

2016 Indiana Public Health Conference: The Future of Public Health

Indiana Public Health Practice Council

The Integration of Policy, Practice and Research

15 Sept 2016

IUPUI Campus Center

Closing Remarks: Stephen J. Jay MD

**Introduction:**

Thanks for your kind introduction. And thanks to the *IN Public Health Practice Council* and those who organized this inspiring event.

The focus of this meeting was to explore the *Integration of Policy, Practice and Research*. The cost to IN of accomplishing this aim will be high; the cost of not accomplishing it will be enormous. Judging from the quality of today's program, I'm sure this conference will evolve and play an increasingly important role in communicating opportunities for research and improvement in public and population health.

Thanks to the students for their good work, presentations and posters; 85 students from 7 universities participated. Student projects are critically important 'pebbles in the pond,' of public health, and we should invest more in support of their scholarship. Factors that may curtail curiosity and student research, such as angst of student debt burdens is, to paraphrase Carl Sagan, like 'eating our seed corn', our future. Those of us in higher education and the legislature must seriously consider this challenge.

Thanks also to our excellent public health practitioners and faculty who brought exciting news from their research, teaching, and practice. Their diversity ensured thoughtful and civil discussions and debate. Our keynote speakers' Dr. Camara Phyllis Jones and Dr. Kerry Anne McGeary

provided excellent context for the meeting, as did Commissioner Jerome Adams, in his thoughtful welcoming remarks.

### **Unscientific Review of Today's Meeting:**

In my unscientific review of today's meeting, there were 53 formal learning opportunities:

- A. 43% (23/53) addressed community health needs and public health infrastructure and systems
- B. Almost 20%, (17% (9/53) focused on youth
- C. 15% (8/53) on STDs/HIV/AIDS
- D. And almost 10%, (7.5% (4/53) on neighborhoods and the built environment.

Three of the major 'drivers' of premature M/M in IN: the Overweight/exercise problem; Drug Abuse, including Tobacco; and hypertension, were the focus of almost 20% 9/53 (17%) of topics. Other papers touched on important issues: Immunizations; climate change and environmental health; dietary sodium; dental health; health of refugees & immigrants; smoke-free policies, and youth violence, a timely and distressing topic in light of findings of the Indiana Youth Institute that, in 2015, Indiana had the highest rate in the U.S. of teens considering suicide; the second highest rate of the tragic act of suicide.

You can only pack so many clothes in one suitcase—or papers in a day-long meeting, and we should congratulate the planners who gave us an excellent program that we might perhaps consider as an appetizer for the next course.

### **Not covered today: 'Elephants in the Room'**

Let me reflect on the "emperor has no clothes" problem. Bad news is difficult to discuss. But this issue impairs our achieving quality health for Hoosiers and the efficient bridging of the best evidence and science with

morally grounded health policies. The issue is often behind the curtain in the Wizard of Oz's control booth but waiting for Dorothy to out the Wizard and create a positive outcome. For Dorothy, back to family and Toto in Kansas. For us, perhaps a quality, progressive and innovative health system for Indiana.

The bad news issue is, of course, Indiana's low health ranking. How can we explain it? Dr. Barry Levy then President of APHA, in 1997, met with us in the Department during the Annual APHA meeting in Indianapolis 20 years ago. He was fascinated by our dismal statistics then and offered sound suggestions for researching the problem. Dr. Levy's thoughtful President's Address: *Creating the future of public health: Values, vision, and leadership* is as relevant today to our current problems, as it was in 1997. It's a good read and I recommend it. Dr. Levy provided us one quote from his address that that resonates today: from Marianne Williamson's book, the *Healing of America*: "the U.S. has created a system that "comforts the comfortable and afflicts the afflicted". Levy stressed the importance of listening, searching for common ground and altruistic and selfless leadership.

Our problem is that, from 1990 to 2015, Indiana's national health ranking has worsened; today, we're 41<sup>st</sup> in the nation. The breadth of the problem is revealing: Public Health Funding, 48<sup>th</sup>; Premature Death, 40<sup>th</sup>; Smoking, 44<sup>th</sup>; Obesity, 44<sup>th</sup>, Air Pollution, 47<sup>th</sup>; CA deaths, 42<sup>nd</sup>; CV deaths, 39<sup>th</sup>; Drug deaths, 35<sup>th</sup>; Infant mortality, 36<sup>th</sup>; Children in poverty, 35<sup>th</sup>; Available Dentists, 45<sup>th</sup>; teen suicide 49<sup>th</sup>. (U. Wis. Pop Health Inst & RWJF 2016; United Health Found-Amer Health Rankings)

### **The Good News:**

The great author and social reformer of 19<sup>th</sup> c England, Charles Dickens, spoke of "the best of times, "the worst of times." Our health rankings reflect the 'worst of times' but the good news is Indiana has begun to

awaken to the perils of remaining mired in the muck and to the opportunities for creating a healthier population and economy. Let me highlight some important 'good news' milestones, important infrastructure we can build upon.

1. First "good news" milestone: Indiana leaders are transforming public health education and research, with two new accredited schools of public health engaged in nationally and internationally recognized teaching, research, and service. New MPH programs are seeking accreditation; new UG PH degrees have been created. Interest of students in public health is growing, and graduates are moving into public and private sectors positions, building Indiana's health professions' work force. In 2000, Indiana had only 46 PH workers/100,000 population; the national average, 138 workers/100,000. That statistic is changing. New positions are being created and old ones filled, for the first time, by fully trained health professionals.
2. Second "good news" milestone: Indiana leaders created the first major, state-wide agency to implement a comprehensive, evidence-based, prevention and management program for Indiana's severe tobacco problem. The Indiana Tobacco Prevention and Cessation Agency (ITPC) was created in 2000 and exists today as ISDH Tobacco Prevention and Control Commission. In an unfortunate action in 2010, the IN legislature severely cut the budget (all tax-free dollars) and eliminated the Executive Board of ITPC, a marvelous state resource. Recent news that Fairbanks Foundation is exploring new opportunities for investments in tobacco control raises hopes that new support to complement the ISDH Commission's excellent work will be forthcoming. This would be good news for the 5,000 kids in IN who annually become regular smokers.

3. Third “good news” milestone: In 2015, the first successful evidence-based **community coalition** to improve air quality and health in a major Hoosier metropolitan area was created with leadership from the Indiana Sierra Club and support of 50 partners. Bipartisan community-wide advocacy and support of citizens, corporations, universities, faith-based groups and NGOs, urged city leaders and Indianapolis Power & Light to close the Harding Street Power Plant coal boiler, after 80 years of use. This remarkable accomplishment shuttered one of the most polluting urban coal power plants in America. The courageous, yet business savvy decision by IPL has expanded their clean energy carbon reduction initiatives; the Indy Airport solar field is the largest in the U.S. If you know someone at IPL, please thank them.
4. Fourth “good news” milestone addresses clean energy and climate change. In 2004, the interdisciplinary climate change research center in Indiana was created at Purdue University. In 2006, a bipartisan coalition supporting renewable energy was founded with support of Senator Richard Lugar and Congressman Pete Visclosky (a Republican and a Democrat). This Indiana Coalition for Renewable Energy and Economic Development (ICREED), was managed by Jesse Kharbanda, a Rhodes Scholar Economist whom many here know today as Executive Director of Hoosier Environmental Council (HEC). The aims of ICREED were to establish a dialogue in IN, regarding the costs and benefits of shifting to alternative clean power. Impacts on new jobs, and R & D were analyzed. ICREED advocated for adoption of low carbon policies, such as a renewable electricity standard; a tangible benefit of clean power was recognized: decreased pollution and improved health. The ICREED and PU activities from the mid-2000s are bearing fruit. Today, Purdue Climate Change Research Center is

leading the Indiana Climate Change Impacts Assessment (IN CCIA), a statewide research into effects and implications of climate change in Indiana. A report is due in 2017.

With the compelling and accelerating pace of climate change and the recommendations of the world's climate scientists and public health leaders, cities, states, and countries, have, since the 1990s created Mitigation and Adaptation plans to prevent and adapt to climate change impacts. The environmental and public health burdens are enormous, growing rapidly, and being felt in all areas of the world. Question: Why does IN not have a Climate Change Mitigation and Adaptation Plan, one of only 15 states in America that has no plan? And, why has Indiana, in Oct 2015, sued the EPA to block implementation of the science based and critically important EPA Clean Power Plan? Let's ponder these questions, search for bipartisan common ground solutions. Climate science is not republican science or democrat science. It is science for us all to benefit from.

### **Technology Transformation;**

We're in midst of a historic transformation in the American Health Care system to one that emphasizes prevention and quality. America's public health communities are part of the transformation and are exploring novel organizational structures and systems for adapting to rapidly changing demands, needs, technologies and cost considerations. To quote Dorothy, "Toto, We're not in Kansas anymore'!

The Precision Medicine Initiative launched recently by President Obama **illustrates our** challenges in medicine and public health. How can our academic health research centers and health delivery systems in the 21<sup>st</sup> c optimize the prevention, onset, treatment, progression and health outcomes of human diseases through a more precise definition of the genetic, developmental, behavioral and environmental factors that contribute to an individual's health? The great news is that Indiana is playing a major role in this initiative and Indiana University's \$300 million *Grand Challenges Initiative* has announced first round awards to establish a Precision Health Initiative with the aim of positioning our IU School of Medicine and partner schools among the leading universities in understanding and implementing these novel technologies.

Public health is beginning to reframe its vision and missions regarding precision health. And from new visions, flow new organizations, technology and needs for a trained workforce. Before immersing ourselves in precision health, we need to remind ourselves that thousands of Hoosiers have no or inadequate health insurance. We need to fix that problem before a precision medicine paradigm creates a new generation of health care 'haves' and 'have nots'.

The good news is that Indiana is awakening to its potential. Education and research are blossoming. Our NGOs are more organized and data driven. Our faith-based communities are active; the media is recognizing that linking quality science to public health policy is critical to Indiana's future. Corporations are contributing to advancing science and public health policy agendas. State health agencies have highly trained and dedicated practitioners and researchers, their vision and capacity hampered

only by limited budgets. And there are important murmurings of bipartisan cooperation looking forward.

## Conclusion

In conclusion this has been a splendid day of learning and sharing ideas about public health and sets the table for that second and third course. Our homework is to reflect on the “elephants in the room” and apply our research, ingenuity, and passion to address the perplexing ‘proximal’ causes of so much of Indiana’s grim health and environmental legacies.

Many of you here today will have exciting opportunities to participate in this transformation.

I’ll leave you with quote that fits the occasion: from Johann Wolfgang von Goethe: “Knowing is not enough; we must apply; willing is not enough, we must do.”

Let’s go do it!

Sjj 14 September

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