Stronger Collaborations, Better Health: An APHA Perspective

PAM AALTONEN, PHD, RN; PRESIDENT

AALTONEN@PURDUE.EDU OR APHAPRESIDENT@APHA.ORG
Greetings from APHA

• Georges Benjamin, MD - APHA Executive Director

APHA Iowa ARGC

• Rachel Schramm; Communications and Outreach Coordinator at Iowa Cancer Consortium
  • State and local health department experience
Mark your calendar

Philadelphia, November 2-6, 2019

APHA Live

individual or group
Students

- Student Assembly
- Public Health Leaders
- Poster Sessions ($$ awards)
- Speed Mentoring
- Exhibit Hall (career mart)
- CONTACTS
Student Opportunity

- Significant PH leadership
- Enrolled FT in academic program in PH or related field
- APHA student member by application due date
- Plaque, 1 year APHA membership, annual meeting registration, $250 to offset costs to attend
- Application Deadline: May 6, 2019
- https://docs.google.com/forms/d/e/1FAIpQLSfMOlu8hvop-S4pmsgv0jzWUT0TZtbLhfir8gQ5Wg0OjGl-QA/viewform

- Other funds being established for students and early career professionals
Recently Celebrated National Public Health Week

• What happened in Iowa?

• Grassroots Advocates and Community Workers Panel
  ▪ Work with, not for communities
  ▪ Listen
  ▪ Earn Trust
  ▪ Communities have different priorities, ask!
  ▪ Facilitate, don’t take over; don’t have to be in the lead
  ▪ Ask to join at beginning (not just when need their stories)
  ▪ Partner with Faith-based organizations
Watch for 2nd Annual APHA Policy Conference, 02.12.20

Public Health Under Siege: Improving Policy in Turbulent Times, 2019
My public health journey

- Minneapolis, MN
- Crookston, MN
- Tulsa, OK
- Champaign, IL
- Lafayette, IN/
- Kayenta, AZ

What’s your journey?
Why public health?
Pivotal Experience?
Public Health IQ

• 1872 APHA founded by _______, NYC Surgeon
• Mobilize & enlighten citizens
• Research needed to back sanitary campaigns
• Public health requires well-organized system, staffed with well-trained professionals (Glasser, et al., 2011)
  • Honored at APHA meeting in 1921, age 98

• Walter Reed announces at 1900 APHA Annual Meeting that mosquitoes carry _______
• IPHA can refer to a # affiliates at national level ... what are 2 others?

• What year was the Iowa Public Health Association established?

• IPHA dues in 1968 were ______________
IOWA PUBLIC HEALTH NOTES.

At the regular yearly meeting of the State Board of Health, Dr. W. L. Bierring was re-elected president for the ensuing year. Dr. Guilford H. Sumner has already been re-elected secretary for the coming five years.

The State Board of Health is cooperating fully with the War, Navy, and Public Health Services in keeping the civilian population in the best of health. Twenty-five thousand bulletins on

[Blank]

are being distributed.

(Guilford H. Sumner, M. D.)
Iowa, 1949

• What did ABC stand for?

A reason for
Better Health to
Citizens in Iowa

• ABC’s: State Library of Iowa
What famous public health document/diagram is celebrating 25 years?

- de Beaumont Foundation survey
  - Tweak
  - Do you agree?
Today’s Objectives

• Establish framework for discussion of building and leveraging strong collaborations to improve the health of individuals, communities, and the nation

• Discuss APHA’s collaborations & resources

• Explore APHA and partners’ pragmatic approaches (examples/tools)
Heathy People 2030 Overarching Goals

• Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury and premature death.

• Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

• Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.

• Promote healthy development, healthy behaviors and well-being across all life stages.

• Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.
Shared View Among Collaborators

• **Healthy Equity**: commitment to reduce and ultimately eliminate disparities in health and its determinants [social justice] (APHA)

• **Health Inequities**: health differences that are avoidable, unnecessary and unjust (Whitehead, 1992)

• **Goal**: All people despite race/ethnicity, gender, age, religion, geographic local, or sexual orientation have equitable opportunity to lead healthy lives (APHA)
How interpreted/viewed?

Does this image reinforce biology is what leads to inequities rather than differences that are avoidable, unnecessary and unjust?
Video Resource

• Health Equity Institute
https://www.youtube.com/watch?v=ZPVwgnp3dAc
3:24 minutes
Addresses health equity & social determinants of health

• Fit with audience? Makes point(s) you want to convey? Construct own?
Community Health Improvement Plan (CHIP) Inclusion of Disparities Objectives, Local Health Departments

National sample, n= 280; 4,094 objectives

> 1 disparities objective
85.4% accredited LHDs
73.9% non-accredited LHDs

Focus: most to least total objectives
- Age (974 objectives)
- Disability (427)
- Socioeconomic Status (298)
- Race/Ethnicity (110)
- Sexual Identity (2)

Iowa State Health Report Focus Areas, 2018

Data Use Impressive; comprehensive

- Health Equity/Social Determinants of Health (Housing, Poverty, ...)
- Life Course (MCH → Older Adulthood)
- Health System Improvement
- Acute Disease (adolescent immunizations, flue)
- Addictive Behaviors (substance abuse, tobacco/nicotine use)

- Chronic Disease
- Disaster Preparedness
- Environmental Health
- Healthy Living
- Injury and Violence
- Mental Health, Illness & Suicide

Substance use disorder
A Different Look: Stimulate Discussion with Collaborators

The HOPE Initiative Measures

Health Outcomes
- Adult health status
- Mental health status
- Child health status
- Premature mortality
- Infant mortality
- Low birth weight

Socio-economic Factors
- Livable income
- Affordable housing
- Post-secondary education
- Connected youth
- Preschool enrollment
- Employment

Social Environment
- Low poverty concentration
- Low murder rate
- Low assault rate
- Low rape rate
- Low robbery rate

Physical Environment
- Home ownership
- Housing quality
- Air quality - Particulate matter
- Low liquor store density
- Food security

Access to Health Care
- Access to primary care
- Access to psychiatric care
- Health insurance coverage
- Affordable health care
- Usual source of care
- Colorectal cancer screening

Robert Wood Johnson Foundation
Texas Health Institute & Virginia Commonwealth University Center on Society and Health
http://www.nationalcollaborative.org/our-programs/hope-initiative-project/
<table>
<thead>
<tr>
<th>Measure (overall)</th>
<th>Iowa Rank</th>
<th>Iowa Score</th>
<th>USA Goal</th>
<th>Measure (overall)</th>
<th>Iowa Rank</th>
<th>Iowa Score</th>
<th>USA Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Health Status (good or excellent)</td>
<td>16</td>
<td>53</td>
<td>75%</td>
<td>Low Assault Rate (counties &lt; 283/100,000)</td>
<td>23</td>
<td>78</td>
<td>100%</td>
</tr>
<tr>
<td>Mental Health Status (not good)</td>
<td>5</td>
<td>8</td>
<td>5%</td>
<td>Low Rape Rate (counties &lt; 36.9/100,000)</td>
<td>19</td>
<td>82</td>
<td>100%</td>
</tr>
<tr>
<td>Child Health Status</td>
<td>10</td>
<td>89</td>
<td>97%</td>
<td>Low Robbery Rate (counties &lt; 52.1/100,000)</td>
<td>7</td>
<td>72</td>
<td>100%</td>
</tr>
<tr>
<td>Premature Mortality (death rate, 24-64)</td>
<td>20</td>
<td>353</td>
<td>260</td>
<td>Home Ownership</td>
<td>1</td>
<td>75</td>
<td>81%</td>
</tr>
<tr>
<td>Infant Mortality (rate)</td>
<td>7</td>
<td>5.1</td>
<td>2.4</td>
<td>Housing Quality (no severe problems)</td>
<td>3</td>
<td>90</td>
<td>94%</td>
</tr>
<tr>
<td>Low Birth Weight (&lt; 2500 grams)</td>
<td>10</td>
<td>7</td>
<td>5%</td>
<td>Air Quality: Particulate Matter</td>
<td>18</td>
<td>97</td>
<td>100%</td>
</tr>
<tr>
<td>Livable Income (&gt; 250% federal poverty level)</td>
<td>17</td>
<td>65</td>
<td>89%</td>
<td>Low Liquor Store Density (counties &lt; 1.736/10,000)</td>
<td>18</td>
<td>99</td>
<td>100%</td>
</tr>
<tr>
<td>Affordable Housing (&lt; 30% monthly income)</td>
<td>4</td>
<td>78</td>
<td>87%</td>
<td>Food Security (not living in food desert)</td>
<td>19</td>
<td>69</td>
<td>97%</td>
</tr>
<tr>
<td>Post-secondary Education</td>
<td>27</td>
<td>59</td>
<td>83%</td>
<td>Access to Primary Care (&lt; 2000:1)</td>
<td>28</td>
<td>81</td>
<td>100%</td>
</tr>
<tr>
<td>Connected Youth (school or working)</td>
<td>2</td>
<td>96</td>
<td>100%</td>
<td>Access to Psychiatric Care (&lt; 30,000:1)</td>
<td>47</td>
<td>51</td>
<td>100%</td>
</tr>
<tr>
<td>Preschool Enrollment</td>
<td>19</td>
<td>48</td>
<td>76%</td>
<td>Health Insurance Coverage</td>
<td>6</td>
<td>91</td>
<td>97%</td>
</tr>
<tr>
<td>Employment (≥ 16 years of age)</td>
<td>4</td>
<td>95</td>
<td>98%</td>
<td>Affordable Health Care (no delay due to $)</td>
<td>5</td>
<td>91</td>
<td>95%</td>
</tr>
<tr>
<td>Low Poverty Concentration (&lt; 20% poverty)</td>
<td>14</td>
<td>86</td>
<td>100%</td>
<td>Usual Source of Care (have provider)</td>
<td>14</td>
<td>84</td>
<td>92%</td>
</tr>
<tr>
<td>Low Murder Rate (counties &lt; 5.1/100,000)</td>
<td>10</td>
<td>98</td>
<td>100%</td>
<td>Colorectal Ca Screening (50-75 yrs)</td>
<td>22</td>
<td>69</td>
<td>80%</td>
</tr>
</tbody>
</table>
Public Health Accreditation Board: Collaboration woven throughout standards

• Congratulations ... others in process?

• Public Health National Center for Innovations (PHAB & RWJ)

• Community Planning Tool & Community Health Improvement Plan
  • Garret County, MD (Mygarretcounty.com) Medina County, OH replicated

Github.com (open sourced software)
The foundation of all APHA work builds on three overarching priorities:

- Ensure the right to health and health care
- Create health equity
- Build public health infrastructure and capacity

We will achieve our mission if we:

**THE HEALTHIEST NATION**

- Strengthen public health practice
- Build a public health movement

**THE HEALTHIEST NATION**

- Align organizational capacity and infrastructure

**THE HEALTHIEST NATION**

- Facilitate cross-sector efforts
- Support a diverse public health workforce
- Foster new public health science

**THE HEALTHIEST NATION**

- Expand our base
- Advance health in all policies
- Strengthen our core

**THE HEALTHIEST NATION**

- Configure components, staff and programs to maximize opportunities to achieve central challenge
- Ensure responsible stewardship

Collaboration
APHA Tag Line: For Science, For Action, For Health

For Science/Research
• Focus on issues and data relevant to decision making and action in PH
• Provide forum for presentation and discussion & publication
• Steer collaborators to credible sites for data
• Write so information readily consumable

For Action (Advocacy) and For Health
• Communicate/demonstrate why public health perspective advantage to all
• Consider writing and submitting policy through IPHA
• Use APHA policy searchable database
• Better understand and influence policymaking at local and state level (nonpartisan association)
APHA Advocacy Priorities/Foundations for Collaboration

- Protecting Affordable Care Act INCLUDING Prevention & Public Health Fund
- Funding for CDC, HRSA, EPA
- Climate Change/Clean Air Act
- Firearm Safety, February 2019 (American College of Surgeons, American Academy of Pediatrics ... funding for research)
  - Dickey Amendment
    - 1993: Kellerman finds guns in home increase risk of homicide
    - 1995: CDC states should be seen as health issue and regulated from that perspective
    - 1996: “none of the funds made available for injury prevention and control at CDC may be used to advocate or promote gun control”
  - Need research to determine best approaches to issues like suicide by firearm
Challenge: Efforts to Weaken Evidence-Based Public Health Practices

- AHRQ quality materials removed from website

- Mid-July 2018, USA delegation “browbeats” WHO to back down on breastfeeding resolution; different outcome with sugar-sweetened beverages
  - Corporate influence ... article in June AJPH
  - Check out ToxicDocs (Columbia Univ and City Univ of NY), https://www.toxicdocs.org/

- June 2018, NIH concludes $100 M Harvard trial biased by extensive interactions between researchers and alcohol industry
Why so important to be strong advocate ...

• Public Health at the intersection of Social, Political, Economic and Cultural Forces

• Decision making by and for public health initiatives often complex, iterative, nuanced

• Out people-powered: Get a Spine Button (Texas)
Advocacy for Public Health Funding

Generally

• Underfunded: $0.03/$1 healthcare spending
• Public Health Prevention Fund continually in jeopardy of diversion

Specifically

• State health departments rely on federal dollars
• Many local health departments generate fees that cover significant percentage of expenses
• Nonprofits often patchwork of funding
• National foundations funding work, particularly demonstration projects (RWJ, de Beaumont, Aetna, etc.) ... sustainability
Why investment in Public Health so challenging?

Barriers

• > requirements for cost-saving
• Head-to-head with hospital spending results in ↓ for public health
• Belief in long run prevention cost more than treatment
  • Live longer, use more health care $ (shorter period of senescence at end of life?)
• Timeframe ... mismatch with funding cycles of 3-5 years
  • My administration bears costs, next reaps benefits
• Interest group influence
• Identifiable victim effect
• Evidence alone does NOT drive health policy
Barriers, cont.

• Prevailing orientation: rugged individualism, individual responsibility, self-determination, minimal collective action, freedom from collective responsibility;

• Ill health regarded as result of deficiencies on part of victims themselves ... **is this changing?**
  • Walkability, green space, access to healthy food, public safety, educational opportunities, affordable housing, quality policing, ...

• Can policy/decision maker identify & connect with our message?

• Clarity about what is want to change/modify/do
Painting a portrait or a landscape?

• Portrait: detail about individual or event

• Landscape: broader view, shared responsibility ... need for collaboration
This May Help: Data by Congressional Districts

- Adults Reporting Fair or Poor Health
- Adults Reporting They Are Frequently Mentally Distressed
- Nonelderly Adults Who Are Uninsured
- Adults Who Couldn’t See a Physician Due to Cost
- Adults Who Had a Check-Up Last Year
- Adults Who Had a Cholesterol Screening
- Adults Who Are Currently Smoking
APHA Materials

- Strength in collective voice
Supporting Research and Evidence-Based Public Health Practice in State and Local Health Agencies

Date: Nov 07 2017  |  Policy Number: 20171
Key Words: Research, Local and State Health Departments

Abstract

Research is one of the 10 essential public health services and is a requirement for the advancement of public health practice. However, local and state public health agencies face many barriers to adopting evidence-based practices and engaging in the research needed to build on existing evidence. Barriers include limited time and funding, shortages of appropriately trained staff, and a lack of knowledge among practitioners about evidence-based public health (EBPH). Even for relatively well-equipped agencies, the nature of research presents challenges. For example, randomized control trials are frequently not feasible in the public health practice context, and less rigorous methods must be employed. Communities are an integral part of the public health practice environment, and their voice is an important consideration in the design and implementation of practice-based research.

Community-based participatory research is one method that facilitates community engagement in research projects. This policy statement suggests several strategies to mitigate barriers to fully engaging in EBPH and practice-based research, including increasing partnerships between academia and public health practice entities, facilitating public health agencies’ access to evidence-based literature and resources, improving funding mechanisms to support research, and providing training opportunities to better equip the workforce with the skills needed to implement EBPH and engage in practice-based research.
Longitudinal Effects of Universal Preventive Intervention on Prescription Drug Misuse: Three Randomized Controlled Trials With Late Adolescents and Young Adults

Richard Spoth, PhD, Linda Trudeau, PhD, Chungyeol Shin, PhD, Ekaterina Ralston, PhD, Cleve Redmond, PhD, Mark Greenberg, PhD, and Mark Feinberg, PhD

The Centers for Disease Control and Prevention and the Office of National Drug Control Policy have declared that prescription drug misuse is epidemic; a US Surgeon General Expert Panel on Prescription Drug Abuse convened in 2011 has called for universal preventive intervention. Both Centers for Disease Control and Prevention data and expert panel findings have demonstrated that preventive interventions during middle school can markedly reduce prescription drug misuse among youth.

Objectives. We examined long-term prescription drug misuse outcomes in 3 randomized controlled trials evaluating brief universal preventive interventions conducted during middle school.

Methods. In 3 studies, we tested the Iowa Strengthening Families Program (ISFP); evaluated a revised ISFP, the Strengthening Families Program: For Parents and Youth 10–14 plus the school-based Life Skills Training (SFP 10–14 + LST); and examined the SFP 10–14 plus 1 of 3 school-based interventions. Self-reported outcomes were prescription opioid misuse (POM) and lifetime prescription drug misuse overall (PDMO).

Results. In study 1, ISFP showed significant effects on POM and PDMO.
APHA Press ... author a book?
Monthly Newsletter

Topics like to see addressed?
Resources, cont.

APHA, www.apha.org

- Fact Sheets
- Webinars
- Collaborative Publications
- Annual Meetings
- Get Involved if not already

Affiliates/Sections/SPIGS/Forums/Caucuses
Student Assembly
Collaboration with CDC

Climate change disproportionately impacts vulnerable populations

New! CDC and APHA Fact Sheets

- [Extreme Rainfall and Drought Can Impact our Health](https://www.cdc.gov [PDF - 98 KB])
- [Warmer Water and Flooding Increase the Risk of Illness or Injury](https://www.cdc.gov [PDF - 184 KB])
- [Climate Change Decreases the Quality of the Air We Breathe](https://www.cdc.gov [PDF - 111 KB])
- [Extreme Heat Can Impact Our Health in Many Ways](https://www.cdc.gov [PDF - 108 KB])
- [Climate Change Increases the Risk of Vector-Borne Diseases](https://www.cdc.gov [PDF - 112 KB])

cdc.gov
APHA Resources, cont.

Highlights five stories about transitioning from disparities to equity:

Multnomah County (Oregon)

Menominee Indian Tribe (Wisconsin)

Virginia Department of Health

Colorado Department of Public Health & Environment

Texas Department of State Health Services

For more information, visit www.apha.org/topics-and-issues/health-equity
APHA Joint Call to Action … collaborators change with issue; similar state and local level partners?

Partners:

- American Institute of Architects
- American Planning Association
- American Public Health Association
- American Society of Civil Engineers
- American Society of Landscape Architects
- National Recreation and Park Association
- U.S. Green Building Council
- Urban Land Institute
APHA partnering with National Center for Healthy Housing ... state and local partners?

Released 4 case studies (CA, DE, OH, RI) re: working with Medicaid to provide healthy homes ... addressing lead exposure & improving asthma control

Role of Community Health Workers

http://www.nchh.org

Health system investment in affordable housing
Actions/Examples from across the country
National Academy for Medicine call for deliberate actions on all levels ... federal, state, local

- Graphic ... sectors to engage
- Anchor Institutions
  - Universities/Hospitals
  - Community Health Clinics/Local Health Departments
  - The Democracy Collaborative
    www.democracycollaborative.org

National Academy of Medicine Model, https://nam.edu
Inequities in rural America (80% space, 20% of population)

• Look to states like Iowa to provide exemplars of what works
Partnering with Extension

- Community gardens at LHD
- True in Iowa?
- Other areas of collaboration in Indiana:
  - Opioids, Heart Healthy, Collaborative Research, Revising 4-H Materials,

Purdue collaboration with rural counties:
https://www.youtube.com/watch?v=yijGfb5fnwA
Urban Collaborative: West Side Total Health

• Hospital systems (Illinois, Rush, Premise, Cook Co), Health Department, Schools, Chicago Trust, Social Service Agencies, etc.

• 9 Chicago West Side ethnically diverse neighborhoods

• Community members central voice

• Improve health equity
  • Life expectancy: Loop (downtown) = 85 yrs
    West Garfield Park = 69 yrs
West Side Example, cont.

- Big actors lead but not own

- Quantitative data useful for baseline & measuring progress, but requires qualitative data

- Collaborative members responsible for defining & implementing strategies

- Backbone agency required (anchor institution)
  - Manage initiatives & work groups
  - Measure & report progress
  - Research alternative approaches & policies
  - Bring new partners onboard
  - Prepare grant applications
  - Assure important work done & is scaled up
West Side Resources

• Anchor Mission Playbook

• What We Heard: Coming Together to Improve Health and Wellness on the West Side
Grassroots Organizations

- Flint Neighborhoods United (Flint, MI): Tool Shed Project
- East End Neighborhood Revitalization Zone Pop-Up Market and Café (Bridgeport, CT): end food desert; create jobs
- Village HeartBeat (Charlotte, NC): > 600 health ambassadors trained
- Red Hook Initiative (Brooklyn, NY): large urban farm ... life skills for community’s youth
- Count the Kicks (Iowa): decrease stillbirths & infant deaths through research, education and advocacy
### Social Determinants of Health (SDOH)

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Community engagement</td>
<td></td>
<td>Provider availability</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Discrimination</td>
<td></td>
<td>Provider availability</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Quality of care</td>
<td></td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td></td>
<td>Quality of care</td>
</tr>
</tbody>
</table>

- **Health Outcomes**: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

- **Side Bar**: for your community health centers/FQHCs
  - Screening tool for primary care to identify social determinants of health
  - Some incorporating in EHRs
  - Collaborators

---

Center for Health Care Strategies, Inc.

https://www.chcs.org/media/SDOH-Complex-Care-Screening-Brief-102617.pdf
Collaborating is hard work, remember ... 

- Explore your and organization’s biases, explicit and implicit
- Make health equity a strategic priority ... moral imparity
- Evaluate & address policy and system barriers
- Exploit your state’s/community’s/system’s health & other assets & establish anchor institution with deep dedication to the work
- Establish collective vision and “rules of participation”
- Define how measure progress
- Dedicate/leverage necessary resources
Hard Work, cont.

• Respond to community’s self-identified priorities: *Nothing About Us Without Us*

• Create networks of belonging and support ... establish trust, build momentum [things happen at the speed of trust]

• Cultivate enduring relationships

• Foster cultural connections, strengthen cultural awareness/sensitivity

• Create spaces in which to discuss ... issues are complex and intertwined

• Anticipate and manage failure
A Few Words for IPHA

• Going Strong!
• Use APHA materials
• Continue your work influencing others through relationships
• Dialogue with ARGC; send President-Elect to APHA summer meeting
• Build your bench if necessary and network with others

Leadership is like a relay race; make sure you pass the baton to the next person

(David Satcher, Former US Surgeon General)
Remember can communicate thru APHA Affiliate Online Community

- Seek and provide advice to other affiliates ...
Collaborating to Assure Children Immunized

- Anti-vaccinators/Vaccine Hesitancy
- # religious objectors rising conflicts with a genuine and sincere religious belief (Iowa)
- # philosophical objectors in states where option also rising
  - Texas making easier to do so
- National Academy of Medicine Congressional Mandate: build out science

Steve Breen/San Diego Union-Tribune
Would this help?

Slowly he would cruise the neighborhood, waiting for that occasional careless child who confused him with another vendor.
Summary

Use/generate/share (publication, presentation, editorials, ...)

Translate for others

Evaluate & address policy and system barriers to use of best available evidence

Exploit your state’s/community’s/system’s health & other assets

Respond to community’s self-identified priorities (introduce the evidence)

Cultivate relationships .. policymakers for one

Foster cultural connections, strengthen cultural awareness/sensitivity

Create spaces in which to discuss ... issues are complex and intertwined

Create networks of belonging and support ... establish trust, build momentum

Employ advocacy to assist in achieving health equity ... a strategic priority & moral imparity
Recommended Reading List from affiliate visits ...

Question: What Creates Health?

Determinants of health

Environment
National economic strategy
Education
Agriculture and food
Eating habits
Recreational and culture
Exercise
Social network
Sex and peaceful coexistence
Public assistance
Health care
Unemployment
Tobacco
Alcohol
Work
Environment
Living situation
Traffic
Drugs
Age
Sex
Heredity
Social support
Childrens contact with adults
Sleeping habits
Question: What Creates Health?...
Answer: Not Health Care!!
Collaborating for a Purpose Exercise

Find a partner and ask the following 3 questions. Listen closely to your partner’s story, encouraging as much detail as possible. Think of it as initiating a conversation that will provide a foundation for future collaborations. Take notes and then share your notes with the person you interviewed.

Switch roles and complete the same three questions.

Question 1: **What inspires you to work in the field of Public Health?**

Question 2: **Think back through your career and share a time when you felt you were most effective and engaged. Describe how you felt and what made this possible.**

Alternative Question 2: **If a student, consider in what class(es) you feel you have been most successful? Explore why you feel this way.**

Question 3: **What legacy do you hope to leave when you conclude your public health career?**

Group Discussion

Themes or similarities that may have emerged? How might you capitalize on each others strengths to accomplish your goals?