

Caroline Fichtenberg, PhD **HAS LEFT APHA** Regina at 202-777- , referred me to Tai Taylor who is pushing the report **HEALTH IN ALL POLICIES: A GUIDE FOR STATE AND LOCAL GOVERNMENTS** through CDC

*Director
Center for Public Health Policy
Division of Health Policy and Practice
American Public Health Association
Washington, DC*



Caroline Fichtenberg, PhD, is the Director of the Center for Public Health Policy at the American Public Health Association (APHA). She oversees APHA's policy analysis and policy capacity building work, using a health in all policies approach. Prior to joining APHA, Caroline worked for Senator Harkin on the Senate Health, Education, Labor and Pensions committee, and prior to that she served as Director of Epidemiology for the Baltimore City Health Department. She has 14 years of experience working in the public health field on a range of issues and across research and practice settings.

(www.apha.org)

Lianne.Dillon@cdph.ca.gov 916.324.6380

Caroline Fichtenberg, PhD

**Center for Public Health Policy,
Director**
caroline.fichtenberg@apha.org
202-777-2517

APHA Power of Policy Contest: Q&A With Caroline Fichtenberg



Caroline Fichtenberg, American Public Health Association

The [American Public Health Association](#) (APHA) recently announced a [policy contest](#) for health departments to explore the power of innovative policies to impact health. Between five and eight [health departments](#) at any level of government (state, territorial, local or tribal) will receive awards ranging from \$25,000 to \$40,000 to develop, implement or evaluate an innovative policy approach to a critical public health problem, with a focus on reducing [health inequities](#).

The contest, funded by the Centers for Disease Control and Prevention's [National Public Health Improvement Initiative](#), aims to strengthen health departments' capacity to use policy approaches.

NewPublicHealth spoke with Caroline Fichtenberg, PhD, Director of the [Center for Public Health Policy](#) at APHA, about the contest.

NewPublicHealth: What's the rationale behind the [contest](#)? Why is this kind of effort needed?

Caroline Fichtenberg: The rationale behind the contest is really to help support innovative policy work that's happening in health departments around the country. [Policy](#) and environmental change strategies are really some of the most important and cost-effective tools that public health has at its disposal for improving population health. There are lots of different ways policy is being used around the country, whether it's to help further reduce [tobacco](#) use or improve access to [healthy foods](#) and [places to exercise](#) or a whole variety of other important health issues and outcomes. This is an effort to help fund new, innovative approaches that maybe aren't quite yet evidence-based but are promising in their potential impact.

NPH: What are you hoping to see from it?

Caroline Fichtenberg: Through the contest itself, we're hoping to hear about the innovative work that is happening around the country. We're planning on summarizing the breadth of ideas we're hearing about, even among the applicants we aren't able to fund. Through the funding of a few of the most promising, we hope to move those along, provide funding to implement them and hopefully if time allows and they're at that stage, evaluate the impact so we can help build the evidence for new types of policy initiatives to improve health.

NPH: What kinds of innovative public health policies have you seen lately?

Caroline Fichtenberg: There are a lot of really interesting areas. This is not exactly a policy per se, but all the work going on in [health impact assessment](#) and health in all policies, and looking at how policies outside the sphere of public health actually impact the public's health—I think that's a really exciting, innovative approach. There is also some very innovative policy work going on around the country on [obesity prevention](#). On the active living side, there's work happening to increase access to places to exercise, including through the whole joint use movement. Joint use is the idea that you have all of these physical activity resources in [schools](#) like [playgrounds](#), tracks or gyms that are sitting idle during non-school hours, and at the same time you have residents in those communities who need places to exercise. Often one of the

barriers to that is a fear of legal liability if any injuries ensue when community members use school property. Joint use agreements allow the schools to open up their physical activity resources during non-school hours without fearing risk of liability, often through collaboration with non-profit organizations. It increases opportunities for physical activity for a wider range of people, and it economically makes sense. It's being smart about using the resources we have.

On the healthy eating side, there are so many ideas, from [healthy corner stores](#) to improve access to healthy foods, and work to increase availability of healthy foods at parks—Delaware and some other places around the country are doing great work there for example.

In the tobacco control world, there is some innovative work going on around multi-unit housing, based on data that shows how much cigarette smoke travels between units. So you may not be a smoker, but if your neighbors are, you and your children may be affected. So there's a lot of work going on around non-smoking in multi-unit housing.

NPH: You made an important point about the cost-effectiveness of policy approaches. Why are health policies often budget-friendly ways to improve public health?

Caroline Fichtenberg: This is exactly why policy change is such an important tool for public health. Tobacco laws, seatbelt laws, [motor cycle helmet laws](#) are all great examples of that. Once you put a policy into place, there's often very little effort that needs to be expended, very little cost to implementing that policy on an ongoing basis, and you reap the health benefits of that policy for years and years. If you have a clean indoor air law, once it passes there's a bit of tax money that needs to be spent in implementing and enforcing that law, but compared to an educational program where you have to day in, day out be educating people about the effects of smoking, you have a much more cost-effective intervention through the policy change.

There are some reactions to policy change that can be very negative. When you talk about policy change, there's a very visceral reaction to the government "telling people what to do." A key aspect of policy change for public health, though, is that it's really not about telling people what to do. It's about making the healthier choice the easier choice. It's about giving people options to engage in the healthy behaviors they want to engage in and it's about protecting people from harms that are otherwise out of their control to prevent.

-

The American Public Health Association is the oldest and most diverse organization of public health professionals in the world and has been working to improve public health since 1872.

-

PolicyLink is a national research and action institute advancing economic and social equity by Lifting Up What

Works. ®

-

Prevention Institute

was founded in 1997 to serve as a focal point for primary prevention practice—promoting policies, organizational practices, and collaborative efforts that improve health, equity and quality of life.

-

The Public Health Institute

(PHI) is an independent, nonprofit organization dedicated to promoting health, well-being and quality of life for people throughout California, across the nation and around the world.

-

Trust for America's Health

(TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority