Crossing sectors for public health: tackling tough questions & messy stuff
THANK YOU
OVERVIEW

JOURNEY - APHA - TOUGH QUESTIONS - CROSSING SECTORS - MESSY STUFF - LEADERSHIP - Q&A
THE PATH WE TAKE:

What’s your story? How did you get here? How prepared were you?
Paths are more of an outline than a blueprint

Your story can help those you mentor

We are rarely in 4th grade saying "I want to be in public health." We each have a story of how we found our way into (or fell into...or backed into) public health - our leadership is the same way.
Be ready for anything, including total darkness at just the wrong (or right) moment.

My first step - Halloween at APHA, 1993
My first *lesson* – APHA is a **BEHEMOTH**
APHA - Two Components
Working together to create multiple paths to leadership

SECTIONS

• Discipline-based expertise on policy
• Sound science

AFFILIATES

• Grassroots advocacy and local connections
GREETINGS FROM APHA:
the voice of public health
APHA is the voice of public health

- APHA *champions* the health of all people and all communities

- We *strengthen* the public health profession, promote best practices and share the latest research and information

- APHA is the *only organization* that combines a nearly 150-year perspective, a broad-based member community and the ability to influence federal policy to improve the public's health
My love for APHA affiliates
Giving back to the profession

Grassroots Advocacy
Affiliates are the key

Local Networking
Fertile ground

Students & Early Careerist
Accessible places to start

Mentorship
Your influence is strong - use it
Public health challenges in Georgia

**3rd Worst** rate of uninsured – 1.4 million people *without* health insurance

**Medicaid Expansion**

Did **NOT** expand under ACA

**Obesity Rate**

Increased **EVERY** year since 2011

**Health Outcomes**

Ranks **BOTTOM** third of states for –

- Premature deaths
- Infant mortality
- Diabetes
GPHA challenges as an Affiliate

1. Accessibility
   How to be accessible to the local workforce while developing an academic and scientific program that would engage members working in regional and national agencies and academic institutions?

   - Local: ✔️
   - Regional: ❓
   - National: ❓

2. Perception
   “Too Liberal”
   - Shared Vision: ✔️
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<tr>
<td>1</td>
<td>Started an Academic Section</td>
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<td>2</td>
<td>Started <em>nine student chapters</em> in public health programs across the state</td>
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<td>3</td>
<td>Started a Career Development Section with representation on the Exec. Board</td>
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<td>4</td>
<td>Supported regulation for <em>tattoo parlors</em> (bill passed)</td>
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<td>5</td>
<td>Opposed a bill to reduce sales tax on some <em>tobacco products</em> (bill failed)</td>
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<td>6</td>
<td>Supported a bill to <em>prohibit cell phone use while driving</em> (became law)</td>
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<td>7</td>
<td>Instrumental in <em>obtaining funding</em> for county public health depts, and new FTEs in environmental health</td>
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GPHA successes for GA public health
Statewide advocacy works!

History
• GA had a Division of Public Health within the Department of Human Resources
• State health officer did not have a direct reporting line to the Governor

GPHA advocacy led to
• General Assembly legislating creation of a stand-alone Department of Public Health*
• Direct reporting to the Governor

*Still separate from Behavioral Health (we’ll come back to this)
The **value** of strong affiliates

Regardless of where we practice, **we all live locally** – ultimately, strong APHA affiliates, united with strong APHA sections – **strengthen our collective voice**

**This is our greatest strength**

We can build on where **we have a shared vision**
What sets us **apart**

Advocacy. Telling the story.

**Scientific expertise of sections**

**Strong local networks of affiliates**

= **Science-based policy that sets APHA apart as a leader in public health advocacy**

*Translating the public health story to non-public health audiences*
The key role for affiliates

Translating our best science into understandable recommendations

Clean food & water

Healthy & safe places for children

Public Health

APHA and affiliates can fill in those gaps of understanding so that the public can be as strong an advocate for public health as we are.
The value of APHA

The voice of public health

• Harness the passion, expertise, and connections of our diverse membership to pursue an effective legislative agenda

• A breadth and depth of scientific knowledge, a powerful grassroots network, and diversity that is unparalleled in the field

• This combined strength builds a collective voice to advocate for public health

• I see APHA's ultimate benefit to the public in this advocacy mission - in providing a voice that draws its strength from all of our membership and its credibility from our wealth of science-based policy
The Tough Questions: creating a healthier context
Robert Wood Johnson Foundation
“It’s time for America to lead again on health”

• It’s time “to stop thinking of health as something we get at the doctor’s office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink…”

• Scientists have found that the conditions in which we live and work have an enormous impact on our health, long before we ever see a doctor.”
What determines health?

Health is about more than healthcare

- Health care only accounts for some 10-20% of the determinants of health.
- Socioeconomic factors and factors related to the physical environment are estimated to account for up to 50% of the determinants of health.

<table>
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<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>
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<td>Employment</td>
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<td>Literacy</td>
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<td>Transportation</td>
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<td>Access to healthy options</td>
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<td>Early childhood education</td>
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<td>Parks</td>
<td>Vocational training</td>
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<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Discrimination</td>
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<tr>
<td>Support</td>
<td>Walkability</td>
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<td>Provider availability</td>
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**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Geographic disparities in life expectancy

Place matters

• At the county level, there are “large and increasing” disparities –
  “Socioeconomic and race/ethnicity factors alone explained 60% of the variation”*

• Gap “between the richest and poorest Americans is about 20 years” **
  This difference can be seen in neighborhoods just a few miles apart***

• Not just life expectancy but healthy years

Robert Wood Johnson Foundation’s

Opportunity Atlas

Impact of where a child grows up: a single mile counts

Use
• Online, free to use
• Explore interactively

Data
• Children’s outcomes into adulthood - household income
• Big data, small places - every US Census tract

Impact
• Positive factors only help when found in the immediate neighborhood
• Data shows these factors don’t have much impact if they are a mile away
“...direct line from opportunity to equity to health”

Robert Wood Johnson Foundation & The Atlas


“When those resources are unevenly distributed across neighborhoods - and sometimes within the same few blocks, as the Atlas illustrates - health outcomes are certain to be inequitable as well.”
Your *zip code* determines your health?

"Today, a person’s *zip code* may be a *stronger determinant* of health than his or her *genetic code.*"*

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It shouldn’t be true that circumstances such as *zip code* predict a child’s future – or an adult’s.

& yet...

"*Your zip code determines the quality of and access to:*

- schools,
- jobs,
- housing,
- grocery stores,
- community safety, and
- green space**"**
Your zip code determines your health?
Lower-income communities can be 10 degrees hotter than wealthier ones

- Speaking of green space…
  trees impact heat, which impacts health

- Tree cover varies by income level in neighborhoods

- Trees can be a destination and they need to be close to home – everyone’s home.
Walkability impacts social class

• Large regional differences in upward social mobility

• Study: The “walkability” of a city is key in upward social mobility
  • Less reliant on cars for employment
  • Feel a greater sense of belonging to the community

• Both are associated with actual changes in individual social class
  which is associated with changes in health
Effect of poverty on our genes

- Long known that socioeconomic status predicts health outcomes
- Recent evidence: “poverty leaves a mark on nearly 10% of the genes in the genome”
- This matters because: “Poverty can have a lasting impact on a wide range of physiological symptoms and processes…related to immune responses to infection, skeletal development and development of the nervous system”
- Future research is needed to determine implications for health
Dr. Bill Foege
Former CDC Director and public health hero

- Played a key role in the *global eradication of smallpox* in the 1970s
- Increased *rates of immunization* in developing countries in the 1980s
- Still changing the world through *public health*

Asked at the Decatur Book Festival - If he had it to do all over again, what would he focus on?

"Poverty"

Because of its *dose-response relationship to health*
We cannot do this alone
Public Health 3.0: Crossing sectors for public health
"Primary primary prevention"

Social determinants of health

IF

- avoiding smoking,
- avoiding obesity,
- increasing physical activity, and
- improving nutrition

are primary prevention...

What are the activities before these?

"Primary primary prevention" = Social determinants
“Health begins where we live, learn, work and play.”

“The opportunity for health begins in our families, neighborhoods, schools and jobs.”
Intervening at the community level

Communities have to determine how to use the data in their own backyards

“The right solution often depends on very specific
• local conditions,
• resources, and
• preferences.”*

Public Health 3.0
Capacity building to address the social determinants of health as well as other traditional public health challenges

A call to action for public health to meet the challenges of the 21st century

Public health is what we do together as a society to ensure the conditions in which everyone can be healthy.”
Public Health 3.0 - at the core

- Local public health *has the capacity* to address policy, environmental and system-level drivers of health challenges

- Public health *brings stakeholders* to the table - or to many tables*

Convening cross-sector stakeholders to increase access to positive social determinants**

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“Not about supporting a single individual – as important as that is – it’s about *creating a healthier context* that allows a person to make healthy choices”
Cross-sector synergy

- Education
- Technology
- Business
- Faith
- Housing
- Health systems

Creating the conditions in which everyone can be healthy

HOW DO WE DO IT?
Achieving PH 3.0

Recommendations

1. Form *unexpected* cross-sector partnerships with community stakeholders

2. Embrace the role of *Chief Health Strategists* throughout communities (from PH or from partners)

3. Build *infrastructure*: From PH dept accreditation to umbrella structures that share funding and governance

4. Enhance and modify *public health funding*

5. Make *available* timely, reliable, and actionable data for communities


De Beaumont Foundation
Standing on the shoulders of others

The Practical Playbook II: Building Multisector Partnerships That Work

“A roadmap for health-improving partnerships”

PracticalPlaybook.org

Public Health Reaching Across Sectors (PHRASES)

Supports an “all-hands-on-deck” approach

PHRASES.org
AIR Louisville
Creating healthier contexts

• Gov’t, non-profit, and tech
• Electronic inhaler sensors
• Crowd-sourced, real-world data
• Created a heat map of areas of concentrated pollution
• Changed care plans

Led to –
1. Policy changes
2. Planted trees
3. Changed zoning
4. Re-routed trucks
The future of public health
For the common good

Working with people outside of traditional public health to frame and address community concerns

Working cross-sector on commonly shared concerns – with everyone doing the part they do best

Bringing together those responsible for the different parts of the social determinants of health to talk about how it’s all linked
Building a cross-sector public health workforce
Public health workforce and trainees

Current state

### Workforce
- About 200k people in local and state public health
- PH workforce median age = 47 (US median age = 42)
- > people than the general public eligible to retire in the next few years
- 24% thinking of leaving for reasons other than retirement

Low wages, bureaucracy

### Formal trainees
- The MPH isn’t the entryway to the PH workforce—
  **Half do not have an MPH**
- Only 14% of governmental PH have formal PH training
- Schools of Public Health graduate 30k PH students/year
  - most aren’t going into governmental roles
Where are our public health grads going?

Academia
Hospitals
Not-for-profits
For-profits
Technology

More public health grads being drawn to private sector jobs. The Nation’s Health. August 2019, 49 (6), 1-12. [http://thenationshealth.aphapublications.org/content/49/6/1.2](http://thenationshealth.aphapublications.org/content/49/6/1.2)
Cross-sector public health workforce?

What this means for the future

Cross-sector means folks who don’t live and breathe public health (or don’t know that they do...)

Public health trainees working in sectors where we desire partnership

Shared concerns

Cross-sector workforce (shared public health lens)
Be a “connector”
Mining non-traditional partners – expanding the public health team

Public health is collaborative –
We should reach out to departments of religion, political science, psychology, and others, and ask:

1. Are you interested in social justice?
2. Are you interested in applying science for practical solutions to problems?
3. Have you thought about a career in public health? or about partnering with people in public health?

I understand how to reach out to non-traditional partners:
- I’m a public health person working in a school of medicine
- I’m a practitioner working in an academic environment
- I’m often the non-researcher working to steer good research
Where are your connections in your community?

Be the organization that connects all kinds of people to public health.
Speaking of working cross sector:
tough questions and messy stuff
My vision for public health

- Universal **access to quality** healthcare
- Strong, well-funded and responsive **public health infrastructure**
- Protection of our **natural resources**
- Mental health recognized as **essential** to public health
We got into public health *knowing* there may be *messy work to be done*.

“A career in public health ought to come with a *trigger warning*”
(Dr. Alan Hinman)
No health *without* mental health

“*Median years of potential life lost due to mental disorders* was 10 years (n = 24 studies)”

*Estimate: 14.3% of deaths worldwide (8 M per year) are attributable to mental disorders*

Mental health and physical health are connected
Health is not a single factor

HALF A CENTURY AGO

“Without mental health there can be no true physical health”

TODAY

Strong evidence of the link (bidirectionally) between mental health and physical health outcomes

Mental health and physical health are connected

Highly stigmatized health concerns

A physical health diagnosis like cancer “might garner sympathy”

A mental health diagnosis “might elicit judgment, fear and avoidance”

“8 in 10 workers with a mental health condition don’t get treatment because of the shame and stigma associated with it”

Yet... Most of us know someone who’s struggled

- > 20% of US of adults experience *mental illness* in a year*
  - 42 million living with anxiety disorders
  - 16 million living with major depression
  - < 5% have *severe problems* like bipolar disorder or schizophrenia

- 15% of US adults struggle with a *substance abuse disorder***
  - Number *on par with* those who have diabetes
  - *Incidence is > 1.5x* annual prevalence of *all cancers* combined

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The impact is even larger when we include impact on communities, families and society.
Why I am passionate

Like many others, I have family experience with:

mental health challenges,

the inequity of our health care system with regard to mental health,

- and the stigma that unfortunately and unjustly often surrounds mental health issues.
Why public health should be **passionate**

The hard things … are interconnected

- **Poverty**
- **Unhealthy environments**
- **Mental Health**
- **Violence and Suicide** *(including rising rates in youth and teens)*
- **Substance Abuse, alcohol use disorders, opioid abuse***

JOURNEY  APHA  TOUGH QUESTIONS  CROSSING SECTORS  MESSY STUFF  LEADERSHIP  Q&A
"A product of the context in which we live"

Health (mental and physical)

Community level interventions:

- Fixing structures that generate income inequality (ex: $1)
- Strengthening community networks
- Investing in social capital
- Creating spaces for group recreation

Addressing community stress:

- Layoffs at major town employers
- Closing the only food market in the neighborhood
- Impending tornado

Maximizing physical and mental health

Mental health in all policies

- Mental and physical health are **impacted positively and negatively by the same factors**

These same factors are involved in creating contexts in which everyone can be healthy—both physically and mentally

- **Education**
- **Employment**
- **Access to healthy food**
- **Safe and affordable housing**
- **Access to nature**
- **Transportation**
- **Healthcare**
- **Avoiding excessive alcohol and illicit drugs**
- **Exercise**
The same social determinants...

What can public health do?

- The *same factors and social determinants* are the concerns of *mental health* and *physical health* alike.
  - #ThisIsPublicHealth

- Public health *is the right group* to promote discussions about these links and initiate *cross-sector partnerships*.
The Call to Leadership in 2020:

Everyone is a leader.

How will you lead?
My vision for APHA 2020

APHA President

• Talk about the hard questions and the messy stuff
• Represent the whole association and its priorities
• Shape debate locally, nationally, and globally by defining public health broadly
• Deepen connections among affiliates, sections, SPIGS, forums, and caucuses
• Increase cross-membership between APHA and affiliates
How do we lead?
Applying life lessons to our work in public health

• Expect the **unexpected**
• Trust that it’s **never too late** to change
• **Own** your mistakes
• Seek **mentors and get help** when you need it
• Explore your **options**
• Become a **good communicator**
• Find **joy** at work
• Push **boundaries**

...and cross sectors for public health!
I’ll *leave* you with this...
Best public health advice I’ve received

If you want to have a GREAT career, Add a 5th condition:

5
Work with people you like to work with

Dr. Alan Hinman
Public health pioneer
Past APHA Speaker of the Governing Council

If you want to have a GOOD career, meet 4 conditions:

1
Find something that you like to do...

2
That you’re good at

3
That helps others

4
That puts food on the table

Please share with others…
With *sincere* thanks

*It’s about family.*

**APHA Staff**
For awesome support

**APHA Leaders**
For the tremendous honor to serve as President
For our collective commitment to do good for APHA and public health
For being public health family

**APHA Affiliates**
For the hospitality of your affiliate family

**Emory School of Medicine and Rollins School of Public Health**
For time away from the office
For being both professional family and good friends

**My wife, Johanna Hinman**
For time away from home
For loving APHA and GPHA as much as I do
For being the heart and soul of my family

**Journey**
Journey to APHA
To tough questions
Crossing sectors
Messy stuff
Leadership
Q&A
Engage with me on Twitter!
@carlsonlisam
About APHA

The American Public Health Association champions the health of all people and all communities. We strengthen the public health profession, promote best practices and share the latest public health research and information. We are the only organization that combines a nearly 150-year perspective, a broad-based member community and the ability to influence policy to improve the public’s health. Learn more at www.apha.org.

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