



National Association of County & City Health Officials

The National Connection for Local Public Health

FOR IMMEDIATE RELEASE

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Public Health Experts Address Health Inequality in America at NACCHO's 2016 Annual Conference, Phoenix, AZ, July 19-21

Washington, DC (August 5, 2016)— On July 19–21, more than 1,300 attendees convened in Phoenix for the 2016 NACCHO Annual Conference, making it the largest gathering of local health department (LHD) leaders and other public health professionals in the United States. The meeting provided participants with an opportunity to hear from national thought leaders, learn about successful and replicable public health practices from their peers, and discuss the pressing challenges affecting LHDs today.

This year's conference theme, *Cultivating a Culture of Health Equity*, provided a venue for in-depth conversations about the impact that local health practitioners can have on the social determinants of health equity to achieve health and well-being for all members of their communities. A diverse mix of speakers addressed the theme during four general sessions and more than 100 sharing sessions, providing attendees with a range of perspectives on and approaches for tackling health inequities at the local level. Four plenary sessions were offered.

To mark the start of the conference, attendees were welcomed to Phoenix by Bob England, MD, Director of the Maricopa County (AZ) Department of Public Health. England introduced Arizona democratic state senator Steve Gallardo of the 13th district. Describing

instances of health inequity in his district, Gallardo said he knew of legal residents among his constituency too afraid to seek care when they are sick, because of their concerns about their family's mixed immigration status. "Healthcare is a basic right, not a political cause," declared Gallardo.

Karen DeSalvo, MD, MPH, MSc, Acting Assistant Secretary for Health, U.S., Department of Health and Human Services, called local public health professionals on the front lines "my heroes." She noted that the Affordable Care Act (ACA) has provided health *and* mental health coverage for 20 million Americans. "Those with the lowest income are those we need to help the most." Like several other presenters at the conference, DeSalvo noted that the community in which we live has a greater impact on our health than our genes. "Improving health and health equity will take more than great healthcare, because our zip code is a greater determinant of health than our genetic code. We must invest in health, not just healthcare," she said.

Leandris Liburd, PhD, MPH, MA, Associate Director, Minority Health and Health Equity, the Centers for Disease Control and Prevention (CDC) described how her office is promoting health equity through the use of evidence and data. She noted that health department efforts to reduce health inequities requires data, an effective workforce, accountability, and leadership. "Health inequities are patterns, systematic and unavoidable," said Liburd. She told the assembly to "Consider issues of power and measure changes over time."

John Auerbach, MBA, Senior Policy Adviser to the Director, Centers for Disease Control and Prevention (CDC), described the CDC's "three buckets of prevention" approach to eliminating health disparities. Auerbach told the gathering that public health agencies must leverage their relationships and work to share resources. He talked about the need to "shape the conversation about where public health is going."

During Wednesday's general session Tony Iton, MD, JD, MPH, Senior Vice President of Health Communities, The California Endowment, described the organization's \$1 billion, 10-year mission to improve the health of 14 communities by examining the social determinants of health. He stressed the importance of changing the narrative about health and health equity and explored how LHDs can build power among disenfranchised groups to effect policy, systems, and environmental change.

Iton said that unfortunately, there is a narrative of exclusion in America and an effort to dehumanize certain populations. Dehumanization shapes policy, according to Iton. “Who belongs and who doesn’t belong has an effect on policy.” To change policy, he said, there has to be a change “in the power of poor people.”

Dr. Iton was joined by panelists Kathleen Grassi, RD, MPH, Director of the Merced County (CA) Public Health Department; Elsa Jimenez, MPH, Interim Director of Monterey County (CA) Health Department; and Melissa Jones, MPA, Executive Director of the Bay Area Regional Health Inequities Initiative. They discussed successful strategies to improve health equity at the county and regional levels.

Thursday morning’s general session, *Achieving Health Equity: A Public Health Approach*, featured a powerful discussion about the structural causes of health inequity and the actions LHD leaders can take to eliminate them. The session was moderated by Richard Hofrichter, PhD, Senior Director of Health Equity at NACCHO, and featured Ron Sims, former Deputy Secretary of the U.S. Department of Housing and Urban Development; Ed Ehlinger, MD, MSPH, Health Commissioner of the Minnesota Department of Health; and Camara P. Jones, MD, MPH, PhD, Senior Fellow at the Satcher Institute for Public Health Leadership at Morehouse College.

Dr. Hofrichter opened the panel, noting that achieving health equity means meeting fundamental human needs, minimizing exploitation, and ending processes that marginalize certain groups.

Mr. Sims urged action by LHD leaders rather than more studies. He stressed that the environments in which people live are a critical determining factor in health, and shared examples of how transportation, lighting, community gathering points, and community gardens affect the health of residents and change how cities function.

Dr. Ehlinger pointed out that most of public’s health work has focused on primary prevention among at-risk populations, which, although important, is insufficient for addressing the social determinants of health inequity. Ehlinger said community organizing—a hugely underutilized public health resource—may be one avenue through which public health practitioners can catalyze change.

Dr. Jones conveyed her definition of health equity, which she described as assurance of the conditions of optimal health for all people. From her perspective, achieving health

equity requires valuing all populations equally and recognizing and rectifying injustice. She noted that racism, or a system of structuring opportunity and assigning value based on the interpretation of how one looks, is pervasive in the United States. She called on the audience to put racism on the agenda, examine the ways in which it currently operates, and strategize ways to eliminate it.

The final general session of the conference on Thursday afternoon was Slow Violence, Health Inequity, and the Future Well-Being of Communities. The panelists included Mindy Fullilove, MS, MD, Professor of Clinical Sociomedical Sciences and Psychiatry at Columbia University; Donald Warne, MD, MPH, Chair of the Department of Public Health, North Dakota State University; and Linda Rudolph, MD, MPH, Director of the Center for Climate Change and Health, Public Health Institute.

Dr. Fullilove called upon her background in community development and displacement to share how inequality affects the health and well-being of communities. She reminded attendees that inequality is not static; it is a process. She called for interventions to disrupt unequal processes and redistribute resources to combat inequity.

Dr. Warne discussed health inequity in the context of Native Americans, noting that Native Americans die from preventable health issues at significantly higher rates than other Americans. Warne described how Native Americans largely have been left out of national public health conversations and explored ways LHDs can engage tribes.

Dr. Rudolph explored the relationship between climate change and health inequity, urging conference-goers to consider the relationship between healthy people, healthy places, and a healthy planet. Rudolph shared examples of several LHDs engaged in climate change-related activities and encouraged health department leaders to engage in similar activities in greater numbers and with more urgency.

In addition to four plenary presentations, NACCHO held an awards ceremony to honor local health departments in Missouri and Texas, along with Patrick M. Libbey, for outstanding achievements in demonstrating innovative ways of improving public health and safety.

Dr. Hasbrouck presented the Local Health Department of the Year Award to the Kansas City (MO) Health Department (medium jurisdiction category) and Harris County (TX) Public Health (large jurisdiction category).

Patrick Libbey, Co-Director of the Center for Sharing Public Health Services in Olympia, WA, received the Maurice “Mo” Mullet Lifetime of Service Award. The award honors current or former public health officials for noteworthy service to NACCHO that has reflected commitment, vigor, and leadership as exemplified by the distinguished career of Dr. Maurice “Mo” Mullet.

NACCHO also recognized 23 local health departments with Model Practice Awards for programs that demonstrate exemplary and replicable qualities in response to a critical local public health need. The departments are in California, Colorado, Florida, Georgia, Illinois, Kansas, Michigan, Minnesota, Missouri, New York, Ohio, Oklahoma, Oregon, Texas, Utah, and Washington.

Dr. Hasbrouck said, “We applaud the passion, ingenuity, and success of this year’s award winners. They exemplify what’s best about local health departments around our nation. These dedicated professionals help millions of Americans live safer, longer, and healthier lives.”

The conference provided attendees with diverse perspectives and new resources and frameworks to help them improve the health and well-being of their communities. For more from the conference, visit www.nacchoannual.org. Save the date for NACCHO Annual 2017, July 11–13 in Pittsburgh.

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About NACCHO

The National Association of County and City Health Officials (NACCHO) represents the nation's 2,800 local governmental health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, please visit www.naccho.org.