PUBLIC HEALTH INSTITUTE
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LEADERSHIP APPROACHES TO DEFENDING AND ADVANCING PREVENTION AND PUBLIC HEALTH
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Remote CART Captioning

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>> Dave Clark: Greetings and welcome to today's Dialogue4Health Web Forum on leadership approaches to defending and advancing prevention and public health brought to you by the American public health association, the Prevention Institute, the Public Health Institute, and the Trust for America's Health. My name is Dave Clark, I will be our host for today's event.

Now, before we get started, as usual, there are just a couple of things we would like you to know about. First of all, realtime captioning is available for today's Web Forum. This is provided by Home Team Captions. You will see the captioning panel on the right side of your screen, and you can toggle that on and off by clicking the media viewer icon that you will see on the top right of your screen. If you are on the Mac, you will see that icon on the bottom right of your screen.

If you would like to use captioning, you will see a link in the captioning panel, you will see a link that says "show/hide header." If you click that, you will see the captions more easily. If you lose the window, click "media view year" icon and it will come back.

Today's Web Forum is listen only. You can hear us but we can't hear you. We will be taking your questions during the Web Forum, and you can type those questions at any time do the Q&A panel. The Q&A panel is also located on the right side of your screen. And it can be toggled on and off by, you guessed it, the Q&A icon at the top right of your screen. Again, if you are on a Mac, you will see that icon on the bottom right of your screen.

Now, in the Q&A panel, this is very important. Make sure that it says "all panelists" in the drop-down menu. If it doesn't say "all panelists" choose that option, that will ensure your question gets sent to the right place. You can use the Q&A panel to communicate with me or Laura Burr, my colleague. We will be the behind scenes if you have any technical issues. We are interested in your thoughts, your feedback, your questions. Make sure to get all of that into the Q&A panel. We will try to answer as many of your questions today as we can, I promise.

In fact, we're going to get interactive right now. We're going to bring your voice into the conversation right now. We thought that you might be interested in seeing who you're attending today's event with. We will bring up a quick poll so you can tell us whether you are attending alone or whether you are in a group today. You will see that poll on the right side of your screen. You will be able to select from one of the four choices. And when you have made your selection,

just click the submit button. Don't forget to do that. There's a submit button at the bottom right. Let us know, are you attending today's event alone? Are you attending in a small group of 2 to 5 or a larger group of 6 to 10 people or perhaps you are in a big group today with more than ten people. Let us know who are you attending today's Web Forum with.

Let's get those results up on the screen right now. If you are not seeing the results appear right away, give them a few moments to tabulate. Sometimes it takes 10 to 15 seconds to get those results pushed out. If you made a choice and didn't click the submit button, you will see an option right about now to go ahead and click that button and submit your answer.

As usual, not surprisingly, there are a good high percentage of you attending all by yourself today, 95%. Another 4% of you are attending in a small group of 2 to 5 people. I don't know where the other 1% of you are. Not factored into the poll here.

But if you are in a group, you might want to assign a single person in your group the responsibility of submitting questions on behalf of the entire group or for individual group members. That should make things go a little bit smoothly if you are in a group.

On the other hand, if you are alone, if you are all by yourself, we really don't want you to feel like you are there all by yourself today. We want this to be very much an interactive group event. So, like I said, make sure to get all of your questions into the Q&A panel, join in on the conversation today.

All right. Let's get started with today's discussion on leadership approaches to defending and advancing prevention and public health.

Our moderator today, Matthew Marsom, he's the vice president of public policy and programs at the Public Health Institute. Matthew works to advance and support the public policy goals of the Public Health Institute's domestic and global health programs. He's responsible for designing and implementing strategy for monitoring and influencing public policy, legislation and regulations affecting PHI projects and public health policy relevant to PHI interests. He will be leading us through today's discussion.

Matthew, take it away.

>> Matthew Marsom: Thank you very much, Dave. And thank you, everybody. And pleased that we are all joining together for this really important topic for what is a critical time for public health and prevention. I want to thank both you and the audience but also particularly thank again our sponsors for their support today. I want to acknowledge, APHA, Prevention Institute, Public Health Institute and Trust for America's Health. We have an incredible panel of presenters today who will share their insights as we discuss some of the challenges for public health and prevention but also what critical role leadership can play to defend and advance our priorities and goals for public health and prevention.

I do want to acknowledge a couple of really important issues that we need to be front and center in our mind, which is today's forum will have an opportunity to discuss priorities that we can take to advocate and lift up our priorities wherever we are across the United States.

All of the audio will be available after today's Web Forum. And the materials and slides that we're going to present to you today will also be distributed, as well as links to the resources. So I encourage you to share these widely with your partners who weren't able to join us today.

In a moment, I'm going to go to a second poll where we will have an opportunity to see what sector of the community you're from. But I do want to quickly introduce our speakers. Nora Connors who is the Deputy Director at Public Health Institute Washington, D.C.'s office.

And a group of panelists who don't need any introduction but I will quickly run through. Dr. Georges Benjamin, the executive director of the American Public Health Association. Don

Hoppert, Larry Cohen, the executive director of the Prevention Institute, Mary Pittman, the President and C.E.O. of the Public Health Institute, and John Auerbach, the President and C.E.O. for Trust for America's Health. We are thrilled to have such an esteemed panel of speakers with us today.

We would like to get started with the critical information. Oops, excuse me. I went to the wrong slide.

I want to start out by going to poll 2. Let me see if I can get on top of my slides. Poll 2. What sector/industry best represents your sector? Are you advocacy, government, community-based, faith-based, education, health, public health, or other? And use the Q&A to send in an example of where you are from. Are you advocacy, government, community-based, faith-based, education, health, public health, or other? Do select your response and click "submit." As Dave mentioned, we want to hear from you and the polls are a critical way to do that. Please make sure on the right-hand side of your screen, you can submit right now on the poll.

While we're doing that, I will have an opportunity to bring up the responses in a moment, I will hand over to Nora Connors, Deputy Director of policy and partnerships at PHI.

>> Nora Connors: Good afternoon or good morning, everyone. Thank you, Matthew.

Before we turn it over to our esteemed panelists, I will do a very brief and quick overview of the federal state of play. It's a very turbulent time for public health, as we'll talk about today. We really need to, as a community, start thinking about opportunities in light of the current situation that we're facing and potential federal funding cuts in particular.

So, Matthew, you can move to the next slide.

So very quickly, as you all know, the House and Senate passed fiscal year '17 budget resolutions with reconciliation instructions to repeal the ACA, the Affordable Care Act. The Affordable Care Act repeal and replacement, repeal and repair, ObamaCare solution, many different terms are being thrown out there as top of mind for everybody because it poses a huge challenge and potential concern for the healthcare of millions of Americans.

The stumbling block with the reconciliation level has been that the committee has been drafting the potential replacement legislation. The original plan was to come up with a repeal and replace by January 27th which, of course, has now come and gone. And the reason is that members received significant pushback from constituents, from companies alike that moving forward on the original plan would wreak havoc in the market. Millions of Americans would become uninsured and nothing would happen.

So until recently, this potential solution has been a lot of rhetoric. Some congressional legislation pushes but nothing definitive. Earlier in the month there was quite a stir but in the word of the House majority whip, no longer viable. There doesn't seem to be a real plan. It was worth noting what was in the draft, the repeal of the prevention and public health fund which is extremely concerning and significant because it's now -- that fund is now 12% of the base CDC budget. So repealing jeopardizes the ability for the Centers for Disease Control and Prevention's to respond to diseases.

So with this -- with this repeal, also, were significant changes in the restructures of Medicaid financing which is going to become -- has already become a huge sticking point in any sort of replacement. A lot of governors are weighing in this and concerned how a major change in financing of the program would affect their state.

So the bottom line is that this plan was not viable. The Republicans are still working to

come up with a replacement plan that they can put forward.

Matthew, you can go to the next slide.

So a couple of other things top of mind that are happening on the federal level. Yesterday the White House gave some top-line numbers for a, quote, skinny budget that's slated to come out March 16th. It increases defense spending by $54 billion and cuts non-defense discretionary by the same amount, including the cuts falling on lower priority programs and foreign aid. There's a lot of problems with this, and in the words of Lindsey Graham, Republican Senator from South Carolina today, Trump's budget is, quote, dead on arrival, and, quote, it would be a disaster. Also at play are the appropriations bill, the current federal funding expires April 28th. Congress will have to deal with that.

A few other highlights, cabinet secretaries that have been approved. Secretary Tom Price of health and human services who has been highly critical of the Affordable Care Act, awaiting confirmation for the center for Medicare and Medicaid services administration, and waiting announcement of a CDC director. Secretary Scott Pruitt has been sworn in as the head of the Environmental Protection Agency of which he sued 14 times as Oklahoma's attorney general. And former freedom caucus member of the House, Mick Mulvaney was confirmed as director of the office of management and budget.

I would be remiss if I didn't happen what was mentioning tonight, formally the President's address to joint Congress, first one of his term. It's not called a state of the union. The released talking points including an optimistic for the country crossing lines. Steps the President is making to make the American dream possible. And saving families from the, quote, disaster of the Affordable Care Act. And with that I will turn it back to you, Matthew. Thank you.

>> Matthew Marsom: Thank you very much, Nora. Really wonderful overview. I know that was at the high level and lots of moving pieces. Really critical information. We will have the opportunity to discuss this in more depth with our panel momentarily. I encourage you to stay on the Web, Nora, as we continue our conversation.

I wanted to bring up really quickly the results of the previous poll on the right-hand side, just to look at what part of the sectors our audience are from today. And just as we can see there, about 22% of our audience are from government -- the government sector. We've got 38%, not surprisingly, from public health. And also then 11% from health. And then smaller number of people representing education and then community-based organizations and faith-based. Thank you to those of you who shared other as well. We'll have an opportunity to kind of reflect on some of that as we go through the conversation. I want to acknowledge everyone for responding on that slide.

If I can bring up, then, the next poll. Again, a really important opportunity to hear from you, our audience. This is a question when it comes up on the screen that I want to ask about what is needed to improve leadership within your organization and community area. And so if you can see on the right-hand side, I'm going to read through the questions: What is needed to improve leadership within your organization/community/area? Is it, A, increased understanding among leadership of the importance of population health? B, best practices/models/examples of leadership approaches that are replicable? C, business otherwise/return on investment in operation and health promotion? D, ways to engage with leaders around the country? E, all of the above.

I encourage all of you to respond to this. Just a reminder that we will have an opportunity to hear from our audience. Please do send in your questions for the panel during the Q&A.

So with that, I'm really now pleased to introduce our first speaker, Dr. Georges Benjamin, someone who is familiar to, I know, many of you in the audience for his tremendous leadership over many years for public health and health policy in America. Georges Benjamin with APHA. It's over to you, Dr. Benjamin.

>> Georges Benjamin: Hello, everyone. Thank you for being with us today.

If you could go to that first slide. This is basically the American Public Health Association's strategic map. And to say that a few years ago our board got together and said we really needed to have a grand vision. That grand vision was for us to provide some leadership for our nation to become the healthiest nation, recognizing that we really don't do well. We spend, as you know, twice as much of the other industrialized nations and we die sooner. And then our general overall health has not been as well.

We wanted to do that in the context of our mission, vision and values. And to that end, we have been working very hard to really strengthen our public health practice and really trying to build what we believe is a core public health movement to achieve that central challenge.

Now, I say that because that was clearly our vision we had for the last few years. And I want to make the point, at least from the APHA perspective, the election on November 8 did not change our mission, our vision, or our center challenge. It remains trying to make sure the United States is among the healthiest nations and hopefully becomes the healthiest nation as quickly as we can.

Next slide.

To that end, we really have four big buckets in terms of what we think our agenda is at least over the next year and probably over the next several years, realizing that we have a lot of members who have a vast number of various interests. We always try to focus on a few things, especially under the concept that if you don't focus on a few things, you really aren't going to be able to focus on anything.

So, you know, we very much for many years have been about assuring the right to health and healthcare. That means we're going to be doing all we can to defend the Affordable Care Act. We would love to continue to expand health insurance coverage. Remember, there's still about 20 million, maybe 30 million people who don't have coverage even under the Affordable Care Act.

We know that the children's health insurance program needs to be reauthorized this year. We want to protect Medicaid and Medicare. We're not supportive of block grants at all. We're very much supportive of the whole range of things that are in the Affordable Care Act around prevention and things that were not part of the act circling around prevention.

We have been supportive and continue to be so on building public health infrastructure and capacity. That means in particular protecting the Prevention Fund which, by the way, clearly has a bull's-eye on it and maybe an effective bull's-eye this time. We think the challenge, though, of course, is the fact that the bad news is they built and supplanted CDC's funding with Prevention Fund dollars. The good news is they supplanted CDC's funding with Prevention Fund dollars. They are mandatory appropriation. They are off the books. Now they have to figure out how to find the billion dollars to put back in CDC's budget from dollars that are within the fiscal caps, if they want to get rid of the Prevention Fund dollars. They have a budgetary challenge to do that. We're going to certainly remind Congress about that each and every day.

Promoting Public Health 3.0 which was a concept developed by many of us toward the end of the Obama administration, championed by Karen DeSalvo. It really talks about public health

being leaders, being the chief health strategist, funding our communities, and really building strong public health infrastructure.

Stopping the range of regulatory rollbacks that we know are going to come, to the extent we can mitigate them or stop them in their tracks, we're going to be doing that.

Very much interested in health equity. APHA looks at health equity through a broad lens, such things like social determinants, protect women's health. Like we saw in the water in Michigan. They are not the only urban city that has that challenge. Protecting women's health more broadly and particularly around reproductive health services. And really focusing in on discrimination and racism as a social determinant of health.

And then, you know, we've not had a year without a public health emergency, whether it was Zika or SARS or H1N1 or severe storms. There has not been a year in which we have not had a rash of public health emergencies. So we have got a placeholder for the 2017 public health emergency because we know life happens.

With that, I'm going to stop and I'm going to -- I'll be happy to take any questions. Thank you.

>> Matthew Marsom: Thank you, thank you, Georges. I know you have to leave actually on the hour and I want to thank you for participating today. I know that Don, who is a familiar face and voice to Dialogue4Health will be able to continue and represent APHA for the balance of the Web Forum.

Before you leave, I do have a question for you and acknowledging APHA's strong leadership on our nation's capital for public health, but you personally, Georges, with your long career in public health -- and I mean that kindly -- what are some lessons that you have learned particularly during previous terms of immense polarization in our country's history that can inform the actions we take today? I'd love to hear your personal reflections on that question.

>> Georges Benjamin: Yeah, while things have never been as challenging as they are today, we have big ideological splits in our country. I have learned about five things I would like you to focus on. Number one, it is very important that if you don't know it now, you should pay a lot of attention on how a bill becomes law and how our appropriations process works.

Because if you do that, you'll learn very quickly that the President proposes and the legislature disposes. And knowing that tells us, I think, that there are many places where we get to intervene to get members of both the administration and Congress to listen to us. So I think that's a very important point.

Secondly, the reason I showed you our strategic plan and our goals was to remind you that you should plan your work and work your plan. And don't let anyone kick you off that. There will be lots of shiny things put in front of you. That's kind of point number three, don't be distracted. Don't be distracted by statements that this person said or that person said. Sometimes what they say and what they do are different. Sometimes people say things to see where they might go. So just don't be distracted by shiny things. They will give you a bill that has a wonderful title but the legislation, the legislative language is very, very destructive. So you need to read what people put in front of you and what they propose as ideas to move forward.

And particularly the number of poison pills that people will try to tack on to legislation, you know, hoping people will compromise as they go forward. I think the fourth thing is, of course, the thing that history counts. We have a long history of things that we've had to do in this country around public health. In particular we have had some real challenges.

History counts and partnerships count. So there are never really any permanent enemies. There are always only permanent concepts that you want to believe, you want to work on. So

trying to find friends in both sides of a political argument are always very important.

And in light of that history counts, I think my point number 5 is that, you know, we have a long history with things like block grants. There aren't a lot of things that are good or bad in the world. But block grants are something I think you have to be very suspect of. Our history in the Reagan years, for example, was that we had block grants in the Reagan years, and that wasn't an opportunity theoretically for flexibility and administrative flexibility, we got a 20% cut. Enormous flexibility, I might add, but over time you lose your constituency. The advocacy groups -- every single one of those line items got consolidated into the block grant, over time they got diluted to the point that the preventive health block grant -- not the Prevention Fund, but the preventive health block grant became very, very difficult to defend in both political parties. And so that was always the challenge for us.

And I think I probably ought to add one more final things. Just a reminder that all politics are local. The fundamentals are intact. Members of resource allocators, particularly those that are elected, respond to their constituency's demands. They may resist it for a while. But at the end of the day, they always respond to their constituent's commands. So engage with them locally, get to know them before you need them is a very, very important point.

And I think if one does that from a leadership perspective, we're very likely to be much more successful than the people with the -- with the globes that are trying to figure out what the future is going to be. Were we much better off than they thought we would be today.

>> Matthew Marsom: Thank you for that rich and thorough response. We will have an opportunity for conversation with our other panelists. I know you had to leave us. I appreciate Don will be able to stay with us to add his insights to the conversation.

With that, I want to thank you and move to our next panelist. Again, someone very familiar and a long-time sponsor and supporter of these Web Forums is Larry Cohen with Prevention Institute. Larry is going to make some opening remarks as well. Larry, over to you.

>> Larry Cohen: Thank you very much, Matthew. You know, Prevention Institute has a 20-year history of promoting quality prevention. Throughout that entire time, we've worked as important -- one of our most important partners has been the American Public Health Association. We're proud to be following Georges.

This picture here of our main office in Oakland, as you can see, is combined with two pictures about building a movement because that's what we really need to be further engaged in. And it's got to be based in values. Our prevention work is based in values like health, opportunity, dignity, fairness, social justice. And we got to stick to that.

It's very clear that no one should get sick or injured when we know what to do to prevent illness and injury, and no one should experience the prospect of even greater illness, injury and trauma because there being systematically discriminated against. It's not right and we need to stand up and be very clear it's not right.

And while the political landscape has shifted significantly, it's a very tough time. Strategies that advance community health, equities safety can and will flourish if we insist and create a narrative of insistence that they must drive and we must continue to do so.

You know, so we've been thinking about how to have a strong and effective assistance at a time of continued transition, increased uncertainty and fear. And what you see here is kind of a picture of a document we've just produced that captures some of our current perspectives called "Furthering Prevention and Equity." It's on our website. You can go to the first page and link to it, www.preventioninstitute.com. It's based really on three concepts, and we borrowed some of this

from the California's endowment of tenacity, flexibility, and audacity. By tenacity, we mean we're going to fight hard to improve the advances in prevention and equity that have been made by this country so far. And we're going to insist on sustaining our commitment to science and to equity.

We got to be flexible to navigate current circumstances in a way that balances immediate concerns with long-term vision and effectiveness.

And audacity means we're going to continue to innovate, to push forward, to insist on addressing unmet needs, to seek new opportunities to apply and make use of our prevention skills, knowledge, success. We're going to insist on making an ever-further lasting difference in communities.

And I think, for example, we're going to need to pivot more toward locales and states as the fulcrum of progress. It seems like that's where some of the national momentum is going. And as Georges pointed out, all politics is local.

And as we do that, you know, and look at that as the fulcrum of progress, we need to demonstrate and build on the ground impact in every community and region while also coalescing that international change. So it's local for national reasons, and it's local for local reasons.

And I believe that we've over the years, particularly with things like the Prevention and Public Health Fund, built fertile ground in many communities where we may not immediately see that there's very, very fertile ground.

So the President said the other day that healthcare turns out to be unbelievably complex. And as H.L. Mencken put it, for every complex problem, there is an answer that is clear, simple, and wrong. But Einstein said, intellectuals solve problems. Geniuses prevent them.

So I think what we are engaged in right now is the insistence on building a movement for health, for equity, for prevention in the first place. And if we do it together, despite these dire times, I think over time we're going to start to rebuild our success.

>> Matthew Marsom: Thank you, Larry. And look forward to you being -- leading the conversation with us momentarily.

We'll now move to our next speaker, Dr. Mary Pittman, President and C.E.O. of Public Health Institute. Mary, to add your perspective and insights at this time, over to you.

>> Mary Pittman: Thank you, Matthew.

If you could put my first slide up. For those of you who are not familiar with the Public Health Institute, we're -- I think that's the second slide, Matthew. Could be wrong. Anyway.

The Public Health Institute is an independent non-profit that's been working for over 50 years both serving as a fiscal sponsor for programs and organizations, a home for entrepreneurs to incubate new innovations and ideas, a community for researchers, and importantly a place where advocates can partner.

And we work with government, philanthropies and communities. And what we've learned is that having a network -- and the Public Health Institute is one of the oldest institutes in the U.S. But we now have a network of more than 30 institutes across the U.S. who work in the same manner as we do with government, other non-profits, to try to make sure that we have a strong supportive system for the governmental infrastructure which we now know is at risk.

PHI also works outside the U.S. in global public health with partners. And as we take a look at what's happening with the proposals in the U.S., we need to realize that we live in a global society, and we have to keep our eyes not only on the changes that are being proposed in the U.S. but also what is happening outside of our borders.

And I don't want us to lose that focus when we're talking, whether it's about people who

are coming into this country or the global nature of epidemics.

In this slide, we're taking a look at the many programs that are offered at PHI. And it's clear that these are not individual silos, that as we work to build healthier communities and to create sustainable health infrastructure, both in government and other sectors, we need to be working across these different content areas because whether it's a budget action that impacts the chronic disease prevention strategies or whether it's looking at attacks on environmental health, this is an integrated ecosystem that affects and impacts the health of individuals and of communities.

The next slide, Matthew.

One of the things at PHI that we've been doing is working to determine our best path forward while continuing to remain true to our mission and our beliefs so we can promote evidence-based programs and policies in public health.

We're looking at some of these opportunities that can arise during this period of challenge and reminding us that we need to build new relationships and new allies that are not traditionally the public health allies that we've necessarily worked with before.

We have examples of effective business public health hospital relationships that are creating innovative and effective programs at the community level. And that's where the real innovation is happening and where we need to continue to support the innovation happening.

Many of our colleagues are creating new leadership opportunities so that the next generation of leaders, as Georges said, understands the history and also is looking at the future. And we need to be able to reframe and refocus how we're talking about prevention and public health.

We often talk to ourselves in public health, and I think now is the time for us to learn the language, the policy, and the important strategies that other sectors are talking about and get out of our usual echo chamber.

As PHI drives a diverse body of work that cuts across typical institutional programs and research silos to improve health and quality of life. We have a unique ability to really craft not only the basis for the science for policies that are emerging but we have to find new ways to translate that science so that it could be understood and heard.

At the core of public health is a really important science, the science of epidemiology which is defines a medical branch of science which deals with the distribution and control of disease in a population. What we know is that it requires us to use social and behavioral science, information science, and environmental science in addition to working with medical science to fully apply the epidemiological tools that are so essential to us being able to monitor and address health issues in the United States and across the globe.

As we engage with new partners, we'll create new champions. And I think as we go on through this conversation, how we engage those champions is absolutely critical so that we're looking for win-wins. We're looking for ways that we can redefine problems so that they are viewed as general problems, not belonging just to one sector. And hopefully we can create a space for greater inquiry to deal with the uncertainties that are certainly on the horizon right now.

With that, Matthew, I'll turn it back to you.

>> Matthew Marsom: Thank you, Mary. And, again, we'll have an opportunity to discuss with you some of the solutions and opportunities during this time.

But our last panelist I'm, pleased to introduce John Auerbach, President and C.E.O. of Trust for America's Health to provide your insights. John, over to you.

>> John Auerbach: Thanks very much. First slide, please.

As is true with my colleagues, I want to start just for a minute by saying that we, too, at Trust for America's Health are both focused on the immediate of the present but we want to keep in mind that we need a comprehensive approach to dealing with the issues that we're addressing today.

We have done that at TFAH with the development of a blueprint. Our blueprint is a compendium of the top public health issues and recommendations across a broad span of chronic disease, infectious disease, and others and it has recommendations from a number of other partners in thinking through how best to respond to the many different complex issues that my colleagues have mentioned.

Please do go to our website for a copy of this excellent document.

Next slide, please.

In my remaining time, I really want to talk about the concrete and specific activities that we are focused on at TFAH. We might suggest that other people consider focusing on them as well. We're listing those under three different headings. The first heading is we feel it's important to achieve the optimal federal support for public health. There we believe that it's important that people pay right now particular attention to defending the Prevention and Public Health Fund. As you heard earlier, that's about 12% or $890 million worth of the CDC budget and pays for infectious disease, chronic disease, environmental health, and healthcare quality activities.

And the funding primarily is distributed through the states and the local communities. So if we lose that fund, we will feel it in every state and every community. And we need to continue to get that message out. As you heard earlier, the leaked proposal on healthcare reform eliminated the fund at the end of FY18. And that would be a very serious matter indeed.

It would be serious not only in and of itself but combined with the other pressures that CDC is likely to face, those pressures include what is likely to be an across-the-board that CDC and other health and human services and domestic agencies receive which could be 15 to 20% of their total budget.

And on top of that, at CDC, there were funds that it currently has and is distributing to states and locals for emergencies, the remaining funds for Ebola and the remaining funds for Zika will run out. That's hundreds of millions of dollars largely distributed again throughout the country to states and locals.

So you could look at CDC's budget and see the loss of 12% in the Prevention Fund, 15 to 20% on top of that in across-the-board cuts and hundreds of millions in the funding that would be eliminated from the Zika and the Ebola funds that were one-time-only funds. That could -- we could see a CDC that was truly crippled if those kinds of cuts actually took place. So we think focusing very much on the threats to the CDC and the immediate one we think is the Prevention and Public Health Fund.

Down the road a little bit, but very quickly, we'll also be focusing on the issues of coverage and the importance of insuring that's there's preventive coverage, there's access to affordable care, high-quality care for everyone. And we will be focusing our attention on that.

What we think we need to do again for this achieving optimal federal support is to bring people together across some of the different ideological perspectives that they have, people in public health, that is. And we're going to be having a convening where we bring together people who are public health folks but really represent a range of different viewpoints all the way from those who are working with or likely to work with the administration to folks who are in states

where the prospective is very much in favor of the ACA.

We think it's important to create safe spaces where people who believe in public health can talk about developing a consensus around some key important areas so that we can focus on some important principles and some important topics that will unite us even while we may organizationally have different perspectives about a range of different issues.

Under that second heading of advancing a modernized public health system, we think it's important to recognize that while we're seeing a threat to the federal budget, we're also seeing threats to the budgets for public health at the state and the local level. In fact, the surveys -- the most recent survey of budgets at the state level have found that 24 out of the 50 states saw their public health budgets reduced in the most recent data that we have.

And some of those states had seen cuts for more than -- for two years or more. So we're seeing a reduction in state funding, and then similarly we're seeing a reduction in local funding. We have been monitoring that. And we lost 50,000 jobs at the local level since 2008, but we're continuing to see reductions at the local level. So paying attention to the local, state, and federal public health system and the importance of defending the budgets in each of those levels is critical now. We need to modernize public health and support principles like chief health strategist, and as you heard from Larry, and Mary, the notion of -- and Georges, Public Health 3.0.

Finally, I would say, TFAH is focused on highlighting some key health issues in-depth. Among the issues we'll be highlighting with reports include obesity, emergency preparedness, and behavioral health. With those, we're illustrating that we're not just talking about generalities at the 3,000-foot level. But we'll be diving into the very specific ways that failing to support these issues, cutting budgets in the areas I just mentioned will result in specific ways that we talk about preventable deaths, preventable diseases and injuries. And then we're also going to talk about it in terms of what it means from a budgetary perspective, increases to healthcare costs, and what it means in terms of the loss of jobs.

I think our ability to get down to the nitty-gritty level, talk very specifically about the threats to the public health system, regulation change and legislation can affect an average American person. It's what we need to do in order to ensure that we are getting our message out and in an effective manner.

And with that, I will turn things back over to you. And I think we'll move to a more general discussion. Thanks.

>> Matthew Marsom: Thank you very much, John. And really appreciate your comments and priorities.

I'm actually now going to welcome back our panel also again thank Don for joining us in place of Dr. Benjamin. And if a comment comes up and Nora could add some insight, you are welcome to comment as well. I will start with a general question. I want to comment we have 45 minutes left, and we had a lot of questions come in from the audience.

John, as you were last to speak, I will be the first to ask you this one, you talked about where we should be prioritizing. I also know our audience watching the news or the social media feeds are looking at so much tumult right now in the nation, and the country. And there seems to be alternative facts everywhere. How can the public health community -- which is incredibly broad. We know the public health covers a huge span. You yourself just talked about some of the breadth of those issues.

What are some key priorities that our community can rally behind? I don't just mean -- obviously you talk about the funds. We'll put it first there. We need to protect the

Prevention Fund. Within that, what are some specific priorities within the fund that you think need to be emphasized? I'll come first to you but I would like to hear from each of our panelists on that.

So, John.

>> John Auerbach: Certainly. Thanks very much. I think something like with the Prevention Fund, what we need to do is make it clear to every single state what is at stake. We at TFAH have developed state-specific packets on our website that actually break down for each state what are the contracts, what programs will be cut, what will the impact be in a very specific way.

So I would say customizing the data for each of our states and, if possible, our communities is important.

I would also just say that I think with something like the Prevention and Public Health Fund, that's an area where we do need to work across the aisle. There are many public health people in states where -- that are more likely to be red states, more likely to be states where people have mixed feelings about the ACA in general but the public health people can still support the services provided by the Prevention Fund. And that's an opportunity for people who believe in supporting the Prevention Fund even if they believe it because they believe it as part of a much larger framework for public health. There may be an area of unity across the spectrum that focuses on the services offered within the Prevention Fund. And we need not to think about our differences in that kind of a situation but the ways that we can work across the aisle to agree on supporting something that we all believe has value.

>> Matthew Marsom: Larry Cohen, I would love to hear your thoughts on this.

>> Larry Cohen: Let me follow from that. Firstly, I think the Prevention and Public Health Fund must be about prevention. I have a lot of fears listening to this that in defending CDC and with our concerns about issues like Zika that there will be a move to replace the sophisticated strategies we've been developing over time for prevention and moving them to some -- whatever the particular emergency of the week is and saying we need to keep CDC supported.

We must keep CDC supported, and we must have multifaceted, comprehensive equity-oriented prevention at the same time. And we've got to make sure that the fight is about both of those.

Secondly, we really need to build on, as John was saying, the notion of locale. Prevention is bipartisan. No one likes getting sick or injured. And I have already seen, John, some of your work used in a couple of states I have been in recently where people were talking not only about the funds but about the fact that those funds were local resources, about the jobs they created and the jobs that were threatened, and also the threats to public health capacity.

In one community, for example, people were saying, well, gee, we really need to move more aggressively on issues related to opioid addiction, and the health director was able to say, well, how am I going to do that when we are facing cuts in the public health fund which means seven or eight people we are losing at the same time. We don't have increased capacity.

So we need to emphasize that prevention and the Public Health Fund are about well-being. They are about jobs. They are about thriving communities, and they're about thriving organizations.

And, finally, there's been a lot of progress we've seen over the last couple of years, over, say, the last half of the last decade in terms of healthcare. And what we've seen is with the threat that healthcare can be as much as 20% of the gross domestic product and people talking about that number now, even higher than one out of six or one out of seven, that there's been a lot of innovation with healthcare prevention partnership just starting to emerge.

And there are opportunities there, and that's not just driven on a federal level, but we have opportunities to partner with healthcare which is seeing a new sense of direction to make sure that we work together. And I like the way Mary mentioned not only healthcare but partnership with a variety of businesses, partnerships with other sectors. We need to build all that together.

>> Matthew Marsom: Thank you, Larry.

And you made a great segue to Mary. So I would love to hear from you, Mary, on this specific question. And then I'm going to come back to Larry on a question for you, again.

Mary?

>> Mary Pittman: Sure. Thank you, Matthew.

I'm going to pick up on the last point that Larry made with respect to finding ways to bridge different sectors and particularly I'm going to start with the healthcare public health bridging that's needed. You know, again, working locally is probably the greatest opportunity that we see right now. And there are a lot of examples of how healthcare systems have now really started down the track of embracing prevention and putting money towards issues such as housing and parks and food systems because they know that those issues really underlie their ability to keep people healthier and keep them out of the hospital.

The American Hospital Association has started to pull a lot more emphasis on population health. An article that came out in "Health Services Research" in January 2015 showed that 60% of the variation in hospital admissions -- and those hospital admissions are important because Medicare personalizes financially hospitals that have high re-admission rates. But the variation was explained by community level factors rather than the hospital's performance. So if there are community factors, not the hospital's performance, they need to get a handle on how to influence those community factors.

So as we see policy pushing more towards value and penalizing for things that are not really under the control of the hospital, they are much more amenable to being partners. We've also seen that it's important for us -- I take some of these examples back from when I worked at the San Francisco Health Department -- that we have to engage the community conversations. They can share personal stories, to put a face on the issue. Just like Ryan White did so many years ago did with AIDS which allowed us to move an agenda around caring for people with H.I.V. and AIDS that we couldn't do very early on when we were talking many the abstract. So sharing those stories with policymakers at local town halls and particularly while members of Congress are in their home districts, we need public health to not only find the voice of the professional public health people but find a way to bring their community to those conversations so that they're heard in local forums.

And I would be remiss if I didn't say that data is important. Bring your data, but data is not enough. I should go on, Matthew, but let me turn it back.

>> Matthew Marsom: We will come back to data in a moment because we had a question that came in from one of the audience. I want to come back to you, Larry. A lot has been said since the election even before looking back at what's happening, really around the globe right now, with communities being left behind, communities being left out. And, if anything, I would say that is a call for equity. And people I don't think are using that term but explicitly those that -- some at least. But I think people are feeling like there is many communities crying out and they're angry. I'm wondering in this climate, what can progress towards greater health, safety and equity look like in this current climate? And will we need to protect and defend them and can we transform in this climate? I would love to hear your thoughts on that, Larry.

>> Larry Cohen: I think in terms of prevention and equity, we both need to defend aggressively and we need to transform.

And I think on the equity end, we're going to need to speak up ever stronger on the defense side. There's no question about what's been happening in this country in terms of hate, in terms of bias, in terms of who's going to get harmed by a whole set of proposed policies. And we're going to have to speak up loudly. As I said earlier, it's a question of emphasizing values.

We have to emphasize fairness. We have got to emphasize compassion. We have got to emphasize that, as I said, no one likes getting sick. But in some communities and in some situations, it's the same conditions only more so. And that's got to somehow enable greater compassion. And at the same time that we talk about value and compassion, we need to talk about value from the sense of return on investment, social return on investment, the fact that prevention makes financial common sense.

You know, one of the things that enabled us to create the Prevention and Public Health Fund was a series of studies that showed the likelihood of a five-to-one return on investment in every community in the United States. More recently CDC did a study where they said what would happen if the ARA workforce prevention initiatives had conditioned for ten years and showed again more than a five-to-one return on investment? Now, that's five-to-one return on investment in terms of health. In addition to that, we're creating jobs.

So we need to push the thriving community elements. We need to push the business elements. We need to push the return on investment elements. But we're going to have to speak up in really loud voices about inequity because of all the trauma.

You know, there's a dual trauma being experienced right now because there's the impact of the policies and the direct actions affecting people's life right now, for example, related to immigration, to the climate of hate and bias. But there's also a second level of trauma which comes from the persistent fears of future actions that, you know, are anticipated that can be harmful.

And we know from adverse childhood experiences and our work here at Prevention Institute where we've translated that to adverse community experiences of the importance of resilience and of support being essential as we really have to speak and fight for equity.

>> Matthew Marsom: Mary, you mentioned data a moment ago. And we had a question that came in from Tammy B. she was asking how again looking at the political climate, how do we talk about evidence-based policies? My question is, Mary, how do we ensure and continue to ensure that data, best practice and evidence inform and drive public policy work?

>> Mary Pittman: I think it's incumbent upon everyone to not say it's driven by politics so let's give up on the data. I think there are many efforts to try to identify a corset of indicators that can allow us to have some common ways that we're looking at issues.

Unfortunately, we don't have a unified set of indicators outside of the healthy people 2020 list of indicators. And I think to the extent that we can begin to reference back to some of those core indicators that show how we're doing as a nation is one strategy.

The IOM and philanthropic efforts, like the Johnson County health rankings, have provided us with some tools that we can use so locally we can compare how we're doing with respect to other counties or other states. And the U.S. is always being compared to how are we doing relative to other industrialized nations.

So I don't think we stop using common datasets for reference points. But as public health professionals, our job will always be to lead with data and best practices. But we also have to, as I said earlier, then translate that into what's the impact on the people in that particular area and

putting up the story behind it so that someone who is not very excited about the data might be able to get excited about the people who's lives are being affected.

In California, we have established a set of 69 indicators through a process called "Let's Get Healthy, California." And we had a meeting yesterday to take a look at how have we been doing since 2014.

And I thought it was telling that in 48% of those indicators, there was no change. Those indicators were around health outcomes. Well, we know it takes a while to see health outcome indicators change.

What was positive was that 21% of the indicators showed improvement. And those indicators related to things I could directly relate to, expanded access through the ACA. It was access to insurance. And it was showing that there was a decline in preventable hospitalizations.

And, yet, in 10% of the areas we were doing worse related to childhood asthma and emergency department visits, adult obesity, and access to fresh fruits and vegetables and overall health status.

People who are using this data and information with their -- within their organizations also need to find new channels for disseminating that information. So I think partners that we need to be cultivating more are the media and, as I said, other sectors that may not be aware of what the impact of having a higher rate of obesity or childhood asthma is, for example, on business productivity.

I think science and data have to continue to be at our core as well as reframing our work from a values frame, as Larry was talking about. Making sure we have a core equity frame and lens is absolutely critical because it goes to the root and the values of this country.

And I think if we want to be countering some of the arguments against supporting the things we hold as important, we have to frame it from a values perspective as well.

>> Matthew Marsom: I want to make -- just acknowledge one of our audience members making a comment building on that which says, as a former Senate staffer, she can say every member cares about the impact of any policy on its constituents. Having data about how appropriated funds have been used and what indicators are in each district and state always helps. That then leads to my next question for you, John. And I want to bring in Don Hoppert here as well. Tara has asked this question in the audience, states can't lobby -- this is a question we here time and again. It's a good one. It's important and I want to thank you for asking it. We hear it consistently in Dialogue4Health which is the states can't lobby. I will say governments can't lobby. What do we do to show folks the importance of what we're doing?

How can people showcase the success if they are either in a state or local government? John, I'll start with you. I have another question as a follow-up. But I also want to hear from Don.

>> John Auerbach: Sure. I think that's a good question. Thanks for raising it. I would start by saying I have worked as a local health officer at the state health level, too, and at the federal level. And with each of those levels, it was important for me to do what I would call education with our elected officials and with the general public about what the health concerns were and what the potential impact was of either policies and budget cuts on the negative side or budget increases and positive policies on the positive side.

I think it's fine -- and, in fact, encouraged and more important than ever -- that we share that kind of information and talk about how funds are being spent and the value of those funds. That's totally possible to do through education which is allowable at all of those governmental levels. That's different and separate than lobbying.

Education, where we highlight the importance of the work and its impact on the public is

very much allowed. And I've seen it done at all levels of government, very effectively without any risk at all of being thought of as lobbying.

>> Matthew Marsom: And, Don -- before I come back to you, John. At PHI, you are lifting up the voice of public health and you are working with many people across the spectrum, including those in government. How do you answer this question? I'm sure it's one you hear a lot.

>> Don Hoppert: Yeah, I would answer it in a very similar way as John just did. You know, you're only lobbying if you are telling somebody to vote or support or oppose something. If you're just sharing information about the importance of public health or talking about -- explaining to your members of Congress how Prevention Fund dollars, for instance, are being spent and used in your states or congressional district, that's not lobbying. That's really informing them about how your community is using those dollars.

There's also opportunities beyond directly contacting a legislator. And that is by using the media and social media to highlight successes and concerns around public health issues in your state and community.

So, for instance, we often encourage our members and the members of our affiliates to use their local newspapers to submit op eds and letters to the editor on various public health issues to highlight them. That way you're definitely not -- there's no misunderstanding of whether you're lobbying or not because you're not even meeting with a legislator. Again, I very much agree with John. It's important to educate and stay in touch with your legislators just to keep them up to speed on what's happening in your communities around public health and how particularly Public Health Funding, the Prevention Fund, and other things are impacting the health of their constituents.

(multiple speakers).

>> Matthew Marsom: Mary and then Larry. Sorry, Mary Pittman, then Larry Cohen.

>> Mary Pittman: Sure, thank you.

>> Matthew Marsom: We have 20 minutes left. Go ahead.

>> Mary Pittman: I want to re-emphasize that public health or state officials are supported by the taxpayer dollars and the information and data is something that should be shared and it should be transparent.

And if there's pressure not to do it directly. Organizations that -- like the Public Health Institute, I mentioned there's a network of them, more than 30 around the country, find out who they are and use them as a vehicle for sharing some of the information if you're not comfortable doing it yourself. Certainly TFAH and Prevention Institute play that role as well. Where the data can be used not just to lobby but to educate as was stated by John and others.

And I think cultivating a number of partners in different sectors is absolutely essential because government by itself cannot advance some of the agenda that we're talking about. And it really is going to take a strong network.

>> Matthew Marsom: Larry, you were going to make a comment.

>> Larry Cohen: Just a quick word here. I would say -- because I know a lot of people are listening from the perspective of what can we do with the critical time to do stuff. And I would say our success is going to rise and fall to a certain extent on narrative and on winning a narrative.

And even during the last eight years, I heard again and again from conversations with legislative colleagues at a national and at different statewide levels that they were not hearing stories, that they were not hearing community voices nearly frequently enough, and that one of the requests to us was to help encourage people across the country to accelerate those voices.

Now more than ever, prevention is local. Prevention is innovative. Prevention is multisectoral. Prevention is cost effective. We have to put a face to it. We have got to put the stories to it. It's really something critical for us to do to change the narrative to somehow -- it's all about waste. It's all about defense. It's all about issues that are not our long-term effective issues.

>> Matthew Marsom: I want to come back to John. One note on time, we have 20 minutes left. A lot of questions from the audience, a lot to pack in. The audio will be available. So for folks who are wondering about some of these resources, we'll also make sure we post some of those online as well.

John, how do we seize opportunities to build cohesion and a shared sense of purpose across political lines? The divisions perhaps aren't always as bold as people think they are. I would love to hear your thoughts about how we can build cohesion across political lines and with different stakeholders and sectors.

>> John Auerbach: I think it's a very important question. Let me start with talking about the political lines. I believe that there are throughout the country public health professionals and public health advocates who have a lot of similar beliefs on some critical areas, even though they may not share an entire political framework. They may really represent different viewpoints about who's the best candidate or what's the best piece of legislation.

But there may be areas that are important where we can work together. And I think we -- given how we are in many ways divided in the country, it's important for public health folks to really try to cross those lines and create spaces where we can have respectful conversation about where we agree and where we disagree and focus our attention particularly in those areas where there's a consensus and agreement.

As I said, we're trying to create some of those spaces ourself at TFAH, I know my colleagues are wells in other organizations. But at the state and local level, thinking about that, how to create those spaces for people who believe in the health and well-being of the public is important.

With regard to working across sectors, I completely agree with what Mary was saying earlier. You know, all too often in public health, we've really been focused on our most natural partners, the other people who work directly on public health. And we haven't reached out very effectively to people who work in other sectors, be it transportation or education or job creation, economy and consider the ways we can work together as respectful equal partners, not by our going in and telling them what they're doing that should be different and how to change their policies but by really thinking about the ways that we can meet the missions of the different sectors in beneficial ways for the public.

And that's not easy to do. It really takes some time and attention and investment in getting to work with other sectors. I know when I was a state health commissioner, we worked for a really long time by having a public health person assigned to working with the transportation department. And it took us a year or more before that person really felt that she was able to have an impact, whether then the people that she was working in transportation really understood the contributions she could make and where it was possible to come up with policies that were beneficial for health as well as meeting the transportation goals.

But I think working on those, investing the time and energy, recognizing it's a long-term investment, that there aren't going to be quick things where we just come in and immediately change things. But beginning to establish those connections and working on them is really important at this juncture.

>> Matthew Marsom: So a lot of questions have come in from our audience about how do we make progress when there's obstacles at the federal level and what can we do at the state and local level. I want to come first from Larry and hear from all of our panelists, which is how can we gain efforts on our to promote health and equity and well-being and should we be putting more emphasis at the local level at this time. Larry first and then we'll hear from Mary.

>> Larry Cohen: I think absolutely we need to put emphasis at the local level. I think we need to put emphasis on the local level. My financial advisers said today a bird in order to fly needs a left wing and a right wing. And I think that clearly we're in this bipartisan situation right now.

But no one -- you know, everyone prefers prevention to getting sick or injured. And I think we need to also go back to the 20% or whatever number we want to use, the tremendous costs of healthcare, the tremendous pressures to have an effective healthcare system which can only work with an extensive investment in prevention. And the word on that is not out there at all. We need that to be a key element of the narrative.

The other thing I would say is, you know, this is an initial conversation. There are over 600 of us that have been on this call. And many others not on this call that we link with, we need a roadmap. We need to start building momentum amongst us to really have a coherent set of strategies and a very, very committed -- and Prevention Institute is committed to play whatever role we can play bringing all our tools and resources to do so.

But, finally, I want to say that I have been involved in many efforts that have been described as impossible. We have succeeded again and again where people have said, God, it's hopeless. There's no way to change that. That's just the way it is. And we'll need to be opportunistic. We'll need to be on tough working together -- which I have tremendous confidence we will accomplish. And we need to be assertive and strong, but doing so we will succeed. There's going to be a lot of tough times and, frankly, a lot of tragedies we're going to face along the way.

But I'm quite confident that we are going to be successful, and we cannot shake our heads, give up hope. Say, gee, it's a really difficult time. Needless to say if people didn't feel a sense of responsibility, they wouldn't be on this Web Forum. I hope together we can start to rebuild the momentum that has given us so much success.

>> Matthew Marsom: Mary, your thoughts on making progress at the local level or the state level. And then we'll keep it moving through the panel.

>> Mary Pittman: Sure. Just quickly, I agree with Larry that reframing and refocusing how we talk about these issues as economic drivers, as part of our national security. They're examples of the Department of Defense beginning to focus more on prevention because they didn't have -- they could not get new recruits that weren't so overweight and out of shape that they were combat ready. So they started to take a different strategy, not only with their recruits and their families but also in the communities where they were drawing from.

So I think that we need to be thinking, again as Larry said, more creatively. We also have to go back to basics. Our challenge is that a lot of policymakers do not know what public health and prevention is. There's a gap in understanding. So as we are going to talk to people, we can't assume that they have the history, that they have the framework, and those quantitative studies that Larry mentioned we need to be expanding and doing more of the return on investment kinds of studies.

But I would say we would be limited it we only took a dollar's return on investment. People can stop listening when you start to go into a lot of research rhetoric. But if you find a way to mold

your message so it's relevant and understandable about the constituents that that policymaker represents, you're more likely to be heard.

And, you know, I think that improving the health of communities is something that everybody can get behind if we take our jargon out and we talk in plain English.

And, sadly, I think that, you know, a lot of people are fearful now, fearful of retaliation, fearful that we're not going to succeed. And now's the time to look at where we have had successes in the past and we have many, as Larry mentioned. And we need to join forces so that we can continue to advance and not retreat from what we know this country needs.

>> Matthew Marsom: Larry, go ahead.

>> Larry Cohen: Just quickly, because Mary's emphasis on return on investment, we have been working on something we're calling a social return on investment scale where we're looking both at different levels of return on investment and social return for the conversions partnership. And if people are interested in that kind of tool, I'd love to hear from you to get your reactions as we shape it.

>> Matthew Marsom: Thank you for that. We can also make sure that people know how to get in touch as well for feedback beyond the end of the forum.

John, your thoughts on that question? Otherwise, I want to go to the next one. John or Don? You might be muted.

>> John Auerbach: I don't have anything to add that I think hasn't been said already. Ready to move to the next question.

>> Matthew Marsom: Okay, great. Thank you.

There's a great question that came in or a commentary about the narrative. And it was from John Douglas who said: How can we best cast our prevention messages in a way that might capture the attention of the new administration? They talk about declining life expectancy in working class whites, his words, and how do we make America healthy again?

I think that my personal comment as someone who is an immigrant to this country, one of the things that's unique about America is this shared story about -- the shared American story. And I think that there is a sense of people's injustice when people are left behind. And I think with communities across the country -- Larry, you said nobody wants anybody to be sick. But I think that often gets missed out in the conversations about resources.

And so how can we frame the public health priority within the values framework that Mary expressed earlier? And I hope that up to anyone on the panel that wants to address that. How can we really reach the new administration and our new political leadership with this public health message in a different way?

>> John Auerbach: Maybe I'll start. I'm sure my colleagues have other thoughts.

I would reiterate what was said earlier, which is essentially I think we need to think about reaching people both with their hearts and their mind. And I think the mind is where we often rely on data to point out the significance of the health concerns that we have and the way that not only affects people's lives but it also has a financial side to it for those people who are concerned with the budget.

So I think having the data for sure, but we need to appeal to people's hearts by talking about the very concrete and specific ways that this affects real people, using more examples of real people and real communities that are affected in particular ways. That means we need to know those stories and we don't always know those stories, so we haven't always invested in telling those stories well.

So I think paying more attention to telling those complementary stories to the data that

make it personal and particular is important.

The second thing I think I would say is I think we need to test our messaging at the local level. I think a way to reach policymakers is to have their own community members and constituents reaching them. And in part I think that means we need to do a good job of going as often as we can to local communities and engaging in discussions with them where we're listening to what the communities are raising as their concerns, we're listening to the voices of the community, and where we test out ideas and share recommendations. We're hearing how people respond to those.

I think the more we really keep our ear to the ground and our ties to the community strong, the more likelihood those communities and the individuals in them will be more likely to be mobilized so they can have an impact on the policymakers. Maybe I will stop there and hear from our colleagues.

>> Larry Cohen: I will take that one step further, John, John Auerbach. To go back to John Douglas who asks the question who is doing really sophisticated work in Colorado, and I would say not only do we need to test out narrative locally but that narrative is local and that we need to define narrative differently for different locales.

But to build on what Mary was saying earlier, I think it was about and I think it was about values. I think it's the combination of the two or, as you put it, hearts and minds that can make a lot of sense.

But we need to focus more on business. We need to focus more on thriving communities at the same time that we focus on health. I had -- the governor of -- a quite conservative governor talked about a tobacco initiative she was engaged in. I was very surprised because they sounded nanny state and didn't expect that from that particular governor who explained to me it was because the business community said we don't think we want to move into your state any further because we are -- our employees and potential employees don't feel like this is a state that really, really values health. That's the kind of narrative we can get through in communities across the United States.

>> Mary Pittman: Matthew, I will just add one brief point. And that is trust is earned, and I think we are going to have to show why the narratives that we have, the voices we have should be trusted. And I think there's a big question that's being lifted up with a lot of the rhetoric, a lot of the challenges to "don't trust media," don't trust this group or that group.

I think we have to prove why we should be trusted, why our voices are the voices that should be listened to. And I think that there are a number of steps that can be taken. But I think that's important to keep in our mind.

>> Matthew Marsom: So we are at the end of our time. My goodness, we could keep going all day. I want to hear some final closing thoughts from each of our panelists if I might. I wish we could keep going because there's some great questions that have come in from the audience plus my only notes I wanted to ask our panel. Although I think we have covered fantastic ground today. I will go each with you with some closing thoughts. Where I would like to focus, again, I think there's -- maybe this is even -- there are so many issues, whether it's immigration, whether it's healthcare, whether it's what's happening in the international relations or so many issues that it's almost -- it creates an inertia on behalf of advocates. They don't know where to begin. They don't know where to prioritize.

I wanted to ask each of you for your closing thoughts for the audience today, what's the immediate action you would recommend in the coming perhaps couple of weeks and then in the coming months that you would recommend to the audience. I would start and by acknowledging

and thanking Don Hoppert with the American Public Health Association and the director of American Public Health Association, Dr. Georges Benjamin.

Don, your thoughts?

>> Don Hoppert: The best thing you can do if you haven't already or don't have an existing relationship reach out to your members of Congress and start making that connection with them now. You can call the office and ask to speak to their health legislative assistant as the best way for get your foot in the door. Look for opportunities. I know there's lots of stuff in the news about town halls and rowdy people and all that stuff.

But, you know, members of Congress, some of them still do have open events where constituents can either sign up to come meet with them or attend these open forums. So take advantage of those opportunities and get to know your members of Congress, become a resource for them because that's really the way to build, as Mary was saying, build trust. Show them you are an expert and you can bring them good information and educate them about the importance of public health.

>> Matthew Marsom: John Auerbach, President and C.E.O. of Trust for America's Health. Your closing thought? You may be muted.

>> John Auerbach: Yeah, sorry, just coming off of mute.

I would say that the challenge is not being either demoralized or being overwhelmed. And to avoid that, I think I would say focus on a particular area that is time sensitive and important. For example, for us, we're really focused now very much on the Prevention and Public Health Fund as one area we think we can have an impact. We consider it extremely important. Focus on that area, become well-informed about it and put your energies into that.

It's a starting point. There are many other issues we're going to be dealing with over time. But beginning with something that you feel like that you can get your arms around is a way to make progress and it's specific and concrete. It may be a place to start.

>> Matthew Marsom: Thank you, John.

Mary Pittman, President and C.E.O. for Public Health Institute.

>> Mary Pittman: There are so many great ways that we can advance this work. I would start out by saying the obstacles and challenges at the federal level are forcing us to really focus at our state and local level. And I think that's a good thing because most of the innovation that we've seen over the years start at the local and state level and goes up to the national level.

But that could leave many communities out and communities that do not have a well-organized educational forum for them. And so I would say make it easy for people in every community that you can to know how they and their voice can be heard and make a difference with their elected official. Help people understand where they can take their voice locally and how they can reach out at the national level.

And I would say we haven't talked about philanthropy, and we have mentioned business. But I would suggest that those are other allies that we need to be getting engaged with at the local level because many of the changes that are being proposed will have a significant impact. Philanthropy is going to be inundated if the cuts being proposed go through. And there's no way that they can backfill all of those gaps.

And we need to continue to harness the momentum behind what works and find the right spokespeople to share those data and stories. And it may be the faith community. It may be business leaders. It may be school teachers. So recruiting champions outside of our typical cycle.

And I want to end with saying: It take as long time to collaborate and build trust. And, yet,

in the long run it's what's going to sustain this effort that we have going. So I think that the investment in building those collaborative relationships should be a priority.

>> Matthew Marsom: Thank you, Mary. A final on our panel over to you, Larry, executive director with Prevention Institute, Larry Cohen.

>> Larry Cohen: Thanks everyone for their thoughts and for hosting this. This has been incredibly important, I think.

I think we've got to really get organized. And we've been emphasizing again and again it's about local and not only engaging locally but as Mary was saying not only showing our voices are trusted but engaging local voices. I think that over time and fairly soon the beginnings of a roadmap will increasingly emerge. And I want to say personally I'm ready and that means I'm ready to be strategic, and I'm ready to fight. And I think we have to fight harder than we've ever had to fight possibly. And there's more at stake.

But one morning -- or really one distraught morning when I was grappling with this, I realized that I'm privileged, we're privileged to be able to fight for prevention and for equity. It's an opportunity, a sad opportunity, but a vital opportunity. I'm going to enjoy the fight.

>> Matthew Marsom: Thank you. Thank you, Larry, for those final thoughts. Thank you to all of our panel.

I want to put up a slide with more resources. I'll leave this up for the balance of the Web Forum just so folks can go to these resources. We'll be sharing this everybody. Just some important resources to help with advocacy, both some priorities that are listed and some resources both at APHA and TFAH and Prevention Institute and also PHI has some incredible resources as well.

I want to encourage everybody -- we'll be on the Web Forum to access these resources and we'll be sharing this with you all. Thank you again to our sponsors and our partners, American Public Health Association, Prevention Institute, Public Health Institute and Trust for America's Health. We didn't get to all the questions today. There were just so many great comments that were made by our audience, but we'll be continuing this conversation.

I want to acknowledge and particularly call out Gwen on the audience who said. Can we continue this conversation in another Web Forum or an ongoing dialogue? And I think that underscores more than ever why we do these Web Forums at Dialogue4Health. It's important to lift up the voice of public health and prevention in different ways across the country.

Thank you to everybody. Thank you, again, to all of the staff at Dialogue4Health, to Laura and Dave for their work in the background, and to Tim and to Sana at Trust for America's Health and Prevention Institute. Thank you, again, to Nora Connors for your remarks at the beginning of the Web Forum as well. Thank you. And we'll see you the next time on Dialogue4Health. Good afternoon.