Enhanced Outcomes Through Practice-Based Evidence

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My public health journey; what’s yours?

Minneapolis, MN
Crookston, MN

Tulsa, OK

Champaign, IL

Lafayette, IN/
Kayenta, AZ

Why public health?
Pivotal experience?
Objectives

• Identify strategies to enhance the generation and use of practice-based evidence
• Recognize barriers to the implementation of evidence in public health
• Explore the importance of context in use of practice-based evidence
• Acknowledge role of the nation’s academic public health institutions in generation and use of evidence

Nothing to disclose
Agenda

• Introduction
• PH History IQ
• Brief look at Louisiana
• Evidence-based public health
• Sources of evidence/best practices
• APHA work/resources
• Conclusion/summary
• Exercise (for later)
Greetings from APHA

- Georges Benjamin, MD - APHA Executive Director

- Jamie Rogues, MPA, MPH, APRN, Council of Affiliates Chair & Affiliate Representative to the Governing Council (ARGC)

- Many Thanks to Dr. David Holcombe and Janet Merritt
For your calendar

Philadelphia, November 2-6, 2019

APHA Live

individual or group
Students

- Student Assembly
- Public Health Leaders
- Poster Sessions ($$ awards)
- Speed Mentoring
- Exhibit Hall (career mart)
- CONTACTS
Student Opportunity

• Significant PH leadership
• Enrolled FT in academic program in PH or related field
• APHA student member by application due date
• Plaque, 1 year APHA membership, annual meeting registration, $250 to offset costs to attend
• Application Deadline: May 6, 2019
• https://docs.google.com/forms/d/e/1FAIpQLSfMOlu8hvop-S4pmgsv0jzWUT0TZtbLhfir8gQ5Wg0OjGI-QA/viewform

• Other funds being established for students and early career professionals
Watch for 2nd Annual APHA Policy Conference, 02.12.20

Public Health Under Siege: Improving Policy in Turbulent Times, 2019
02.28.2019

- Promoting membership in state affiliates
- Importance of belonging & engaging with professional association ... APHA!

Dear Pamela,

Thank you so much for being a member of the American Public Health Association. APHA works closely with state and regional public health associations on initiatives throughout the year. We’re prepping right now for National Public Health Week, April 1 – 7.

If you’re not already a member of your local public health association, please join today. If you’re already a member, please spread the word about the value of membership at both the local and national level.

All the best,

Ellen Galant
Director, Membership Services

Questions about membership? Contact us at 202-777-2400 or membership.mail@apha.org.
Public Health IQ

• 1872 APHA founded by ________, NYC Surgeon
  • Mobilize & enlighten citizens
  • Research needed to back sanitary campaigns
  • Public health requires well-organized system, staffed with well-trained professionals (Glasser, et al., 2011)
    • Honored at APHA meeting in 1921, age 98

• Walter Reed announces at 1900 APHA Annual Meeting that mosquitoes carry _______
• What year was the Louisiana Public Health Association established?

• LPHA dues in 1968 were ________________

• What was the *Gospel of Health on Wheels* initiated in 1911 by Louisiana State Board of Health President, Oscar Dowling?
What famous public health document/diagram is celebrating 25 years?

- de Beaumont Foundation survey: Tweak
Use of Evidence Hits
Stumbling Block:
Children’s Immunization Status

- Anti-vaccinators/Vaccine Hesitancy
- # religious objectors rising
- # philosophical objectors in states where option also rising
- Louisiana allows: medical, religious, or philosophical reasons ... how often used?

- National Academy of Medicine Congressional Mandate: build out science

Steve Breen/San Diego Union-Tribune
Would this help?

Slowly he would cruise the neighborhood, waiting for that occasional careless child who confused him with another vendor.
Robert Wood Johnson Foundation
Texas Health Institute & Virginia Commonwealth University Center on Society and Health
http://www.nationalcollaborative.org/our-programs/hope-initiative-project/
<table>
<thead>
<tr>
<th>Measure (overall)</th>
<th>Louisiana Rank</th>
<th>Louisiana Score</th>
<th>USA Goal</th>
<th>Measure (overall)</th>
<th>Louisiana Rank</th>
<th>Louisiana Score</th>
<th>USA Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Health Status (good or excellent)</td>
<td>43</td>
<td>44</td>
<td>75%</td>
<td>Low Assault Rate (counties &lt; 283/100,000)</td>
<td>44</td>
<td>28</td>
<td>100%</td>
</tr>
<tr>
<td>Mental Health Status (not good)</td>
<td>42</td>
<td>13</td>
<td>5%</td>
<td>Low Rape Rate (counties &lt; 36.9/100,000)</td>
<td>28</td>
<td>74</td>
<td>100%</td>
</tr>
<tr>
<td>Child Health Status</td>
<td>21</td>
<td>87</td>
<td>97%</td>
<td>Low Robbery Rate (counties &lt; 52.1/100,000)</td>
<td>34</td>
<td>33</td>
<td>100%</td>
</tr>
<tr>
<td>Premature Mortality (death rate, 24-64)</td>
<td>45</td>
<td>517</td>
<td>260</td>
<td>Home Ownership</td>
<td>28</td>
<td>69</td>
<td>81%</td>
</tr>
<tr>
<td>Infant Mortality (rate)</td>
<td>40</td>
<td>8.5</td>
<td>2.4</td>
<td>Housing Quality (no severe problems)</td>
<td>23</td>
<td>85</td>
<td>94%</td>
</tr>
<tr>
<td>Low Birth Weight (&lt; 2500 grams)</td>
<td>49</td>
<td>11</td>
<td>5%</td>
<td>Air Quality: Particulate Matter</td>
<td>25</td>
<td>81</td>
<td>100%</td>
</tr>
<tr>
<td>Livable Income (&gt; 250% federal poverty level)</td>
<td>42</td>
<td>57</td>
<td>89%</td>
<td>Low Liquor Store Density (&lt; 1.736/10,000)</td>
<td>16</td>
<td>98.7</td>
<td>100%</td>
</tr>
<tr>
<td>Affordable Housing (&lt; 30% monthly income)</td>
<td>13</td>
<td>72</td>
<td>87%</td>
<td>Food Security (not living in food desert)</td>
<td>47</td>
<td>77</td>
<td>97%</td>
</tr>
<tr>
<td>Post-secondary Education</td>
<td>50</td>
<td>49</td>
<td>83%</td>
<td>Access to Primary Care (&lt; 2000:1)</td>
<td>47</td>
<td>62</td>
<td>100%</td>
</tr>
<tr>
<td>Connected Youth (school or working)</td>
<td>35</td>
<td>93</td>
<td>100%</td>
<td>Access to Psychiatric Care (&lt; 30,000:1)</td>
<td>41</td>
<td>61</td>
<td>100%</td>
</tr>
<tr>
<td>Preschool Enrollment</td>
<td>9</td>
<td>52</td>
<td>76%</td>
<td>Health Insurance Coverage</td>
<td>42</td>
<td>81</td>
<td>97%</td>
</tr>
<tr>
<td>Employment (≥ 16 years of age)</td>
<td>27</td>
<td>91</td>
<td>98%</td>
<td>Affordable Health Care (no delay due to $)</td>
<td>45</td>
<td>81</td>
<td>95%</td>
</tr>
<tr>
<td>Low Poverty Concentration (&lt; 20% poverty)</td>
<td>47</td>
<td>64</td>
<td>100%</td>
<td>Usual Source of Care (have provider)</td>
<td>38</td>
<td>77</td>
<td>92%</td>
</tr>
<tr>
<td>Low Murder Rate (counties &lt; 5.1/100,000)</td>
<td>46</td>
<td>33</td>
<td>100%</td>
<td>Colorectal Ca Screening (50-75 yrs)</td>
<td>39</td>
<td>64</td>
<td>80%</td>
</tr>
</tbody>
</table>

28 Indicators ... much more depth in report; conversation with collaborators
APHA National Public Health Week Launch

- Flint Neighborhoods United (Flint, MI): Tool Shed Project
- East End Neighborhood Revitalization Zone Pop-Up Market and Café (Bridgeport, CT): end food desert; create jobs
- Village HeartBeat (Charlotte, NC): > 600 health ambassadors trained
- Red Hook Initiative (Brooklyn, NY): large urban farm ... life skills for community’s youth
What Heard from Panel

- Work with, not for communities
- Listen
- Earn trust
- Communities have different priorities, ask!
- Facilitate, don’t take over; don’t have to be in the lead
- Ask to join at beginning (not just when need their stories)
- Partner with Faith-based organizations
What comes to mind when hear “evidence-based” or “evidence-informed”?

• 1992 Evidence Based Medicine (Guyatt et al., 1992)

• Information or facts systematically obtained in manner that is replicable, observable, credible & verifiable for use in making judgments or decisions (Bose, 2013)


2003 IOM, *The Future of the Public’s Health*

- public health system organizations, including state and local health departments (LHDs), adopt a population-level approach to improve the public’s health, make decisions, and take action based on evidence

Scope of Sources of Evidence

- Making decisions using best available scientific evidence, systematically using data & information systems, applying program-planning frameworks, engaging community in assessment & decision making, conducting sound evaluation & disseminating what learned.

Public Health Accreditation Board Standards and Measures (v 1.5, 2013)

• Congratulations to Office of Public Health Accreditation, April 2, 2019

• Domain 10: Contribute to and Apply the Evidence Base of Public Health

  • 10.1 Identify and use best available evidence for making informed public health practice decisions

  • 10.2 promote understanding and use of current body of research results, evaluations and evidence-based practices with appropriate audiences
Role: Universities/Colleges

- Schools/programs of public health growth
- Possible challenges
  - Funding
  - Regulatory/bureaucratic requirements including “reward systems”
  - Research to answer practice questions?
  - Access to study participants
    - Non-academic center patients/clients
    - Skepticism of research... collaborate with trusted locals
  - Anchor institution?
- Tulane School of Public Health and Tropical Medicine: most Peace Corps volunteers (2018 = 22) 4th consecutive year
How linked to the Evidence?

<table>
<thead>
<tr>
<th>How Health Departments Learn About Research Findings?</th>
<th>How Researchers Perceive They Most Effectively Reach Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professional associations (APHA, LPHA, ...)</td>
<td>1. Journal articles</td>
</tr>
<tr>
<td>2. Seminars/workshops</td>
<td>2. Face-to-face meetings</td>
</tr>
<tr>
<td>3. Email alerts</td>
<td>3. Media interviews</td>
</tr>
</tbody>
</table>

LEAD Public Health, Prevention Research Centers
Evidence in practice ...

- Increases likelihood of *positive impact*
- Facilitates *use* of finite *resources wisely*
- Demonstrates *value* to funders
- Demonstrates *accountability* to public

Balance with ...

- Being *innovative*
- Anticipating *conflicting information, lack of information* and need to act
Tongue and Cheek: Smith & Pell, 2003 BMJ

- What kind of evidence do you need?
- *Parachute use to prevent death and major trauma related to gravitational challenge: A systematic review of randomized controlled studies*
Use of Evidence in Decision Making (EBDM), 2015 Local Health Department Study

- 25.7% applied research findings
- 22.3% used *Guide to Community Prevention Services*
- 60.9% completed community health assessment
- 49.5% participated in community health improvement planning

Lovelace et al., cont.

- LHD administrators with PH degree used more evidence-based decision making (EBDM)
- Epidemiologist, health educator, preparedness coordinator important
- Funding important
- States with decentralized LHD ↑ EBDM
- Size of jurisdiction strongest predictor of use of EBDM
If not using evidence, is it that we don’t…

- Have the evidence?
- Unable to most efficiently & effectively secure the evidence?
- See how best to apply to own practice?

Do we have **sufficient forums for dialogue** between researchers and practitioners?

- *If we want more evidence-based practice, we need more practice-based evidence* (Lawrence Green, DrPH, UC San Francisco)
- Shorten timetable from research to action
How might APHA help?

- Science Board
- Searchable database (since 1948; many archived)
- This 2017 policy has 49 references

Supporting Research and Evidence-Based Public Health Practice in State and Local Health Agencies

Date: Nov 07 2017    Policy Number: 20171
Key Words: Research, Local and State Health Departments

Abstract

Research is one of the 10 essential public health services and is a requirement for the advancement of public health practice. However, local and state public health agencies face many barriers to adopting evidence-based practices and engaging in the research needed to build on existing evidence. Barriers include limited time and funding, shortages of appropriately trained staff, and a lack of knowledge among practitioners about evidence-based public health (EBPH). Even for relatively well-equipped agencies, the nature of research presents challenges. For example, randomized control trials are frequently not feasible in the public health practice context, and less rigorous methods must be employed. Communities are an integral part of the public health practice environment, and their voice is an important consideration in the design and implementation of practice-based research. Community-based participatory research is one method that facilitates community engagement in research projects. This policy statement suggests several strategies to mitigate barriers to fully engaging in EBPH and practice-based research, including increasing partnerships between academia and public health practice entities, facilitating public health agencies’ access to evidence-based literature and resources, improving funding mechanisms to support research, and providing training opportunities to better equip the workforce with the skills needed to implement EBPH and engage in practice-based research.
Opportunities to disseminate research & best practices

• Annual meeting
• Publications
• Advocacy materials

Written for practitioners?
Include implications for practice?
Getting the science right to communicate for advocacy and policymaking ...

- AHRQ Quality Materials removed from website

- Mid-July 2018, USA delegation “browbeats” WHO to back down on breastfeeding resolution (corporate influence)

- Sugar-sweetened beverages (corporate influence)

- June 2018, NIH concludes $100 M Harvard trial biased by extensive interactions between researchers and alcohol industry

- Toxicdocs: Columbia University and City University of NY, www.toxicdocs.org (Millions of Pages of Previously Classified Documents)
Evidence and Policymakers

- Not role of policymakers to second guess the evidence, but to
  - Weigh evidence
  - Establish priorities
  - Allocate resources (Dannel Malloy, 2019)

- How do policymakers weigh evidence?
  - Our understanding of process is insufficient
  - Costs, complexity, risks, flexibility, relevance
  - Collect data from many sources (some conflict with OUR agenda)
  - Credible?
Sifting Through the Resources

- Government
- Academies
- Foundations
- Universities
- Associations

What resources have you had opportunity to use?
Lamar Soutter Library, UMASS

• Initially federal funding
University of Kansas, Center for Community Health and Development

https://ctb.ku.edu/en/databases-best-practices

Links to many sites
• Initial Cochrane site, then ...

• https://publichealth.cochrane.org/
National Collaborating Centre (Canadian)

- [https://www.nccmt.ca](https://www.nccmt.ca)

- Health Evidence [https://www.healthevidence.org](https://www.healthevidence.org)
  - 5,514 quality-rated systematic reviews
<table>
<thead>
<tr>
<th>Strength of Evidence</th>
<th>Evidence Based Resource</th>
<th>Publication Date</th>
<th>Resource Type</th>
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<tbody>
<tr>
<td></td>
<td><strong>A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals</strong></td>
<td>2012</td>
<td></td>
</tr>
<tr>
<td>3 out of 4</td>
<td>Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Topic Area(s): Lesbian, Gay, Bisexual, and Transgender Health</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>'Third Wave' Cognitive and Behavioral Therapies Versus Treatment as Usual for Depression</strong></td>
<td>2013</td>
<td>Systematic Review</td>
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<tr>
<td>4 out of 4</td>
<td>Cochrane Review</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>Topic Area(s): Mental Health and Mental Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>2015–2020 Dietary Guidelines for Americans</strong></td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>4 out of 4</td>
<td>HHS/CASH, USDA/CNPP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Topic Area(s): Nutrition and Weight Status</strong></td>
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</tbody>
</table>
Guide to Using Insufficient Evidence (IE) Findings from the Community Preventive Services Task Force (Task Force)

The Task Force presents three categories of findings based on systematic reviews of peer-reviewed literature for intervention approaches that aim to improve behaviors, services, programs or public health practitioners interpret and use. An IE finding means there is not enough evidence to support or against use of an intervention. An RA finding means the intervention does not work. Either not available or the results are too inconsistent to make a determination about effectiveness. This document provides the definition for an IE finding:

**Recommended**
Evidence exists that the intervention is effective.

**Insufficient Evidence (IE)**
Available studies do not provide sufficient evidence to determine if the intervention is or is not effective.

**Recommended Against (RA)**
Evidence exists that the intervention is harmful or not effective.

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**Understanding the Evidence**
IE findings are best understood when researchers closely examine the systematic review to do the following:

1. **Understand the Question(s) Posed in the Review:**
   - Consider whether the topic of interest is the focus of the systematic review. It may be that the context for the review is different than that faced by a potential user, or that the question is more narrowly or broadly defined in relation to the issue. If a mismatch exists, consider consulting other sources of evidence to see if someone has addressed the same topic. For example, a question about intervention effectiveness for use in minority populations may not be addressed by a Task Force question focused on intervention effectiveness in the general population.

2. **Consider Why the Systematic Review of Evidence Resulted in an IE Finding:**
   - Examine the Task Force assessment of the full body of evidence to understand the reason for an IE finding. Not all IE findings are “equal” since they may be based on a variety of factors including too few studies, poor quality of evidence, inconsistent study findings, and methodological limitations. These reasons can be cited as the basis for a determination of IE, alerting potential users to consider the implications of using the intervention in practice, as the basis for new research, and/or as guidance for making funding decisions.

3. **Examine Individual Studies in the Review:**
   - Review individual studies included in the systematic review to see if one or more studies match the area of research or practice interest, setting, population, or program/policy intent. If one or more studies align with interests, assess whether the individual studies demonstrated a positive effect, were of high quality, were unbiased, and used rigorous methods. By weighing the relative advantages and disadvantages of the intervention as described in the studies, practitioners or funders may decide to support its implementation. The Task Force encourages those who use interventions deemed as IE to evaluate their efforts. Researchers may decide to replicate a study or use its findings to justify new lines of research to add to the body of evidence.
Database of Interventions

Search for *Interventions that Work* in Four Action Areas

- **Socioeconomic Factors**
- **Physical Environment**
- **Health Behaviors**
- **Clinical Care**
AHRQ: National Guideline Clearinghouse, National Quality Measures Clearinghouse halted 2018 but continue with:

AHRQ Research Studies

Sign up: AHRQ Research Studies Email updates

Research Studies is a monthly compilation of research articles funded by AHRQ or authored by AHRQ researchers and recently published in journals or newsletters.

Search All Research Studies

Topics

- Academic Medical Centers (27)
- Access to Care (158)
Interactive

- Based on US Preventive Services Task Force evidence-based recommendations
Academy Health

- Supports production and use of evidence to inform policy and practice (generators)

- Wide range of publications

Navigating the Translation and Dissemination of PHSSR Findings:
A Decision Guide for Researchers

Additional Government Evidence-Based Sources

• Evidence-based Practices Resource Center [mental health & addiction]
  • https://www.samhsa.gov/ebp-resource-center

• Research-Tested Intervention Programs (RTIPs) [cancer]
  • http://rtips.cancer.gov/rtips/index.do

• National Academy of Medicine (nonpartisan), www.nam.edu
  • Download documents at no cost; establish account (name and email address); receive alerts
Other Places to Look

• Medline/PubMed
• Trust in America’s Health
• Aetna Foundation
• De Beaumont Foundation
• Robert Wood Johnson
• NACCHO
• ASTHO
• Kaiser Family Foundation
• Other state and local health departments (NYSDH ... community assessment)
• Democracy Collaborative (Anchor Institutions)
APHA Strategic Plan

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

We will achieve our mission if we:

- Support a diverse public health workforce
- Foster new public health science
- Facilitate cross-sector efforts

THE HEALTHIEST NATION

- Strengthen public health practice
- Build a public health movement
- Align organizational capacity and infrastructure

- Strengthen our core
- Expand our base
- Advance health in all policies

- Configure components, staff and programs to maximize opportunities to achieve central challenge
- Ensure responsible stewardship
APHA Tag Line: For Science, For Action, For Health

For Science/Research
- **Focus on issues and data** relevant to decision making and action in PH
- Provide **forum for presentation** and discussion & publication
- Steer collaborators to credible sites for data
- Write so information **readily consumable**

For Action (Advocacy) and For Health ... using the Science!
- Communicate/demonstrate why public health perspective advantage to all
- Consider writing and submitting policy through LPHA
- Use APHA policy searchable database
- Better understand and influence policymaking at local and state level (nonpartisan association) [art and science]
APHA Advocacy Priorities ... using the evidence

• Protecting Affordable Care Act INCLUDING Prevention & Public Health Fund
• Funding for CDC, HRSA, EPA
• Climate Change/Clean Air Act
• Firearm Safety, February 2019 (American College of Surgeons, American Academy of Pediatrics ... funding for research)
  • Dickey Amendment
    • 1993: Kellerman finds guns in home increase risk of homicide
    • 1995: CDC states should be seen as health issue and regulated from that perspective
    • 1996: “none of the funds made available for injury prevention and control at CDC may be used to advocate or promote gun control”
  • Need research to determine best approaches to issues like suicide by firearm
Why so important to be strong advocate ...

• Public Health at the intersection of Social, Political, Economic and Cultural Forces

• Decision making by and for public health initiatives often complex, iterative, nuanced ... balancing issues

• Out people-powered: Get a Spine Button (Texas)
Why investment in Public Health so challenging?

- > requirements for cost-saving
- Head-to-head with hospital spending results in ↓ for public health
- Belief in long run prevention cost more than treatment
  - Live longer, use more health care $ (shorter period of senescence at end of life?)
- Timeframe ... mismatch with funding cycles of 3-5 years
  - *My administration bears costs, next reaps benefits*
- Interest group influence
- Identifiable victim effect
- Evidence alone does NOT drive health policy
Challenges, cont.

• Ill health regarded as result of deficiencies on part of victims themselves ... is this changing?
  • Rugged individualism
  • Equity
  • Walkability, green space, access to healthy food, public safety, educational opportunities, affordable housing, quality policing, ...

• Can policy/decision maker identify & connect with our message?

• Clarity about what is want to change/modify/do
Painting a portrait or a landscape?

- **Portrait**: detail about individual or event
- **Landscape**: broader view, shared responsibility ... need for collaboration

Veterans War Profiles

Syria, The Atlantic
More about APHA’s Role

Advocacy

• Strength in collective voice
• Join Generation Public Health
This May Help: Data by Congressional Districts

- Adults Reporting Fair or Poor Health
- Adults Reporting They Are Frequently Mentally Distressed
- Nonelderly Adults Who Are Uninsured
- Adults Who Couldn’t See a Physician Due to Cost
- Adults Who Had a Check-Up Last Year
- Adults Who Had a Cholesterol Screening
- Adults Who Are Currently Smoking
Longitudinal Effects of Universal Preventive Intervention on Prescription Drug Misuse: Three Randomized Controlled Trials With Late Adolescents and Young Adults

Richard Spoth, PhD, Linda Trudeau, PhD, Chungyeol Shin, PhD, Ekaterina Ralston, PhD, Cleve Redmond, PhD, Mark Greenberg, PhD, and Mark Feinberg, PhD

The Centers for Disease Control and Prevention and the Office of National Drug Control Policy have declared that prescription drug misuse is epidemic,18 a US Surgeon General Expert Panel on Prescription Drug Abuse convened in 2011 has called for universal preventive intervention. Both Centers for Disease Control and Prevention data and expert panel findings have demonstrated that pre-

Objectives. We examined long-term prescription drug misuse outcomes in 3 randomized controlled trials evaluating brief universal preventive interventions conducted during middle school.

Methods. In 3 studies, we tested the Iowa Strengthening Families Program (ISFP); evaluated a revised ISFP, the Strengthening Families Program: For Parents and Youth 10–14 plus the school-based Life Skills Training (SFP 10–14 + LST); and examined the SFP 10–14 plus 1 of 3 school-based interventions. Self-reported outcomes were prescription opioid misuse (POM) and lifetime prescription drug misuse overall (PDMO).

Results. In study 1, ISFP showed significant effects on POM and PDMO.
APHA Press ... author a book?
Are there topics like to see addressed?
Collaboration with CDC

Climate change disproportionately impacts vulnerable populations

New! CDC and APHA Fact Sheets
- Extreme Rainfall and Drought Can Impact our Health  [PDF - 98 KB]
- Warmer Water and Flooding Increase the Risk of Illness or Injury  [PDF - 184 KB]
- Climate Change Decreases the Quality of the Air We Breathe  [PDF - 111 KB]
- Extreme Heat Can Impact Our Health in Many Ways  [PDF - 108 KB]
- Climate Change Increases the Risk of Vector-Borne Diseases  [PDF - 112 KB]

cdc.gov
APHA partnering with National Center for Healthy Housing ... state and local partners?

Released 4 case studies (CA, DE, OH, RI) re: working with Medicaid to provide healthy homes ... addressing lead exposure & improving asthma control

Role of Community Health Workers

http://www.nchh.org

Health system investment in affordable housing
Resources, cont.

APHA, [www.apha.org](http://www.apha.org)

- Fact Sheets
- Webinars
- Collaborative Publications
- Annual Meetings
- Get Involved if not already
  - Affiliates/Sections/ SPIGS/Forums/ Caucuses
  - Student Assembly
Communicate thru APHA Affiliate Online Community

• Seek and provide advice to other affiliates ...

1. Guidance on proper use of affiliate name as affiliation

Posted 19 days ago

Have any affiliates created guidance on when it is appropriate for board members to use their affiliate name as their affiliation? We've had board members use our affiliate as their affiliation on op-eds, conference presentations, journal publications, etc. and want to be sure that our affiliate name is being used appropriately. Thank you and advance for assistance.

Ryan Lindsay
Idaho Public Health Association
ARGC
ID
United States
Summary

Use/generate/share evidence (publication, presentation, editorials, ...)

Translate for others

Evaluate & address policy and system barriers to use of best available evidence

Exploit your state’s/community’s/system’s health & other assets

Respond to community’s self-identified priorities (bring the evidence)
  - *Nothing About Us Without Us*

Cultivate relationships .. policy makers for one

Foster cultural connections, strengthen cultural awareness/sensitivity

Create spaces in which to discuss ... issues are complex and intertwined

Create networks of belonging and support ... establish trust, build momentum *(change happens at the speed of trust)*

Use evidence to assist in achieving health equity ... a strategic priority & moral impairs
A Few Words for LPHA

- Use APHA materials (you have very engaged membership)
- Continue your work influencing others through relationships (public health taking the lead)
- Reflect regularly on how your state association doing
- Dialogue with ARGC; send President-Elect to APHA summer meeting
- Build your bench if necessary and network with others
- Leadership is like a relay race; make sure you pass the baton to the next person

(David Satcher, Former US Surgeon General)
Recommended Reading List from affiliate visits ...

Questions

Share work for *The Nation’s Health* Column
aaltonen@president.apha.org
Exercise: The Art of Practice Also Critical

Find a partner and ask the following 3 questions. Listen closely to your partner’s story, encouraging as much detail as possible. Think of it as initiating a conversation that will provide a foundation for future collaborations. Take notes and then share your notes with the person you interviewed.

Switch roles and complete the same three questions.

Question 1: **What inspires you to work in the field of Public Health?**

Question 2: **Think back through your career and share a time when you felt you were most effective and engaged. Describe how you felt and what made this possible.**

Alternative Question 2: **If a student, consider in what class(es) you feel you have been most successful? Explore why you feel this way.**

Question 3: **What legacy do you hope to leave when you conclude your public health career?**

Group Discussion

Themes or similarities that may have emerged? How might you capitalize on each others strengths to accomplish your goals?
About APHA

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 almost 150 years of perspective, a broad-based constituency and the ability to influence federal policy to advocate for and improve the public’s health

- Founded: April 18, 1872
- 501C(3) & Nonpartisan
- Over 50,000 individual & affiliate members
Extra Slides
Anchor Institutions

• Universities, hospitals (permanent part of community)
• Community health clinics, local health departments (extension service)
• Steps
  • Build anchor mission narrative
  • Move from focus of success to significance
  • Have and act on bias for action
  • Adopt linked-future’s philosophy
  • Shift fund raising from bricks/mortar to root causes of health & well being (determinants of health)
  • Recall community investment comes in many forms
  • Align work to advance policy
  • Learn, grow, apply practices from partners with different perspectives
  • Listen to the public!
Focus on Equity Research

• Does this image suggest biology is what leads to inequities rather than differences that are avoidable, unnecessary and unjust?
Video Resource

- Health Equity Institute
  
  https://www.youtube.com/watch?v=ZPVwgnp3dAc
  
  3:24 minutes
  
  Addresses health equity & social determinants of health

- Fit with audience? Makes point(s) you want to convey? Construct own?
Questions to Ask Yourself Throughout Process of Using Evidence ...

1. What is the evidence? From what sorts of studies? Program evaluation?
2. Have best practices been rigorously evaluated? effectiveness, efficiency, equity
3. How translatable to our community?
4. Is the building of evidence base aligned with needs?
5. How distribute/communicate/sell?
6. Is there worry regarding devaluing practice judgements?
7. Are community values/expectations/preferences considered?
8. Sustainable?
9. If there is a failure to use evidence, why?
Understanding Evidence Learning Opportunity

CDC VetViolence ... Understanding Evidence-Based Decision Making

https://vetoviolence.cdc.gov/apps/evidence/