Towards a 21st Century Approach





Advancing a Vision for Prevention and Public Health

THIS DOCUMENT WAS PREPARED BY PREVENTION INSTITUTE

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OPPORTUNITIES AT THE CROSSROADS

Today, there is growing recognition that we need to approach health differently. In the Affordable Care Act era, policymakers and local communities are steadily changing the way they define and promote health. There's greater recognition that comprehensive prevention efforts can have far-reaching effects. And rapidly changing demographics have brought renewed attention to strategies that truly promote and protect health equity.

Indeed, encouraging progress is being made on many fronts. Supported by philanthropic and government investments, communities across the country are forming new partnerships to advance social, physical, economic, and environmental structures that work together to promote health in the broadest possible sense. Through the growing success of efforts that increase access to healthy foods and physical activity; make streets safer for pedestrians and bicyclists; decrease tobacco exposure in public places and housing units; and lower the prevalence of violence, it is increasingly accepted that our environments shape our health.

Health depends on more than individual access to medical care. Studies confirm that environments and the behaviors they foster have more influence over our health than medical care does. Health requires communities that are clean and safe. It requires opportunities for local residents to do meaningful work. It depends on community members having strong social connections and working together to build and maintain sustainable solutions to local problems. It requires confronting the legacy of overt discrimination and present-day practices and policies that perpetuate a system of diminished opportunity and inequity.

At the same time, illness and injury are taking their toll and healthcare spending continues to soar. Rates of preventable chronic disease and injury remain unacceptably high. Poor health—and its costs—has impacts across society, interfering with children's learning and business productivity. Healthcare costs are a major drain on public and private sector budgets and a key contributor of debt.

Arising from these challenges is a striking opportunity—a chance to reframe health in a way that builds on emerging practices and innovation to shape a far-reaching movement for change.

The time is right for the public health and prevention field—including governmental public health and all the others who are engaged in and care about this area—to take a fresh look at what we do and how we do it. The innovative steps that communities and practitioners have taken to advance health must be deliberately integrated into a comprehensive new way of promoting the health of the public. To be as effective as we need to be, we must take into account the 21st-century health, equity, and safety needs that communities face.

So what will it take to leverage *more* opportunities that move in the direction of greater health, safety and equity for all? And how can public health work more effectively alongside community members and leaders, key community institutions, healthcare, and other stakeholders to achieve this goal? The goal of *Towards a 21st Century Approach: Advancing a Vision for Prevention and Public Health* is to sketch a multifaceted set of practices that will enable health advocates and practitioners to help people thrive.

BUILDING ON COMMUNITY WISDOM

To spark fresh thinking about how best to go forward, Prevention Institute, supported by the Robert Wood Johnson Foundation, embarked on a comprehensive national landscape analysis beginning in August 2012. We especially sought ways to catalyze and strengthen partnerships between prevention/ public health and other sectors. The Institute based its analysis on in-depth interviews with more than 50 national, state, and community experts and leaders who work with public health, active transportation, business, children and youth, economic development, faith communities, grassroots organizations, healthcare, housing, law, and philanthropy, among other sectors. Our goal was to gather input on ways to more fully achieve the promise of healthy, safe, and equitable communities.

We presented our initial ideas at a daylong convening in March 2013 that gathered leaders from all of these fields. This resulting document, *Towards a 21st Century Approach: Advancing a Vision for Prevention and*

THE BROAD STREET PUMP

The convening began by looking back at an iconic event in public health's history: the story of the Broad Street pump.

In 1854, a cholera outbreak hit London, killing five hundred people from an impoverished section of the city in just ten days. Dr. John Snow was on the front lines of treating individual patients, but he didn't stop there. He decided to investigate the source of the problem and mapped it to a specific water pump on Broad Street. Instead of simply warning locals not to drink water from the contaminated pump or attempting to treat the people who were sickened, Dr. Snow had the pump's handle removed, greatly diminishing new cholera cases.

What today's public health field needs is a similarly audacious approach. Dr. Snow's action was based on fresh thinking that challenged old ideas. It drew conclusions that went beyond the science of the time. Significantly, it looked at how illness emerged from community conditions, and addressed those conditions, instead of just treating individuals. And it improved health for generations to come.

The pump story generated a lively discussion. Many convening participants found it relevant to 21st century challenges, commenting that:

- Snow's actions were "inspirational," "simple," and "courageous."
- "The story illustrates that a person can step outside the confines of a narrowly defined professional role. Although someone is a doctor or director of something … they have the capacity to be grassroots advocates."
- [The pump demonstrates that] "sometimes you need to do the work before they believe you."
- The pump highlights the need to address fundamental power dynamics: "A policy itself doesn't create change… Policy *implementation* creates change."

Others, though, pointed out its limitations in the 21st century context:

- "[Removing the pump handle] was a professional act and it didn't include community adequately"
- "Unlike the pump, there isn't a single solution to many problems we face today."

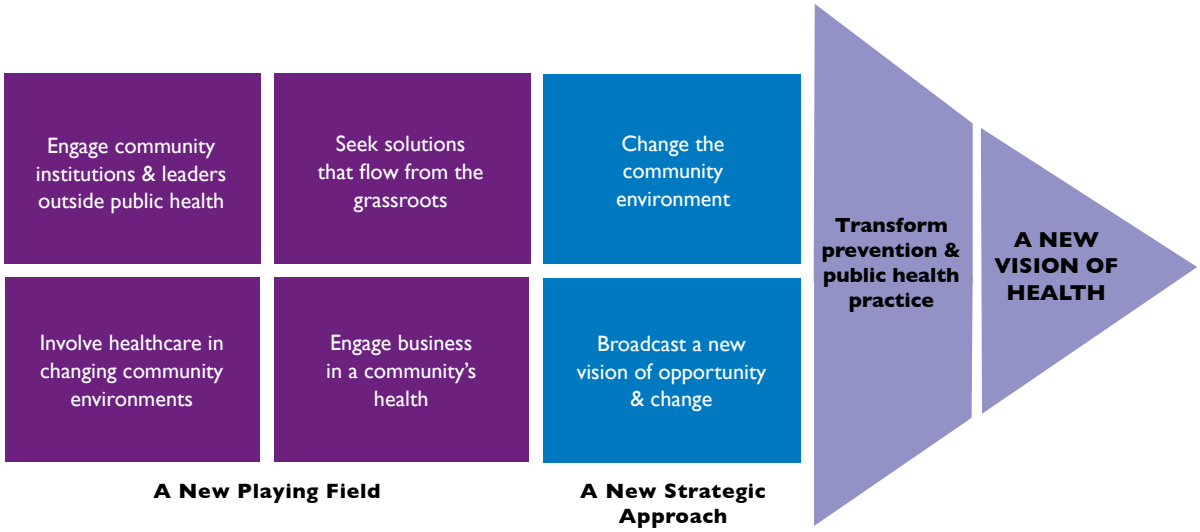
Ultimately, participants found the Broad Street pump to be a useful reminder that solving today's health, safety, and equity problems requires looking at potential solutions with a new mindset. By translating this mindset into a new way of working, we have the opportunity to bring greater innovation and boldness to our efforts. And as the work ahead unfolds, we will need new stories that demonstrate how bold action can lead to sustainable change.

Public Health, incorporates the interview findings and ideas from the convening, Prevention Institute's own extensive experience working in communities across the country, and a review of relevant research.

A key premise of *Towards a 21st Century Approach* is that advancing the health, safety and equity of communities across the nation requires *everyone's* involvement: from prevention and public health to healthcare to business to community leaders and institutions. At the same time, change won't happen without deliberate leadership: The prevention and public health field bears large responsibilities for the health of the public and needs to step up to its role in new ways. **Therefore, *Towards a 21st Century Approach* is written for leaders and advocates in prevention and public health, offering the elements for a transformative new vision for their work in the 21st-century.** This approach is relevant for—and can be tailored to—any community. It provides a framework for a promising new way of working that builds on emerging successes and allows for further innovation.

A VISION FOR PUBLIC HEALTH AND PREVENTION IN THE 21ST-CENTURY: SIX ESSENTIAL ELEMENTS

As we spoke with our informants, it became clear that a new vision is emerging. Fostering health across a community requires more than health *care*; it requires engagement with all of the *community* determinants of heath. That makes a new role for those concerned about the health of the public essential as well. Rather than delivering public health "services," this new role promotes broad participation and developing community-wide strategies that leverage a growing set of successful efforts. *Towards a 21st Century Approach* delineates the six elements that together move the public health field towards a more audacious and important role in ensuring healthy communities:



All six elements can be acted upon at a local and/or state level, which is essential for having the widest possible impact. They build on the success of movements such as health in all policies, healthy cities, and community-oriented primary care. For each element, effective efforts that can serve as models and inspiration are already underway. Most important, these elements make the community—not the individual—the unit of analysis, so that promoting health requires addressing its *community* determinants. This means investing in effective (and often cost-effective) strategies to prevent illness and injury in the first place, rather than simply providing treatment after the fact. And it requires the participation and leadership of communities outside the traditional public health sector.

The task at hand is not to arrive at a brand-new set of ideas. Rather, it is to integrate and align ideas and practices that have proven to be effective into a compelling and achievable 21st-century vision.

Here's a closer look at the elements that make up the 21st-century approach:

1. Engage more deeply and effectively with community institutions and leaders outside public health.

"What can we do for you? What can we, as the health department, do for you to help you address the problems that you are trying to address? That is the way you move into health in all policies."

In Baltimore, Maryland, housing improvements—including removing old carpets and repainting walls—are being made in a low-income area of the city. Though these changes weren't necessarily initiated with *health* in mind, the housing improvements resulted in significant declines in emergency room visits among the people who lived in those homes. Getting rid of old carpet, for instance, can lower levels of asthma triggers.

As this example suggests, bettering the health of the public calls for a more inclusive approach to how "health" issues are defined and addressed. Once we understand that health comes from thriving communities, we must engage the sectors and institutions that help make communities thrive. And we must work together to leverage the intersections between complementary issues (like health, housing, transportation, education etc.). Deliberately harnessing the strengths, resources, analysis and priorities of a wide array of sectors can lead to solutions that solve multiple problems.

Indeed, often the issues of greatest concern to local communities are not identified as health-related. One informant notes that "talking only about health when there are more pressing issues communities are facing (e.g., violence, poverty, employment) can be problematic." Another adds that public health should be very cautious about "[imposing its] needs as if they trump the community's needs." The challenge, instead, is for health leaders to identify and build linkages between community concerns.

Until now, public health's dominant approach to partnership has been to provide non-health sectors with a list of ways they could change what they're doing to promote health. To move forward, public health needs to get more comfortable working in partnerships where the public health agenda may not be the primary one. And public health will have to do a lot of listening to understand the language, culture and values of other key groups and sectors.

As one informant notes, "When you sit around and talk to people, the common thread is something you can weave together. We tend to focus too much on what we disagree on than what we agree on, and sometimes as advocates, we're our own worst enemies by focusing on something too narrow and not seeing those common threads."



Making such alliances requires public health to use more inviting, accessible language to get its ideas across—to speak the languages most relevant to other sectors and communities. The public health community must communicate how it can bring value, tools, and resources to other sectors, rather than the other way around. As one informant suggested, "Consider framing a campaign as 'Make a neighborhood more walkable and beautiful,'

"CONSIDER FRAMING A CAMPAIGN AS 'MAKE A NEIGHBORHOOD MORE WALKABLE AND BEAUTIFUL,' INSTEAD OF 'REDUCE DIABETES AND OBESITY."

instead of 'Reduce diabetes and obesity.'" Another says, "A lot of times people enter into a situation wanting to say what they want to happen in a pretty assertive manner. That isn't usually the way that success happens…[What's important is] the mindset that people have and trying to position the issue in a way that the folks that need to understand it are going to be able to understand *and own it*."

The goal is to proceed with health work as *part of the fabric of the community* rather than as something separate. The way to do this is by developing genuine and lasting interactions with community-grounded leadership and non-public health groups that can tip the momentum toward greater community health. "Ultimately we're *all* public health professionals," says one informant from the transportation sector. "At the heart of every issue is a public health issue."[1]

2. Seek solutions that flow from the grassroots.

"When you ask 'How can we get grassroots support for [insert your just-launched public health campaign here]?' you've already lost."

In Minneapolis in the early 2000s, violence was spiraling upward. Community leaders, organizations, and agencies from many different sectors joined forces with the city to put together a plan for protecting youth and reducing violence. From the beginning, one part of the overall multifaceted approach was involving young people themselves. As the Minneapolis Youth Congress



"NO DECISION ABOUT US, WITHOUT US. "

put it, "No decision about us, without us." Other major elements of the plan—along with engaging the Youth Congress—included ensuring that every young person was connected with a trusted adult, and intervening at the first sign of at-risk behavior. As a result of the combined efforts, levels of youth violence dropped by 59 percent between 2006 and 2011.

The experience in Minneapolis shows what can happen when those most affected by a public health problem become part of solving it. One informant explains that "[It] gets back to having people at the table who would be impacted by the issue . . . looking at who's a part of their network, who are the partners." Another says, "People need to be brought in at the top or they're not going to feel engaged."

Too often, though, attempts to engage with community residents, leaders, and stakeholders happen *after* a policy priority has been determined or an initiative launched. The prevention and public health field's "expertise" orientation sometimes comes off to community members as arrogance. Unquestionably, health leaders have significant expertise and an important role to play, but it must be in service to a community context. **"**We don't do a good job of going to the community level, the *real* level," explained one informant, "Community and grassroots

organization takes time and it is intricate [but if] done right, it is sustainable for the long term."

Fortunately, there are numerous opportunities to work with established community organizations and coalitions, membership-based community organizing groups, and grassroots leadership to build meaningful connections. These opportunities can galvanize change not just at the local, state, and regional levels, but nationally as well, as was the case with civil rights legislation of the 1960s. "Social transformation is not something that needs to be reinvented," one informant noted. "It's about reinvigorating relationships with groups that are already challenging power and racism."

As prevention and public health leaders shift from doing more linear prevention interventions to facilitating sustainable community change, they must become increasingly attentive to working alongside a broad set of community partners. Trusted and influential community institutions and leaders—including locally-based groups as well as local chapters of national groups—are critical in reaching more people and influencing decision-makers. While such partners—which might include Y's, United Ways, AARP chapters, Rotary and Kiwanis Clubs, PTA groups, and civil rights groups, among others—may be deeply engaged in work that addresses community determinants of health, they may not necessarily always frame it from a health perspective.

Several informants also emphasized the need to ensure that resources benefit the community rather than being concentrated among "professional" organizations and bureaucracies. As one informant points out, "The people who help the [prevention and public health] organization do the work never really receive the benefit of those dollars. Because of that, they can't build their capacity. Until we find a way to address this, we will be talking about this years from now." As another informant said, "We need to emphasize community leadership, not just community engagement." [2]

"WE NEED TO EMPHASIZE COMMUNITY LEADERSHIP, NOT JUST COMMUNITY ENGAGEMENT."

3. Engage healthcare institutions and leaders in changing community environments.

"Clinical colleagues understand that unless they can find a way to solve issues (far upstream), they will not succeed. There's an opportunity to promote real upstream prevention around environmental factors that are causing disease. There's a fiscal imperative for it and increased understanding as well."

In Cincinnati, Ohio, a collaboration between Cincinnati Children's Hospital, the Cincinnati Health Department, the Legal Aid Society of Greater Cincinnati, and the city's building department has resulted in an innovative strategy to address childhood asthma. Mapping the housing locations of patients admitted to the emergency room for asthma attacks showed huge disparities by neighborhood and helped pinpoint the areas most in need of attention. Documenting housing conditions confirmed that they were a critical factor in these neighborhoods, and Cincinnati Children's Hospital joined as an active participant in working with landlords to improve housing conditions and ensure that asthma triggers are addressed.

As Cincinnati illustrates, there is a growing vanguard of healthcare organizations that are finding ways to advance health in their communities by acting directly on the underlying community determinants of illness and injury. With increasing healthcare demands and costs—and to better meet patients' needs—the time is ripe for healthcare to change its paradigm so that it is

"THE THEME OF INTEGRATION SHOULD GUIDE OUR APPROACH IN TERMS OF CLINICAL CARE, PUBLIC HEALTH AND PREVENTION."

inclusive of community change efforts and partners with community initiatives. A focus on improving community health reduces the frequency and severity of illness and injury and helps those already sick or injured to restore and maintain their health. "The theme of *integration* should guide our approach in terms of clinical care, public health and prevention," notes an informant.

The public health and prevention field has an important role to play in facilitating this shift. By working alongside community partners, public health and prevention can help healthcare understand the importance of addressing community determinants; guide them in the most effective prevention strategies; and serve as active partners in these integration efforts.

For the most part, however, healthcare and community prevention efforts still suffer from a lack of effective alignment. The two sectors often don't speak the same language or interact in ways that lead to ongoing and effective collaboration. In most cases, public health has worked separately from healthcare. When working in a partnership, the emphasis has been on advancing more traditional healthcare goals, such as delivering

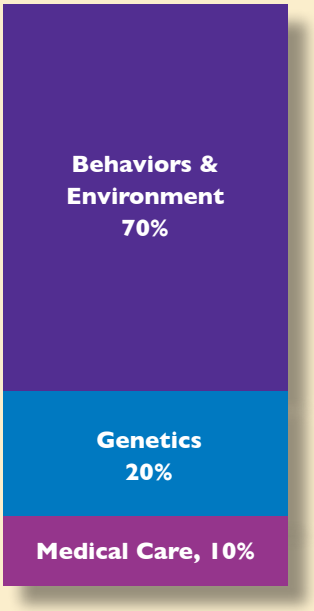


treatment and screening in community settings or identifying supportive community services. Public health and prevention leaders and their allies have not yet fully stepped up as strong drivers and leaders in healthcare's paradigm shift.

Solving these challenges is certainly possible and interest in doing so is growing. Prevention Institute's Community-Centered Health Home (CCHH) model[3] concretizes this vision, describing a coordinated set of practices that can link the medical system with community action to address the underlying determinants of illness and injury. A defining attribute of the CCHH is translating high-priority medical conditions into active involvement in community advocacy and change; interest in this type of model is increasing across the country.

At the same time, new opportunities are emerging for public health and prevention leaders to play

FACTORS INFLUENCING HEALTH



Source: Bipartisan Policy Center. "Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future." June 2012

a direct role in health system transformation. For instance, the Affordable Care Act created the Center for Medicare & Medicaid Innovation (CMMI) as a new part of the Centers for Medicare and Medicaid Services. Through its grants, CMMI is requiring both states and healthcare systems to place broad emphasis on achieving greater population health, which provides a great opportunity for public health leaders to join their healthcare colleagues in advancing innovations that incorporate quality community-level prevention.

Locally, public health and community organizations can work in partnership with hospitals as they implement new requirements regarding community benefits. This includes community assessments, but should be more expansive. As an informant stated, "There are a number of hospitals really rethinking their community benefit commitment along social determinants lines." A recent document published by Health Systems Learning Group provides multiple examples and analysis of this.[4]

CMMI is also encouraging advances in financing mechanisms that support a focus on population health. One key informant with deep roots in public health and healthcare notes, "Too often I am part of meetings where the 'how' of finances never gets addressed by public health." Creating financing mechanisms that pay for a healthier community, rather than having the vast majority of funds go toward treatment, is a key part of the challenge. It is now being addressed—with innovative approaches like Accountable Care Communities and wellness trusts[5]—but will require further innovation. This area offers significant opportunities for public health participation.

It is imperative, then, for advocates who care about prevention and the public's health to step out of their comfort zones and become active participants in the current dialogue around health system and payment system reform. Otherwise the result may bypass crucial community determinants of health. The legacy of tobacco control and recent local successes emerging from philanthropic



and federally-funded prevention initiatives has created a robust set of strategies and skills for effectively addressing underlying community determinants. Public health and community leaders are in a prime position to apply this knowledge to health systems transformation efforts, where their experience has not been well-utilized or understood.

4. Engage business in promoting the community's health.

"When you create what public health thinks of as a healthy environment, it also brings more consumers [for business]."

In 2012, the governor of a Southern state that's often been resistant to government intervention regarding personal behaviors had the state building's smoking room turned into a fitness center. The reason? To signal to business that the state is committed to improving the health of its workforce.

Over the past few years, the business sector has grown increasingly engaged with the idea that improving health is good for its bottom line. It's become clearer that investments in health and safety can not only boost employee productivity and reduce absenteeism and insurance costs, but also attract and retain talented staff and build employee and community goodwill. As a result, there has been a surge of new workplace wellness programs, particularly at large businesses.

"ONE ARGUMENT THAT IS VERY EFFECTIVE FOR SMALL BUSINESSES IS THAT THEY'RE MAKING THEIR COMMUNITY BETTER."

Public health and prevention advocates have had a mixed, at times uneasy relationship with business. Of course, the term "business" is broad, and includes industries that profit from promoting health, those that profit from harmful products or activities, and many in between. A great deal of attention has been rightly paid to addressing the impact of businesses whose practices, products, or services harm public wellbeing. While this focus should continue, it should also not stand in the way of a vision in which many businesses can contribute to community environments that promote health. Small businesses, in particular, may have different priorities and interests than multinational corporations, even in the same industry. For example, a local restaurant is likely to have different goals than a large alcohol company, despite also selling alcoholic beverages. Taking advantage of opportunities to collaborate with businesses whose practices are aligned with core values of health, equity and safety can add legitimacy and visibility to efforts to improve community conditions.



The task becomes how best to engage businesses that could serve as potential allies and partners. The first step, according to several key informants who work with the business sector, is "meeting them where they are at." Doing effective outreach to small businesses calls for local engagement. Local business success is intimately tied to the overall health and vitality of their community. "One argument that is very effective for small businesses is that they're making their community better," says one informant. The best way to connect with them is in partnership with groups that can serve as natural liaisons. Community-based institutions like United Ways and Y's are good candidates, as they frequently include local business leaders on their boards. Similarly, some health equity-oriented groups are taking advantage of newly created opportunities in the Affordable Care Act to reach out to minority-owned businesses and ethnic chambers of commerce.

One of the greatest opportunities lies in going beyond targeted workplace wellness programs to get business involved in comprehensive community prevention initiatives. Indeed, a growing number of leaders and advocates within public health and business are doing just that, supported by federal efforts, such as the Community Transformation Grants program. In reaching out to business, community prevention benefits may need to be framed more in terms of a bottom line than a health perspective. Simply put, thriving communities and schools are good for business. Projects that improve safety and prevent violence, for instance, make business districts more inviting and bring in more local customers. Arts and culture advance community vitality. As the Executive Director of the MidAtlantic Business Group on Health concludes, "By improving the health of the neighborhoods workers live in, businesses will reduce healthcare costs, even if the people accessing community wellness programs actually work for a different company!"[6,7]

5. Change the community environment so that good health becomes the default.

"There is a realization across public health leadership that the [community] environment matters and policy matters. That's a big shift from the individual and behavioral approach."

When communities clean up neighborhood parks or open school playgrounds on weekends, children get more exercise. When they start affordable farmers' markets, particularly in neighborhoods without adequate access to fresh foods, families eat better. When they work together across agencies and sectors, rates of violence can drop. Over the last decade, the social, physical, and economic environment has increasingly been viewed as essential in shaping health outcomes. Leaders across the country are translating this conceptual understanding into concrete on-the-ground action. The results of these approaches are shifts in the physical and social environment such that healthier actions become the norm.

Yet there are still major challenges in mainstreaming this approach. Even with recent changes in thinking, informants repeatedly emphasized that there remains a strong reliance on healthcare as the solution to health problems—and a primary focus on education and individual responsibility as the path to healthy behavior. Indeed, in recent years community-wide prevention and public health strategies are increasingly cast as the intrusions of a "nanny state." Ultimately, improving the practices of major societal institutions will be needed in order to change community environments in ways that improve health and there remains more to be done for this approach to truly take root: **"**What we found is a real necessity for clarity [about] what public health policy and advocacy actually is and successful ways to embark upon it."



SPECTRUM OF PREVENTION

Legal analysis done by public health attorneys—a tool that's been used more often in recent years—can help to identify policy levers to achieve community change. Another key resource is the Spectrum of Prevention,[8] which provides a framework for a comprehensive approach that addresses community conditions. This framework emphasizes the importance of developing partnerships and networks that can advance wholesale systems change. It lays out clear roles for multiple actors, including:

- those providing individual and community education;
- those working on improving the practices of organizations and institutions; and
- those championing policy changes.

As we consider how to improve community conditions through policy change, achieving health equity must remain the dominant driving force. We can't be satisfied with improving health for some while leaving out those most underserved and disenfranchised. As the practices of prevention and public health evolve, applying a health equity lens to community change efforts is critical. In particular, practitioners benefit from engaging in critical analysis that ensures that policies and organizational changes benefit underserved communities and promote equity. Disenfranchised communities themselves should play a role in shaping the solutions directly. One informant also pointed out that in addition to passing *new* equity-oriented policies, it is equally important "to get existing anti-equity policies off the books."

6. Build a shared movement by broadcasting a new vision of opportunity and change.

"If people don't know what you are doing, it is almost as if it isn't happening."

In West Virginia, farm-to-school programs are bringing produce to school lunches, allowing kids to sample fresh fruits and vegetables and helping farmers identify regular customers. In North Philadelphia, a diverse set of partners including neighborhood youth, the health department, healthy food advocates, and representatives from local government successfully joined together in a community-driven and -managed effort to revitalize the 87-acre Hunting Park.

Success stories like these—underscoring that community health and wellbeing are not simply an outcome of healthcare and treatment—are happening all across the country. Too often, though, the public health field hasn't been able to make them more widely known, and as a result has lost important opportunities to spark inspiration and action and to counter criticism. With no significant vocal constituency, the prevention and public health approach is undervalued.

Changing mindsets, policies, and practices to improve health, equity, and safety requires that a broad array of stakeholders and decision-makers adopt a new way of thinking. It is time, therefore, for public health to stop relying primarily on data and studies to get its points across. Nor can the field simply assume that "good work" always makes itself known. Instead, a shift in orientation is called for: one in which elevating and actively sharing the outcomes of public health efforts and strategies is as important as doing the work itself.

Ultimately, the field needs to do a better job of explaining why changes to our community environments, systems and policies matter. We need to get better at articulating why prevention and public health concerns are essential to everyone—these issues are not just public *health* issues, but



public issues. Advocates need to tell stories about real people whose lives and futures are now better as a result of prevention and public health measures that address community conditions, policies and practices. They need to get the word out that such initiatives save money and lives, are based on sound and growing evidence, and come with significant benefits to local economies and businesses. And they need to frame public health and prevention as critical components in achieving true health system transformation—reducing healthcare costs, improving quality of care, and enhancing population health.

Those outside of prevention and public health will need to be engaged as authentic voices that can add credibility and prominence to community strategies and build a vision of shared change. And public health advocates will need to communicate regularly and consistently with local, state, and national policymakers—so they understand what they are voting for, or against, when public health and prevention measures come up.

As important as sharing evidence of success is sharing lessons learned about what *isn't* working. This calls for a sense of humility and willingness to contribute positively to a rapidly evolving field of knowledge rather than keeping "failures" hidden.

In order for these changes to happen, prevention and public health professionals need to be trained in effective communications, messaging, and the fundamentals of movement building. A starting point is to closely monitor how public health and community change stories are, or aren't, currently being portrayed in the news. This provides an opening for how to best insert the 21st-century

vision into the daily discourse and reach decision-makers and the public with a message of change.

Currently, as noted by one informant, "None of us have the right resources for the right messaging." While it is easy to opt out of spreading the message of public health change for fear that we don't know the right words to use, national media advocacy expert Lori Dorfman reminds us that ultimately "We don't all have to *say* the same thing, but we have to *mean* the same thing."

TAKING ACTION: IT TAKES ALL OF US—MOVING FORWARD STEP BY STEP

During the convening, an elected official said, "When the next national elections happen, what would it take for us to see the headline 'This year's elections may hinge on neighborhood health'?" In other words, what if the most important thing—to individual community members and to those who hope to win their votes—was neighborhood health? Not only jobs and the economy, but the health and vitality of communities?

To make this a reality, the public health and prevention field and those who fund its work need to make changes. Prevention Institute's conversations during the process of developing this paper mapped out a clear path. Here are some of the most important steps that emerged:

EXPAND OUR SKILLSETS

Making the 21st-century vision a reality can't happen without public health and community leadership *thoroughly equipped* to participate. "There's a real need for hands-on training and technical assistance," one informant said. Key informants provided a list of the core strategic skills and practices needed. These include:

- engaging effectively with different stakeholders and sectors;
- partnering with and learning from community;
- developing greater savvy for taking on policy and politics (including understanding how to map and leverage sources of power and decision-making);
- improving methods of external communication;
- investing in policy advocacy capacity at the local, state, and federal levels; and
- learning to engage with media.

Developing the skills needed to turn outward and function effectively regardless of the political climate came up repeatedly. As one informant explains, "The skills it takes to achieve community change include reading the political climate and leveraging power in a positive way . . . [This] means you have to talk to more than the usual suspects."

ENGAGE NEW LEADERS

We need to actively develop and nurture a new pipeline of leaders. In particular, we should draw in those currently operating outside the boundaries of professional public health—from paraprofessionals like promotoras to the next generation of healthcare providers. The Affordable Care Act offers resources to support building a more diverse public health workforce. These new leaders should be offered the tools and methodologies to take on changing community conditions, policy development, and cross-sectoral partnerships, while also building and growing their core skill sets. As one informant notes, part of the future of the public field rests in "really capturing the learnings from community health workers and promoters, people from the neighborhood."

CREATE NEW ALLIANCES

"We need to create a creative space if we want to do something new and innovative," one informant said. That means changing who we work with, and how we work with them. To do this, we need to take the following actions:

- Engage in more self-reflection about how we work: Are we too siloed? Can we partner more? Can we recast our solutions to address multiple issues?;
- Bring representatives of non-health sectors together to react to and revise a set of principles for promoting the public's health; seek their input about how public health can build on its existing strengths as well as make needed changes;

- Find ways to work closely with and learn from people from states and cities who understand how budget decisions are made (chiefs of staff, campaign managers, budget directors); and
- Think outside the box, or, as one informant put it, "How do we make it easier for students, moms and dads who care about health to get engaged?"

AS THIS WORK MOVES FORWARD, EACH ACTION TAKEN WILL TEACH US MORE ABOUT WHERE WE NEED TO GO. AND EACH ACTION WE TAKE WILL SPUR FURTHER ACTION: AS WE ENGAGE MORE PARTS OF SOCIETY IN PROMOTING THE PUBLIC'S HEALTH, WE WILL HAVE EVER-MORE CREATIVITY AND ENERGY TO DRAW ON.

APPENDIX A: Challenges & Opportunities

As part of the landscape analysis, Prevention Institute identified key challenges and opportunities for promoting public health on a local, state, and regional level. While we identified many challenges, this moment—the Affordable Care Act era—also offers once-in-a-generation opportunities to make health-promoting environmental and policy changes.

CHALLENGES	OPPORTUNITIES
• Public health funding cuts • Lack of sustained investments for communities most in need to develop lasting community capacity • Decline of overall advocacy skills and fears of crossing the line between advocacy and lobbying • Partisan opposition to community prevention and political climates that don't support discussions of equity and social justice • Inadequate communication with potential allies • Imbalanced leadership and power dynamics • Preemption of local and state policies that stifle policy innovation • Lack of comfort and familiarity with multisector partnerships • A disconnect between community and researchers	• Growing interest in integrating healthcare and community prevention • Experiments with innovative financing mechanisms • Increased involvement of many more sectors in community prevention • Affordable Care Act resources for building a more diverse public health workforce • Social media is highlighting youth voices • Using lessons from many local efforts to shape federal initiatives • Greater number of tools that enable practitioners to focus on an environmental approach • Business sector has greater interest in and understanding of the value of health • Many innovative efforts that can be widely replicated • Recognition that healthcare (and its related costs) is a critical element of national wellbeing • Possibilities for leveraging the Affordable Care Act to improve population health outcomes

FOOTNOTES

1. See Prevention Institute's Collaboration Multiplier Tool for more information on fostering meaningful and impactful collaboration across diverse fields.
2. See *The Role of Community Culture in Efforts to Create Healthier, Safer, and More Equitable Places: A Community Health Practitioner Workbook* for additional information.
3. Cantor, Jeremy, MPH, Cohen, Larry, MSW, Mikkelsen, Leslie, MPH, RD, Pañares, Rea, MHS, Srikantharajah, Janani, BA, Valdovinos, Erica, BA. *Community-Centered Health Homes: Bridging the Gap Between Health Services and Community Prevention.* Prevention Institute, 2011.
4. See the monograph produced through the *Health Systems Learning Group: Transforming Health Outcomes through Community Partnership* for "three points of high leverage that can begin to dissolve the walls between health care and health, hospital, and community, and produce both cost savings and improved outcomes in place-based terms": www.methodisthealth.org/about-us/faith-and-health/research/learning-collaborative/
5. More information on these and additional payment mechanisms can be found in Prevention Institute's brief: *How Can We Pay for a Healthy Population? Innovative New Ways to Redirect Funds to Community Prevention.*
6. *Community Wellness: a Surprisingly Important Business Investment.* By John Miller, Executive Director, MidAtlantic Business Group on Health, August 20, 2013.
7. For more on working with business, see *What's Good for Health is Good for Business: Engaging the Business Community in Prevention Efforts and Health, Equity, and the Bottom Line: Workplace Wellness and California Small Businesses.*
8. Developed by Larry Cohen while he was director of the Contra Costa Health Services Prevention Program, The Spectrum of Prevention helps expand prevention efforts beyond education models by promoting a multifaceted range of activities for effective prevention.

PHOTO CREDITS

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Prevention Institute is a non-profit, national center dedicated to improving community health and wellbeing by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This and other Prevention Institute documents are available at no cost on our website.

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