APHA, Affiliates Making Health a Shared Value – Promoting and Implementing Health in All Sectors and Policies

MPHA • Opening Session
Thursday, 17 May 2018
THANK YOU
Main Activities of APHA, Public Health Leaders & Partners
APHA

Working For Your Health
Since Our Founding on
April 18, 1872
We Are The Embodiment Of Public Health & Its History

• APHA is a global community of public health professionals and the collective voice for the health of the public.
• APHA is the only organization that combines over 145 years of perspective, a broad-based constituency, and the ability to influence federal policy to advocate for and improve the public’s health.
Public Health Agencies, Leaders, Partners

Public health agencies are leaders & partners in their communities,

protecting the public from health threats & promoting health

with policies and programs that save lives & make communities healthier.
APHA National Agenda and Shared Priorities
National Public Health Advocacy Agenda
2017 - 2020

Focused on becoming the healthiest nation (1)

• Defend the Affordable Care Act & expand health insurance coverage (Reauthorize CHIP [DONE]; protect Medicaid & Medicare, prevention fund, stop block grants) – **Reinstate subsidies**

• Build Public Health 3.0 (Leadership, funding, accreditation, data systems)

• Address climate change & environmental needs (lead, other toxic exposures)
APHA National Advocacy Agenda 2017 - 2020

• **Focused on APHA’s agenda to become the healthiest nation**
  
  • Stop regulatory rollbacks (*e.g.* nutrition labeling, environmental health, etc.)
  
  • Restore cuts from the Public Health Prev Fund
  
  • Protect women’s health & access to reproductive health services
  
  • Address the next new public health crisis of the day - *OPEN*
  
  • Continue our health equity work – *racial/ethnic, income, geographic and social discrimination work*
The FY 2018 budget deal reached by Congress and signed by the President

• It is hoped that with the raise in the nondefense discretionary caps for 2 years more are directed to increased funding for the CDC and HRSA

• We are hopeful that this budget deal will protect public health agencies and professionals from the extreme fiscal uncertainty that Congress has fostered since September 2017

• We hope Congress will repeal Prevention Fund cuts, restore to prior funding levels –
  • **2012 Nat Academy of Med** report recommended increase federal funding by $12 billion annually, *a doubling of the FY 2009 federal investment in public health*
Shared Priorities

• Addressing issues surrounding the social and health inequities
  • Support/Participate in Advocacy, Socially Equal, Healthy America

• Increasing the educated/trained workforce at the local, state, national and global levels –
  • *Strengthen PH workforce, Active Education/Training at Meetings, through other Opportunities*

• Continuing, Developing efforts to build a strong, diverse and sustained leadership pipeline at all levels within APHA
The U.S. is ranked 34th globally in life expectancy.

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
APHA, Public Health Leaders & Partners –
Realizing collaborative strength Through HiAP
Generation Public Health helps us create conditions that improve health, achieve health equity and increase life expectancy.
What is Health in All Policies (HiAP)?

“A collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.”

Why do we need Health in All Policies?

Source: American Public Health Association
Many forms of HiAP

• Formal or informal sectors of society
• Situational, Systematic, Interactional
• Policy, programs, processes or strategy
• Diverse levels of services
Health in All Policies by Another Name

- Equity in all policies
- Safety in all policies
- Interagency committees/taskforces
- Healthy State/City/County Plans and Initiatives
Key elements of HiAP

1. Promotes health, equity, and sustainability
2. Supports inter-sectoral collaboration
3. Benefits multiple partners
4. Engages stakeholders
5. Creates structural or process change
KEY ELEMENTS OF HIAP
Promote Health, Equity and Sustainability

- **Case-by-case**: Specific policies, programs, and processes
- **Institutional**: Embedding health, equity, and sustainability considerations into decision-making processes
- **Tools** include
  - Health lens analysis
  - Health impact assessment
  - Equity impact review
- Positive or neutral *impact* on health
KEY ELEMENTS OF HIAP

Promote Health, Equity and Sustainability

• Must be intentional and explicit

• Social determinants of health vs. social determinants of equity
  • Identify and address historic and current systems of inequities (e.g., racism, geographic segregation, income inequality, vulnerable, at-risk populations)
  • Address current policies and practices that widen disparities
  • Promote fairness and inclusion
  • Ensure affected groups are at the table
KEY ELEMENTS OF HIAP
Promote Health, Equity and Sustainability

Source: http://www.swrdc.org/planning/active-living/health-in-all-policies-4/
KEY ELEMENTS OF HIAP
Promote Health, Equity and Sustainability
Diverse/Multi-Sector Stakeholder Engagement
KEY ELEMENTS OF HIAP

Structural Change

• Permanent consideration of health and equity in all decision-making
• All Benefit
Health in All Policies

Key Resources

- ASTHO HiAP Policy Guides on Housing, Food, Transportation and Water (2015)
- NACCHO Report: HiAP Experiences of Local Health Departments (2017)
APHA, Public Health Leaders & Partners – Collaboration and Advocacy
Shaping Effective Public Health Programs and Policies

1. KNOWLEDGE BASE

2. SOCIAL STRATEGY

3. POLITICAL WILL
“One thing public health professionals have in common is a focus on population-level health…”

“Public health professionals have a major role to play in addressing these complex [ethical, legal and social] health challenges, but to do so effectively they must have a framework for action and an understanding of the ways in which what they do affects the health of individuals and populations”

From: “Who will keep the Public Healthy?”, IOM 2003
So….Health Is About More Than Healthcare

Figure 2
Social Determinants of Health

<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></td>
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<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Social integration</td>
<td></td>
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<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Community engagement</td>
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<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Discrimination</td>
<td></td>
<td></td>
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<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td>Quality of care</td>
<td></td>
</tr>
</tbody>
</table>

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Roadmaps to Health: Harnessing the collective power of leaders, partners & community
APHA Cross-Sector Collaborations

- **Transportation and Health**
  - Transportation and Health Tool
  - Health and Transportation toolkit

- **Healthy Eating and Active Living**
  - NAACP
  - National Business Coalition on Health

- **Planning**
  - Plan4Health (APHA and APA)
  - Building Bridges Project (CDC, APHA, APA, and the Georgia Institute of Technology)
  - Built Environment and Public Health Clearinghouse
  - First Health Symposium at 2014 APA Conference
  - New Partners for Smart Growth Steering Committee

- **Housing**
  - Healthy housing standards publication with National Center for Healthy Housing (e.g. asthma, lead, etc.)
Joint Call to Action to Promote Healthy Communities

- **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

**Promote Healthy Communities**

**Joint Call to Action**

**The Imperative for Healthier Places**

Where we live, work, and play has a major role in shaping our health. Rates of chronic diseases attributable to the design of the built environment—including obesity, diabetes, heart disease, and asthma—are on the rise. The built environment also has direct and indirect impacts on mental health, including depression and anxiety. This is true for everyone, but is felt even more among vulnerable populations, who are less likely to have access to nutritious, affordable food and opportunities for physical activity and are more likely to be exposed to environmental pollutants and circumstances that increase stress.

Addressing growing health challenges and inequities requires new partnerships and collaboration between built environment and public health practitioners, and a health-focused approach to landscapes, buildings, and infrastructure. As signatory organizations to this Joint Call to Action, we encourage our combined 150,000 individual members to embrace collaboration across professions to promote healthier, more equitable communities. When professionals in the fields of the built environment and public health work together, we multiply our potential to improve health.

We, the signatory organizations, challenge our members—comprising architects, urban planners, landscape architects, developers, engineers, and professionals from public health, parks, and green building—to do the following:

- **Partnering to Implement the Joint Call to Action**

The organizations involved in this Joint Call to Action represent many, but not all, of the individual practitioners who contribute to creating healthy communities. We encourage our members to partner with members of other organizations to facilitate the creation of healthier environments and to make health a primary consideration in land use, design, and development practice.
Building a Public Health Movement

- Consumers
- Health Providers
- Academic Community
- Purchasers
- Advocacy Groups
- Business
- Public Agencies
- Consumers & Families
- The Public

Source: APHA
Public Health Outcomes? (1)

• **Resources must be reinvested in a variety of areas that address:**
  
  • Social determinants of health that are needed for our common security
  
  • Adequate housing, welfare, social services, education, transportation, bridges and roads
  
  • Water systems, a public health infrastructure and a variety of key community programs

Source: APHA
Public Health Outcomes? (2)

- Steady stream of resources for public health is necessary to:
  - Ensure multi-sector, multi-component approach with focus on prevention
- Promote healthy communities by focusing on where people live
- Public health must utilize the social strategies we know are necessary to make positive improvements

Source: APHA
APHA Press and Other Publications

• **American Journal of Public Health (AJPH):**
  - Native American Mortality
  - Health Disparities in Boys and Men
  - Science of Research on Racial/Ethnic Discrimination and Health
  - Environmental Justice and Research Practice
  - Asian American, Native Hawaiian, and Pacific Islander Health
  - Federal Collection on Health Disparities Research.
  - Environmental and Occupational Justice.

[Image of book covers]
Legislative Advocacy

- Medicaid
- SNAP
- Social Security, SSI
- Child Nutrition
- Health Disparities via Health Reform
- Public Health Prevention Fund
- Violence Prevention
- Farm Bill Reauthorization
- Persons with Disabilities
- Obesity Prevention
- Transportation
- Clean Air Act
- Climate Change
- ESEA
- Many others
Engaging in the Conversation
APHA, Public Health Leaders & Partners – Equity and Social Determinants
Equality? – Equity?
On social determinants and inequities

“Why treat people without changing what makes them sick”

Ella Williamson
Director St. Joseph’s /Candler
African-American Health Information & Resource Center
11 January 2018
Health Disparities vs. Health Inequities

Population-specific differences in the incidence and prevalence of health conditions and health status.

Differences in health status between certain population groups that are avoidable, unjust, and unfair.

Brings attention to structural inequalities and lack of life enhancing resources – Such as POVERTY

Source: adapted from CDC, 2010; Whitehead, 1992
The Concept of Health Equity

• Health equity is the fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing.

• “Health equity is a desirable goal/standard that entails special efforts to improve the health of those who have experienced social or economic disadvantage”

• Health is necessary to overcome economic/social disadvantages

Source: Working definition from the CDC Health Equity Working Group, October 2007; Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020
HEALTH EQUITY

• Health Equity is when all people, regardless of who they are or what they believe, have the opportunity to attain their full health potential.

• Achieving health equity requires valuing all people equally with focused and ongoing efforts to address inequalities.

HEALTH EQUITY: VISION TO REALITY

1. Health Equity is Understood
2. Health Equity is a Shared Vision
3. Health Equity is a Factor in Decision Making
4. Health Equity is included in Implementation
5. Health Equity is In All Policies

Source: RWJF, 2017
An explanatory Model For Conceptualizing The Social Determinants of Health

Public Health’s Role in Addressing the Social Determinants of Health
- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating organizational environments that enable change

Source: adapted from http://unmfm.pbworks.com/w/file/fetch/76805492/Health%20equity%20and%20environmental%20justice.%20Are%20we%20there%20yet.pdf
Public health has a vital role in the health equity movement (1)

“Our long-time connections to the communities we serve and our deep understanding of the connections between individual health and community conditions are essential to achieving equity and eliminating health disparities.

Source: G. C. Benjamin, MD 19 May, 2015 in “Health Equity and Social Justice: A Health Improvement Tool”, in Views from the Field, Grant Makers in Health
Public health has a vital role in the health equity movement (2)

However, even within the public health field, making an earnest shift toward health equity means having that “uncomfortable” conversation—we must also look inward and ask how our actions may perpetuate feelings of exclusion among the most vulnerable. How can we build relationships of genuine trust?”

Source: G. C. Benjamin, MD 19 May, 2015 in “Health Equity and Social Justice: A Health Improvement Tool”, in Views from the Field, Grant Makers in Health
Actions to Advance Equity Using Practice (1)

• Your leadership, staff, and department can take the following actions to build a health equity movement:
  • Collaborate with local, regional, state, and national partners from public health and social justice communities to advance health equity, and to help solidify a movement for progressive health equity practice
  • Promote the work of other health departments to make the case for investing in health equity work
  • Work with community organizers to train health department staff on the principles and practices of community organizing
  • Work with community organizers to include a message of health equity in their organizing efforts

Source: Strategic Practices Build a Health Equity Movement from HealthEquityGuide.Org (retrieved January 25, 2018)
Actions to Advance Equity Using Practice (2)

• Your leadership, staff, and department can take the following actions to build a health equity movement, cont:
  • Support increasing the voice and influence of communities impacted by health inequities in policy change
  • Focus on Root Cause Analyses and Solutions, e.g, Role of Poverty
  • Hold provider networks and other public health system partners accountable for advancing health equity
  • Listen and learn from broader social movements to better understand their issues, processes, and narratives, and how they build power and motivate their base
Why membership in APHA is important & Opportunities
It’s important to join APHA because:

1. You’ll join APHA’s movement to create the healthiest nation in one generation.
2. You can lend your voice to influence/educate policy makers.
4. You can create meaningful relationships with other like-minded public health professionals.
5. To join APHA visit the website https://www.apha.org/membership
Membership Benefits

• Networking opportunities
• Professional Development
• Participation in Member Component Groups
• Publications
• Affiliate Membership
• Scholarship opportunities
• Career Resources – Access to jobs,
• Webinars
Building A Public Health Movement

• Generation Public Health
  • Membership growth
  • General public engagement

• Strategic partnerships

• Government relations
  • Lobbying
  • Member action alerts

• Advocacy
  • Members, staff (media)

• Communications
  • The Nations Health
  • Inside Public Health
  • Other member communications
Building A Movement For Social Change

We are Generation Public Health
Together, we can create the healthiest nation.
Advocacy & Policy Update

Getting Public Health As A Top Priority
Speak For Health
#SpeakForHealth
IN CLOSING
In Closing - 1

I am reminded by the quote [modified] from the esteem human rights advocate Mother Teresa who quoted as saying:

“We ourselves feel that what we are doing is just a drop in the ocean.
But if the drop was not in the ocean, I think the ocean would be less because of the missing drop.”

Reaching Out In Love – Stories told by Mother Teresa, Compiled and Edited by Edward Le Joly and Jaya Chaliha, 2002, p. 122
In Closing - 2
As a message for our time

We, the members of the public health community understand this quote oh so well!!

- It is how we know our work has made a mark in the way our communities and society view and treat our citizens – **Impact**

- We know our work has led to sustained and real change that address many of the health challenges that affect those we advocate for in the short and long run - **Legacy**