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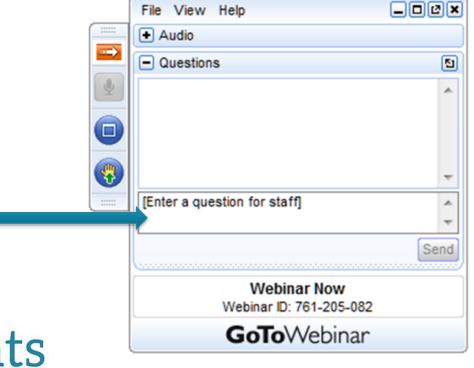
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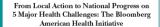












Public Health Rising to the Challenge: The Bloomberg American Health Initiative. . . 3S JOSHUA M. SHARISTEIN, JESSICA LEIGHTON, ALFRED SOMMER, AND ELLEN J. MACKENZIE

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Opportunity Youth: Insights and Opportunities for a Public Health Approach to Reengage Disconnected Teenagers and Young Adults . . 54S TAMAR MENDELSON, KRISTIN MMARI, ROBERT W. BLUM, RICHARD F. CATALANO, AND CLAIRE D. BRINDIS



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THE WEBINAR HOSTS



Ellen J. Mackenzie, PhD, MSc Dean Johns Hopkins Bloomberg School of Public Health



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Bloomberg American Health Initiative



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Associate Director
Bloomberg American Health Initiative



OVERVIEW

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.



ENVIRONMENTAL CHALLENGES



Thomas Burke Professor



Kirsten Koehler Associate Professor

Public Health Reports

Special Article

Building Healthy Community Environments: A Public Health Approach

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Kirsten Koehler, PhD¹, Megan Latshaw, PhD¹, Thomas Matte, MD, MPH², Daniel Kass, MSPH², Howard Frumkin, MD, DrPH³, Mary Fox, PhD⁴, Benjamin F. Hobbs, PhD¹, Marsha Wills-Karp, PhD¹, and Thomas A. Burke, PhD, MPH⁴

- 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

Current State

Americans have a high burden of environmentally related disease due, in part, to poor community design. Public health is disengaged from built environment decision making.

- Aging, substandard, unaffordable housing
- Sprawl (eg, low-density development)
- Inadequate greenspace
- Disaster susceptibility
- Automobile-centered transportation systems
- Inadequate, poorly maintained transit, pedestrian, and cycling infrastructure
- Reliance on polluting energy sources
- Energy-, land-, water-, and chemical-intensive food systems

Tools and Guidance

- Health Impact Assessment (HIA)
- Public Health Tracking
- EPA EnviroAtlas and C-FERST
- Cumulative Risk Assessment

Cross-sector Collaborators

- City/regional planners
- Architects
- Landscape architects
- . Developers and builders
- Small businesses
- Housing agencies
- · Parks and recreation
- Civil society
- Transportation planners, engineers, and agencies
- Elected officials
- Community and nongovernmental organizations

Health-Informed Practice

- Zoning that permits mixed-use, high-density development
- . Investment in parks, greenspace, waterfronts
- Cross-sectoral planning for disaster preparedness
- . Healthy housing requirements
- Limited car use in urban centers (eg, tolling, congestion pricing)
- Complete streets requirements ensuring safety for pedestrians, cyclists, and drivers

Research.

for HIA

Transdisciplinary

evaluate the health

environment policies

quantitative methods

Advancement of

approaches to

impacts of built

- Investments in transit systems
- Investments in power grid to support use of renewable energy

 Internships for public health students in other sectors

Education.

- Training in outreach, communication, and citizen science
- Policymaking and evaluation processes

<u>Environment</u> ↑ Ambient air

quality

Evaluation Metrics

- ↑ Indoor air quality

 ↑ Water quality
- J- Noise

<u>Behaviors</u>

- ↑Physical activity
- ↑ Healthy diet
- ↑Social capital

<u>Health</u>

- ↓ Cardiovascular
 disease
- ↓ Respiratory disease
- ↑ Mental health
- ↑ Safety
- ↓ Heat-related Illness and mortality
- ↓ Obesity
- ↓ Asthma
- ↓ Cancer

Desired State

Improved health for all Americans through enhanced community design. Public health is included in built environment decision making.

- Walkable and bikable cities with mixed land use
- Plenty of parks, green space, and social gathering spots
- Ample healthy, affordable housing
- Disaster resiliency
- Integrated public transit systems that promote active transport
- Reliance on renewable energy
- Sustainable, local food systems



ENVIRONMENTAL CHALLENGES

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



RISKS TO ADOLESCENT HEALTH



Kristin Mmari Associate Professor



Tamar Mendelson
Bloomberg Professor of
American Health

PUBLIC HEALI Repo

Special Article

Opportunity Youth: Insights and Opportunities for a Public Health Approach to Reengage Disconnected Teenagers and Young Adults

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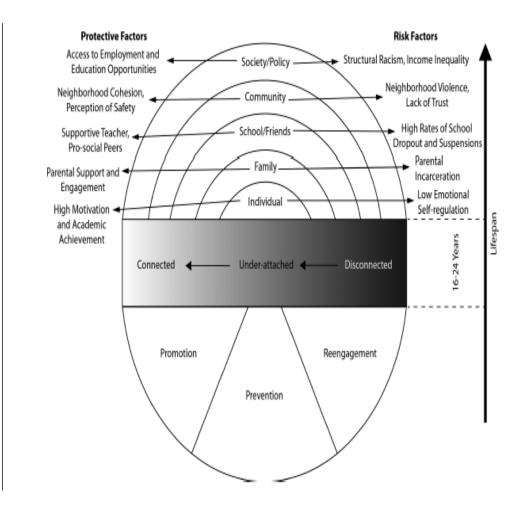
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Tamar Mendelson, PhD¹, Kristin Mmari, DrPH², Robert W. Blum, MD², Richard F. Catalano, PhD³, and Claire D. Brindis, DrPH⁴

- 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 out school and out of work: commonly referred to as disconnected or "opportunity youth", they have a disproportionate share of problems as they age



RISKS TO ADOLESCENT HEALTH



Key aspects:

- Coordinated data systems
- Consolidated service delivery and funding
- Youth involvement
- Systematic intervention testing and scale up



RISKS TO ADOLESCENT HEALTH

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





Anne Barnhill Research Scholar



Anne Palmer Senior Research Associate

Grappling With Complex Food Systems to Reduce Obesity: A US Public Health Challenge

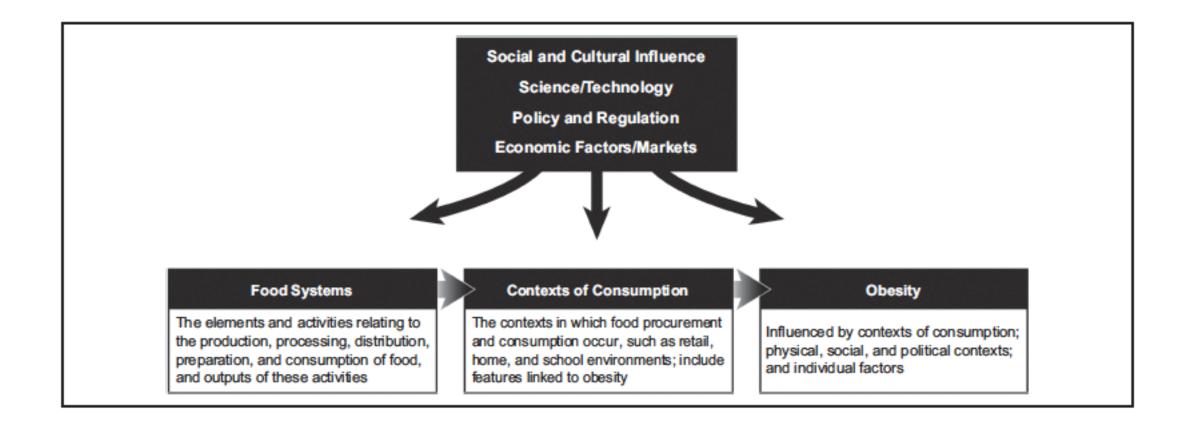
Anne Barnhill, PhD¹, Anne Palmer, MAIA², Christine M. Weston, PhD, MSEd³, Kelly D. Brownell, PhD⁴, Kate Clancy, PhD², Christina D. Economos, PhD⁵, Joel Gittelsohn, PhD, MS⁶, Ross A. Hammond, PhD^{7,8}, Shiriki Kumanyika, PhD, MPH⁹, and Wendy L. Bennett, MD, MPH^{10,11}

- 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







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



Michele Decker Associate Professor



Daniel Webster
Bloomberg Professor of
American Health



Holly Wilcox Associate Professor



Special Article

An Integrated Public Health Approach to Interpersonal Violence and Suicide Prevention and Response

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Michele R. Decker, ScD, MPH^{1,2}, Holly C. Wilcox, PhD³, Charvonne N. Holliday, PhD, MPH¹, and Daniel W. Webster, ScD, MPH^{4,5}

- Homicide and suicide are leading causes of death for people <45years 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
 - Homicide 2nd leading cause of death for black women age 15-24 in 2016



VIOLENCE

Frameworks for violence prevention & response



Figure. Three pillars for comprehensive violence prevention and response

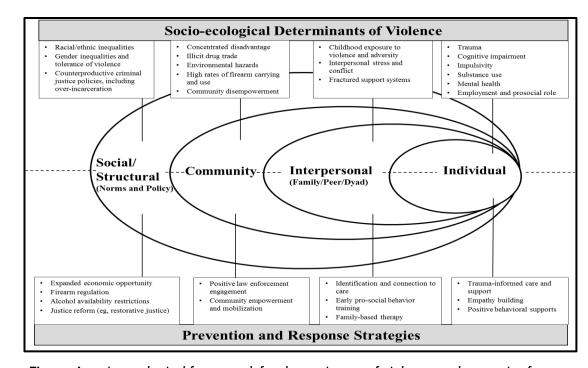


Figure. A socio-ecological framework for determinants of violence and strategies for prevention and response.



VIOLENCE

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



ADDICTION AND OVERDOSE

Special Article

A Public Health Strategy for the Opioid Crisis

Brendan Saloner, PhD¹, Emma E. McGinty, PhD, MS¹, Leo Beletsky, JD, MPH^{2,3}, Ricky Bluthenthal, PhD⁴, Chris Beyrer, MD, MPH⁵, Michael Botticelli, MEd^{1,5,6}, and Susan G. Sherman, PhD⁷ Public Health *Reports*

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Brendan Saloner Assistant Professor

Susan Sherman Professor



ADDICTION AND OVERDOSE

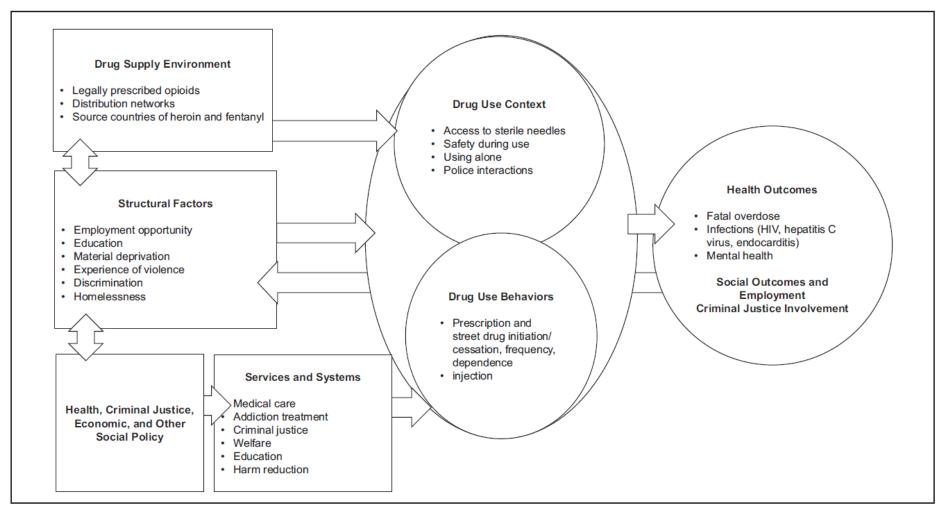


Figure. A conceptual framework for the opioid overdose epidemic.



ADDICTION AND OVERDOSE

Table 2. Key priorities for a public health approach to reduce morbidity and mortality associated with the opioid overdose epidemic

Key Priority	Strategy	Responsible Group
Improved data collection Safer prescribing	 Build overdose tracking into existing sentinel surveillance systems. Create data dashboards that link information across service systems. Increase physician and patient awareness of opioid benefits and risks. Integrate addiction treatment with pain management. 	 Legislatures should pass bills to support data surveillance and linkage. Epidemiologists and other researchers should work with policy makers to analyze new databases. Professional associations representing physicians should partner with patient advocacy organizations and payers to increase uptake of comprehensive pain management
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. 	 Protocols. 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 (ie, 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. State and local government should develop safe-consumption plans and expand harm-reduction services.
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. 	 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 prearrest 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. Provide universal medication-assisted treatment in jails and prisons. 	 City and local police departments should adopt programs focused on prearrest 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. 	



POLICY CHANGE



Keshia M. Pollack Porter Professor



Beth McGinty Associate Professor

Commentary

The Importance of Policy Change for Addressing Public Health Problems

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HEALTH

Keshia M. Pollack Porter, PhD, MPH^{1,2,3}, Lainie Rutkow, PhD, JD, MPH^{1,3}, and Emma E. McGinty, PhD, MS^{1,2,3,4}

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



EQUITY





Lisa Cooper
Bloomberg Distinguished
Professor

Commentary

Progress on Major Public Health Challenges: The Importance of Equity

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

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EVIDENCE



Kevin M. Callahan Visiting Faculty

Commentary

Bringing Evidence to Bear on Public Health in the United States

Kevin M. Callahan, PhD¹, and Elizabeth A. Stuart, PhD²

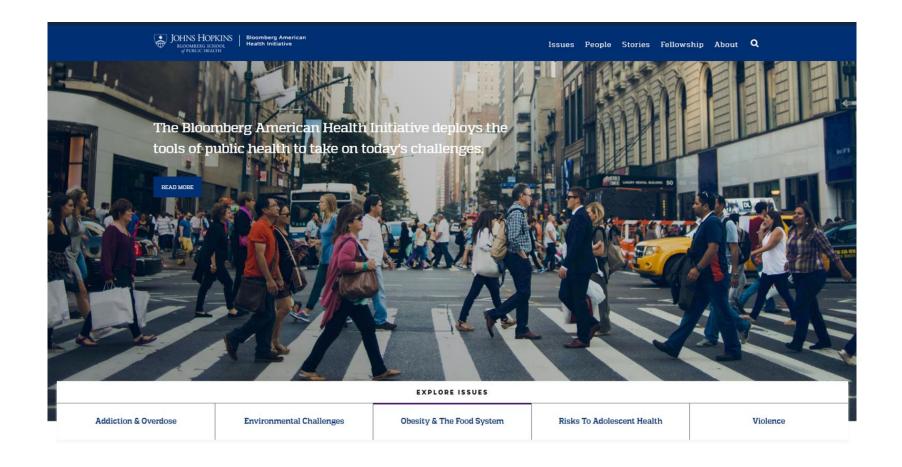
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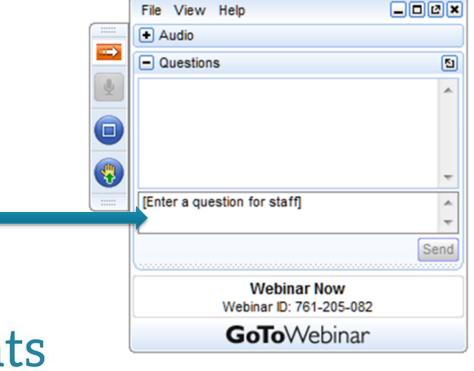
Declining Life Expectancy & the Power of Public Health



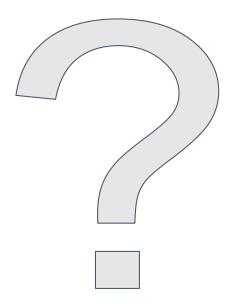
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Monday, December 10, 2:00 p.m. – 3:00 p.m. Eastern

ASPPH Presents, Teaching & Learning for the MPH Global Health Concentration

Wednesday, December 12, 12:30 p.m. – 1:30 p.m. Eastern

<u>ASPPH Presents, ASPPH Fellowships – Opportunities for Recent Graduates of ASPPH Member Institutions</u>

Wednesday, December 12, 2:00 p.m. – 3:00 p.m. Eastern

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