

## **CHPPD Business Meeting October 26, 2008**

Present: Paul Meissner, Karen Valenzuela, Amy Carroll-Scott, Roy Grant, Lara Jaskiewicz, Judith Gorbach, Alberto Cardelle, Dawn Alayon, Danielle Greene, Sarah Lash, Elizabeth Schiffman, Jim Wooten, Scott Williams, Darryl Triplett, Sarah Christy, Lori Williams, Christiaan Morssink, Emylou Rodriguez, Suzanne Nichols, Jamila Rashid

### **Overview of 2007-08 Accomplishments**

Due to travel restrictions keeping key leaders from participating this year, our incoming Chair-elect Amy Carroll-Scott led the meeting. Amy gave a quick summary of the accomplishments the section had over the past year or two.

- A new vision: “A dialog and action nexus for community health planning and policy leaders.”
- A new mission: “The mission of the Community Health Planning and Policy Development section is to develop and advocate for health planning, policies and practices that promote health equity, community empowerment and social justice.”
- The member manual has been revised
- The section held dialogue and special learning sessions on various topics

### **Focus for 2008-09**

This coming year will focus on strategic planning process for the section. The process began in July with a conference call. Some initial topics were developed on this call. Today the plan is to review these topics and identify whether there are additional ones we would like to pursue, as well as how to pursue them.

- Health care access & quality; disparities
- Public health informatics; assessment
- Built environment/socioeconomic environment
- Public health genomics
- Aging
- Health (facilities) planning

### **Brainstorming**

Today the plan is to brainstorm new topics, if any, and who would take the lead. We broke into small groups in order to identify new topics and develop a short description of each. The topics are to be a draft slate of policy ideas—starting with general ideas, then we will strategically determine where to focus our efforts (develop an APHA policy statement or other step). There was discussion that we need to make sure that any effort that is developed includes partnering with similar efforts in other sections. Roy and Judy pointed out that we do this in the program planning process, but can do more.

Paul described the APHA policy infrastructure:

- Governing Council passes policy based on the APHA policy submission process; this can take 3 years

- A section policy agenda would allow the chair to go back to APHA and identify experts in the focal areas to then channel their expertise and energy

The large group broke up into small groups to answer and report back on the following questions:

- What are the key CHPPD policy issues as you see it?
- How should CHPPD address and engage in those policy issues?
- What measure(s) should we consider, to know we are improving our policy engagement and effectiveness?
- What best practice resources do you know of that could inform this process?

## **Discussion**

Few new topics were identified as most groups discussed the topics that had already been identified. However, new topics were identified.

- Community-Based Participatory Research (CBPR) as a tool for involving communities in advocacy on their health.
  - One action we could take is to partner with the Community-Based Public Health Caucus and the Community Health Worker SPIG, especially around CBPR—e.g. additional co-sponsored program sessions on that topic, a co-sponsored dialogue session on this topic.
  - This topic was identified by more than one small group.
- Funding—making the business case and marketing for public health, especially within climate of economic downturn
  - Talking to private business to fund community health
  - Promoting community health through local enterprise
  - Selling products for long-term sustainability
  - Work with employers to improve active living for employees and promote health in families
  - Incorporating public health prevention into health insurance
- Climate change, energy
- Health care reform – creating a vision for health reform from a community perspective – quality, access, rights. Especially with the current political climate and opportunities.

There was a discussion about other topics that were not specifically mentioned in the previous topics, but could be either their own topics or a theme of many of the other proposed topics

- Prevention
- Preparedness
- Public health infrastructure
- Disparities and equity

There were a number of additional points that came out about the previously identified topics:

- “Health care access & quality; disparities”
  - We need to define quality and access, and what the vision is for entry into health services.

- Disparities and equity are cross-cutting in the draft topics and should be recognized as such. Needs to consider social, economic, racial/ethnic, cultural, gender, and other barriers and disparities.
- Measurement of health care quality and access
- “Public Health Informatics; Assessment”
  - The larger group recommended changing Public Health Informatics to Public Health Information and Technology.
  - Needs to consider concerns about privacy and misuse of records.
  - Is assessment appropriate here, or as its own topic? Community health assessment and health impact assessment. Needs to consider community engagement in assessment, how to incorporate diverse interests, how to use utilize resources effectively, and how to emphasize prevention and the built environment.
- “Built Environment/Socioeconomic Environment”
  - The Environmental Health section is doing work on this, and so any effort in this area should collaborate and be sure not to duplicate.
  - Related to topic #1
  - Community/urban design to promote health
  - Housing
- “Public Health Genomics” – Emylou has been quite involved in this and gave some background for the group:
  - CHPPD has helped support the Public Health Genomics Forum. The section can function as a voice for the forum within the APHA structure, especially in developing APHA policies
  - Foci include science and technology, ethics, community empowerment
  - Forum will reach out to other sections to explain the link between genomics and public health and invite collaboration
- “Aging” - There was concern that the issues around the “Aging” topic can be related to the built environment, not a separate topic. Also, there is a new Building Community Health for Active Aging forum at APHA that anyone working on this topic should connect with.
- “Health (facilities) Planning” – there were a lot of questions about what this meant and why facilities is in parentheses. Could this be combined with infrastructure, preparedness, and perhaps even prevention?

The group also discussed how we might move forward with chosen topics:

- Hold a dialogue session on “APHA Policy 101” – how the APHA policy process works, how to develop and get engaged with APHA policies, and how CHPPD can contribute. Will help to familiarize our section with process and lead to more, and more successful, policies developed from the section. Would be great for students as well. Perhaps should be offered multiple times for folks who can’t make one particular scheduled time. If

offered as a webinar, would be great to archive to provide “on-demand” for CHPPD folks.

- Use dialogue sessions to discuss these policy issues with the larger CHPPD membership, so we can draw on interest and expertise of the section when moving forward with positions and strategies.
- Perhaps efforts shouldn't just focus on policy, but also look at the annual meeting program and at publications (AJPH, etc). Stronger ties with AJPH, as well as push for a special issue. Also consider program planning process and think about ways to facilitate better collaboration than the current abstract review and session creation system allows.
- We should work with other sections and invite them to link with us on chosen topics and also groups outside APHA for expertise. It was pointed out that this is necessary for a new APHA policy to be successful. It is also important to not duplicate efforts.
- It is important to always go back to CHPPD is all about, and to look at each topic from the perspective of CHPPD – incorporating community health, planning and policy into our positions on the topic. And collaborate with other sections, SPIGs and caucuses to lend our CHPPD voice to issues of interest to community health.

### **Announcements**

Some representatives from APHA stopped in to make a couple of announcements. APHA is working to improve communication with section leadership and will have some new and services this year. They encouraged people to volunteer themselves and their students for the new National Mentorship Program (<http://www.aphamentoring.org/>), and to nominate people for APHA awards.

There is a need for more people to volunteer at the CHPPD booth.

The New Member Orientation and Student Member meetings will take place in the same room this afternoon. CHPPD has the only standing student member of any section in APHA.

Roy gave background on the proposed Vitamin D policy that Azzie Young has spearheaded. The proposed policy will be reviewed and commented on this afternoon. Through this process several of us have learned the importance of partnering with other sections/caucuses, co-sponsorship of proposed policies, and of formatting.

### **Next Meeting**

Our next meeting will be a conference call on November 19, led by our new Chair, Priti Irani.