

# Driving Public Health *FORWARD*

A DYNAMIC RESPONSE TO WORKING TOGETHER

June 29–July 1 2021 | VIRTUAL



## Conference Tracks & Learning Objectives

### THEME

Driving Public Health Forward: A Dynamic Response to Working Together

### TRACKS

1. Public Health Law
2. Leadership and Workforce Development
3. Partnerships and Collaboration
4. Behavioral Health
5. Equity and Social Justice
6. Surveillance, Informatics, and Data Systems
7. Our Essential Services

### TRACK DESCRIPTIONS

#### Track 1: Emerging Trends in Public Health Law and Public Health Policy

Local health departments (LHDs) play a critical role in detecting emerging trends and developing strategies to address the related public health policy implications. This track will explore how LHDs are developing public health policies, plans, and laws to respond to emerging trends. Topics may include, but are not limited to:

- New technology (e.g., healthcare in the digital age; use and exchange of health information)
- Social determinants and policy approaches to health equity (e.g., addressing housing ordinances; food insecurity; planning of built environments and the role of public health; transportation and walkability; community green spaces; cultural competence)
- Mental health (e.g., trauma-informed policies and approaches; new epidemiology of mental health trends; intersections with risk behaviors)
- Disease transmission, patterns, and trends in the era of global travel and mass transit
- Substance use (e.g., opioid crisis; changing marijuana laws; e-cigarettes)
- The rise of misinformation and disinformation
- Educating policymakers on public health issues
- Disaster preparedness planning
- Climate change
- Immigrant and refugee health (i.e., federal, state, and local policies)

- Issues related to special or vulnerable populations (e.g., seniors and the aging population; people experiencing homelessness; immigrants and refugees)
- Women's health

### **Track 2: Leadership and Workforce Development**

Assuring a competent workforce is an ongoing challenge for LHDs contending with shrinking budgets and resources, staff reductions, increasing workloads, and ever-changing public health threats. To meet the changing health needs of our communities, we must expand our workforce capacity to support both direct service and population-based public health practice. Topics may include, but are not limited to:

- Measures that strengthen and support LHDs to effectively train and retain a strong public health workforce
- Defining and operationalizing local public health roles and responsibilities that promote the importance of training activities and retention initiatives
- Identification of gaps in staff knowledge, skills, and abilities; assessment of organizational and individual needs; and implementation of trainings and development activities
- Partnerships that help LHDs provide necessary training and education for a qualified workforce and offer opportunities for students seeking careers in public health
- Challenges and opportunities for assessing and expanding the role of LHDs in advancing social and economic change and health equity
- Building capacity to meet and address accreditation requirements

### **Track 3: Partnerships and Collaborations**

LHDs have a vital leadership role in convening health agencies, stakeholder organizations, and individuals in the community to collaboratively identify community health priorities and pursue effective strategies to improve patient access to preventive and chronic care services. Topics may include, but are not limited to:

- Forming sustainable partnerships and relationships among clinical, community-based, and public health organizations to fill service gaps
- Promoting patient, family, and community involvement in strategic planning and improvement activities
- Coordinating healthcare delivery, public health, and community-based activities to promote healthy behavior
- Engaging residents and community partners in needs assessments, program planning and strategy, and outreach and implementation efforts (e.g., establishing relationships with community liaisons/champions; elevating community knowledge, expertise, and assets)
- Data and information sharing (e.g., quantitative, qualitative, anecdotal) across agencies and sectors
- Capacity-building for community leaders to educate policymakers and promote legislative change

#### Track 4: Behavioral Health

The preventive nature of public health uniquely positions LHDs to promote healthy behaviors and preempt risk behaviors in communities. This track aims to highlight data-driven approaches or initiatives to identify trends in behavioral health issues and collaborate with cross-sector stakeholders (e.g., public safety) and community partners to respond. Topics may include, but are not limited to:

- Public health education related to substance abuse, mental health, and/or violence (including self-harm)
- Effective strategies or programs, particularly involving prevention-driven approaches, to address behavioral health issues
- Using insights from data to combat the consequences of the opioid crisis
- Demonstrating the relationships among social determinants of health and health outcomes related to substance abuse, mental health, and violence
- Resiliency and its role in behavioral health
- Positive youth development interventions or intentional processes that provide all youth with the support, relationships, experiences, resources, and opportunities needed to become competent, thriving adults

#### Track 5: Equity and Social Justice

As defined by Camara P. Jones, MD, MPH, PhD, “Health equity is assurance of the conditions for optimal health for all people...Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need.” As the field increasingly acknowledges health inequities as “systematic... unjust, and actionable” (Margaret Whitehead) outcomes caused by a legacy of social injustice associated with racism, class divisions, and gender inequities, health equity is becoming a priority in many LHDs. Inequitable health outcomes can be mitigated but not eliminated by conventional programs and services. Instead, creating health equity requires strategies for acting on the political and economic systems and powers that established and continue to maintain social inequities leading to poor health, chronic stress, and premature death. This track will explore what LHDs are doing to create health equity. Abstract submissions may highlight efforts to:

- Identify the systems and structures creating inequity and explore strategies that create prerequisite conditions for achieving health equity
- Expand the public health evidence base beyond the bio-medical model to include environmental, social, economic, and political influences
- Integrate community members as key partners in: explaining and shaping community culture; examining structures of organized power that affect health outcomes; dramatizing injustices as shared experiences (not isolated issues) to raise public concern; and acknowledging and uplifting the voices of those who experience injustice
- Promote relationship-building with community organizers, social movements, and affected community members to build community power to address health inequities

- Strategize to act on the root causes of health inequity by emphasizing the organized structures/systems and intentional power arrangements that perpetuate and maintain inequities leading to negative living and working conditions
- Engage in dialogue with the public health workforce and with partnering organizations to infuse principles, practices associated with health equity into all aspects of work
- Explore the impact of corporate and government decisions that exclude and marginalize populations and generate housing, educational, and occupational segregation
- Hire staff from the community who have multi-disciplinary backgrounds, including commitment, creativity, and sensitivity about what it means to work for social justice
- Conduct health equity audits or health equity impact assessments, which evaluate the impact of a program, policy, or initiative on the health of a population
- Develop a compelling shared public narrative with a common agenda to mobilize the public and other organizations and agencies to advance health equity
- Expand the boundaries about what constitutes legitimate public health practice

### **Track 6: Surveillance, Informatics and Data Systems**

In an increasingly electronic world, harnessing information to improve health outcomes requires optimal systems and cross-sector partnerships to access, analyze, and act on data in a timely, efficient, and secure manner. This track will showcase stakeholder efforts and explore how LHDs are using surveillance, informatics, and data systems to collaborate, establish new and enhance existing infrastructure, and apply necessary skills to improve delivery of public health services by getting data into the right hands, in the right format, at the right time. Topics may include, but are not limited to:

- Information systems and use of health information technology to improve population health
- Use of data analytics, including big data to understand population health
- Disease transmission, patterns, and trends in the era of global travel and mass transit
- Governance, including laws, policies, and standards that affect information exchange
- Innovations and novel applications of information and technology – including tools for analysis and visualization (e.g., R, GIS, Python, SAS, Tableau) – to create solutions that address pressing public health challenges
- Delivering accurate, accessible, and actionable health information that is targeted and tailored
- Activities to facilitate the meaningful use of health IT and the exchange of health information among public health professionals, healthcare, and other stakeholders
- Challenges and logistics of implementing telehealth
- Interoperability of technology systems in the 21st century
- Understanding the emerging cyber threat landscape
- Addressing and combating phishing attacks and malware
- Disaster preparedness planning

### **Track 7: Providing Our Essential Services during Difficult Times**

Local public health relies on a strong, functional, and effective operational infrastructure that is nimble and viable to provide essential services within their communities. This is especially

challenging during times of crisis when LHDs are called upon to maintain essential services in the midst of crises. Topics may include, but are not limited to:

- Innovative methods to the delivery of essential services during an emergency
- Practical and successful approaches for maintaining continuity of operations
- Building resilience of communities before, during and after an emergency
- Planning for departmental and community recovery and sustainability in the short and long term
- Community preparedness information sharing and other communication strategies
- Addressing psychosocial needs of impacted populations and staff/responders during and after an emergency
- Communicating the importance, value, and impact of public health and adequate funding of LHDs surge capacity and their essential services
- Challenges and opportunities for redefining and expanding the role of LHDs to effect social and economic change and reduce health inequity

### LEARNING OBJECTIVES

1. Describe at least two ways local (i.e., county or sub-county) data can be available to unmask health gaps and improve population health outcomes
2. Compare innovative ways to structure local public health departments that maximize resources, supports workforce recruitment and retention, and enhances the service delivery to the community
3. Discuss strategies LHDs can employ to establish and maintain linkages and referrals to healthcare services to sustain healthy communities
4. Describe two innovative health communication strategies that address community risk and prevention messaging
5. Identify two ways health information technology and informatics can inform and improve public health programs, services, and activities
6. Identify at least one new or innovative technology, strategy, or use case that exemplifies the successful application of public health informatics and population health improvement
7. Identify at least one stakeholder to engage in developing new or strengthening existing partnerships and identify three ways in which decisions in multiple sectors affect health and collaborative methods for incorporating health considerations into public policy

