wen recollected her experience coming to the U.S. as a child and how beneficial federal assistance programs like Medicaid, WIC, and CHIP were to her family. "These are all the public services that for us were not an entitlement. They were our lifeline," she said.

Wen also talked about receiving a diagnosis for cervical cancer to highlight how important it is that all women have equal access to reproductive healthcare facilities in this country. "Reproductive healthcare is so stigmatized," she said. "Encourage other people to share their stories because so many people have them—stories of being immigrants, of being people of color, of growing up in different backgrounds. An attack on one group of people is an attack on us all. What we can do is fight back together."





Gov. Malloy captivated attendees when he reflected on the day of the Sandy Hook shooting and how difficult it was for him to deliver the harrowing news to the victims' parents. After the shooting he told his story at more than a dozen community meetings and gun rallies to effect real change in his state. After Connecticut passed a comprehensive bill on gun control and school safety, "violent crimes dropped in Connecticut more than any other state in the nation," he said.

For many public health leaders, experiencing the effects of public health policy firsthand is what guided them toward a career in the field in the first place.

Helga Luest, a senior communications manager at Abt Associates, an organization whose research, data, and digital solutions help drive social impact, told her personal story. After she and her mother were attacked by unknown assailants years ago while traveling, "I wanted to dig into the research about why people do these things. I wanted to learn what works in rehabilitation so people have the opportunity to heal and find a more peaceful way to live."

Her passion for helping others who experience trauma has led her down a path of insightful research that informs more effective treatment. For

example, her research regarding mass violence found that serious mental illness is not a common denominator among perpetrators. Rather, social isolation and access to weapons are the variables that appear across cases of mass violence.

Luest has also found that solutions to violence prevention work in bullying prevention—supporting social-emotional learning, building connections, and teaching kids empathy. "These are the things that make kids less likely to hurt one another—when they have relationships and skills to manage their stress," she explained.

Helping people understand the interconnected nature of public health

Rep. Waxman discussed the storytelling that was required to change misperceptions about Medicaid. "During the adoption of the Affordable Care Act (ACA), people were saying we shouldn't have Medicaid. 'Let's just give them a bigger voucher and let them buy private health insurance,'" he recalled. "But Medicaid is a healthcare program that doesn't just provide access to a doctor. It provides a range of social programs, like transportation and access to housing."

In order to ensure people fully understand what's at stake when healthcare policy changes, "People need to see social determinants of health in the context of not just traditional doctor-patient care, but how people are affected when they don't have access to healthcare," he said. "Talk about whole-person care."

Kyleanne Hunter—a military veteran, the vice president of programs at the Brady Campaign to Prevent Gun Violence and representative for End Family Fire, a gun violence prevention program that changes the way people talk about guns—gave an example of what happens when we have conversations about "whole-person care."

The underlying issue with many gun deaths, Hunter explained, is improper firearm storage. Eight kids a day unintentionally shoot themselves because of unsecured guns within homes.

Beyond talking about guns as a risk, she said, we need to talk about proactive, positive things we can do to combat that risk. "One of those things is safe storage, and what safe storage really means—what responsible ownership means as your family and personal situations change. Safe storage changes, for example, for families who have toddlers and for those who have teenagers."

Hunter told a story about an individual who didn't tell his partner he owned a gun. When they moved in together, he hid the gun in the oven. When someone turned the oven on, the gun went off inside. While no one was hurt, this story expresses how important it is to talk about guns—and to secure them properly. "Having honest conversations reduces the risk of unintentional usage of guns by 60 percent," Hunter said.

*"Having honest conversations reduces the risk of unintentional usage of guns by 60%."
– Kyleanne Hunter, Vice President of Programs at the Brady Campaign to Prevent Gun Violence*



4. Ensure that people have the tools to make policy part of practice.

While much of the discussion at the APHA Policy Action Institute addressed how to push policy forward, speakers also took time to talk about what makes policy effective in the first place—giving people in public health and other sectors tools to improve health. “Our laws are only as effective as their implementation,” Luest said.

Consider the mass shooting that took place in Thousand Oaks, California. In 2014, California became the first state to enact a Gun Violence Restraining Order law allowing a court to temporarily remove firearms from someone found to pose clear danger. However, this rule wasn’t enforced on the 28-year-old gunman who killed 13 people including himself in November 2018.

“The healthcare officials honestly didn’t know how to use the restraining order, which is why training is critical for effective policy,” Hunter said. The transition from a “research world” to a “practical world” is a matter of tools, she explained. “How do we use these tools that are available to us? The tools are only as good as being able to use them.”

When the tools we need are already available

Plenty of people have the power to make a difference through their own unique societal roles, but identifying ways to help isn’t always easy. “Encourage people to ask, ‘What job do I have right now?’” Dorn advised.

Dorn went on to recognize a Medicaid agency worker in Arizona who applied technical skills to ensure people get access to care as soon as they leave prison—a time when death rates are high as individuals return to substance abuse or can’t access care for chronic conditions. The Medicaid agency worker procured the data to link these people to Medicaid, so “the minute someone is released from jail, the systems are in place to let pharmacists know that they can fill a prescription,” Dorn explained.

“This person really showed the way for the rest of the country,” he said. “I could give you example after example of programs—state, local, even federal—where just one person who had a passion, a talent, a skill, and looked at their circumstances and said,

‘What can I do?’ and they came up with answers.”

Dr. Wen asked, “If people can’t get care, what’s the point of policy? There needs to be recognition that we can all do something and start somewhere—transportation, education, economic empowerment.”

Empower those who work across the social determinants of health

Health policy is much more than healthcare, and supporting upstream policies can be a powerful way to improve well-being. Dr. Morales introduced his idea of organic public health—“there’s a whole set of people that help to influence policy that aren’t in this room,” he said. “Folks that are on the ground working on things like living wages, food justice, corner store conversions, community gardens. They’re working across the social determinants of health.”

Health issues like HIV need that same on-the-ground momentum—that’s why part of the Department of Health and Human Services’ plan to combat HIV is to use the coordination and funding only available through a federal initiative to provide tools in areas where the virus is most prevalent, Dr. Grioir said.

Dr. Grioir further explained, “We’re going to support public health workforces with grantees that help people build the capacity to work hand-in-hand with experts in your area”—experts like community partners, the faith-based community, and the Centers for Disease Control and Prevention. “As you know, many HIV patients are those who have the least resources within our society—no transportation, housing, food security, or healthcare coverage. We need to reach people in their homes, in their communities, and it’s going to be a different approach, but that’s what public health is all about,” he said.

Leslie Crutchfield, executive director of the Georgetown University Global Social Enterprise Initiative—a

program that strives to expose how social, economic, and environmental value can create lasting change—summarized the importance of making policy flexible enough for communities to use it in a way that works for them: “When you divest power out to grassroots, people with the lived experiences are determining what the solutions are for themselves.”



“When you divest power out to grassroots, people with the lived experiences are determining what the solutions are for themselves.” – Leslie Crutchfield, Executive Director of the Georgetown University Global Social Enterprise Initiative

5. Apply successful strategies from past campaigns.

What made people think differently about wearing seatbelts? Why have so many people stopped smoking? What contributed to the passing of the Affordable Care Act despite heavy opposition?

While every issue poses specific risks, affects different populations, and faces varying degrees of backlash, many presenters advised attendees to think about what has succeeded in the past and how they can apply those tactics to the issues they face today.

Strength in numbers: The power of local support

Participants cited many examples of local forces that have helped fuel more widespread support for health issues in our communities. Part of what made the ACA successful was the 30 million people who became part of coalitions, creating solutions at the local level. The March for Science started as a local effort by younger generations, and is now supported by thousands. And Gov. Malloy attributed Connecticut’s success in decreasing violent crime—more drastically than any other state in the country—to working together locally.

“The day after the Sandy Hook shooting,” he said, “we had five or six agencies show up to help families in the community overcome the difficulties they had been subjected to. Our administration was successful because we decided to take every issue on—on a unified basis.”

While grassroots efforts are powerful enough to fuel legislation, they also have the power to block it, as shown by the National Rifle Association (NRA). The NRA’s community groups grew to 5 million members by 2012, the same year of the Sandy Hook shooting. “Coalitions at the local level passed pre-emption laws, so now only a handful of states can take gun laws to their state legislature,” Hunter said. And the NRA’s influence on public perception isn’t lacking either: 63 percent of people who purchase guns say they feel safer.

Localities sometimes even have the power to step in and respond to public health crises themselves. Instead of taking matters into national hands for

urgent epidemics like the Zika virus or AIDS, “ask the community what it’s able to handle,” Rep. Waxman advised. “What capabilities do hospital emergency rooms have? Can they handle it without us stepping in?” Educating the public and looking at the broader context of threats to public health ensures we’re not narrowly focusing all efforts—and saves money in the long term.

Patience and persistence win the public health race

Once you have support on the ground, you need to commit to the marathon, Rep. Waxman explained. “Throughout the ‘80s we fought for clean air, but people were protective of the automobile industry. We had to try to do something about acid rain and toxic air pollutants, but every two years our bills were stopped.” It wasn’t until 1990 that President George H.W. Bush signed the Clean Air Act into law.

Combating teen smoking, too, was a years-long struggle. Rep. Waxman reflected on a challenging question the public health sector confronted: How can we make smoking an adult thing without making it sound even more appealing? “The FDA made the argument that cigarettes are a delivery system for the drug nicotine,” which was an important message that resonated with people. “And we started seeing reductions in cigarette smoking when we made it known that nonsmokers were suffering too,” Rep. Waxman said. However, the FDA wasn’t granted jurisdiction over tobacco until 2009, when President Barack Obama was in office.

With sweeping changes in both attitudes and policy, tangible progress can—and frequently does—take more than a decade. Dorn again alluded to the legislation proposed by Speaker Gingrich and President Clinton, which would have de-linked Medicaid and cash assistance.

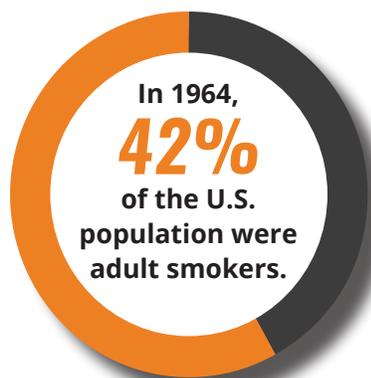
“Food and having a roof over your head are much more important to people than health coverage,” Dorn explained. “So how were people going to get Medicaid? If a government agency knows a child is poor enough to qualify for Medicaid, why not just enroll them? This was a new concept, and I got a lot of pushback. I worked until 2009, when Express Lane Eligibility was put into law.”

Express Lane Eligibility permits states to consider factors like income or household size to facilitate enrollment in health coverage. States can also use income tax data to identify children who qualify for health coverage, sparing families the task of submitting income information.

Partnerships strengthen policy efforts

Perseverance is often a matter of growing your team. Partnerships were key for many successful past campaigns, said Nsedu Obot Witherspoon, executive director of the Children’s Environmental Health Coalition, a national organization that aims to protect children from environmental health hazards.

“We’ve been working with the Cancer Free Economy Network for the last couple of years,” she said, “taking a serious look at where chemical produc-



Sources: Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults – United States, 2018. *Morbidity and Mortality Weekly Report* 2019;68(45):1013–1019 [accessed 2019 Nov 18].

tion is happening and who's impacted by it. It's an intentional way we come together for a variety of benefits. It's not unilateral."

Witherspoon spoke further about potential partnerships that can change the way our country thinks about health. The impending infrastructure bill, for instance, "is a huge public health opportunity we may never see again," she said.

"But what I keep hearing from this administration is a lot of focus on bridges and roads. That's great, but we're also trying to think about public health as it relates to our failing water piping infrastructure, and housing, and so on." As public health leaders partner with construction firms and local agencies behind infrastructure projects, "we need to offer a definition of infrastructure that's more expanded," Witherspoon said.

Holubowich pointed out that partnerships are often a key tool in vocalizing efforts as well. "There are some lawmakers who might not listen to someone like me, but they might listen to the president of the local chamber of commerce."

With creativity comes change

When it comes to public health, taking the easy way out often undermines the integrity of efforts and doesn't stand the test of time, Dr. Morales said. Regarding his work to combat sugary drink

consumption, he said, "I don't subscribe to the notion that we need to increase prices so people will drink less soda." Instead, he advocates for allocating resources that improve education within communities—"building infrastructure so the healthy choice is the easy choice."

Witherspoon cited the Green New Deal proposed by Senator Ed Markey (D-MA) and Rep. Alexandria Ocasio-Cortez (D-NY) as a creative way to ensure that everyone has access to clean air and water. "It transitions away from the dependency we have on types of industries that are actually polluting and causing harm. There are audacious goals to reduce our greenhouse gas emissions to zero by 2030, but this is a systems approach that includes solutions for housing and even affordable health-care." This kind of "systems approach," she said, illustrates the creative, collaborative thinking required to make lasting change.

Crutchfield added, "The most successful movements break from business as usual." To illustrate how "business plays a very interesting role around change in norms," she reminded attendees that companies in California began recognizing employees with same-sex partners on their health benefit rolls as early as the 1980s. Although the state's same-sex marriage laws took many turns, these companies had shifted the norm—and in doing so, helped drive the change we see today.



Moving Forward: The Push for Incremental Progress

At times, it's easy to get overwhelmed thinking about all the progress that needs to happen in order for people in our communities to live longer, healthier lives. But Anand Parekh, chief medical advisor for the Bipartisan Policy Center, suggested paying attention to the areas that have even a little momentum. "In the post-9/11 environment, emergency preparedness was driving public health funding as well as policy. Understanding where you can move the ball forward to enhance and support public health is critical."

Dr. Sharfstein agreed it's about finding opportunities to make progress as you go, and when you're confronted with two issues that require immediate attention, "I've learned to reject some compromises and accept others. A compromise that accelerates progress to the next step is a worthwhile one. One that forecloses something is not a compromise worth taking."

No matter what role you play in the public health field, you can use your unique skills and background to push policy further. "There's a lot you can do to educate that has the same impact of lobbying," Crutchfield said. "It's incumbent upon public health professionals to adopt that as part of their core being and be good stewards of taxpayer dollars."

Dr. Boris Lushniak, former U.S. Deputy Surgeon General and Dean of the University of Maryland's School of Public Health, challenged the participants to take the learnings from the Institute to achieve the World Health Organization's definition of health: "the complete physical, mental and social well-being and not nearly the absence of disease or infirmity." He noted that this means engaging in policies that move upstream and address the social determinants of health.

After a full day of thought-provoking discussions around public health's progress and the journey that lies ahead, leaders left the APHA Policy Action Institute better equipped to insist that public health policy remain at the forefront of discussions.

"The past gives us a recognition of what we're able to do, but we don't stop," Dr. Lushniak said. "The fight isn't over."



Speakers acknowledged that the evidence-informed change needed to create the healthiest nation in one generation will not happen overnight. APHA has committed to work with partners and convene the second annual APHA Policy Action Institute in Washington, D.C., in February 2020.







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