Health and Equity in All Policies: The Crossroads of Policy and Public Health

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[AUDIO START] MODERATOR: Comments [inaudible] to stay awake, and I don't think we'll have a problem doing that, because our next speaker, Mr. Robert Jennings, has a great presentation for us this afternoon. I'd like to thank Hurley Medical Center for sponsoring our keynote speaker, Robert Jennings, who will be presenting "Health and Equity in All Policies: The Crossroads of Policy and Public Health."

Robert Jennings is a communications and public relations professional with nearly 30 years of experience in various public sector organizations. Mr. Jennings formerly served as a director of communications for the Ohio Department of Health in both the Strickland and Kasich administrations. In his role with the state health department Mr. Jennings was responsible for overseeing all internal and external communications and focus on developing a dynamic public affairs program that promoted the agency's vision, mission, goals, and accomplishments using various media and emerging technologies. Mr. Jennings holds a Bachelor of Science in Communications and is a graduate of the United States Army Sergeants Major Academy with a concentration in strategic management. Mr. Jennings served as a Command Sergeant Major at the Ohio Army National Guard where he helped develop multinational training partnerships with eastern European countries. Ladies and gentlemen, I would like to introduce to you Mr. Robert Jennings.

[ Applause ]

[ Background Sounds ]
ROBERT JENNINGS: Well, it is, indeed, my honor and pleasure to speak to you today through Genesee County Health Department’s 10th Annual Public Health Conference. What I’d like to do now is, I know you all just sat down, but could you please just stand back up again, please? So Brad mentioned and, Brad, I didn’t, I don’t know where you got that bio from, because it has been a long time since I’ve been in the military, but I did spend 35 years in the military, and I was a National Guardsman primarily [applause]. Thank you. Thank you. But I was a National Guardsman, so I had dual careers in both public and private sector. So, but my military experience was something that I really, really just treasure. But
one of the things that was important to me and humbled me a lot of times was when I was in uniform, and I’d walk into a store and someone would say, a complete stranger would say, "Thank you for your service." And even today, after I’ve been out of the military for a number of years and I show my gray card, retired card, and somebody that I don’t even know will say, "Thank you for your service."

So on behalf of the Ohio Public Health Association, to all of you who have been working in Genesee County Health Department, the state health department, another local health department, hospital, if you’re a community person who is involved in this crisis here in Flint, I want to say thank you for your service.

And give yourselves a round of applause [applause].

Now you can take your seats. So now that the nice and means are out of the way, I am feeling a little bit trapped. I know I have a bunch of Spartans and Wolverines surrounding me. ^M00:03:44 So it's time for me to call a truce. O-H. What? Okay. It didn't work. My wife said, "Robert, that's going to fall flat."

But she said you better have a backup plan, and I said okay. Go green [cheering]. It's supposed to be "Go green, go white." See, that's what I was told, and go blue [cheering]. That's where you all have it. All right.

Last October when Brad reached out to our association and asked for a keynote -- and before I get started let me turn this up, turn this on. Brad asked for a keynote for this event, I jumped at the opportunity because I saw this as a great opportunity to talk to you about what Ohio is doing around health in all policies.

And I believe Brad might have saw a newsletter that we put out there that included a summary of where we are in the process. We haven't got it implemented yet, but we're moving forward, and we're really excited about where we are. So I called Brad to say, you know, what should I, you know, what should I focus on? What would be of interest? This was back in October. And Brad said now, have you heard about our water situation, our water crisis? I said, no, not really. I haven't heard much about it. He goes, well, let me tell you about it. So he started to tell me about it, and still, I didn't have the context of what was going on. So, you know, I said okay. Yeah, we can do this. Then around January the whole country and the world knew what was going on in Flint, Michigan. And all of a sudden, for me, this presentation took on a whole new level of urgency. But it was too late to back out, so I decided to come anyway. To say I was a bit nervous would have been an understatement. You had the collective attention of the whole world and the whole country focused on this community of about 100,000 people. You have high ranking state politicians running for cover and on the hot seat. You have presidential candidates coming to town making this a national platform. You have celebrities and activists decrying the policies that fought businesses over the needs of poor and working class. But I put on my big boy pants and decided that, well, I'm not an entertainer, I'm not an activist, I'm not a politician or any kind of celebrity. What's going on around the country and what happened here in Flint means that it's past the time for us to do something different in public health [applause], and I believe
that health in all policies offers a promising solution to our issues. So my topic of discussion today is "Health and Equity in All Policies: The Crossroads of Policy and Public Health." I believe that what happened here in Flint strongly illustrates that we are at a crossroads and that our health policies need to better reflect the needs of all people. So what are we going to cover?

SLIDE 2

[Audio Timepoint 00:07:16.] Pick up. All right. All right. We'll have an introduction, about me, a little bit about my background. We'll talk about public health policy and politics. And this is a key part. You'll probably wonder why I put this in here. I have strong feelings about this, and you'll see why. We'll talk about wealth and resource distribution in our country, the health and equity in all policies initiative, and the Ohio Public Health Association and what we're trying to do in Ohio, and why this all is so important. But before I get started, can I have a show of hands of how many people have been in public health for
more than ten years. Okay. More than ten. All right. How about five to ten? Okay. Fewer. It seems like public health is a career, once you get in it, you stay in it. So five year people, you got ten years to go. How about less than five years? All right. Got quite a few. And less than a year? Brad, you're it. Welcome to public health.

So based on that, other than the current crisis, because we would all raise our hands if that were the case, other than the current crisis here in Flint, what public health issue or challenge or crisis changed your thinking about public health and its importance? Anyone?

AUDIENCE MEMBER: H1N1.

H1N1. Anyone else? Yes.

AUDIENCE MEMBER: TMI.

ROBERT JENNINGS: Too much information?

AUDIENCE MEMBER: Three Mile Island.

ROBERT JENNINGS: Oh, okay. Got you. Anyone else?

AUDIENCE MEMBER: Infant mortality.

ROBERT JENNINGS: Infant mortality. Yes. Ohio was, at one point, I know I'm being taped, but I'm not stretching the truth, I think we were teetering on the worst state in the country for black, African American infant mortality. And that is nothing to be proud of. So, yes, that can definitely frame your thinking about public health. So for me -- oh, but, before we talk about me, I'd like to see, learn something a little bit about you. I got a stand here. I want to know something about you.
How many of you are actually -- why don't we start in the back. I'd like everyone to just stand up one by one and just give me an overview of what you've done in public health over the last years and your vision for the future. No, just kidding [laughter]. I thought somebody might have said [inaudible] it actually starts [laughter]. All right. So let's get started.

AUDIENCE MEMBER: You got our attention [laughter].

ROBERT JENNINGS: Okay. As director of public affairs for the Ohio Department of Health for nearly seven years, and [inaudible] and so it felt like that sometimes. I either faced or feared facing public health challenges on a daily basis. Though I could go through a laundry list of public health threats that we faced in Ohio during that tenure with the state health department, there were four issues that really framed my work thinking about public health, its challenges, and its importance. One of them was already mentioned.
H1N1, the virus. Now, my four public health challenges was virus, a disease, environmental toxins, and then the unknown. This is the virus. A new virus that was taking the life of the very young and healthy. We heard scary words like pandemic, norovirus, mutation, mass oxidation, infant deaths, and we experienced vaccine shortages, long waiting lines. Public health had been planning for the next pandemic for years, but when it hit, it really strained our public health system. Some say public health had its finest hour in its response to H1N1. Others say that it was exaggerated, that it was an overreaction, that we didn’t have the death and widespread illness that we predicted. To that I say public health did its job and did it so well that we didn’t experience the nightmare scenario that we expected. Hold on a second please. My next issue, the disease. This was probably the most emotionally difficult issue I’ve had to deal with, and it was a childhood cancer cluster.
in the small northeastern town of Clyde, Ohio. This issue spanned my entire time with the state health department with no acceptable resolution for the victims and their families. It is widely suspected by the community that some environmental factor was at play, probably the air, water, soil, and caused by either a nuclear release or by industrial waste. The city of Clyde is within a 50-mile radius of the nuclear power plant, and the city’s largest employer is an industrial manufacturing plant. As environmentalists and scientists, we know all too well that trying to find an environmental cause for disease is tougher than trying to find a needle in a haystack. But that doesn’t stop us from trying. And when you have sick children, grieving parents, and a community in shock, the stakes are even higher. Public health and our partners at the EPA conducted every conceivable environmental test. We conducted surveys of family histories and investigated every lead that was brought forward. Erin Brockovich even was invited by the families to come to town to help. And Ken Burns, the filmmaker, in his PBS documentary, "Cancer: The Emperor of All Maladies," he featured the families of Clyde in one of its segments. But no cause, to this day, has been found. The unknown. In the summer of August 2014, tainted water -- I'm sorry -- today in Ohio and in other communities around the country public health finds itself at the center of controversy from business interests and the health of the public with the emergence of fracking. Questions persist regarding is our water safe, are we polluting our environment, are we selling our health for profit, and what's going on with all these earthquakes? Probably only time and good science will tell us what's really impacting, how much this really impacts our health. Now the environmental toxin. In the summer of August 2014 tainted water from pumped algae blooms in Lake Erie put the health of hundreds of thousands of Toledo residents at risk and without drinking water for three days. Again, public health was asked to test risk to health against the backdrop of economic and recreational interests. While this public health crisis pales in comparison to what's happening here with Flint's water, it still serves as a stark reminder of how fragile and exposed our communities are to environmental threats. As public health officials, you know exactly what those daily fears are like, always wondering what's next while preparing for the worst and hoping for the best.
[AUDIO TIMEPOINT 00:16.35.] You know, whenever one of those crises, whenever one of those crises would hit, they always seem to take a predictable pattern. The event would occur, the media would pick it up, and you can insert your headline there. It would be followed by public outrage. It would be followed by calls from the public for someone to take responsibility for what happened. Elected officials would get involved and spring into action and vow to get to the bottom of things. We typically have lawyers and the courts getting involved, and sometimes the results would result in changes in law for real people. But this is how it happens. And it doesn't have to happen in any order. The event occurs, the public gets outraged. The media gets involved, lawyers get involved, politicians get involved, and then something happens. But this is a reactive. This is a reactive situation, reaction to something that happened there. What I want to point out now, and I believe is critically important to understand,
how the work we do each day in public health is so tightly intertwined with policy and politics. That is to say that there is a balancing act that occurs between clearly communicating public health practice while not alienating policy makers who also have a public responsibility. I would go as far to say that it should be a requirement for everyone entering public health to go through a public health 101 course with a mandatory politics track, because no matter how passionate we are about public health, we are always working with the environment, always working in an environment that includes politics. From a scientific perspective, politics can be looked at as an uncontrolled variable. So it might lead up to the health in all policy discussion. I would give a brief 101 on how public health policy and politics are intertwined. Public health.

SLIDE 5

[AUDIO TIMEPOINT 00:19:12.]
What is Public Health?

Public health represents society's organized and publicly supported efforts to improve the health status of the entire population; its focus is on the reduction of health inequalities by optimizing the underlying determinants of health and preventing disease.

What is Public Policy?

Public policy seeks to achieve a desired goal that is considered to be in the best interest of all members of society. Examples include clean air, clean water, good health, high employment, an innovative economy, active trade, high educational attainment, decent and affordable housing, minimal levels of poverty, low crime and a socially cohesive society.

[AUDIO TIMEPOINT 00:19:21.] What is public health? Public health represents society's organized and publicly supported efforts to improve the health status of the entire population. Public policy. Public policy seeks to achieve a desired goal that is considered to be in the best interest of all members of society, including air, clean water, good health, high employment. All the members of society and the entire population, they match. They jive. So policy and public health are connected. They should work for us, and why don't they? Ah, there's politics.
Politics is the practice of the distribution of power and resources within a given community.

Politics determines who gets what, when, and how. And as you can see, public health plus that uncontrolled variable politics equals our policies. So in public health, it's involved in that quagmire politics, the policy that gets spit out on the other side may not necessarily be the best interest of the health, people that we serve.
To take a literary example, when Robinson Crusoe was alone on the island, there was no politics. He was all alone.
When Robinson Crusoe was alone on the island there was no politics...

[AUDIO TIMEPOINT 00:21:08.] But as soon as Friday showed up,
...but as soon as “Friday” appeared, everything became political.

[AUDIO TIMEPOINT 00:21:11.] everything became political. So politics has given way to wealth distribution. Before I get to this, I do want to give another example so we have a good sense of what is happening here. If I'm on an island, if I'm by myself and I'm on an island like Robinson Crusoe and I decide to climb a tree and pick an apple and it's just me, so there is no politics involved. It's like it's an individual decision. If you show up and you decide, hey, let's work together. Let's find a tree, get the apples, distribute them, then we're getting into politics. But what if I decide that I'm going to keep the apple for myself, and the other person [inaudible] or exert sole dominion over the apples, sort of like how politics works, then we have an out-of-control political system and one that's not working for the best interest of everyone.
So then politics gives way to wealth and resource distribution. I know everyone started off at 99 percent, or 1 percent, the 99 percent, and how we respond to the occupy Wall Street and other movements. This slide shows that around 2014 the path for the global wealth of the 99 percent
[AUDIO TIMEPOINT 00:22:36.] started declining sharply, and the wealth of the one percent, and this is global, started increasing rapidly, creating an unstoppable gap. Now that circle, where that circle is, that's pointing out that in year 2016 the one percent will exceed 50 percent of the global wealth for the first time. So welcome to 2016. It just surpassed us.
[AUDIO TIMEPOINT 00:23:25.] Taking a closer look at this phenomenon in the U.S., you can see that wealth is highly concentrated in a relatively few hands. As of 2010, the top one percent of households, the upper class, owned 35.4 percent of all privately held wealth. And the next 19 percent, the managerial, professional, and small business stratum, had 53.5 percent. This means that just 20 percent of the people own a remarkable 89 percent of the wealth, leaving only 11 percent from the bottom 80 percent, which is the wage and salary workers. So given this concentration of so many people in that bottom stratum, it is understandable why public resources are so strained to serve the needs of the people in the bottom stratum. And that's where we are.
In terms of financial wealth, and that is the total net worth minus the value of one’s home, the top one percent of households had an even greater share at 42.1 percent. And that's the right-hand side. And that increase that they were seeing from, in this area came from the 80 percent. So as you can see, 80 percent of the people in 2011 are now down to 5 percent of the wealth.
This unbalanced see-saw shows the leverage special interests have over the majority. Companies from various sectors spend millions of dollars every year on lobbying to create, to create a policy environment that protects and further enhances their interests. The most prolific lobbying activities in the U.S. focus on budget and tax issues, which indulge public resources that should be directed to benefit the whole population rather than reflect the interests of the powerful few. I don’t believe that any of us and our friend Robinson Crusoe had landed in North America that many of us would sign up for a political process that was so drastically skewed in favor of so few. But it is important to note that we live in a generous society where it is part of our collective consciousness to help others. Flint’s water crisis is an example of this generosity and how quickly we as a nation pull together to help each other. People from all over the country are volunteering, collecting water, and showing an
outpouring of unbelievable love, compassion and support, and because of this overwhelming support, the problem in Flint will get fixed. But again, this is reactive. What is missing is a way in which we can proactively and systematically ensure that all of our policies fairly take into account the needs of the poor, that they help fund our social service programs, that they maintain and improve our schools, and that they protect our communities, and that they help restore our nation’s crumbling infrastructure. This is not intended to be an indictment on the wealthy or on Republicans or on the Democrats or on conservative or on progressives. Rather, what I want to bring to light is how public health, politics, and policy often collide regardless of political affiliation, and that the policy outcomes are not always in the best interests of the citizens we have pledged to serve. But our country desperately wants to see itself or believe itself to be one of the healthiest nations in the world. But we all know that the U.S. spends on average of over twice as much on healthcare as any other developed country. We are dead last in health outcomes with all that extra money we spend. But many, including the politicians who decide on the distribution of resources, hold onto the belief that we are one of the healthiest nations on earth. And why not? Everything we as a country openly promote depicts healthy, thriving communities, and I must admit, as part of my perception of Michigan, I had some fun, but part of my perception of Michigan was formed by your very successful state marketing and branding campaign. Because of that Pure Michigan slogan, whenever I cross over from Ohio into Michigan, your water seems bluer, your air smells fresher, trees are greener. Let’s take a look.
[AUDIO TIMEPOINT 00:29:02.] [VIDEO AUDIO STARTS] What if the world was a blank canvas and our imagination --

[ Silence ]

ROBERT JENNINGS: But here's the reality.
You rank 35th in the country on health outcomes. In smoking, physical activity, infant mortality, immunizations, drug deaths, obesity and diabetes, Michigan falls behind the national average in each category. So you certainly don’t hear that silky voice coming on and saying, "Give up all hope. Your bad health is here in pure Michigan." Now, you wouldn’t hear that. Not to be outdone, remember, I am your invited guest, I get equal time. Ohio.
[Audio Timepoint 00:30:22.] [Video Starts]

[Silence]
[AUDIO TIMEPOINT 00:30:53.] Because this is the one I live in. We rank 39th. Now, we did go up. We were 40, but we did go up one state. I guess we must have moved into your place because you were 35, and I think the year before you were 34, so there's only 50, so we have to shift spots there. So, of course, you know, we wouldn't, Ohio's slogan wouldn't say Ohio poor health here, you know. As a resident of Ohio, it is discomforting to know that this is what truly underlies the social, economic, and environmental fabric of our state. Of course, we all want our communities to be more like those with marketing ads, and some pockets of society have come close to achieving that. Those communities are shown to be the ones who have the political clout, which translates into resources, access, and opportunities. There is probably little to no chance that the Bloomfield Hills, a community which I understand is a suburb of Detroit, a very affluent one, that they would ever have its utilities, water switched to another source without 100 percent guarantee in certainty that nothing will go wrong.
Now, I do agree with Dr. Faircheck [phonetic] that no one is, no one is insulated from having something bad happen, no matter how much you think you are, the infrastructure of our country is failing. So something bad can happen everywhere, but those people with the political clout or those in communities with political clout and access and power have less chance of something happening bad to them than we did here in Flint. So what can we do to help even the playing field? As a society we have a moral obligation to protect the health of others and not to create policies that do harm. As I said before, I believe the answer to balancing the needs of our communities with the goal of protecting the health of everyone may lie in the adoption of health in all policies initiatives.

SLIDE 20

[SLIDE Image: Health & Equity in All Policies]

[AUDIO TIMEPOINT 00:33:19.]
So what is health in all policies? Health in all policies is not new, but it is an innovative approach to creating and implementing public policies that systematically and always take into account the health implications of policy decisions. This is not a novel idea. Already we do environmental assessments, already we do business assessments, and we do economic assessments. By emphasizing the need to collaborate across sectors, collaboration, to achieve common health goals, health in all policies is further defined as a change in the systems that determine how decision makers and local state and federal governments ensure that policies have neutral or beneficial impacts on the determinants of health for the entire population.
Key elements. It promotes equity and sustainability. It supports intersectoral collaboration. Now, organizations like the Genesee County Health Department and others in the community already have a leg up in this area because you have existing relationships with your departments of education, your transportation departments, your housing authorities, your public safety, and law enforcement. So this is one, an area where you can probably leverage the relationships you already have. It benefits multiple partners. Since everyone benefits, everyone should be invited to the table. It engages external stakeholders. Now, I know you do a lot of stakeholder engagement as part of our work because, you know, we know we can't really do anything with our stakeholders. But I would venture to say that there are some stakeholders that we just didn't think about that would be
glad to become partners with us if we just reached out to them, because everybody benefits from better health. And it creates a structural or process change.

SLIDE 23

Race, income and neighborhood are each major predictors of whether we graduate from high school, become incarcerated, how healthy we are, and even how long we will live.

[AUDIO TIMEPOINT 00:35:45.] It is widely understood that race, income, and the neighborhood are each a major predictor of whether we graduate from high school, become incarcerated, how healthy we are, and, sadly, how long we live. So what influences health?
**Determinants of Health** are those factors that contribute to a person’s current state of health. These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature.

**Social Determinants of Health** are conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

**Health Disparities** simply describes differences in health outcomes among groups and does not describe the reasons why these differences exist.

**Health Inequities** are differences in health status that are systematic, patterned, unfair, unjust, and actionable.

[AUDIO TIMEPOINT 00:36:09] We know that determinants of health are the biological and socioeconomic, behavioral, or social factors that influence health. We know that social determinants of health are those conditions in which people are born, grow, live, work, and age. And it should be noted that these are the circumstances that are shaped by the distribution of money and power. And that is the reason why I took the time to go over the wealth distribution in this country. And, of course, there are health disparities, which simply describes differences in health, outcomes among groups, and health inequities, which are the unfair, unjust, and actual differences in health status.
Health Equity is the realization by all people of the highest attainable level of health and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Equality vs. Equity

Equality = Sameness
GIVING EVERYONE THE SAME THING → It only works if everyone starts from the same place

Equity = Fairness
ACCESS TO THE SAME OPPORTUNITIES → We must first ensure equity before we can enjoy equality

[AUDIO TIMEPOINT 00:37:00] Health equity is the realization by all people of the highest attainable level of health. This is my favorite slide because whenever we would talk to the legislature in Ohio we would always hear the word, when we would say equity they would say equality. And it was always a challenge to get them to understand that equity and equality aren't the same things. So I'm carrying this around with me wherever I go because it illustrates it perfectly. You have three schoolmates, three brothers, whoever they are, they all have a different view of the playing field. The brother on the left doesn't need anything more. He's fine. He can see the playing field. It's level for him. The brother in the middle needs a little bit of support in order to see that playing field consistent with his brother. And the one on the right needs a little bit more support to see the same, to have the same vantage point. Great slide. But the problem is, and I said equality and equity, one of the problems that we face is
words. I work for social determinants... health equity, health inequities, we probably, everybody in this room understands exactly what I said, what I'm talking about. But if you are talking to, and we're building and we're forming these relationships with other agencies, transportation, law enforcement, public safety, they may not understand, especially if we're going to the state house or to your council meetings where you're talking to politicians, they may not understand that language. So equity doesn't mean anything for them. So what I would want to encourage you to do -- Robert Wood Johnson did a, conducted a report in 2010 for, it's entitled, "A New Way to Talk About The Social Determinants of Health." I encourage you to take a look at it because they go in detail about how messages are framed and how we receive messages, how we encode, decode, and how things get all scrambled. Get that article and read it, and it will show, even if you, it specifically talks about conservatives and progressives, Democrats and Republicans, and how you can take a message and reframe it so that they understand. So I encourage you to read that. So what are we doing in Ohio?
We have a big, big goal in Ohio with our health in all policies. First of all, we don’t just call it health in all policies anymore. We call it health and equity in all policies because we felt that the equity piece was just supposedly understood. And people don’t understand that, so we pulled it out, we put it in this title, "Health and Equity in All Policies." And what we want to do, and we’ve already got push-back, but what we want to do is require all, all of Ohio’s proposed laws, proposed legislation, to go through a health lens prior to being implemented, even prior to being considered, that it go through a health lens. We’ve already had, like I said, there’s been some push-back. Well, why don’t you try a smaller scope, just to start. And actually, that might not be a bad idea. But initially, we want to go for the whole enchilada. We want to require all laws that are coming for consideration to be looked at through this lens because we already do it in Ohio. We have this thing called the Ohio Common Sense Initiative, which requires all rules, administrative rules, to be looked at from a business-friendly standpoint.
So why don't we have the same thing for health? You know, business should not take precedence over health. Health should actually be the fundamental thing that we look at when we're looking at policies, making policies that we do no harm. So we've developed, and it's still in its draft form, a health lens. So when these thousands of pieces of legislation come through, the Legislative Services Commission is probably where we'll try to get this, so don't know where we're going to be housing this initiative yet, but somebody, some structure, some entity

**SLIDE 27**

Assessment tool for consideration of the impact of proposed legislation and rules on the determinants of health.

**Draft Legislation/Rule Intent:**

1. Please briefly describe the draft legislation (*include the key provisions of the legislation/rule (as well as proposed amendments).*

2. Identify geographical areas impacted by proposed legislation/rule by zip code or census tract and neighborhood.

3. Does the proposed legislation/rule respond to or implement a federal requirement?

[AUDIO TIMEPOINT 00:42:19] will be looking at these laws, this legislation, and we'll ask some fundamental questions. What is the purpose of the legislation? Identify the geographic areas impacted by the proposed legislation by ZIP code, census track, and neighborhood, and is there a federal requirement for the legislation?
And then the screening tool will go through this litany of concerns around health. Now, the legislator can do one of two things. Well, they have a couple, two or three options. They can do nothing. They can do a full health impact assessment. And I think it’s important for me to point out this isn’t a health impact assessment. For those of you who do health impact assessments, you know that they can be very lengthy and time consuming. We’re not trying to shut down government and require a health assessment for everybody. We want a health screening. And so that’s why we’re going in this direction. The legislature can choose to do nothing. They can do a health impact assessment, if they go through the screening process and they find that there is some health concerns, or they can be really intertwined. So we just want to put in the top of line the healthiest [inaudible] concern from every developing policy that impacts people. Where are we today?
The health and equity in all policies research is currently underway in Ohio. And we’re looking at case studies, examples from other states. And again, I believe that Ohio will be a case study for others to look at in the future, because we’ve done some work, some investigation and we haven’t found any state yet that has tried to have all its legislation go through this screening process. We want to know return on investment because all politicians want to know what they’re going to get for their money. So the return on investment is probably the key piece that we still need to come up with, and we’re working on that through this research.
We need to find out initial costs. What is it going to cost to set up? We're going to have a stand-alone agency that's going to review all proposed laws, but we've used up our legislative services, which probably has a responsibility to review laws for economic impact.

How much is it going to cost? What is the ongoing budget to keep something like this going? Those are the studies that we're doing. But probably one of the big ones, because this how we'll be proactive, is find out what the opposition thinks.

Who would oppose something like this? If we put everybody in a room, you won't get anyone to oppose it because no one wants to publicly say, I'm not, I don't think we should be doing health.

But behind closed doors in those smoke filled rooms that we all hear about, where the politics is actually made, those are where the deals are done. And so you really want to know what does the opposition think? So you find out who is going to be opposed to it, you can hit that head on.
What are other states doing? I mentioned the development of a task force because if I give them, that is one of the options that we have going forward. [Inaudible], legislation, or just forming a task force.

But many of you have been in government for a long time. We know that when people don't know what to do with something, they form a task force. Your task force really is doing the same thing that you're doing. They probably have a conclusion that they want to come up with.

So this is a way to solve the time, but in California I give them credit. They actually have a task force, and even though the [inaudible] this in 2010. You can go online and you can see the process for what they're doing. Their task force is still alive and well and actually doing work.
So they're actually having their policies go through this task force. Washington state has a law that allows the governor and state legislators to request the state health department to review legislation on budget proposals to determine the effect on social determinants of health and health disparities.

And Massachusetts has established a process for assessing the impact of transportation projects on public health and vulnerable populations. If you move in this health in all policies direction, you don't have to start with something as fancy as what Ohio is doing for all legislation is going through.

You can start with something as simple as transportation, making sure that all the transportation policies have gone through some health assessment. In Ohio, the example I like to use is the -- a speed limit change. We finally caught up with Michigan and we went to 70 miles an hour.

So we go to a higher limit and so when you go to Ohio, you don't have to worry about slowing down. The problem is, we know that our public safety, department of public safety knew by raising the speed limit just 5 miles per hour, there's going to be more deaths.

So they actually have the numbers, and you have on your desk the [inaudible], and we could separate that out to say, and what are the costs to our budget? Not that if we're, if we really wanted to find it because the biggest part of Ohio's budget is its Medicaid budget.

How many Medicaid people are going to be impacted by this, and what is that actual cost that each of us take. So now that you have this cost, you have this information you can make an informed decision [inaudible].

So why is this important? Health and equity are values in their own right, and there are important prerequisites for achieving many of the social goals.
Why Does it Matter?

Health and health equity are values in their own right, and are also important prerequisites for achieving many other societal goals. Many of the determinants of health and health inequities in populations have social, environmental, and economic origins that extend beyond the direct influence of the health sector and health policies. Thus, public policies and decisions made in all sectors and at different levels of governance can have a significant impact on population health and health equity. The HiAP approach is therefore necessary to protect and promote health and health equity, particularly where there are competing interests. It ensures that health and health equity considerations become part of decision-making. HiAP provides a means to identify and avoid those unintended impacts of public policy that can be detrimental to the health of populations or subgroups of the population, thus reducing risk.

[AUDIO TIMEPOINT 00:48:56] Many of the determinates of health and health equities in populations have social, environmental, and economic origins that extend beyond the direct influence of the health sector and health policies.

So it matters because public policies and decisions made in all sectors and at different levels of governments can have a significant impact on population health and health equity.
It matters because had America's transportation systems that were built prior to the civil rights [inaudible] had considered the determinants of health as part of its philosophy, it would not have had such a negatively profound impact on poor and minority communities that are still being felt today.
And it matters because had a health and equity in all policies framework existed in this community, Flint's water crisis, may never have happened.

LANSING, Mich. — A top aide to Michigan’s governor referred to people raising questions about the quality of Flint’s water as an “anti-everything group.” Other critics were accused of turning complaints about water into a “political football.” And worrisome findings about lead by a concerned pediatrician were dismissed as “data,” in quotes.

That view of how the administration of Gov. Rick Snyder initially dealt with the water crisis in the poverty-stricken, black-majority city of Flint emerged from 274 pages of emails, made public by the governor on Wednesday.

“Will you protect my future?”

[AUDIO TIMEPOINT 00:49:41] And it matters because had a health and equity in all policies framework existed in this community, Flint’s water crisis, may never have happened.
[AUDIO TIMEPOINT 00:49:56] So in order to make a difference for everyone, here's the equation. Policies and programs plus health in all policies decision making processes equal healthy public policies.
And as we’ve all heard, when you have your health, you have everything.
So I'd like to end by just going through this. You understand the strategic reasons for integrating health considerations into public policy.

Can you identify opportunities to incorporate a Health and Equity in All Policies Framework into state and local decision making processes?

Will you build coalitions that provide a cross section of knowledge and skills and forge long-term relationships?

Can you recognize and react effectively to public health and political hot button issues?
[AUDIO TIMEPOINT 00:51:03] Thank you.

[ Applause ]

So are there any questions? All that food is settling in in people, and they are ready to go. Oh, we have a couple. Yes, ma'am.
AUDIENCE MEMBER: You mentioned that you need to know who would be against you. And in your experience, those people don't necessarily raise their hand, you know, for the call. In your experience, can you guide us, and what organizations for the entities might be in opposition?

ROBERT JENNINGS: Well, we know, we have our suspicions, but, and I really don't want to say who they are, but we have our suspicions. So what we did was put together a list of those who would be with us because we know who they are, or we're pretty sure who they are, and those who would have a philosophical difference maybe or a business concern, and we put that list there. So we're building that. But I don't want to, you know, because we're going to have to be facing these people pretty soon, so. Okay. Another question.

AUDIENCE MEMBER: Well, you talked a little bit about looking at legislation through the health lens. What about legislations that are politically motivated that sound really good that would increase health care capacity or resources but may not be the best thing for the health of the citizens from a cost perspective. We see a lot of legislation in the state work where corrupt officials are trying to push this medicine through law, and that may not be the best thing for the system as a whole. So do you have any experience dealing with the opposite of fully utilizing legislation?

ROBERT JENNINGS: You know, I have seen that, in fact, to your point, I was talking to a strategic, a guy who's in strategic policy, and he said to me exactly what you just said, that why are you taking this, why are you creating another piece of legislation that could probably be done without? But, but we know that hoping that people are going to do the right thing and depending on their good graces to do the right thing isn't working. So if we're fortunate enough to at least get this through the process and have people, you know, thinking about them and really serious about this and not following legislation, we looked at from a the health care, from the health outcome perspective, a health impact perspective, I think we will have done our job. I really would like to get past, but we may have to settle for something else. But to your point, I don't have the answer to that because I think it depends. It really does. I mean, you'd almost have to have a watchdog that could look at these things and really study them and say, and maybe there's something, you know, maybe that's something I can take back and say you know, a good question was raised about people using legislation to get things passed. Let's make sure, first of all, that this health in all policies, health and equity in all policies isn't hijacked for that purpose but also, how can you make sure that we're dealing with the intent of the legislation you need to follow. Any other questions? Okay. Well, thank you for your time. I really appreciate it.

[ Applause ]