Great Lakes Public Health Coalition
Policy Initiatives:
State Level Advocacy

Indiana Public Health Association
Public Health Week Conference
April 3, 2019
The Great Lakes Public Health Coalition
6 State Affiliates
America’s Health Rankings 2018 Report

(United Health Foundation, 2018)
**GLPHC Mission:** Strengthens regional capacity to advance public health in the region.

- Meet 2x a year in person
- Monthly conference calls
- Support and leverage state initiatives
- Present at conferences (APHA and State affiliates)
- Review and vote on APHA policies
- Collaborative Projects
- And much, much, more
Who are we?

APHA
(15,000+ Worldwide members)

Intersectional Council

Sections
Special Primary Interest Groups
Caucuses
Committees

Council of Affiliates

Regional Representatives
State Affiliates

State Affiliates
# Building Affiliate Capacity to Address Climate Change and Health

**APHA Affiliate Region V: The Great Lakes Public Health Coalition**

## Background - GLPHC focus on Climate Change (CC) & Health

- **2015 – 2016**: CC state resolutions/policy statements developed and approved
- **2016**: objective added to GLPHC Strategic Plan: “Increase affiliate capacity in advocacy related to CC and health”
- **2017**:
  - May: Plan to address CC & Health discussed with attorney from Network for Public Health Law
  - June: CC speakers at GLPHC mid-year meeting-Chicago
  - June: Webinar planning committee drafted outline to increase affiliate capacity in advocacy for CC & health
- **August**: Full GLPHC approves final webinar outline
- **September**: Speakers identified
- **October**: Webinar schedule finalized

## Planning Process: People & Activities

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## Overview - Webinar Content

- Focuses on individual public health affiliate needs
- Promotes affiliate engagement of individual and organizational affiliate members
- Incorporates health, equity, and environmental justice into content
- Incorporates legal aspects of public health in content
- Includes content on risk assessment
- Facilitates access to content
- Features presenters from different states, programs, disciplines

## Webinars: Topical Outline

### Webinar 1: Climate Change, Health Equity, and Environmental Justice
- Available resources on climate change
- Impacted populations; how to identify; what are vulnerabilities; assess impact
- Vital importance of risk communication
- Assessment and monitoring tools and resources

### Webinar 2: Frameworks for State and Local Climate Action Plans
- Characteristics of Climate Action/Resiliency Plans and its common denominators
- Developing communities of practice partners among public health associations
- Success stories

### Webinar 3: Legal Interventions Relevant to Midwest States and Localities
- Built Environment
  - Food, Agricultural, Nutrition
  - Equity and Environmental Justice

## Webinar Goal & Objectives

**Goal**
To inform, increase engagement, and address the particular perspective, needs, and opportunities of state public health associations.

**Objectives**
- Increase knowledge of CC and its impact on public health
- Leverage education to create communities of practice to guide state planning around CC
- Promote advocacy efforts across the state public health associations

Support APHA Strategic Plan priorities: “Building Public Health Infrastructure and Capacity,” and “Strengthen Public Health Practice” strategy

Support CoA Strategic Work Plan goals “Strengthen Public Health Practice,” and “Collaboration between Affiliates and Nontraditional Partners”

## Resources for Developing Webinars

- BRACE framework [https://www.cdc.gov/brace/](https://www.cdc.gov/brace/)
- Knowledge from Region V CDC funded Climate-Ready States and Cities Initiative (CRSI) projects
- GLPHC members and partners
- Legal expertise from the Network for Public Health Law
- Resources from APHA

## Region V Affiliates

- [MPHA](https://www.mpha.org)
- [IPHA](https://www.ipha.org)
- [IPHA](https://www.ipha.org)
- [APHA](https://www.apha.org)
- [IPHA](https://www.ipha.org)
Illinois

CHALLENGING TIMES

CHALLENGING ISSUES
Gun Violence

- Illinois began it’s journey in 2013 with challenging discussions on Gun Control/Violence issues. In 2019, we are back at the table examining these same issues, but from different perspectives.

- As a large state, one should note the very challenging discrepancies in the state. Large population centers vs. Rural areas. Illinois is challenged by gun violence in Chicago and other metropolitan areas vs. Rural area’s where violence is low, but hunting and gun sports are common place and taught at a very young age.

- You can imagine the debate across the state. With new gun legislation being driven by larger cities, resistance is strong in the rural area’s. The great debate has been assault weapons vs. sport/hunting weapons. There seems to be a wide disparity in knowledge and understanding of guns in our state.

- As you can imagine, many confrontational meetings have been held over the years between friends and colleagues.
The Journey Began----2013

- In 2013, we were asked to support gun legislation that we had not been given to review.
- Meetings began and it was evident that all involved had different levels of education on the issues as well as an understanding of gun.
- We were all over the map and had many contentious discussions. Regional division was very evident. Some members had a goon understanding of guns and the current laws, while others did not.
- We tried to come to a conclusion that all could agree on.
- We tried to find common ground.
- The legislation did not pass.
What we agreed on:

- The need for Mental Health Screenings.
- The need for Mental Health Treatment.
- The need to bridge the gap on the education disparity.
- The need to summarize the existing gun laws that existed.
Fast Forward to 2019

- We began the journey again, knowing how divisive the issue could be, but tried to focus on areas we could agree on.
- We set up a committee, hired a graduate consultant and looked at the issue in another light using data and lessons learned.
- We agreed:
  - That the issue was a public health issue.
  - To take the path of prevention.
  - To further our data review.
  - To develop an approach to reduce gun violence.
  - To an educational approach.
What We Agreed On:

- To collaboration from both sides of the issue.
- To equity.

The issue is ongoing and still divides the state. There are currently legislative moves to force laws to outlaw certain guns.

- There is a move by many counties to pass resolutions to not enforce gun restrictions if passed by the state.
- Still divisive, but we are making progress and have narrowed our scope to make a public health issue.
- The product of our recent work is on our google drive and can be shared by contacting your state ARGC.
The Illinois Public Health Association began its progress in preparing and informing our members, agencies and the community on the concept of Trauma Informed Care as part of the public health tool bag in working with our citizens.

Trauma is an event that lingers with us long after the event happens.

This reaction can lead to bigger problems in the lives of our citizens unless addressed.
Trauma Informed Care

Our approach:

- Increasing local level awareness.
- Providing technical assistance to members and agencies through training workshops.
- Connecting providers to resources.
- Developing public health workforce training.
For a copy of our work products you may contact

Nick Brady
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Springfield Illinois
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Michigan

...And the Flint Water Contamination
Flint At-A-Glance

- The people of Flint are resilient, however not without excessive hardships and disappointments.
- Since the departure of both the automobile industry and affiliated manufacturing activities, Flint has repeatedly struggled upstream to gain a financial footing which has never transpired, at the community’s detriment.
Flint At-A-Glance

- a population of 99,763 Michiganders
- over 56.6% are Blacks
- a median income is $24,679
- the second highest level of poverty in the nation
  - with 41.6% of persons living below the poverty level
  - with an unemployment rate of 26.3% (nearly three times the national average).
- Of the 2,229,052 Medicaid and Healthy Michigan statewide caseload, 30% of these residents reside in Flint.
Health outcomes for communities are poor and rank higher than the national averages for obesity, infant mortality, gun violence and other conditions.

Overall, these issues have raised many eyebrows as to the health inequities the city has faced over decades, as we feel it is the basis of root causes of such high disparities.
Flint At-A-Glance

- History repeats itself without lessons learned and new actions taken, therefore MPHA recommended the following three core tenets (HEiAP, Public Health Funding, and Risk and Crisis Messaging) to be considered to ensure future generations in Flint and surrounding jurisdictions are not continuously impacted by the Flint Water Crisis:
Health and Equity In All Policy (HEiAP):

- Flint’s lead crisis illustrates the importance of “Health and Equity in All Policies.”
- Health In All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making--across all sectors and policy areas.
- The addition of “equity” assures there is an absence of systematic disparities in health (or in the major social determinants of health) between social groups who have different levels of underlying social advantage/disadvantage and privilege.
- Its foundational priority upholds that every person has the equal opportunity to attain their highest level of health.
Public Health Funding:

- The highest possible funding level is needed to support and strengthen the public health system to address root causes and respond to unexpected emergencies.
- Without adequate funding to address the many public health challenges at the state and local level and in our communities, the net effect will be more death and disability and higher long-term economic and social costs resulting from diseases that could be prevented.
Risk and Crisis Messaging

- Coordinated emergency response risk and crisis messaging is vital. A crisis can trigger distorted perceptions if communications aren’t swift, centralized, credible, succinct and accurate.

- Historical knowledge of past events, such as 9/11, West Nile Virus and the push for H1N1 vaccinations, tsunamis, hurricanes, Katrina and Rita in 2005, Ebola Virus, etc., have all proven that messaging without consistency, centralization, credibility, and trust -- it leaves a community in chaos and hopeless.
Risk and Crisis Messaging

- Risk messaging affords a vital opportunity for intersectorial community collaboration and engagement. With the competition of social media expediency, it is critical to view this methodology as an opportunity, as opposed to a threat. Leverage the broad reach. The efficacy of risk messaging includes the voice of communities, accompanied with emergency preparedness messages.
Minnesota

Moving Knowledge to Action
Moving Knowledge to Action

- Policy and Advocacy Committee
- Health Equity Committee
- Governing Council
- Membership
- Legislative Policy
- Administrative Policy

- Encourage members to take Government leadership and staff roles
- Legislative Priorities
- Candidates Guide
- Policy and Advocacy Training
- Letters to Governor’s Office
- Resolutions
- Discourse on public policy
- Review of APHA policy statements
- Policy Forums
Legislators

Ruth Richardson for House 52B
March 23 at 8:00 AM

I’m honored to be selected as the 2019 recipient of the B. Robert Lewis Award for advancing health equity from the Minnesota Public Health Association. I’m proud to follow the trailblazing footsteps of the late Senator Lewis and the other distinguished recipients of the honor including Walter F. Mondale and Paul Wellstone.

Read more here: https://www.house.leg.state.mn.us/.../profi.../news/15519/24923...

MPHA 2018 Election Candidate Questions

Candidates for local and statewide offices that have a tremendous impact on our lives, health, and safety. We hope you use some of the questions below if you attend a Town Hall meeting, or even when a candidate shows up at your door.

Some general terms and concepts for educating candidates:

Public Health: Public health promotes and protects the health of people and the communities where they live, learn, work and play. A doctor treats people who are sick, public health professionals try to prevent people from getting sick or injured in the first place.

Health Equity: Health Equity means everyone has a fair and just opportunity to be healthier. Or the attainment of the highest level of health for all people.

Social and Physical Determinants of Health: Physical determinants of health include green space, buildings, sidewalks, bike lanes, housing and community design. Social determinants educational, economic and job opportunities, public safety, social support.

1. People physically or socially isolated are at greater risk of abuse, loneliness, depression, and injury. Immigrants and refugees who lack English language skills and cultural knowledge face additional hurdles to belonging. For rural elders the risk of isolation is compounded by distance to family, communities, or needed services. Disability at any age increases a potential for physical and social isolation. What will you do to create a path forward to welcome immigrants and refugees, and reduce isolation among all Minnesotans?

2. 84% of Minnesotans support closing background check loopholes for websites and gun shows. What will you do to...
Legislative Priorities and Training

The MPHA Policy & Advocacy Committee chooses priorities based on MPHA member survey responses, current engagement in coalitions or other external groups, and political feasibility.

Legislative priorities are a guide for the committee, and not meant to preclude action taken in support of other policies.

2019 MPHA Legislative Priorities

• Support efforts to reduce health inequities
• Support policies and programs that ensure access to affordable health care
• Support public health funding— including maintaining Statewide Health Improvement Partnership (SHIP) funding and increasing local public health grant funds
• Support policies that promote optimal mental health, including interconnected issues such as substance use and suicide
• Support gun violence prevention efforts
• Support environmental health efforts to ensure healthy families, clean water, clean air, and healthy climate

MPHA’s Policy & Advocacy Committee is planning a meet-up on Monday, December 10th, 5 pm at Bad Weather Brewery in Saint Paul.

Come to this MPHA event to learn the difference between legislative education and lobbying, practice the skills involved in each, and to network with other potential public health advocates.
Resolutions/Letters

- Resolutions
  - Resolution on Immigrant Children, Youth and Families
  - Deferred Action for Children Arrivals (DACA)
  - Regulatory Action to Reduce the Impact of Menthol Cigarettes
  - Earned Sick and Safe Time
  - Paid Family Leave

- Letters of support
  - Criteria for selecting Commissioner of Health
  - Health Dept. Health Equity Advisory Committee
  - Human Services Health Equity Advisory Committee
  - As requested by APHA
  - Opposing Statewide Preemption
Former Governor’s press conference - paraphrased from quote below:

“We believe that local governments are more responsive to the needs of their constituency and grassroots movements and can experiment with innovative solutions that might not be part of a state or national agenda. Furthermore, “local public health ordinances are often the catalyst for new public health policy directions.”

Office of Governor Mark Dayton
130 State Capitol
75 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Dear Governor Dayton:

The Minnesota Public Health Association (MPHA) Governing Council, representing over 400 members opposes “statewide preemption” to strip local governments of their authority to improve state or federal workplace standards.

MPHA is an all-volunteer professional organization for public health professionals throughout the state of Minnesota. Our mission is to create a healthier Minnesota through effective public health practice and engaged citizens.

MPHA strongly supports local control of Earned Sick and Safe Time policies that improve the lives of all Minnesotans. These policies are an important step in reducing the huge disparities that exist for some populations including communities of color, American Indians, the Lesbian, Gay, Bisexual, Transgender and Queer communities, women, immigrants or the working poor.

We believe that local governments are more responsive to the needs of their constituency and grassroots movements and can experiment with innovative solutions that might not be part of a state or national agenda. Furthermore, “local public health ordinances are often the catalyst for new public health policy directions.” For example, local clean air smoking restrictions were the model for subsequent state legislative efforts, and local menu labeling laws were the impetus for state laws and eventually the federal menu label law that passed in 2010.2

In July 1 of this year, over 150,000 people in Minneapolis and Saint Paul are due to start receiving earned sick and safe time, a paid benefit that would allow them to take time off when sick or dealing with domestic violence. These critical policies will improve the health of this state.

We ask you to preserve local units of government’s ability to pass strong workplace health policies on behalf of their residents and communities.
Health Equity
Ohio

Health And Equity in All Policies (HEiAP)
Ohio National Health Rankings

➢ 40th in 2018 America’s Health Rankings report
  (United Health Foundation, 2018)

➢ 49th in 2015 for Black Infant Mortality
  ➢ Black rate: 13.5 / 1,000 live births
  ➢ White rate: 5.8 / 1,000 live births
  (National Center for Health Statistics, 2018)
America’s Health Rankings 2018 Report

(United Health Foundation, 2018)
Disparities in Ohio: 2019 County Health Rankings
Health OUTCOMES Map
From HiAP to HEiAP

Key Elements of HEiAP

➢ Innovative approach to creating policies that consider both health and equity

➢ Emphasizes cross-sector collaboration to achieve common health goals

➢ Ensure policies have neutral or beneficial impact on determinants of health incorporating impact on equity

➢ Creates a structural process for change
SB 302 - Health and Equity in All Policies

- Major advocacy initiative for OPHA

- Creates a policy review process for independently evaluating health & equity impact of proposed legislation

- Help ensure that Ohio’s rules & laws in areas such as housing, transportation, education, employment, justice system, etc. would have neutral or beneficial impact on public health AND on equity
Summary of OPHA’s HEiAP Legislative Initiative

Incorporating HEiAP into Ohio’s legislative process - help ensure that all state laws and administrative rules are reviewed through a health & equity lens – increasing the likelihood of neutral or beneficial impact on determinants of health and on equity

• Similar to Ohio’s Common Sense Initiative – Business Friendly

• Development of an assessment tool – Review tool

• Seeking to be codified in statute – Legislative Oversight

• Robust Monitoring & Evaluation Process – Sustainability

• Cross-sectional stakeholder collaboration – Shared Responsibility

• Leadership aspects: Expertise, Commitment, Advocacy, Ethics, Collaboration, Communication, Outreach
DRAFT health & equity lens review tool

How will the draft legislation/rule impact health?

- Level and security of employment?
- Proportion of the population living in relative or absolute poverty?
- Housing affordability?
- Quality or safety of housing?
- Residential racial/ethnic or income segregation?
- Supply or cost of food?
- Food safety?
- Access to healthy food resources for economically vulnerable populations?
- Level of hazardous chemical or biological pollutants in outdoor air, soil, or drinking water?
- Risk and response to fire hazards and other emergencies (medical, legal etc.)
- Proximity to jobs, goods, services and quality educational resources?
- Vehicle volume or speeds?
- Availability and proximity of public transportation?
- Quality and proximity of child care services?
- Quality, access or capacity of schools for children?
- Quality, proximity or access to parks and public spaces?
- Quality and proximity of health services?
“Senate Bill 302 will assist the General Assembly in proactively reviewing the impact of our policies on the health and well-being of our residents prior to adoption. We can make better and informed decisions rather than retroactively addressing the negative and disparate health effects on our children and families.”

Bill Sponsor - Senator Charleta B. Tavares (June 18, 2018)

“This bill would provide a tool to allow our state lawmakers to consider the potential health implications of proposed legislation prior to the enactment of any new laws.”

Joe Ebel, Past President of OPHA (June 18, 2018)
Wisconsin

Internal WPHA Policy: Declaring Racism as a Public Health Crisis
Overview

- Mission: Building a healthier, safer Wisconsin through policy and partnerships.

- Focus: Organization policy
WPHA Values

- Striving to eliminate health disparities and achieve racial and health equity is important for improving health for all.
Racial Equity Resolution

- Resolution process
- Resolution vote
- Racial equity organization assessment
Timeline

- May 2017: Annual Conference story
- Sept 2017: Racial Equity Workgroup
- May 2018: Resolution vote
- March 2019: Organization Assessment
Lessons Learned

- Celebration: APHA presentation
- Power/Process: Timeline, Assessment
- Collective Reflection: Resolution drafting, RFP review
Indiana

Building Capacity for Policy and Advocacy Efforts
IPHA Policy and Advocacy Committee

Chair: Elizabeth (Libby) A. Richards, PhD MSN RN CHES
Contact: earichar@purdue.edu

https://inpha.org/policy-advocacy/
Current Activities:

- Monthly Conference Calls
- 2019 Indiana General Assembly Health Bills Tracking
- Monthly policy updates in IPHA Times, Dates, and Places publication
Action Groups

- Youth Violence---IPHA Resolution
  - White paper development on policy and advocacy as a public health intervention
- Substance Use Disorder---IPHA Resolution
  - Taskforce Chaired by Amy Gilbert
  - Contact: alewisgilbert.home@gmail.com
- Climate Change---IPHA Policy Resolution
  - Indiana Climate Change Summits
  - Climate Change Webinar series development with GLPHC
Future

- Action Group Products:
  - SUD Taskforce report and recommendations
  - White paper on Youth Violence
- Build committee membership
- Develop IPHA members’ skills in policy and advocacy
- Continue member survey biennially
- Develop Association policy on endorsing legislation and advocacy efforts
- Become more active in state level policy
QUESTIONS AND DISCUSSION
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THANK YOU!!