

## Dialogue4Health Web Forum

### New Year's Resolutions for Public Health: Reflecting Back on 2017 and Moving Forward in 2018

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>> Laura Burr: Welcome to today's Dialogue4Health web forum: New Year's Resolutions for Public Health: Reflecting Back on 2017 and Moving Forward in 2018, brought to you by our partners the American Public Health Association, Prevention Institute, Public Health Institute, and Trust for America's Health. My name is Laura Burr and I will be running the web forum along with my colleague, Tonya Hammond.

Now it is my pleasure to introduce our moderator for today, Matthew Marsom. As vice-president for public policy and programs for the Public Health Institute, Matthew works to advance and support the public policy goals of the organization's domestic and global health programs. He is responsible for designing and implementing strategy for monitoring and influencing public policy, legislation, and regulations affecting PHI projects, and public health policy relative to PHI interests.

Welcome, Matthew.

>> Matthew Marsom: Thank you so much, Laura. Thank you, everybody, and thank you for joining us for this web forum, the beginning of a new year 2018, an opportunity to look back at the successes and challenges we faced in 2017 together as well as the horizon on what is in store for public health.

As we all know, 2017 represented another year when public health, whether internationally, at a national level, the state or the local level once again stepped up to help face some of the most critical challenges facing the United States, whether that is natural disasters, ongoing issues related to chronic disease or emerging threats.

Today we will be talking about what the current funding, public policy and advocacy landscape is for public health. How public health is responding, and helping at the local level and at the state level and also what we can do as leaders, opinion formers and advocates in our own roles and organizations to help lift up and advance public health in the year to come.

I'm really thrilled that we have an audience today representing a real diversity of listeners from across the country. As you can see on the slide in front of you we have people in 44 U.S. states, Washington, D.C., Canada and Colombia. Welcome to our listeners. And we are thrilled to have such a representation.

In terms of the perspectives and organization for people joining us today either live or listening to this as a download, we have people representing both public health at the city or county level,

non-governmental organizations, those from healthcare and elsewhere as well. We are thrilled to have such a representation of different sectors. Thank you all for joining us.

I'm really grateful for the ongoing support of our partnering and sponsoring organizations. I want to thank our partners, the American Public Health Association, Prevention Institute, Public Health Institute and Trust for America's Health for sponsoring today. I want to introduce our panelists. We have an esteemed panel of speakers joining us to provide insights and perspectives.

First, Mike Fraser, the Executive Director of the Association of State and Territorial Health Officials, ASTHO, of course, the non-governmental organization representing public health agencies, the territories, District of Columbia and many health professionals. Thank you for being with us today.

Dr. Nicole Alexander-Scott, Director of the Rhode Island Department of Health with experience as a specialist in infectious diseases for children and adults and associated with Brown University. I'm thrilled that the doctor could join us today to provide your perspective and insight.

And somebody who's participated before and we're thrilled to have her here despite what is happening in the nation's capital, Andi Fristedt, Deputy Health Policy Director for Senator Patty Murray. We are happy to have her from the Senate Committee on Health, Education, Labor and Pensions. Andi first came to the HELP Committee as staff to Senator Tom Harkin, someone we are all familiar with for those of us in public health. Prior to joining the HELP committee she worked at the CDC in the Washington, D.C. office.

And last, I'm really pleased that we can be joined about by Nora Connors, as participant. She is the Deputy Director for Public Policy for PHI's Washington office and we are thrilled that she can be on the panel today.

That's our panelists. Thank you again to all of them. I am going to now first hand it to Mike. Mike is going to provide us with his analysis and I want to make sure I bring up the right slide. Sorry, excuse me. Sorry, Mike, I'm giving a preview of your slides. I apologize. There we go. Mike Fraser, Executive Director of ASTHO, it's over to you.

>> Michael Fraser: Thanks so much, and good afternoon, everybody. I think probably most of us are in the afternoon, for those in the morning, hello.

Appreciate the introduction and the chance to visit with you all today to do a little bit of a look-back to 2017 and look ahead to 2018.

As was alluded in Matthew's remarks, it has been quite a year in 2017. And lots to talk about as we think about 2018.

So I know everybody, the new year seems like a long time ago. It was just last week we were celebrating. But this is sort of how I left it last week, celebrations on the first and turning to the bottle quickly on the second given all that is going on in public health advocacy and what we are anticipating this spring.

I think in terms of a look-back we need to appreciate just how many opportunities there were for public health advocacy and all of the ways in which core public health programs were threatened in the president's budget as well as action by Congress to repeal and replace the Affordable Care Act. You can see here just a list of many, many both opportunities and challenges for public health, which would include the president's first budget, Make America Great Again budget, the skinny budget contained some dramatic cuts to public health programs which I'll review on a slide in a minute.

An omnibus health reform efforts early on, better care through reconciliation which was repealed, ACA efforts version 1, version 2, version 3, the skinny budget, the Graham Cassidy, all the discussion about the opioid emergency, whether we would declare or not. Ultimately the Secretary signed the emergency declaration. It has been almost 90 days. A lot of us are asking: Can we now move to Congress and look at the emergency appropriations needed to respond effectively to the opioid epidemic? We witnessed CHIP expire, which I don't think any of us a year ago even would have predicted would be let to happen. We've seen the Maternal Infant and Child Health coverage expire and needs to be expanded. We have the Champion Healthy Kids Act to fix and the CHIP funding issue, but at the expense of Prevention of Public Health Fund. We have seen some good bipartisan movement in the Senate. Lots going there. Unfortunately those efforts over the last year have really not been successful and things have fallen back to the one or two partisan vote decision making.

We are still talking about emergency supplementals for hurricanes that happened last fall. We are looking to the tax reform bill and anticipating fixes that would need to happen to that quickly enacted piece of legislation. Today the HHS Secretary was in a hearing for his confirmation and potentially on Thursday the assistant Secretary for health, another key administration official for public health professionals, could be confirmed. And what many folks see as a sign of things to come, the Alabama Senate seat went democratic, which narrowed the Senate margin even more, so these very dramatic one or two thumbs up, thumbs down votes, we'll potentially see more of those moving forward.

This all happens in a broader context. Looking to the future, you can see in this slide here some of the will projections for out year funding for nondefense spending, nondefense discretionary spending of which most public health programs, the non-mandatory programs are a part. And things aren't looking good in terms of any significant increase under current caps that I think for us to get excited about and really many public health advocates have said that success is maintaining level funding in this environment. I hate that because it is not very aspirational, but I certainly understand that position.

I think it is important to look back at the president's FY18 budget proposal knowing that soon, probably early February/potentially we'll see a '19 budget proposal. If 18 was any harbinger of things to come, with 2019 we could see more of the same or even deeper cuts. Looking at the president's budget proposal we had defense increase by 54 billion nondefense discretionary programs cut to pay for those. You can see some of the agencies that we work with most closely here and how their budgets were reduced. Certainly in the house FY18 labor Health and Human Services appropriations bill there was an increase for NIH and decrease for core CDC non-research programs, CDC, HRSA and elimination of programs that both get eliminated almost every year currently, like the Title 10 program as well as some others. This puts us on the defense in terms of public health advocacy.

Senate appropriations bill wasn't as bad, but certainly working with what they have, you can see fewer eliminations and more increases or bump-ups, while small for HRSA and SAMSHA but also to CDC which should concern us all.

The point I would make, we still don't have an 18 budget. We are looking at another potential government shutdown on the 19th if a continuing resolution isn't passed. And that can has been kicked again to the 19th. So we are all waiting and hoping that a deal will be made that is not going to continue to cut public health. That being said I am not making predictions anymore after last year. What happened at the end of December was a real roller coaster for most of us. I

think we are just going to wait and see what happens in terms of activity. Maybe we'll hear more about that later about that from colleagues on the phone.

Our key milestones for 2018, things to think about will be in this month, are we going to see a shutdown, is it a shut down or show down as my friend Emily calls it. We've seen another continuing resolution. What isn't going to be in the 2018 budget as an out of the gate marker of the course? Those are suggestions to Congress. Congress appropriates as it appropriates. That's where we spend more time looking at activity there.

Then March is a key time for you if you have the opportunity to come to Washington to meet with your Members of Congress to talk about your key programs because it is when the Congress begins its budget process.

I want to round out the conversation with some lessons I learned from 2017 and that I think are important to share. We saw tremendous public health advocacy around the Prevention of Public Health Fund particularly in 2017. The advocacy mattered. The president's budget wasn't enacted. The Prevention of Public Health Fund wasn't eliminated as many of us feared in repeal and replace, although it is threatened now at the end of the year in efforts to restore CHIP funding. It is important to note that those efforts to repeal and replace, for example, failed more because in many instances they weren't conservative enough for members or they were down to raiser thin margins. So while I appreciate everybody's advocacy, we need to continue to redouble our efforts. What successes were due to interparty quibbling and failure to reach consensus than the effectiveness of our public health voice. We need an effective public health voice moving forward.

I would also say that another lesson that I observed, a friend of mine observed at the end of the year when that CDC's bad words story came out and it has been, I think, summarily dismissed by CDC, there was a heck of a lot more out rage from that from people who should be outraged by the cuts to programs and the cuts in the proposed president's budget and efforts on the Hill to cut core funding for tobacco cessation, diabetes prevention that are in the public health fund. If everybody who wrote a letter, spent time re-tweeting or posting on Facebook about the word ban could put some of the energy into talking about the impact of cuts to the public health programs we care so much about, we would be a lot more active.

And a lot more effective.

Another lesson learned is that that prevention and public health fund just continues to be a place where Congress goes for offsets or to fill holes and those who make decisions about the prevention in public health fund need to be on the radar screen to educate and inform them about what those programs do at the states and local level and why they are so important to our public health system. You can see going into this new year a continued threat to the prevention fund and in proposed funding levels for the future again a real interest in using the fund to offset and eventually eliminate so other programs can be restored.

I think the thing from 2017 that is most compelling is that things that I thought would never happen as long as I'm alive and there's a lot of those that happened last year -- I'll just say that generally. Something that I think I thought was a sacred cow and would never be let go unfunded is CHIP and the fact that we are even fighting about CHIP, which is as many of you know healthcare for those who can least afford it, just goes to show there are no sacred cows and we really are fighting over things that in general used to be quite nonpartisan programs that everybody understood needed to be continued.

For the 2018 look ahead, I think we need to continue to look at the Senate margin and what that means as these razor thin votes come to the floor over time. We need to look at the repeal of the

individual mandate and the tax reform bill and what happens to the ACA marketplace. And those folks who are getting care through marketplace products, through exchange products, what does this mean for them? We need to continue to keep our eyes on the Prevention of Public Health Fund, are we going to say hello again or goodbye? At the state level there will be significant number of gubernatorial positions, which is potential changes of policy and innovation at the state level, something that we care a lot about.

I am excited about a new campaign that ASTHO's board of directors has given support for. We are talking about other CDC advocates including many that are engaged in the CDC coalition about support for, what we are calling a 22 by 22 campaign, which is proposed increase to CDC's budget by, or increase to CDC's increase by 22 percent over five years to get us to 22 percent increase by 2022. You will hear a lot more about that in the months to come, but to reach that goal we are going to need mature public health advocates. We are going to have to engage in the political process, which also includes supporting candidates both philosophically but also fiscally. We need to mobilize public health advocates to get engaged in the 2018 races. One thing that happened over the last year is the development of the public health political action committee, which is not affiliated with any organization. It is a group of individuals. It is not supported by any organization. But it is a nascent group looking to grow. I think for us to become mature as public health advocates we need a voice like a PAC as another tool in our advocacy toolbox.

I would suggest for New Year's resolutions, if you've already fallen off the wagon on the working out and eating right, add these to your resolution list. I challenge us all to be active public health advocates in 2018. I say active versus armchair in the sense that I've gone to too many meetings where folks like to talk about what should have been done. Almost like Monday morning quarterbacks. None of those folks actually called their Members of Congress or got engaged in the process. It is frustrating to those of us who do this work day in and day out to have folks do that Monday morning armchair advocacy. We need folks in the trenches with us for these important programs. That doesn't mean you have to fly to Washington and spend thousands of dollars. It means getting to know your Congress, engaging them in the district at home and being involved in ASTHO and other organizations, will volunteer time and treasure in 2018 and talk about the impact of public health programs and why they are important.

From the ASTHO perspective I invite you to follow us on Twitter. If you want to stay current, the sponsoring organizations send out tweets and emails about what is going on. I brought those. You can like us on Facebook and subscribe to our weekly public health update valued at the ASTHO.org website/newsletters.

This is a picture of my desk where I keep a postcard that says be optimistic. I think we have lots of opportunity. We certainly need to redouble our efforts in '18. I appreciate everybody's advocacy and look forward to working with you in the year to come. With that, Matthew, I turn it back to you.

>> Matthew Marsom: Thank you, Mike, and thank you for laying out the agenda for us. I will swiftly move to the next panelist. Again it is my pleasure to introduce Dr. Nicole Alexander-Scott with the Rhode Island Department of Health. If we could move to the next slide, Dr. Scott, it's over to you. Dr. Alexander-Scott, it's over to you.

>> Nicole Alexander-Scott: Thank you so very much. I hope everyone can hear me okay, Dr. Nicole Alexander-Scott. I want to add to what Dr. Michael Fraser said in terms of sharing the public health voice that is necessary at the national level. And giving some successes in our state

as an example of public health voices that are necessary at the state level and the reason why that important advocacy has to happen so that we are able to continue necessary work that gets done. So I'm going to briefly share two examples of what we are doing at the state level to be able to address the fact that we know that our health outcomes are determined at the community level outside of the healthcare setting and we have created in Rhode Island the Health Equity Zone initiative to deliberately address that. Health Equity Zones are nine local collaboratives across Rhode Island that are geographic areas with measurable health disparities and with socioeconomic and environmental conditions that need to be addressed so that we can make sure that people stay as healthy as possible.

And what we've done at the state and local level in Rhode Island is taken funding from our federal partners primarily and braided that funding to drive collection action with authentic community engagement. And so that means that each collaborative consists of municipal leaders, residents, businesses, transportation, and community planners, law enforcement, education systems, the residents themselves and many others who come together to address the social, economic, and environmental conditions in their respective geographic area that we are referring to as a zone that we know needs to be addressed in order for them to have improvement in their health outcomes and to make a stronger, more resilient community that they live in. You see that each Health Equity Zone has a number of priorities that they focus on. I'm going to go through a few examples. Each Health Equity Zone also has to have a backbone organization in order to provide the infrastructure that brings the collaborative together, helps them focus on the collective action that needs to be done and helps make sure that it is implemented.

So one of our Health Equity Zones backbone agency is the City of Providence Mayor's office, their healthy community office. This shows what they are focusing on, tobacco free environments, creating access to healthy food and beverages and access to physical activity and safe walking.

In our northern community in the state, Woonsocket, the backbone agency is their federally qualified health center called Thundermist Health Associates and they are focusing on substance abuse, trauma and teen pregnancy throughout their list and Lisa is the combined Pawtucket and Central Falls Health Equity Zone and they are focusing on housing, mental health services, job readiness, and transportation, among others. So please feel free to check this initiative out at our website. It is one of the many successes we are using to address the community level needs that we know are so critical.

Another example is our approach at the state level to Community Health Workers. We understand that Community Health Workers are hired for their understanding of the populations they serve rather than being hired just from expertise due to formal education. Examples of Community Health Workers include chronic disease case manager, substance abuse disorder peer recovery coaches, public residence coordinators, among others.

An example of how we are implementing Community Health Workers as certified professionals that is directing and contributing significantly to our health system overall, is through our home asthma response program. It is a regional program where we engage Community Health Workers in the process of making sure that we are addressing needs of people outside the healthcare setting. We know that 80 to 90 percent of what determines our health outcomes occurs outside of the healthcare setting and occurs in our community, where we live, work, learn, and play.

So with the home asthma response program, once a provider gives a family an asthma action plan, a certified asthma educator who does have a healthcare license, so a nurse or social worker

or pharmacist comes to the home and reviews the clinical education piece of that asthma action plan. Then also a Community Health Worker that is more so focused on helping the family and patient navigate the social services that are needed to really assist them in effectively implementing the elements of the asthma action plan actually come to the home and review way beyond just that plan with them. They will assess and understand where they live, what the triggers are for asthma in the home, whether or not the children are going to school adequately, whether or not the family feels safe, assessing domestic violence, other situations that definitely contribute to whether or not someone is healthy or able to follow even the regimen that their provider provided for them. Also things like seek if there's food in the refrigerator or electricity and heat in the house.

What we have seen is when there is a full program implemented that includes Community Health Workers that helps to navigate the social services that the family needs we can see significant reductions in overall costs as well as any reduction in costs for high utilizers and 92 percent reduction in asthma related hospital and ED costs.

And so that type of return on investment data that we know is so critical even for doing the advocacy that Michael and my colleagues will be talking about further, really helps emphasize successes that we want to promote for public health. So this wheel reflects how we are incorporating the benefits of Community Health Workers into our state model for Rhode Island. Our SIM model has Community Health Workers embedded into the Community Health Teams that make a difference in transforming our healthcare system.

So with those two successes, this graph really shows how the Community Health Teams from our SIM that engage Community Health Workers that start in the healthcare setting than and go into the community complement and partner directly with our Health Equity Zones initiative that starts in the community and extends into the healthcare setting as well as extending into other settings that the community depends on to be successful.

That example really is bolstered by our Rhode Island Department of Health academic center that looks to partner academic partners with public health policy and practice, so that we can engage academic partners as an academic health department that we are, because we have this Rhode Island Department of Health academic center to help magnify the public health successes and examples that I just gave. We definitely have academic partnerships involved with both our Health Equity Zones as well as with our Community Health Workers and Community Health Team SIM activity. I hope that this provides not only some inspiration but also motivation for you that we have to advocate. We have to maintain our public health voice. And these are the types of activities and the differences that we can make for the people that we serve who we know need our voice advocating for them.

Thank you so much.

>> Matthew Marsom: Thank you for that great presentation. Reminder for our audience all of these slides will be made available after today's web forum and to send in your questions to the panel on the Q&A.

I move next to Andi Fristedt, the Deputy Health Policy Director for Senator Murray and the Senate HELP Committee. Andi, it's over to you.

>> Andi Fristedt: Well, good afternoon, and thank you so much for having me. I'm really happy to join this group this afternoon and be able to talk a little bit about what we've seen in 2017 and what we can expect in 2018. Here from Capitol Hill. I have to start by warning you I contrast between Hill staffers and public health officials is our inadequacy with Power Point slides,

among many other things. I have a few slides here, but if they are not advancing quickly, I promise you nothing is broken.

So 2017 was a rough year for public health. I think that is something that we can all agree on. We've heard a lot about this already from our other speakers. We saw draconian public health budget cuts from the president, science being put on the back burner over and over again, whether it was the questioning of the efficacy of vaccines, whether it was women's health being thrown under the bus in favor of ideology in more instances than we can count, or many, many other instances.

We've talked some about the Affordable Care Act already today. I think obviously for Senator Murray and those of us on Capitol Hill, the sabotaging of Affordable Care Act and public health was a big question last year. There was undermining of the care that Americans get or repeated attempts to pass legislation that we knew would drive up premiums, throw people off of coverage, change Medicaid as we know it and of course slash public health programs and services.

We have heard a little bit about this already today. But I want to underscore that every single version of Trump care that we saw last year would have repealed the prevention of public health fund. That's 12 percent of CDC's budget that we would see just go right out the window as I know folks on this call are very well aware.

I think Michael's point was an important one about why those attempts in most cases were not successful. It is not for the reasons that we might all hope.

Of course, it is not just the prevention fund. We know how important Medicaid is for public health. We know how important access to clinical prevention and healthcare in general is for public health. And 2017 was just one attack after another on all of those things that we all care so much about.

And December was a rough end to a rough year. Obviously we saw the tax reform bill, repeal the individual mandate. We know that that drives up premiums by 10 percent. That reduces coverage by 13 million people. And then right after that happened we saw a cut to the prevention fund of \$750 million. You can see here this is what we saw. So the left column is the prevention fund as it was originally passed in the Affordable Care Act. The middle column here is what we had going into December last year. This is as folks are very well aware this has been something that has been a political hot potato and Republican target really since the Affordable Care Act first passed into law.

The right column is where we are now after the cuts that we saw in December. So this is something that Senator Murray is very concerned about, as you can see starting in FY19 right out the gate, it's \$100 million less than CDC has right now. These are real cuts that we are seeing right away.

And it was pretty disheartening to make it so far through 2017 and with this intact and then to see this cut at the very last minute.

I want to be clear, 2018 is going to be really, really hard too. We know that the prevention fund remains under fire. This is a chart that Trust for America's Health has created and updated. I know many more times than they would have liked or I would have liked for them to. It shows the initial level of where the prevention fund was under the Affordable Care Act. If you see the green bars and sort of the highest level across the top. It shows the different cuts that have been incurred by the fund over time with the ping line showing where we are now in the wake of the CR in December.

So we know that that threat remains very, very real. I mean, we heard some already about the fact that sort of very disappointing reality around how difficult it has been to pass an extension of CHIP, pass an extension, long-term extension of our primary care programs for community centers and others. Those have to happen. They are long overdue. They are extremely high priorities for my boss. But we should be doing that not on the back of public health. And I think that is going to be a very serious challenge for everyone on this call and for everyone who really cares about public health programs and funding for CDC and others.

We also know that we are not out of the woods on ACA repeal. Just because we've seen the individual mandate repeal happen and the president's sort of intermittently talking about that as if the ACA has now been repealed, certainly there are Republicans in Congress who continue to talk about needing to do repeal in the way they were looking at earlier this year. There is no question that the prevention fund would be included in that.

And even if it weren't, all of us on this call should be extremely, extremely concerned about that because I think that we make the mistake when we talk about public health and healthcare in totally different lanes. There is an opportunity to really hold hands across the full spectrum of healthcare stakeholders and say that we know that these efforts are dangerous for all of us, bad for all of us, bad for patients, doctors, communities, bad for public health officials, and figure out what we do about that.

The sabotage from the administration is continuing. We just saw an association health plan rule come out. We are expecting a rule on short-term plans to come out imminently which we know will be very, very dangerous, very damaging, and sort of continue the assault that we've seen. Conversations around entitlement reform continue to be the focus of many in Washington. I think it's very, very scary to think about what that could mean for entitlement programs and for the impact that Medicaid in particular has on public health.

And we've entered into a world -- I mean, talking about science being on the back burner, whether we are talking about pre-productive health or health for marginalized populations, whatever it is, we have entered into a world where facts are sort of optional and CDC staff are told not to use words like science-based. I know CDC dismissed that and said there is no ban. It is clear to me, however, that there was guidance, that there was suggestions, that there are conversations happening around the use of this language that I don't think anyone on this webinar would be very comfortable with. Because when our scientists are given any sort of suggestion that use words about science are not okay, it is a very, very scary time. So I think public health is really going to need to fight back, be louder than ever, be willing to hold Members of Congress accountable because there is going to be a lot to fight this year.

That said, it will also be a time for some bipartisanship. I think that there are a few things on the docket that we know have some hope. In addition to our hope and Senator Murray's hope that we will be able to work across the aisle and address the issues that this year of sabotage of the public health marketplace will be worsened by mandate appeal, there are issues outside of that lane that we know the HELP Committee and others in Congress will be talking about. Certainly I think efforts to address the opioid epidemic will be very top of mind. Obviously we have seen this administration take steps to call this a public health emergency. What my boss and others are focused on is: What does that mean? How do we actually begin to treat this like a public health emergency?

One thing that we know for sure is that that that has to mean real resources and has to mean that state and local public health officials and agencies have the support they need. That is going to

be a real focus of ours. I think that there will be legislative efforts, funding efforts, others around that as we get into this year.

2018 will also bring the reauthorization of the all hazards pandemic act which I'm sure is a law you are all familiar with. This is a chance to implement lessons learned from Zika, Ebola from the hurricanes and wildfires we have seen. It does have a track record of being a bipartisan effort led by Senators Burns and Casey. I'm hopeful we will see that continue again this year and it is an important chance to really strengthen our nation's capacity to prepare for and respond to this public health emergency. And to invest in recovery which we have seen this year, to real challenges we have in that space.

I would just end by saying on all of these items, public health has to show up. I have been working on the Hill on public health for a long time. The reality is too many Members of Congress sometime don't know what we are talking about when we say public health, when we talk about community health, when we talk about prevention in so many cases these things are opaque. All of you have a really, really important role to play in turning that ship.

There is no sign that the attacks on science are going to end any time soon. And it is very important, I think, to demonstrate what that means and how scary that is and what the impacts of that are.

So I just really want to echo Michael on the importance of needing to redouble efforts, the importance of public health voice being louder than ever. And for me the most important way to do that is always about storytelling. Members of Congress on both sides of the capitol are most responsive to stories about what is happening in their states and districts. I would really urge folks to take everything you have to educate Senators, Members of Congress about the impacts of the prevention fund in their states, about the impacts of clinical prevention, about the impact of all of CDC's programs and about the importance of strong, independent public health agencies and programs in general.

We have our work cut out for us this year, there's no question about that. But I think that there is a lot of promise to continue to protect things that we all care about. And certainly there are lots of folks here in DC who will be fighting that fight as well.

And with that I'll turn it back over to you.

>> Matthew Marsom: Thank you so much, Andi. Thanks again for joining us. And I know you might have to jump off. If you are able to stay for some questions, that would be fantastic. We'll move now to the final panelist for today before we have the opportunity for Q&A. That is Nora Connors, PHI's DC office, our deputy director for public policy and programs.

Nora, it's over to you.

>> Nora Connors: Thank you, Matthew. Thanks to all of our panelists for excellent and informative presentations. I want to leave enough room for questions. I'll just do a quick run down of some key take-aways and what we should all be thinking about for 2018. As you heard, it was an uphill battle for public health in 2017, despite some successes. And we do have additional threats in 2018. We know that continuing investment from all avenues is critical. We also heard about how we talk about public health, that that matters. We need to use stories, make it real, focus on our return on investment where possible.

And as Mike and Andi mentioned we need to get involved and stay engaged, and Dr. Alexander-Scott mentioned this as well. We need to work with elected officials in a meaningful way and do it often. I send you some resources from my partners that could be helpful in guiding you to do this.

So one thing I did want to highlight is what we can learn from the past year by looking at what happened with the massive ground swell of support for the Affordable Care Act.

Protecting the ACA was a multi-sectoral stakeholder group of national, state, and local organizations and individuals that form in a coordinated effort to protect the law when it went through various repeal stages through Congress. It is important to point out that so many people got involved because people understood what was at stake. They understood what it meant for them individually but also as a community. This effort, the effort working to protect the ACA worked to create tangible clear and meaningful messaging about what every cut or repeal effort would do. It was important, there was not one sector focused on protecting the ACA. It was multiple sectors, groups not necessarily accustomed to holding hands on national policy did just that. Progressive organizations such as the center for American progress and move on worked with provider groups like the American Medical Association and interest groups like AARP and families USA and industry like the American Hospital Association and the federation, all of these groups engaged through clear and tangible messages and used grassroots efforts to broaden the scope and scale of their impact.

Another thing that is really important to think about is meaningful messaging. As a prevention community we need to take these efforts to heart and use it as a lesson for what did work. We know that our public health work has a problem found impact on the country. We need to translate that work into tangible meaningful way for policymakers and influencers and asking ourselves who is this work impacting and why would it matter to an elected official or influencer XYZ. How can we talk about it in a way that is meaningful to him or her. Personal stories do matter. As Andi mentioned, elected officials care about what is happening in their district and state and the impact on the people in the area and state matter. We drive the investment but how can we drive the work to the impact on people? Another thing important about the ACA protection efforts was the circle of collaborators. This is something that there was really a robust group of multistakeholder organizations that banded together the public health is already reaching beyond the confines of public health sectors, but we need to do more of that at a national level. We should always be thinking about how to engage different stakeholders so our reach is broader and influencers can speak to an audience that we may not have access to. Broadening the scope of who we talk to can expand the audience, stakeholders and influencers that would allow us to seize opportunities beyond the confines of traditional public health sectors.

So all of our webinar partner organizations, American Public Health Association, Prevention Institute, public health institute and Trust for America's Health as well as the presenting partner today, ASTHO, have amazing resources for staying up to speed on what is happening on the federal level, state level and how you can get engaged and join the fight for public health. Go to today's web page and find resources at the bottom. You'll see the various links to get engaged from these organizations and details on how else you can get involved.

So with that, Matthew, I will pass it back to you so we can get some questions and answers.

>> Matthew Marsom: Thank you so much, Nora, and I appreciate all the remarks of the panel. I invite them to join us again for ten minutes of Q&A. I'm hoping perhaps we can continue the dialogue after this on social media. Nora left the screen there, PHI.org, the PHI Twitter handle and of course you can go to the other organizations as well to begin that conversation online. I'm just going to now start where Andi with a question because I think you are still there and haven't left the call yet. Which is, you had some very, I thought, strong statements and some wise words for all of us. As somebody in your position in Capitol Hill who fields the comments,

inquiries and the advocacy from the community. Public health isn't going to be able to bring to bear the resources, certainly the financial resources that perhaps some other industry sectors and even our partners in healthcare can bring to the table.

With your track record and experience working on these issues for many years now, what do you think can differentiate public health so that we can break through with this message?

>> Andi Fristedt: That's a great question. I think that it is a fair question because it is true there are lots of different causes and issues that have a lot of resources behind them to lobby for whatever the issue may be, including in the health space.

But I think as cliché as it sounds, it is absolutely true that Capitol Hill is very relationship driven. That is true in a lot of ways. And I think that a couple, you know, even just one or two or five really persistent advocates from a State can make a really big difference. I know for me every time representative from Washington State, every time that the prevention fund is on the chopping block, every time that public health is under really dire threat there are two or three people from Washington state that I know I will hear from. Even though they know that Senator Murray is always going to champion these things and be on their side, they never take that for granted. They always say hey, Andi, we heard about this. We are very concerned. We hope that Senator Murray will oppose this cut, hope that she will speak out on this issue, hope that you will consider signing this letter, whatever it may be.

And that accountability and that relationship matters. And it matters if you are starting in a sort of good place with a friend of public health and it matters if you are starting with someone who is a member who may be more skeptical of the causes. The reality is that people are responsive to folks in their state. There is -- I like to say that there is a very fine line between persistence and annoying that is very important to achieve. But I think too often folks send one sort of email out to the ether and say oh, I contacted my representative. I contacted my Senator. They sort of check that box and move on.

But really it is about making sure that there is that relationship, that there's that dialogue, that there's that follow-up. I think that can go a really long way in sort of making up for what might be lacking in terms of splashy lobbying budgets.

>> Matthew Marsom: Thank you, Andi. I want to, if I can now, before we get to the end, bring up poll 2 so people can respond to that while we have questions to the panel. If we can bring up poll 2 on the right-hand side of the screen. Poll 2 for our audience, those listening today, would you be willing to partner with the organizations from today's web forum to reach out to policymakers and/or the media to help educate them about public health and prevention and issues? A, yes, policymakers, B, yes, media, C, yes, both, or D, no.

If there are questions, technical assistance that people need, please send those in for us so that we can address the needs of our audience. Comments that are being made by our panel today are critical to make sure that our audience can address that.

For the next question I want to come to Mike and then Nicole. Mike, of course, Executive Director of ASTHO representing your membership, representing government, public health officials, so much of the public health infrastructure coming from the public sector. Nicole, somebody in your position, speaking for a moment as an individual, I'm wondering if you can help think through or address what can people who do, who are paid by the public sector who represent institutional public health, have so much knowledge and expertise. What can they do to bring the expertise to bear to advocate. People are afraid of the big L lobbying word when there is so much they can do. Mike and Nicole, speak with your lessons and experience what people can do to educate.

>> Michael Fraser: Thanks, Matthew. It's a great question. On the whole, public health professionals are really timid advocates, mainly because they do work in many places in the Executive Branch of government and follow their governor's lead at the state or their county commission or mayor's lead at the county or city level.

But even with those constraints professionally, we all have the right as American citizens to petition the government for a redress of grievances. That's enshrined in the institution. Because you work for government doesn't mean you can't educate and inform policymakers on the impact of budgets of programs you work in or care about. Doesn't mean you cannot contribute to campaigns or get involved. It probably does mean you can't do that with money from grants. It does mean you can't do that from work. But I think it is really important, especially now, for folks who work in government to dispel the myth that because you work in government someone else has to be your advocate. It is just not true.

And the work that you all do is the work you all do. What we need to hear more about. It is funded with federal dollars primarily. So I think this myth of being hand-tied because of government employment, there are some barriers, some restrictions. Everyone needs to know what those are. Let me tell you, the community health centers are after I had advocates. All of that program is federally funded. There's many other examples of that. HIV funding, for example, is a great one we can turn to in our own community.

So I would love to see folks become more fluent in what they are able to do in terms of education and advocacy here in Washington and at home in conjunction with state restrictions, but being very mindful of the real need for it.

So certainly there's resources we can share with you, Matthew, to get out to folks about what is allowable and would love to have more folks engaged.

>> Matthew Marsom: Nicole, I would like you to address that question. Before I do, because you are also with the time going to be our last speaker and address the last question. You get almost the very final word. So I want to perhaps add to the comment which is as you in your position look ahead not just at the challenges and opportunities for your state but also the country, what is your recommendation for the audience today for what they can do looking ahead to 2018, not just what they do in the coming months but the following days, the next month, what are the one or two things that you can recommend to the audience that they can do, whether or not they are in the government or acting as an individual to lift up the importance of public health and take action as a New Year's resolution non-2018?

>> Nicole Alexander-Scott: Excellent. I would definitely say take with you all of the data that you've heard today, knowing how critical public health is. And the two elements that really are emphasized for me is one what Andi nicely shared: Build relationships. It is really telling those stories. It is engaging with people directly, and do it at the local level right where you are, City Council, at the state level, and nationally when there is the opportunity. But you don't have to stretch too far. School committees and so many others.

One is just really build relationships and tell stories as a part of influencing that. And the second is use consistent language as we talk about public health. Bring it back to the same tenths of public health. We like to say that public health saves your life every single day. And being able to help people understand that the clean water that they are drinking, the quality food that they are eating, the healthcare facility that they are in connects back to public health. The more we can build relationships and help people see the value of public health and what we do in their own language, not just in public health-ese but become multilingual, the more people will see the necessity of resourcing it. That ground swell is what can be used at the national level to say this

is an absolute, we have to fund this, we have to maintain this. And use this to protect lives the way public health does every day.

>> Matthew Marsom: Well, thank you, Nicole, for that. And fantastic note to end on. I want to thank you and all of our panel for the comments today. This is just the beginning of the year and the beginning of what I hope will be an ongoing series of web forums during 2018 where we will continue to bring you these critical issues, Dialogue4Health will on a range of topics be available to you both our partners but also the audience and I encourage you to go to the website Dialogue4Health.org to be able to access the archive and find out about future web forums as well.

I want to thank our panelists and speakers today, Mike Fraser, Executive Director for ASTHO; Nicole Alexander-Scott, Director of the Rhode Island Department of Health; and Andi Fristedt, Deputy Health Policy Director for Senator Murray; and Nora Connors, Deputy Director for Public Policy and Partnerships at the Public Health Institute. Wonderful discussion. Thanks to you all and thanks also to our partners: American Public Health Association, Prevention Institute, Public Health Institute and Trust for America's Health.

I want to thank the staff who public health together this web forum, Laura Burr and with the support today of Tonya Hammond and others including Tim and Nora who put this together for us today. See you next time on Dialogue4Health. This has been in New Year's Resolutions for Public Health: Reflecting Back on 2017 and Moving Forward in 2018. See you next time.

>> Matthew Marsom: Thanks, everybody.