VIEWPOINTS

Making “Health in All Policies” a Reality Requires You!

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The American Public Health Association (APHA) held its annual meeting in Washington, DC, during the first week of November 2011. The APHA meeting is a policy wonks heaven as the meeting presentations span the spectrum from those related to a specific research question to those who implore the basic public health law tenet of personal responsibility. I moderated a panel that discussed health services research and its contributions to improving health care quality. Thousands of individuals attended the meeting where the key phrase, repeated in many sessions, was “health in all policies.” I attended a session where the concept of “health in all policies” was described by policy staff members from the US Department of Health and Human Services and policy experts participating in advisory panels for Healthy People 2020 and the National Prevention Strategy. In the few sessions I was able to attend, the opportunities for individual engagement in community activities aimed at changing the way our lives are lived was simply amazing!

The idea behind “health in all policies” is that all federal, state, and local policy should be required to answer the question “How will this improve the health of the community in which it will be implemented?” This applies to economic, transportation, education, and any other policy you want to list. What is exciting in this is that more and more communities and their leaders are recognizing the connection between economic development, education, and health! But wait, there is more! Community leaders are strengthening the public commitment to some of our most needy citizens, those most likely to be written off as laggards, incorrigible, and not worth our time. Ignoring the most needy has been an approach our society has endorsed for too long, yet we continue to struggle to lower infant mortality rates, decrease joblessness, and increase graduation rates.

A new way of thinking that addresses the needs of the most needy through focused resource allocation appears to be taking hold among policymakers and community leaders. Consider the approach of Common Cause, an organization with a mission to end homelessness by providing not just a home but all the services necessary to help a homeless individual succeed in this significant transition. Common Cause sold the concept of “supportive

housing” to leaders in New York City by focusing their attention on the fact that long-term homelessness costs the city much more in terms of uncompensated care, jail time, and criminal action. By finding them a place to live and providing them with health care, mental health, and job skills, the negative costs associated with the “care” of a homeless individual are significantly less than the cost of supportive housing. Similarly, the city of Baltimore used a focused approach to reduce infant mortality in Maryland by focusing on Baltimore neighborhoods with the highest infant mortality rates. The programs implemented by the city’s health department have reduced the infant mortality rate for these neighborhoods which, in turn, reduces the city’s overall infant mortality rate. This targeted approach has improved neighborhood statistics more dramatically than a general, state-wide approach had been able to accomplish. Another example of focusing on the most-in-need came to my attention while visiting one of our member institutions. We heard about a focused approach aimed at improving the economic situation of a state’s most economically depressed counties. Along with their school of pharmacy, partner community leaders focused their resources in ways that have improved the health outcomes for some of the state’s neediest citizens. This focused approach means increasing their access to care including access to medications and the management of those medications. This has improved individual patient health outcomes, reduced unscheduled time off from work, increased family commitment to education, and led to increased business interest in these once isolated, depressed communities.

The inspiration of public health advocates and these examples of successful community engagement hopefully provide members of the American Association of Colleges of Pharmacy with ideas to improve the health of their communities.

Work toward “health in all policies.” The continued escalation of health care costs crowds out the importance of and opportunity to address other social issues. The Robert Wood Johnson Foundation published supporting evidence of this “crowd out” effect in a 2008 report. Faculty members know the value of pharmacy education to students and in turn to the communities they

serve. This value improves the quality of care, increases access to medically necessary care, and helps reduce overall costs of care. Share with your community the link between pharmacy education and improving health, improving healthcare services, and reducing costs. Help your community value pharmacy education by making this link for them. Doing so can strengthen your community's support for pharmacy education.

Work to reduce health disparities. Public appreciation of the impact of health disparities has increased a mere 4% over the past decade even though colleges and schools have spent millions of dollars to help students provide patient-centered, culturally competent care. Academic pharmacy is a strong champion of care delivery that meets the needs of individual patients. The education of a culturally competent health professional is an important component of meeting the needs of individual patients. Strengthen your students' commitment to cultural competence by creating experiential education opportunities that place them in culturally diverse communities.

Work to improve the literacy of your community. The United States lags many developed nations in its educational attainment. The Organization for Economic Cooperation and Development, along with the Program for the International Student Assessment, provides statistics about national educational attainment that can help focus local community approaches to improving the education of our youngest citizens. Education is an important driver of individual health literacy. Poor health literacy has a significant impact on our health system. Work with your local partners to improve health literacy so that our health system benefits from patients with a greater understanding of the personal responsibilities associated with their care.

Join your community in community needs assessments. You can use your knowledge of research methodologies to assist communities with developing evidence-based approaches to public health issues. Collecting the correct evidence is essential for increasing the success rate of grant applications even for the most respected community-based organizations. Data collection and expression is increasingly a Web-based activity. Health data "apps" (software),

like the program created by Catholic Health West, make the expression of community-based data easier to manage and demonstrate trends and "what ifs" to any stakeholder. The US Department of Health and Human Services has opened its data files to researchers, making national data available to support community needs assessments.

Join or present at community-based organizations. Rotary clubs, chambers of commerce, local and state health department, school boards, and professional societies all need and are looking for solutions that will lead to healthier communities. Sharing your knowledge with others can lead to significant social change. Build energizing presentations by pulling your research together and showing data in interesting, easy-to-understand data formats focused on a community-identified need or set of needs.

Educational, economic, and health improvements can best be addressed at the local level. National scalability is a laudable endeavor, but the political and policy alignment required for such is often insurmountable. You know your community and what it needs to create greater opportunity for all those living within it. The opportunities are greater than ever and the rewards can far exceed your expectations. To make health an integral part of all public policy offers pharmacy faculty members real opportunities to share their knowledge with any number of community partners, policy makers, and other concerned citizens. There is plenty to do!

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