ASPPH Presents:
From Local Action to National Progress on 5 Major Health Challenges
Welcome

Frederic E. Shaw, MD, JD
Editor in Chief

Andrey Kuzmichev, PhD
Managing Editor

PUBLIC HEALTH Reports

The Official Journal of the U.S. Surgeon General
and U.S. Public Health Service
Join the Conversation...

- You can ask questions in writing anytime during the webinar.

- Simply type them in the “Questions” field on the right side of your screen.
Ellen J. Mackenzie, PhD, MSc
Dean
Johns Hopkins Bloomberg School of Public Health

Joshua M. Sharfstein, M.D.
Director
Bloomberg American Health Initiative

Michelle Spencer, MS
Associate Director
Bloomberg American Health Initiative
The Bloomberg American Health Initiative aims to use the tools of public health to address five major challenges facing the United States: addiction and overdose, environmental challenges, obesity and the food system, risks to adolescent health, and violence.

The Initiative, based at the Johns Hopkins Bloomberg School of Public Health, was created by a gift from Bloomberg Philanthropies for the School’s 100th anniversary in 2016.

The Initiative has sponsored this supplement to *Public Health Reports* to provide a public health vision on these five major challenges and to highlight three cross-cutting themes: equity, evidence, and policy.
The quality of our environment has a profound impact on the health of our communities.

Today our major community health challenges are influenced by the environment.

Decisions about the built environment are public health decisions.

It is time for a new approach, the built environment matters!
ENVIRONMENTAL CHALLENGES

A Framework for Improving Health - Systems Thinking
A Public Health Approach to Healthy Communities

• Problem formulation – recognizing the public health impacts of community decisions
• Inclusion of public health – a seat at the table
• New partnerships with urban planners, developers, transportation, housing
• Filling gaps in data on health and environment - environmental public health tracking
• Application of new tools to inform decisions - health impact assessment
• Evaluation metrics to measure health and environmental progress
• Training public health professionals – cross agency and cross disciplinary
• Rethinking our approach to environmental health – moving towards prevention
• Moving beyond traditional roles to reduce the burden of disease through healthy community environments
Opportunity youth face high risks for long-term emotional, behavioral, and health problems compared to their connected peers.

Societal and economic costs of failing to address the needs of opportunity youth are high – both for this generation and their children.

Nearly 12% of teenagers and young adults aged 16-24 years in the United States are out of school and out of work: commonly referred to as disconnected or “opportunity youth”, they have a disproportionate share of problems as they age.
Key aspects:

- Coordinated data systems
- Consolidated service delivery and funding
- Youth involvement
- Systematic intervention testing and scale up
A public health approach has potential to...

- Reduce the number of opportunity youth
- Bring down high costs associated with opportunity youth (e.g., criminal justice, mental health)
- Harness tremendous potential of opportunity youth in the workforce and as engaged and productive citizens
- Prevent and reduce long-term health and behavioral problems
High rates of overweight and obesity
Range of efforts but little progress
Lack of public consensus
Interconnection with other food system problems → need for policies that accomplish and balance multiple goals
• Systems approaches: specific methods & a mindset

• Systems approaches can help us:
  • identify relationships between food systems and consumption
  • design coordinated sets of policies that reinforce each other
  • recognize unintended social, economic, environmental consequences & minimize them
  • understand broader social, economic and political contexts, to
    • identify political obstacles to policy and affected groups
    • identify common policy goals and a broad alliance beyond public health
OBESITY & THE FOOD SYSTEM

Social and Cultural Influence
Science/Technology
Policy and Regulation
Economic Factors/Markets

Food Systems
The elements and activities relating to the production, processing, distribution, preparation, and consumption of food, and outputs of these activities

Contexts of Consumption
The contexts in which food procurement and consumption occur, such as retail, home, and school environments; include features linked to obesity

Obesity
Influenced by contexts of consumption; physical, social, and political contexts; and individual factors
Embrace approaches that:
• target multiple parts & levels of a system
• look at broader contexts, not just targeted population-specific interventions
• have broad goals & long time horizon
• include community members, grassroots organizations and non-profits in identifying problems and solutions

Public health can advance this work by:
• Supporting research projects with diverse stakeholders and researchers from many fields
• Increasing systems methods training opportunities
• Creating funding mechanisms to support longer-term research
VIOLENCE

- Homicide and suicide are leading causes of death for people <45 years in the United States (2016)
  - Almost 45,000 suicides (rate 13.4 per 100,000)
  - Over 19,000 homicides (rate 6.1 per 100,000)
- An estimated 36% of women have experienced nonfatal intimate partner violence and 21% have experienced attempted or completed rape.
  - Prevalence is highest for women of color
Frameworks for violence prevention & response

Figure. Three pillars for comprehensive violence prevention and response

Figure. A socio-ecological framework for determinants of violence and strategies for prevention and response.
Implications for making public health progress

• Behavioral interventions
  • Universal programming for youth can support behavioral regulation, positive behavior and resilience with dividends across forms of violence
  • Targeted support remains necessary for individuals at high risk for violence and recidivism

• Policy and social environments can create conditions that disinhibit violence
  • Support survivors and witnesses of violence through access to mental health services, social supports, and trauma-informed care
  • Changes in policy and social environments can impart broad and lasting reductions in violence
  • Firearm restrictions for individuals with histories of violence
A Public Health Strategy for the Opioid Crisis

Brendan Saloner, PhD¹, Emma E. McGinty, PhD, MS¹, Leo Beletsky, JD, MPH²,³, Ricky Bluthenthal, PhD⁴, Chris Beyrer, MD, MPH⁵, Michael Botticelli, MEd¹,⁵,⁶, and Susan G. Sherman, PhD⁷
Figure. A conceptual framework for the opioid overdose epidemic.
## ADDICTION AND OVERDOSE

<table>
<thead>
<tr>
<th>Key Priority</th>
<th>Strategy</th>
<th>Responsible Group</th>
</tr>
</thead>
</table>
| Improved data collection     | • Build overdose tracking into existing sentinel surveillance systems.  
                             | • Create data dashboards that link information across service systems.  
                             | • Legislatures should pass bills to support data surveillance and linkage.  
                             | • Epidemiologists and other researchers should work with policy makers to analyze new databases.  
                             |                                                                                                                                     |
| Safer prescribing            | • Increase physician and patient awareness of opioid benefits and risks. 
                             | • Integrate addiction treatment with pain management.  
                             | • Professional associations representing physicians should partner with patient advocacy organizations and payers to increase uptake of comprehensive pain management protocols.  
                             |                                                                                                                                     |
| Stigma reduction             | • Use destigmatizing language and imagery in news media, government communication, and medical practice.  
                             | • Implement stigma-reduction campaigns that use messages intended to influence public opinion, tested by using experimental methods.  
                             | • News organizations, government agencies, and medical organizations should adopt new policies and practices to ensure that language and imagery are not stigmatizing.  
                             | • Government and foundations should sponsor scientifically tested campaigns focused on reducing negative attitudes and increasing treatment and harm-reduction service uptake.  
                             |                                                                                                                                     |
| Harm reduction               | • Offer universal access to syringe services programs, fentanyl test kits, and naloxone.  
                             | • Provide access to safe consumption facilities (i.e., places where people can consume previously purchased drugs under medical supervision).  
                             | • Congress should appropriate new funds and change laws around safe consumption facilities.  
                             | • US Department of Justice should change its prohibition of safe consumption facilities.  
                             |                                                                                                                                     |
| Treatment expansion          | • Offer universal access to treatment on demand with opioid agonists.  
                             | • Deregulate treatment to make methadone easier to access and buprenorphine easier to prescribe.  
                             | • State and local government should develop safe-consumption plans and expand harm-reduction services.  
                             | • Congress and the White House should appropriate new funds for treatment and create regulations to make opioid agonists easier to access.  
                             |                                                                                                                                     |
| Criminal justice reform      | • Expand peer-led diversion programs (programs that provide people with treatment alternatives to jail).  
                             | • Make changes in policing practices to reduce adversarial encounters with people who use drugs.  
                             | • City and local police departments should adopt programs focused on peer-led diversion and clarify policies related to arresting low-level offenders and increasing treatment access.  
                             | • States and cities should support expanded access to medication in jails and prisons, and the federal government should develop new funding opportunities to support police capacity development in these areas.  
                             |                                                                                                                                     |
| Regulatory change            | • Align the regulations for controlled substances with best public health evidence.  
                             | • Congress and the White House should review applicable regulations to increase public health input to controlled substances laws, and Congress should amend laws where necessary.  
                             |                                                                                                                                     |
POLICY CHANGE

• Use evidence to inform policy
• Consider health equity
• Design policy with implementation in mind
• Use proactive research-policy translation strategies

Keshia M. Pollack Porter
Professor

Beth McGinty
Associate Professor

The Importance of Policy Change for Addressing Public Health Problems

Keshia M. Pollack Porter, PhD, MPH\textsuperscript{1,2,3}, Lainie Rutkow, PhD, JD, MPH\textsuperscript{1,2,3}, and Emma E. McGinty, PhD, MS\textsuperscript{1,2,3,4}
Lisa Cooper
Bloomberg Distinguished Professor

Commentary

Progress on Major Public Health Challenges: The Importance of Equity

Lisa A. Cooper, MD, MPH\textsuperscript{1,2,3,4,5}, Tanjala S. Purnell, PhD, MPH\textsuperscript{1,3,4,6}, Nakiya N. Showell, MD, MPH, MHS\textsuperscript{4,7}, Chidinma A. Ibe, PhD\textsuperscript{4,5}, Deidra C. Crews, MD, ScM\textsuperscript{4,5}, Darrell J. Gaskin, PhD\textsuperscript{2,8}, Kathryn Foti, MPH\textsuperscript{3,4}, and Rachel L. J. Thornton, MD, PhD\textsuperscript{1,4,7}
Commentary

Bringing Evidence to Bear on Public Health in the United States

Kevin M. Callahan, PhD¹, and Elizabeth A. Stuart, PhD²
The Bloomberg American Health Initiative deploys the tools of public health to take on today's challenges.

https://americanhealth.jhu.edu
bit.ly/amhealth

Declining Life Expectancy & the Power of Public Health
Join the Conversation...

- You can ask questions in writing anytime during the webinar.
- Simply type them in the “Questions” field on the right side of your screen.
Thank You!

This webinar has been recorded and will be available on the webinar event page on the ASPPH website soon:


Contact: sweiner@asp-ph.org
ASPPH Presents, Implementing the Educational Peer Review Process  
Monday, December 10, 2:00 p.m. – 3:00 p.m. Eastern

ASPPH Presents, Teaching & Learning for the MPH Global Health Concentration  
Wednesday, December 12, 12:30 p.m. – 1:30 p.m. Eastern

ASPPH Presents, ASPPH Fellowships – Opportunities for Recent Graduates of ASPPH Member Institutions  
Wednesday, December 12, 2:00 p.m. – 3:00 p.m. Eastern

For more information about and to register for upcoming webinars, visit the ASPPH Events page:  
http://www.aspph.org/events/category/webinar/
Coming Attractions

2019 ASPPH ANNUAL MEETING
MARCH 20-22 • ARLINGTON, VA

UNDERGRADUATE
Public Health and Global Health Education SUMMIT
MARCH 20, 2019 • ARLINGTON, VA