



**WHATCOM COUNTY COUNCIL
AS THE HEALTH BOARD**

**JOINT MEETING WITH THE PUBLIC HEALTH ADVISORY
BOARD**

Tuesday, June 11, 2019 | 9 a.m. – 12:00 p.m.
Garden Level Conference Room, 322 N Commercial St.

| Roles: | Facilitator: Holly O'Neil | A G E N D A | Presenters: Regina, Barry, Chi-Na, and Rachel |
|--------------------------|--|----------------------|--|
| Meeting Outcomes: | <ul style="list-style-type: none"> • Ensure that we have a solid, foundational understanding of <i>policy</i> • Expand our understanding of how policy can work, and how we could do more • Continue to build alignment between the Public Health Advisory Board (PHAB) and the Health Board in advancing our 2019 Health Priorities. | | |
| Time | Agenda Items | Who | |
| 9:00 - 9:30 | Opening - Welcome, Intended Outcomes for Today, Introductions | Barry, Regina, Holly | |
| 9:30 - 9:45 | Year in Review – What have we accomplished, and what did we learn? | Chi-na | |
| 9:45 – 10:00 | 2019 Health Policy Agenda Priorities -What does the data tell us? <ul style="list-style-type: none"> ➤ Child and Family Health ➤ Housing and Homelessness | Regina | |
| 10:00 – 10:30 | Panel – Stories from the Community | Holly | |
| 10:30 – 10:45 | Break | Holly | |
| 10:45 – 11:15 | Policy – what it is, why it matters, and how we can do more <ul style="list-style-type: none"> ○ Overview of policy tools, and the importance of this work ○ Reflect on policies we have adopted in the last few years, and the impact these have had ○ Brainstorm opportunities for the years ahead | Rachel | |
| 11:15 – 11:35 | Policy Road Map for the year ahead <ul style="list-style-type: none"> ○ Child and Family resolution action plan January 2020 ○ Health for Immigrant Families Resolution ○ Community Health Improvement Plan Priorities: Child Care, Housing for Families, Youth Mental Health | Holly | |
| 11:35 - 11:50 | Closing Comments | Holly | |
| 11:50 - 12:00 | Public Comment | Barry | |
| 12:00 (Noon) | Photo | All | |



Whatcom County
HEALTH
Department



Whatcom Working Toward Well-being

Select indicators of child, family and community well-being in Whatcom County

October 4, 2017

Prepared for Generations Forward Conference



Whatcom County
HEALTH
Department



Introduction

“The well-being of our children is a barometer for the future. In one short generation, they will be the parents, workers, volunteers, leaders, and change-makers determining the social and economic vitality of Washington State. If we want a better future for all of us, we need better results for kids now.” *State of Washington’s Kids 2016*¹

Purpose

In this report key child, family, and community indicators have been assembled to provide a backdrop to the Generations Forward conference. These indicators are a subset of a larger assessment to be released later in 2017 and are a companion to qualitative data being sent under separate cover. This report is a work in progress and will benefit from feedback from initial readers and reviewers.

The purpose of this summary report is to:

- Increase understanding of the current experiences of young children and their families in Whatcom County
- Assess gaps in services and supports including utilization of existing services
- Provide a foundation for community action, cross-sector collaboration, and system change focused on young children and families

Over the last decade there has been a growing awareness of the importance of early childhood. In Whatcom County, community leaders have prioritized a focus on young children and families as part of the Whatcom County Community Health Improvement Plan process, recognizing that investing in our youngest children from the start is the most effective approach to improving health, reducing disparities, and advancing **health equity**.² Organizations, community leaders and individuals in Whatcom County have heard the call to action to invest in young children and have responded.

Indeed, the call is urgent. Each year over 2,000 babies are born in Whatcom County. All of these babies demand our keen attention. The environments in which these babies are born and the care that they receive in their first few years will lay the foundation for their lifetimes. Every child is a product of their own ecosystem. Children live within families and families live within communities. The conditions within these families and communities are the most significant determinants of child well-being, especially in the early years. A child’s early experiences have the power to create a trajectory toward health and well-being throughout the lifespan or, conversely, to set-up profound challenges that need to be overcome. Ensuring the health and well-being of the next generation is up to all of us.

Healthy People 2020 defines **health equity** as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”³

Frameworks

The Life Course Perspective

The Life Course Perspective helps explain health and disease across populations and over time. Instead of focusing on differences in health patterns one condition at a time, the Life Course Perspective emphasizes the importance of **health equity** as a means to improve health for all and points to broad social, economic and environmental factors as underlying causes of persistent inequalities in overall health.

Key concepts include:

- **Timeline:** Today's experiences and exposures influence tomorrow's health, and the health of the next generation.
- **Timing:** Health trajectories are particularly affected during critical or sensitive periods. Critical periods include prenatal/in-utero, early childhood, and adolescence/young adulthood.
- **Environment:** The broader community environment strongly affects the capacity to be healthy.
- **Lifelong development/lifelong intervention:** Throughout life and at all stages, **risk factors** (such as homelessness, living in poverty, domestic violence and racial discrimination) can be reduced and **protective factors** (such as a safe neighborhood, a nurturing family, economic security and high quality early learning) can be enhanced to improve current and future health and well-being.⁴

A growing body of research about **brain science** demonstrates the importance of the earliest years. Extraordinary development occurs prenatally to age five, which forms the foundation of lifelong health, cognitive ability and emotional well-being. When children receive nurturing supports and appropriate stimulation during this time, they are far more likely to have a lifetime of good health and productivity.⁵

Toxic stress occurs when there is a strong, frequent and/or prolonged activation of the body's stress response system without adequate protective relationships and other mediating factors. Prolonged and frequent activation of the stress response can change the development of the brain and body systems. Toxic stress in utero and early in life can have far-reaching effects on physical, cognitive, social and emotional development.⁶

The effects of toxic stress can be seen in a wide range of poorer outcomes for individuals and populations. The landmark **Adverse Childhood Experiences** study demonstrates the correlation between adverse experiences (child abuse/neglect as well as household dysfunction) early in life and poor health in adulthood.⁷

Frameworks

Strengthening Families Framework

Nurturing relationships between caregivers and children, and households that support basic needs are essential for healthy development. Child maltreatment and household dysfunction can lead to a **toxic stress** response in children, which interferes with healthy development. The Strengthening Families Framework outlines five Protective Factors that support healthy development:

1. parental resilience
2. social connections
3. concrete support in times of need
4. knowledge of parenting and child development
5. social and emotional competence of children

Research shows that these protective factors build family strengths and create a family environment that promotes optimal child and youth development, and reduces the likelihood of child abuse and neglect.⁸

Working Toward Well-being: A Framework of Community Approaches to Toxic Stress

The Working Toward Well-being Framework is a companion of the Strengthening Families Framework and outlines a comprehensive community approach to toxic stress embedded within a broader context of working toward healthy development. The Working Toward Well-being Framework articulates how multiple efforts can and should fit together to decrease the likelihood that children will experience toxic stress and increase the likelihood of appropriate supports when they do. The framework is intended to help community groups, organizations and individuals to see their part in moving from a fragmented approach to a comprehensive and coordinated effort.⁹

According to this framework, in order for children to have **healthy development** and so that **children and families thrive**:

Parents and Caregivers

- Develop strategies to prevent and respond to stressors
- Learn, develop and share strategies to respond to impact of stress
- Develop leadership skills to partner with providers and policy makers

Providers

- Build awareness of impact of toxic stress
- Develop and implement strategies to prevent toxic stress
- Effectively screen for needed services
- Build capacity to respond to intensive needs

Community Partners and Policy Makers

- Engage diverse sectors to support families
- Support programmatic changes
- Ensure adequate services and supports are available to families
- Promote policies that mitigate stress
- Reduce or eliminate root causes of toxic stress in communities

Maps are used in this report to visualize certain health indicators by geography within Whatcom County. The rankings help to compare health and social factors that may contribute to disparities in a community. The rankings should not be interpreted as absolute values and should not be used to diagnose a community health issue or to label a community.

Demographics

Demographics are not only the counting of people, they are also the measure of change and of consistency within a community and how these dynamics impact people. Demographic information can help a community anticipate new needs based on the changing size and make-up of the population. Demographic data provide valuable insights about a community's future infrastructure needs and helps guide resource allocation.

Key Indicator: Birth Characteristics and Family Structure

Why this matters.

Data about annual births, family structure and socio-economic status provide a snapshot of emerging families in a community. In Whatcom County, the number of annual births in recent years has remained fairly steady (2200-2300) despite growth in the overall population. As of 2015, just over 50% of all births in Whatcom County were paid for by Medicaid. Pregnant women whose household income is at or below 200% of the Federal Poverty Level qualify for Medicaid. This is an income level at which most families struggle to meet their basic needs.

Births to single mothers have risen only slightly over the last ten years from 26.5% of all births in 2006 to 30% of all births in 2015. Although a relatively small change, this is one part of a growing trend of increasing diversity in family structure. The number of single mother households is significant because the income inequality between dual-income and single-income families has grown dramatically and accounts for as much as 40% of the growth in income inequality nationally.¹⁰

Figure 1: The number of Whatcom County births to single mothers and to lower-income women has increased slightly over time.

Total count of births, single mother births, and births to women on Medicaid

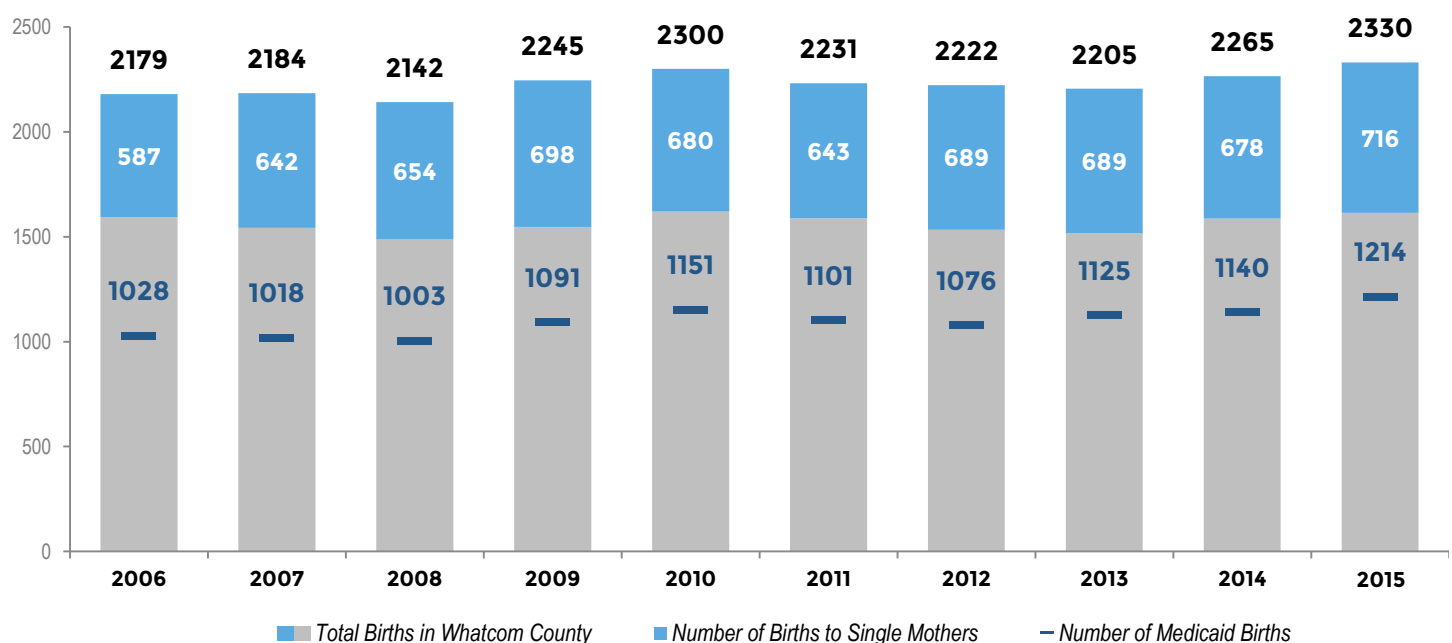
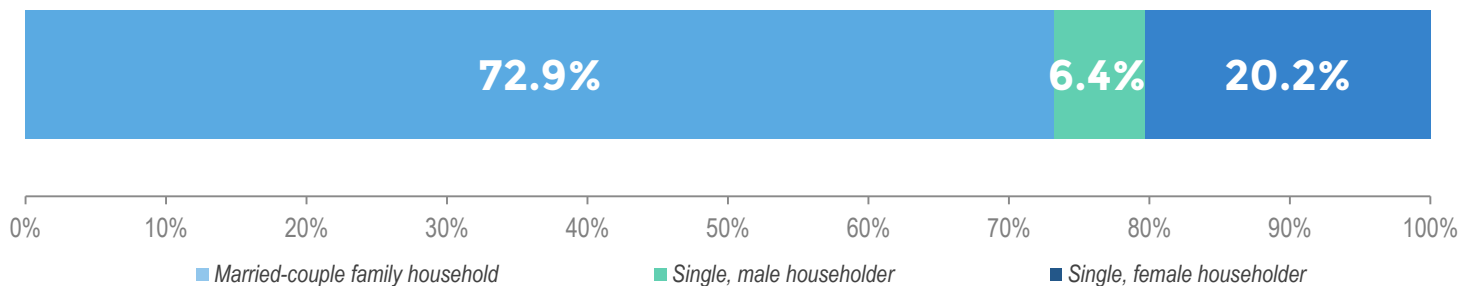


Figure 2: Most households with children under 6 in Whatcom County are married-couple family households.

Percentage of all households with children under 6 by household type, 2011-2015



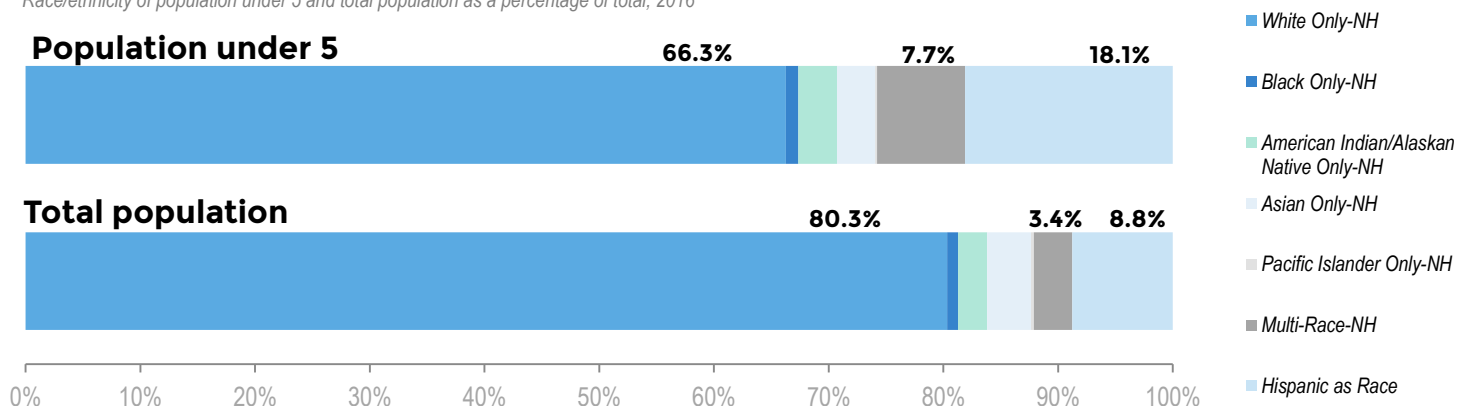
Key Indicator: Racial and Ethnic Diversity

Why this matters.

Currently, we see through local, state and national data that non-whites are more likely to have poor health and education outcomes compared to their white peers.^{11,12,13} In Whatcom County there are approximately 11,000 children under age 5. Young children are more racially and ethnically diverse than the population of Whatcom County as a whole. Increasing diversity demands that our communities and schools respond in new and different ways. In order for the community to continue to prosper and thrive, opportunities leading to good health and educational success need to be equally available to everyone in our community.

Figure 3: The population under age 5 in Whatcom County is more diverse than the total population.

Race/ethnicity of population under 5 and total population as a percentage of total, 2016



Child Well-being

The **life course perspective** clarifies that today's experiences influence tomorrow's health and that of the next generation. To assess child well-being on a community level requires assessment of measures at each of the critical life stages of development. Included in this section are measures from **pregnancy, infancy, early childhood and adolescence**.

Life Course Stage: Prenatal and Postpartum

Having a healthy pregnancy is one of the best ways to promote a healthy birth and a healthy child. Disparities seen in prenatal and postpartum health can set up some children to be less healthy than others. This can perpetuate disparities among low-income and racial or ethnic minority populations.

Key Indicator: Early Prenatal Care

Why this matters.

Prenatal care provided early in a woman's pregnancy and consistently thereafter plays an important role in keeping women and infants healthy. For lower-income women who may lack ongoing preventive health care before pregnancy, timely prenatal care and regular visits are particularly important. Women with late or no prenatal care are more likely to have a poor birth outcome such as prematurity or low birth weight.¹⁴

Figure 4: The gap between lower income women and all women receiving early prenatal care is decreasing but remains.

Percent of women who received care during the first three months of pregnancy

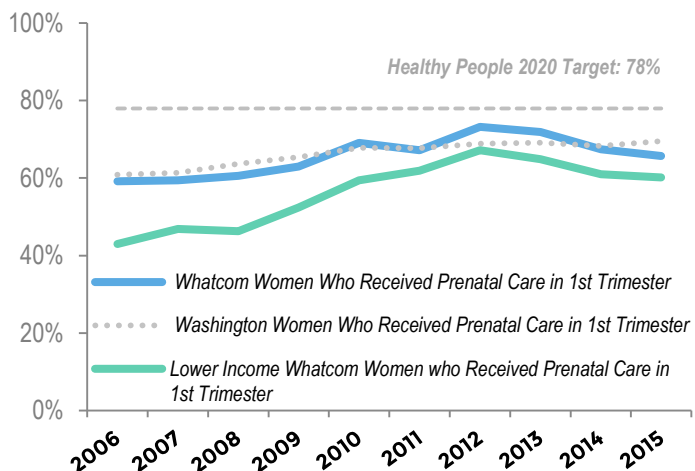
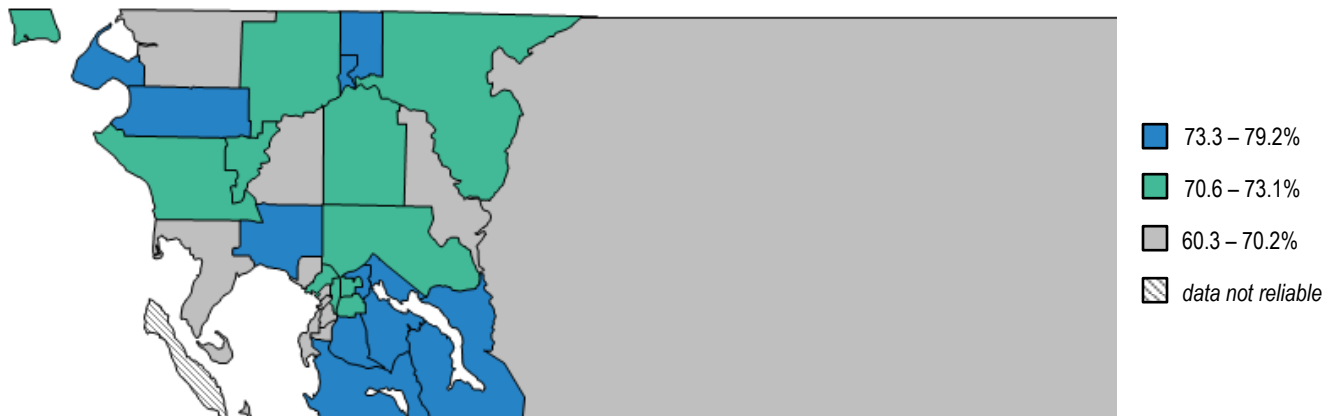


Figure 5: Early prenatal care by census tract

Percent of women giving birth who received prenatal care in the first trimester of pregnancy, 2015



Life Course Stage: Birth to Infancy

A healthy start includes a child's early months when a child's brain is rapidly developing. Access to good nutrition and safe, stable nurturing relationships and environments right from the start set children up for lifelong health and well-being.

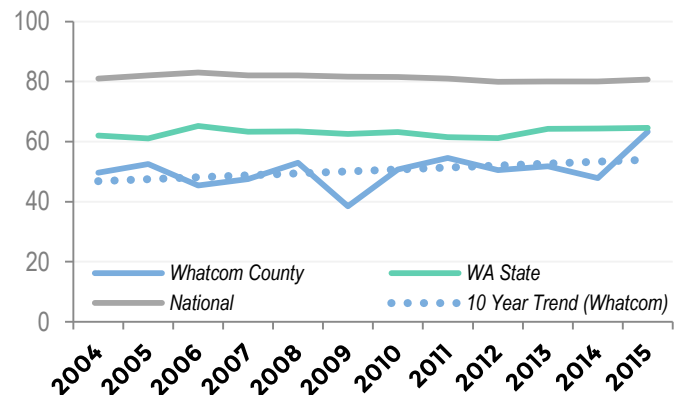
Key Indicator: Low Birth Weight

Why this matters.

The birth weight of a child is one of the earliest indications of well-being. This indicator can also highlight the existence of health disparities in a community. Babies born at low birth weight (less than 2,500 grams or five and a half pounds) are at greater risk of dying in the first year of life as well as at increased risk of experiencing health and learning difficulties as they age.¹⁵

Figure 6: Whatcom County's low birth weight rate has been consistently lower than the Washington State average.

Rate of babies born with low birth weight per 1,000 births



Life Course Stage: Early Childhood

The brain is one of the only organs not fully developed at birth. Most of the cells are there, but the connections that form the architecture are not. These connections form very rapidly in early childhood as every experience a baby has forms a neural connection in the brain.¹⁶ From the time a baby is born until they enter kindergarten there are only 2000 days. Opportunities to increase a child's resilience and capabilities are improved by receiving nurturing care from supportive adults at home and in early care settings; receiving regular preventative health and dental care; and by participating in robust learning opportunities that include being read to and problem-solving.

Key Indicator: Social-Emotional Readiness at Kindergarten Entry

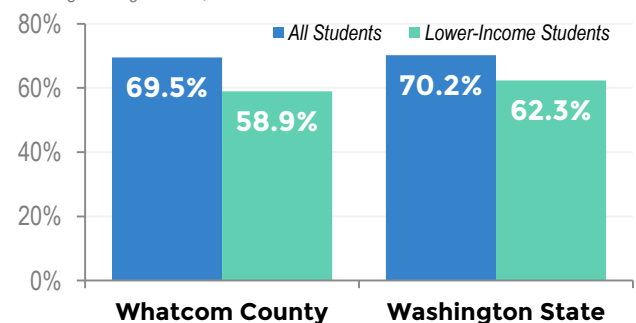
Why this matters.

Social and emotional development provides a foundation for healthy development. Social and emotional skills allow children to engage with others, manage their emotions, handle stress and set goals. Studies show that good social emotional skills can lead to better education, employment and health and fewer problems with substance abuse and relationships.¹⁷

Note: Developmental assessment of entering kindergarteners is relatively new to Washington State so no data trends are yet available.

Figure 7: Lower-income kindergartners are less likely to demonstrate social-emotional readiness than their peers.

Percent of students who demonstrate social-emotional readiness characteristics of entering kindergarteners, 2016



Life Course Stage: Adolescence

Adolescence and young adulthood are generally healthy times of life, but because they are in developmental transition, adolescence is considered a critical period for a person's overall health trajectory. Environmental factors, including family, peer group, school and neighborhood can either support or challenge young people's health. Ensuring the positive development of adolescents makes it more likely that they will be healthy and prepared to nurture and care for the next generation.

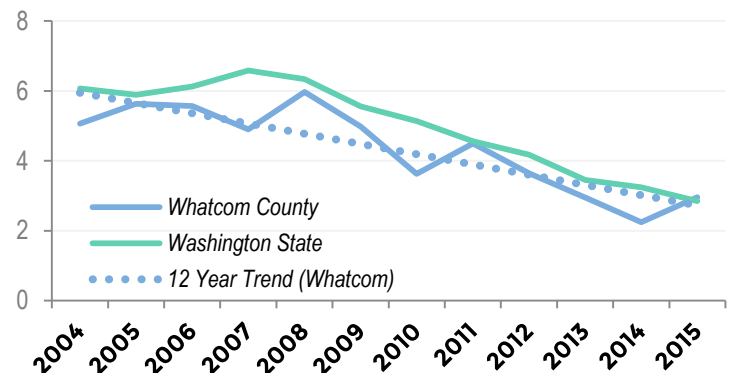
Key Indicator: Teen Births

Why this matters.

Teen births can result in a lifetime of decreased opportunities. Teen mothers are more likely to be a single parent, to live in poverty and to experience depression. Infants born to teens are more likely to be born early, to have low birth weight and to experience abuse or neglect. Teen parents are a particularly vulnerable population in need of specialized social, economic and health supports.¹⁸

Figure 8: The teen birth rate has declined significantly over the last 10 years in both Whatcom County and Washington State.

Teen births, rate per 1,000 females aged 10-17



Family Well-being

The social and physical environment that a family provides a young child is the most critical element impacting their development. Key factors impacting family well-being include **economic security**, **access to health and social services** and the **sense of support and connectedness**. A key indicator of family well-being is the **rate of child abuse and neglect**.

Key Indicator: Child Abuse and Neglect

Safe, stable and nurturing relationships are more likely to breakdown when the adult caregivers are experiencing substance abuse, mental health issues, or significant stress due to chronic health issues, financial problems, and social isolation. Child abuse and neglect are evidence of a severe breakdown in the family system. Whatcom County has had a higher rate of child abuse and neglect accepted referrals than the Washington State average for more than a decade.

Why this matters.

“Accepted child abuse and neglect referrals” are instances where Child Protective Services determines there is enough potential risk to a child that an investigation is merited. Impacts of child abuse and neglect are far-reaching and they are especially damaging if the abuse and neglect occur early in life and/or is prolonged. Consequences can last a life time and may affect the child physically, psychologically and behaviorally. Current research suggests chronic neglect can be more harmful than other forms of abuse. A strong caregiver relationship outside of abuse and neglect can buffer the impacts for a child.¹⁹

Figure 9: The rate of child abuse and neglect is consistently higher in Whatcom County than in Washington State.

Victims of child abuse and neglect in accepted referrals, rate per 1,000 children

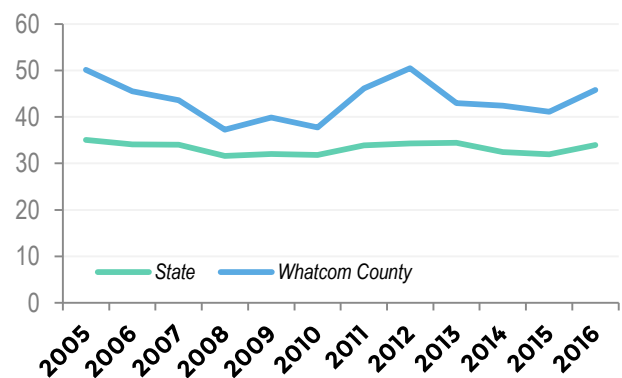
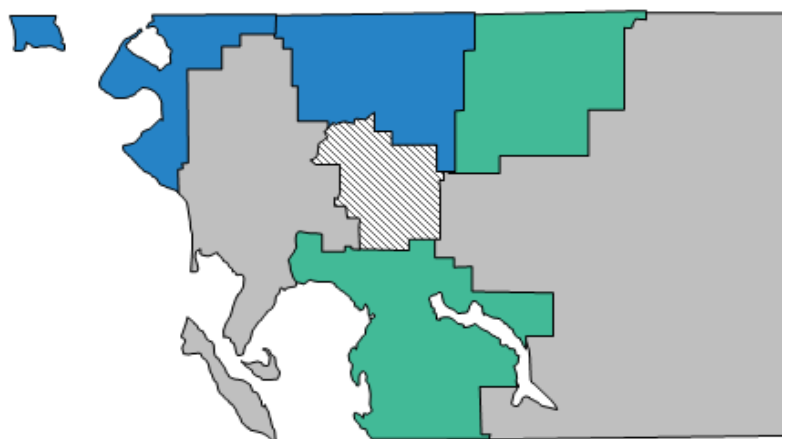
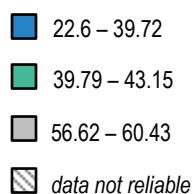


Figure 10: Rate of child abuse and neglect by school district, Whatcom County, 2005-2016

10-year average rate of child abuse and neglect per 1,000 children



Key Indicator: Economic Security

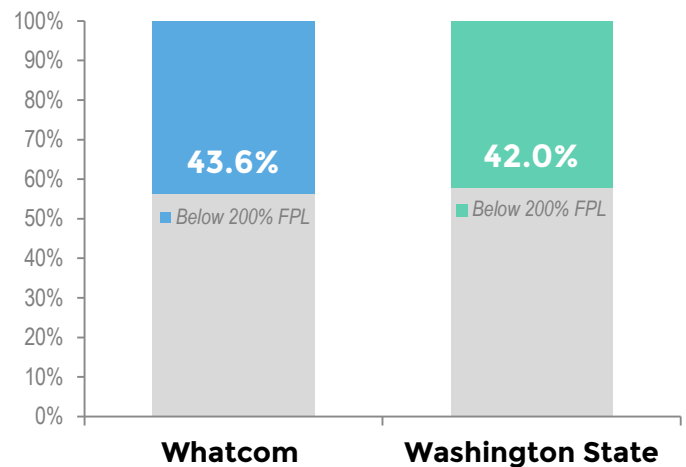
Poverty is the single greatest threat to a child's well-being. Poverty creates barriers to accessing basic needs, including health services, healthy food, and other necessities that contribute to poor health status. Poverty also creates barriers to accessing enriching learning opportunities for young children. The effect of family socioeconomic circumstances on children's language development is evident as early as 18 months and persists throughout childhood.²⁰

Why this matters.

Caregivers that lack economic security are less able to consistently support and nurture a child. The availability of caregivers to consistently respond and engage with their children is a key ingredient to healthy brain development. Families that do not have an income that provides for basic needs and stability are much more likely to live in an environment so full of stress that it is toxic to a developing brain.²¹

Figure 11: Nearly 44% of Whatcom County's youngest children live in families that lack economic security.

Percent of children ages 0-5 living below 200% of federal poverty level, 2014



Key Indicator: Maternal & Child Health Service Utilization

While social, economic and environmental factors have the greater influence on health and development, health and social services play a critical role in building health and well-being, especially for those families experiencing high levels of stress. “Concrete supports in times of need” is one of the five research-based protective factors in the Strengthening Families Framework. Concrete supports in times of need ensures families have access to basic necessities such as healthy food and a safe environment as well as available health, mental health, social, and educational services.

Why this matters.

Women, Infants and Children (WIC) is a federal program focused on supporting nutrition by providing financial support for healthy foods, breastfeeding support and nutrition education. Maternity Support Services (MSS) is a state program that provides a team to give women health education, referrals, and counseling during pregnancy and early postpartum. Both programs are designed to support all of Washington State’s low-income families during pregnancy and early childhood and, as such, have the potential to offer services and supports to improve the health trajectory of lower-income children right from the start.

Figure 12: MSS utilization has had a precipitous decline in Whatcom County.

Percent of eligible women using Maternity Support Services

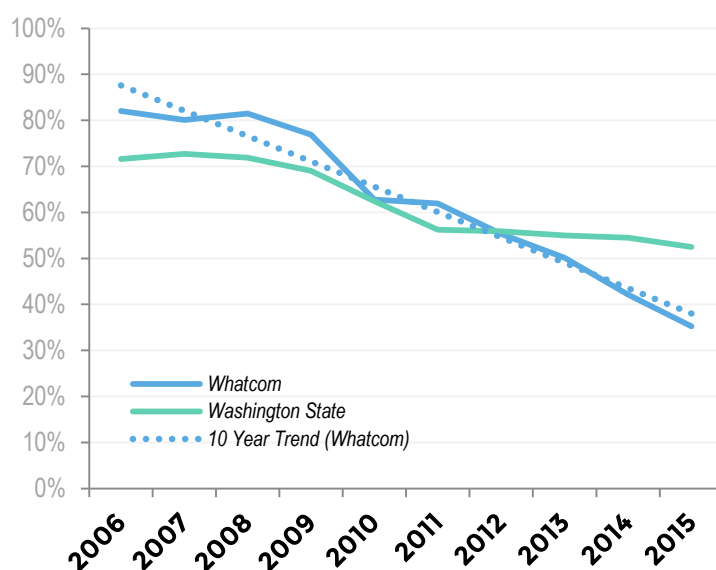
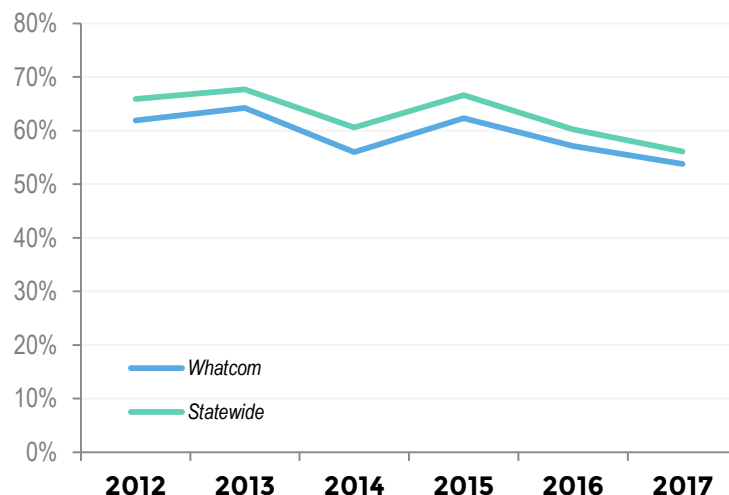


Figure 13: WIC utilization has had a steady decline in Whatcom County.

Percent of eligible individuals using WIC services



Key Indicator: Social Support & Connections

Social connections are a protective factor in the Strengthening Families Framework. “Several research studies have demonstrated that – for both mothers and fathers – high levels of emotional, information, instrumental and spiritual support is associated with positive parental mood; positive perceptions and responsiveness to one’s children; parental satisfaction and well-being and sense of competence; and lower levels of anger, anxiety and depression.”²²

Figure 14: Most adults in Whatcom County say they have community support and connections.

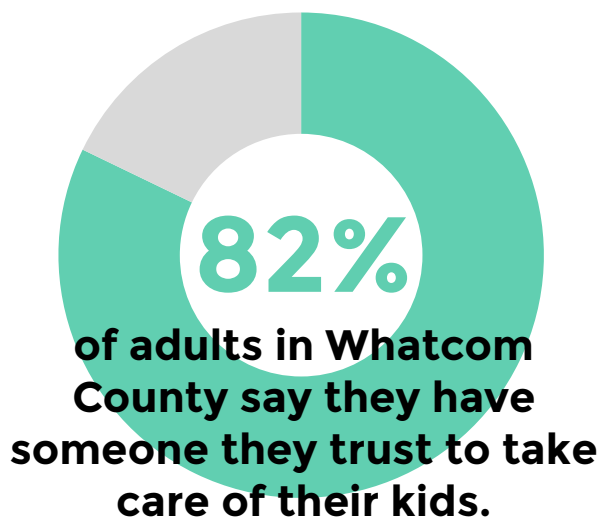
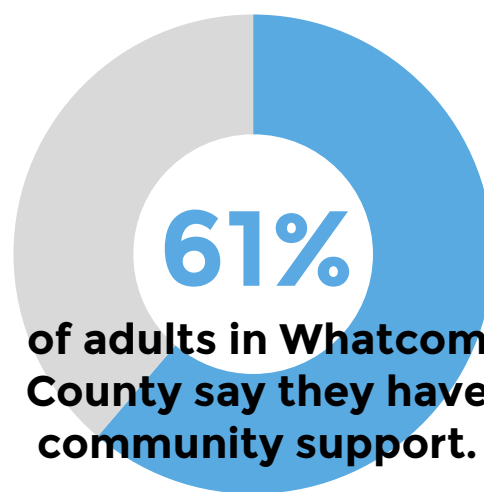
Percent of individuals self-reporting through Behavioral Risk Factor Surveillance Survey (BRFSS), 2015

Why this matters.

Social and emotional support is critical for navigating the challenges of daily life as well as for good mental health.

Social and emotional support is also linked to educational achievement and economic stability.

Having trusted people to take care of your kids is demonstration of having the type of connections in a community that act as protective factors.



Community Well-being

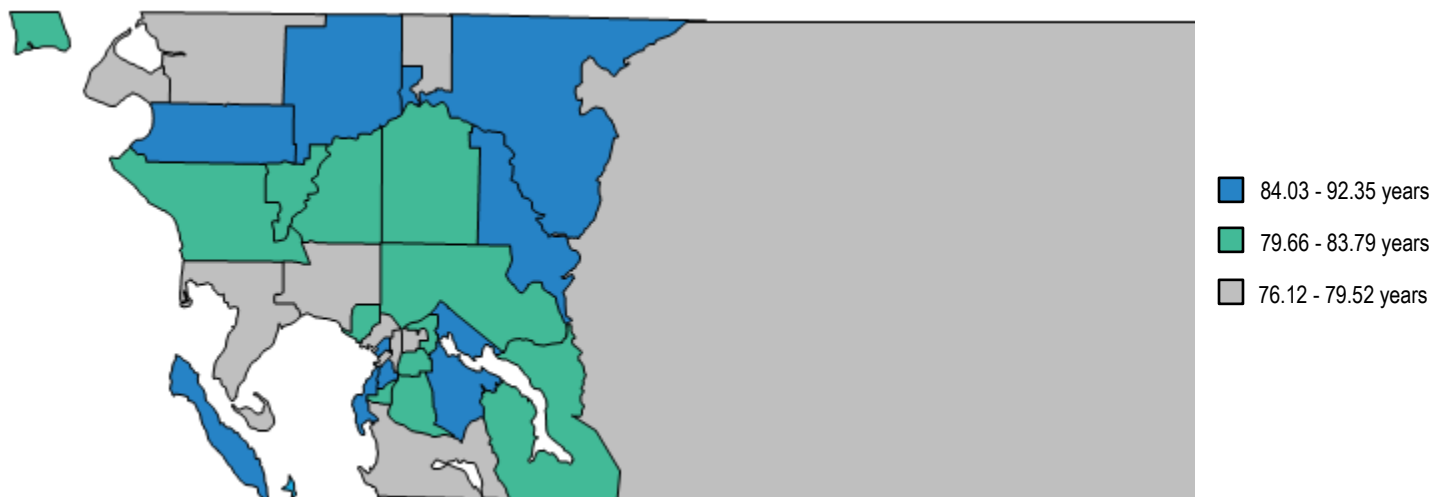
A growing body of research points to community conditions as pivotal to perpetuating disparities in health and education outcomes. In order to build health equity for all community members, community conditions need to be addressed to ensure all people have access to the essentials for health and well-being. This is especially important for families with young children during the critical window of opportunity for healthy brain development.²³

Key Indicator: Life Expectancy at Birth

Life expectancy at birth refers to the average number of years a newborn is expected to live if mortality patterns at the time of its birth remain constant in the future. Life expectancy is closely connected with health conditions. Even small differences in life expectancy values imply important differences in health status. Life expectancy at birth is a sentinel measure of potential health disparities within a community.

Figure 15: Life expectancy at birth by census tract

Average number of years a newborn is expected to live given current mortality rates, 2015



Why this matters.

Whatcom County has an average life expectancy at birth of 82.1 years. This indicator reflects the cumulative risks and protective factors of the residents of Whatcom County. Despite overall improvements in population health over time, many disparities have widened. Disparities in health not only affect the groups facing disparities but also have broad community impacts. Whatcom County benefits when everyone has the opportunity to live long, healthy and productive lives. Disparities are one measure of the overall health of a community.²⁴

Key Indicator: Housing Cost Burden

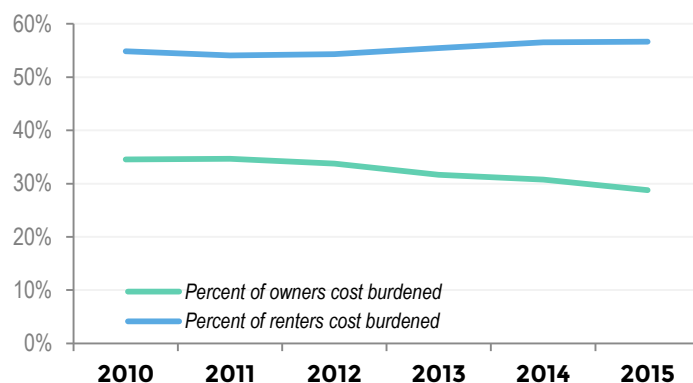
Housing affects all aspects of development. It is the primary environment in which most young children spend their time. Housing's impacts on health result from three interrelated issues: the physical conditions within homes; conditions in the neighborhoods surrounding homes; and housing affordability. The shortage of affordable housing limits families' choices about where they live and often results in lower-income families living in substandard housing in neighborhoods with higher poverty and fewer resources. Housing insecurity is associated with poor health, lower weight and developmental risk among young children.²⁵

Why this matters.

High housing costs and high prices for basic necessities place a significant burden on lower-income households and contribute to increased stress in a family environment. Families who pay more than 30% of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation, and medical care.

Figure 16: More than 50% of renters in Whatcom County are burdened by housing costs.

Percent of owner- and renter-occupied households spending more than 30% of income on housing, 2015



Key Indicator: Health Insurance Coverage

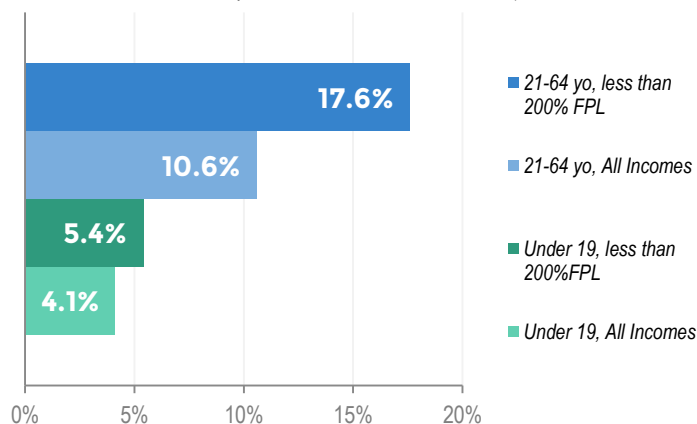
Access to high quality, family-centered health and social services is important for promoting and maintaining health and achieving health equity. Access involves entry into the service system, availability of needed services in the community and establishing a relationship with trusted service providers.

Why this matters.

Health insurance coverage is essential to access the health care system for both children and adults. The health of the primary caregiver affects children's health and well-being by contributing to a stressful family environment. Evidence suggests that insuring caregivers means that children are more likely to keep their health insurance and receive needed preventive care.²⁶

Figure 17: Adults in Whatcom County are far less likely to have insurance coverage than children.

Percent of Whatcom County residents without health insurance, 2015



Key Indicator: Child Care Availability

Whether formal or informal supports, families of young children need access to high quality programming that builds up and reinforces parental capabilities, provides enriching learning opportunities and, when needed, provides surrogate safe, stable and nurturing relationships for young children. Investment in high quality child care and early learning opportunities has been demonstrated to be a cost-effective way to improve child outcomes and reduce disparities.²⁷

Why this matters.

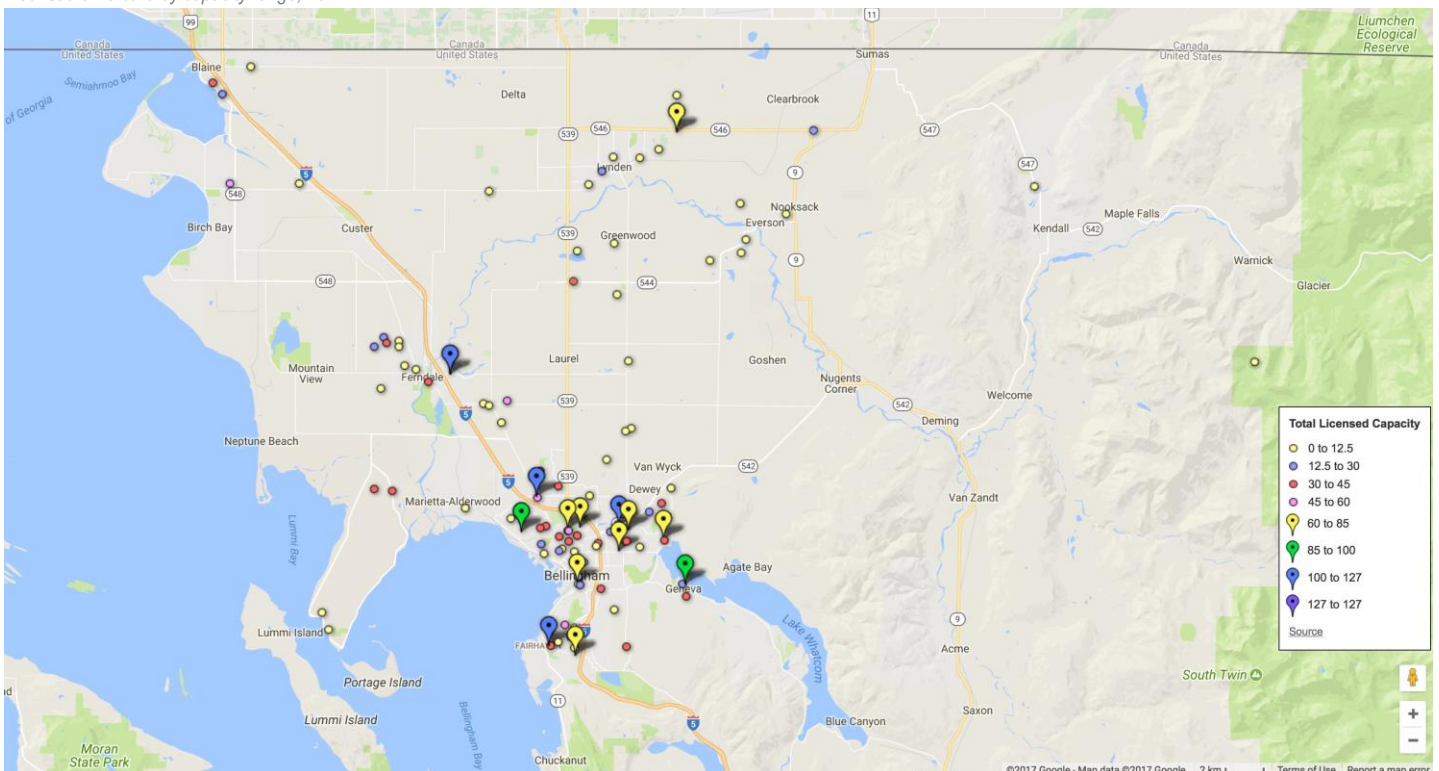
Having reliable, high quality child care is critical to provide the experiences and nurturing necessary for optimal child development, and to provide the working parents the peace of mind that their child is well cared for while they work. Due to low availability of licensed child care, Whatcom County is considered a child care desert. The majority of licensed child care available is within Bellingham city limits, leaving much of the rest of the county the choice between informal arrangements or coming to Bellingham. Informal child care arrangements can be fruitful for some families but often lack the security and assurance of quality found in licensed programs.

There are
4 child care
slots
available for every
10 children in
Whatcom
County.*

*for all children ages 0-4

Figure 18: Availability of licensed child care is largely concentrated in Bellingham.

Licensed child care by capacity range, 2017



Data Sources and References

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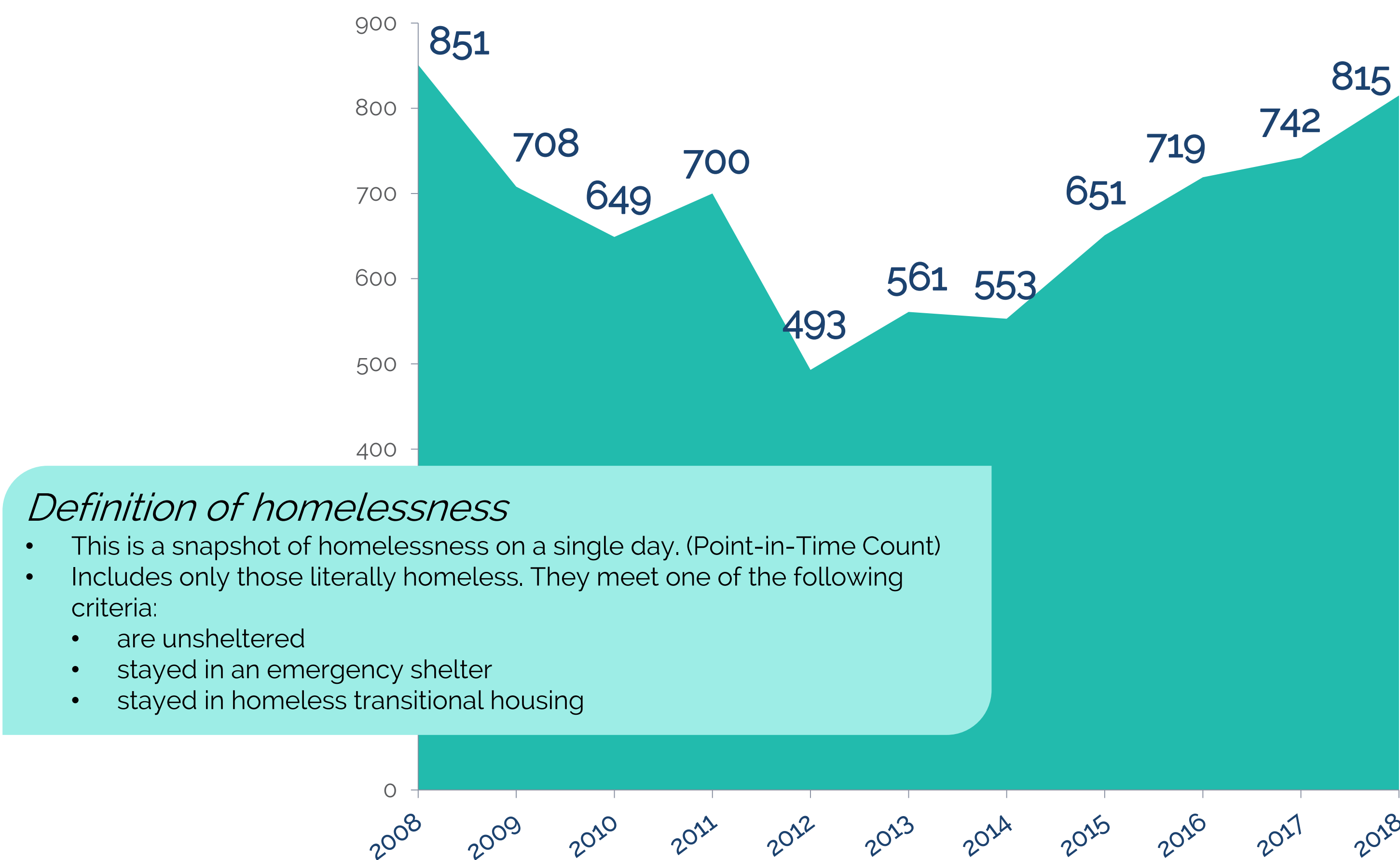
Housing & Homelessness

HOMELESSNESS



- Housing and health intersect and people want to see a **Housing First** approach with wraparound services.
- **Lack of temporary housing or shelter beds** available for various populations.

! **Number of individuals experiencing homelessness**
Whatcom County, 2008-2018
Source: Whatcom County Coalition to End Homelessness, Annual Point in Time Reports

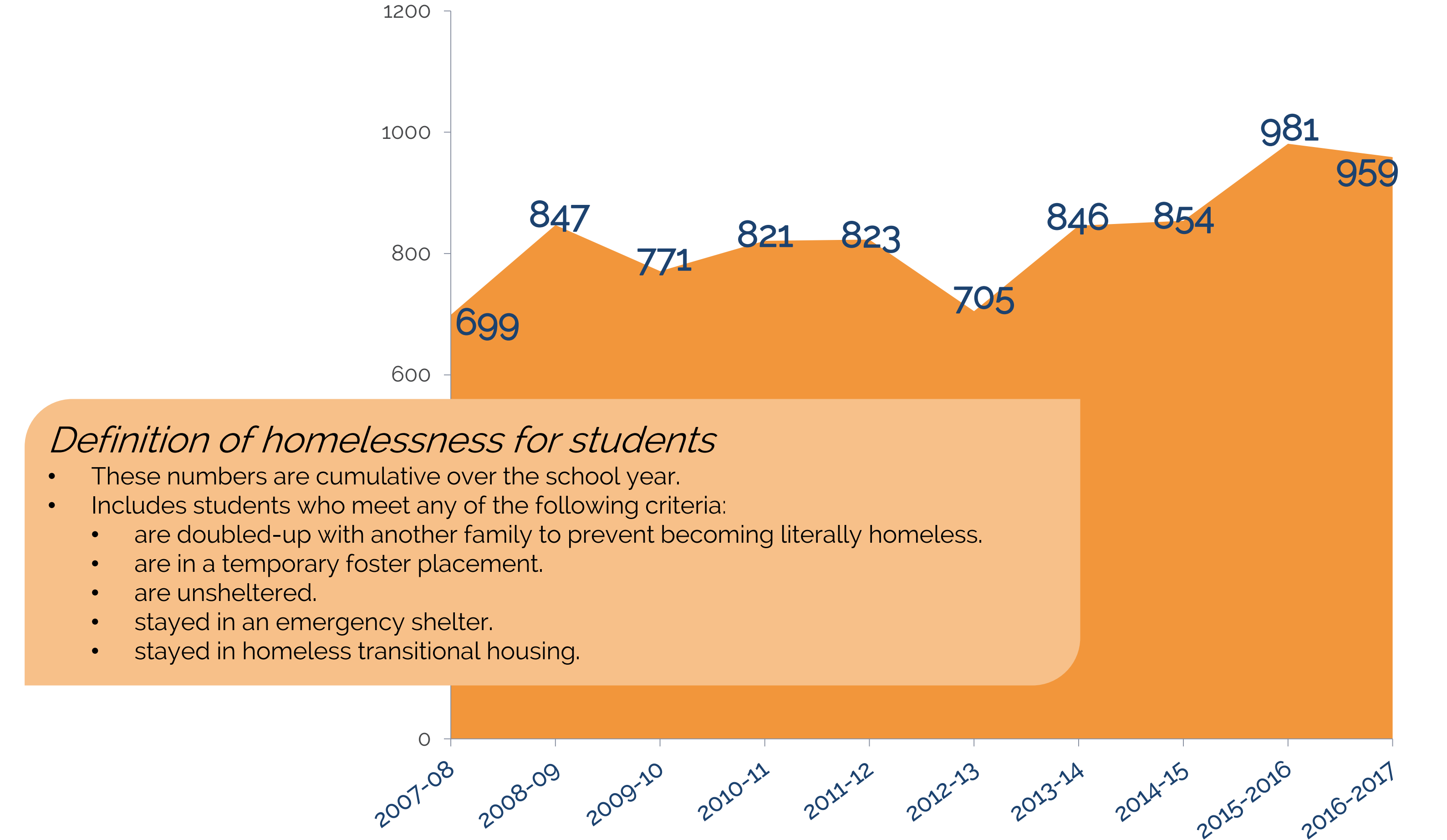


CHILD HOMELESSNESS



- Housing insecurity and basic needs are at the forefront of what public school nurses are dealing with rather than medical issues. Kids who don't have adequate access aren't ready to learn.

! **Public school students experiencing homelessness**
Whatcom County, 2007-2017
Source: Whatcom County Coalition to End Homelessness Annual Reports

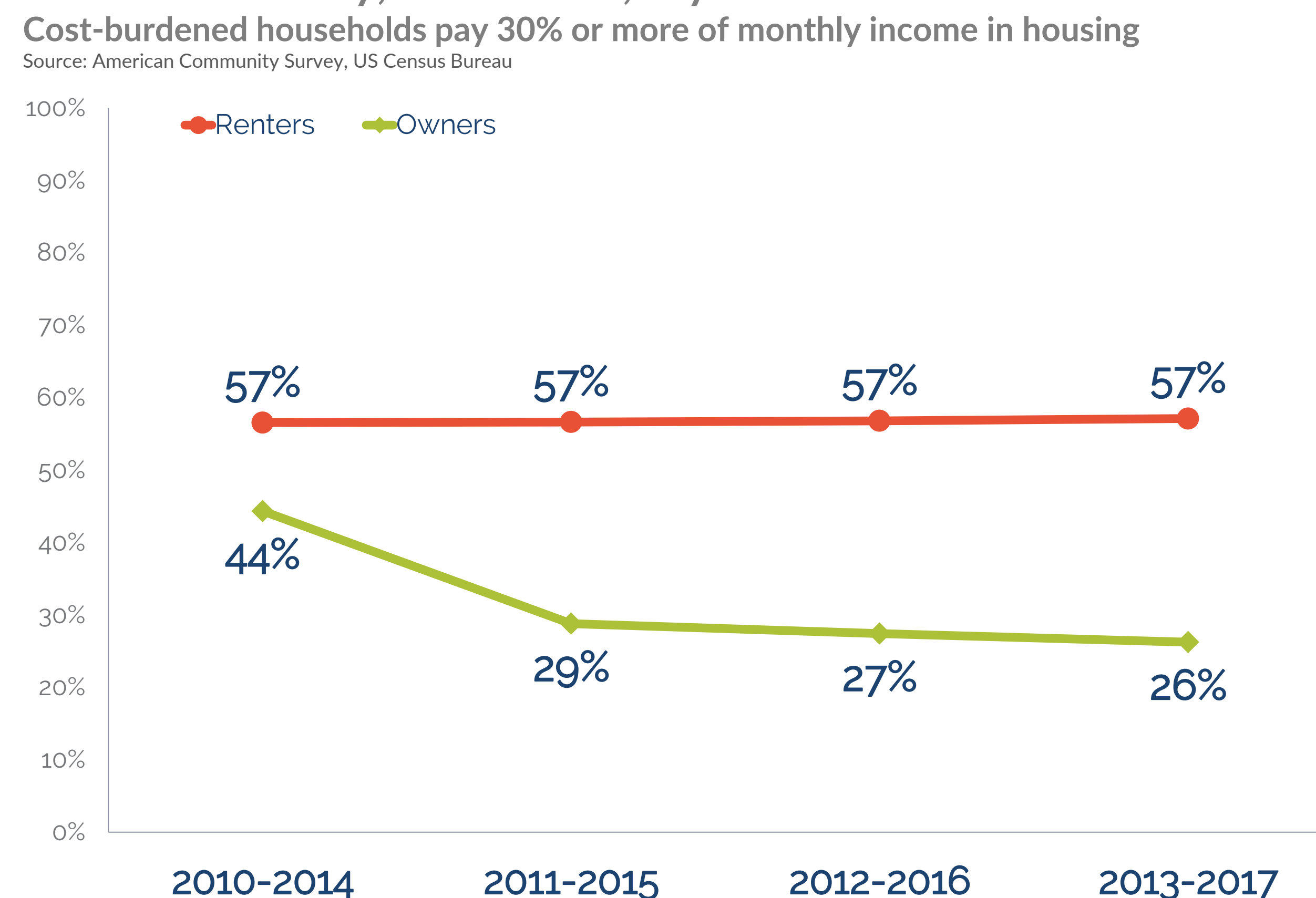


HOUSING AFFORDABILITY & QUALITY



- Challenge of being "priced out" of the areas where people would prefer to live, frequently closer to places of employment such as Bellingham.
- **Housing quality is a problem** In many parts of the county including households having no electricity, water, or full kitchens.

! **Percentage of households that are cost-burdened**
Whatcom County, 2010-2017, 5-year estimates
Cost-burdened households pay 30% or more of monthly income in housing
Source: American Community Survey, US Census Bureau

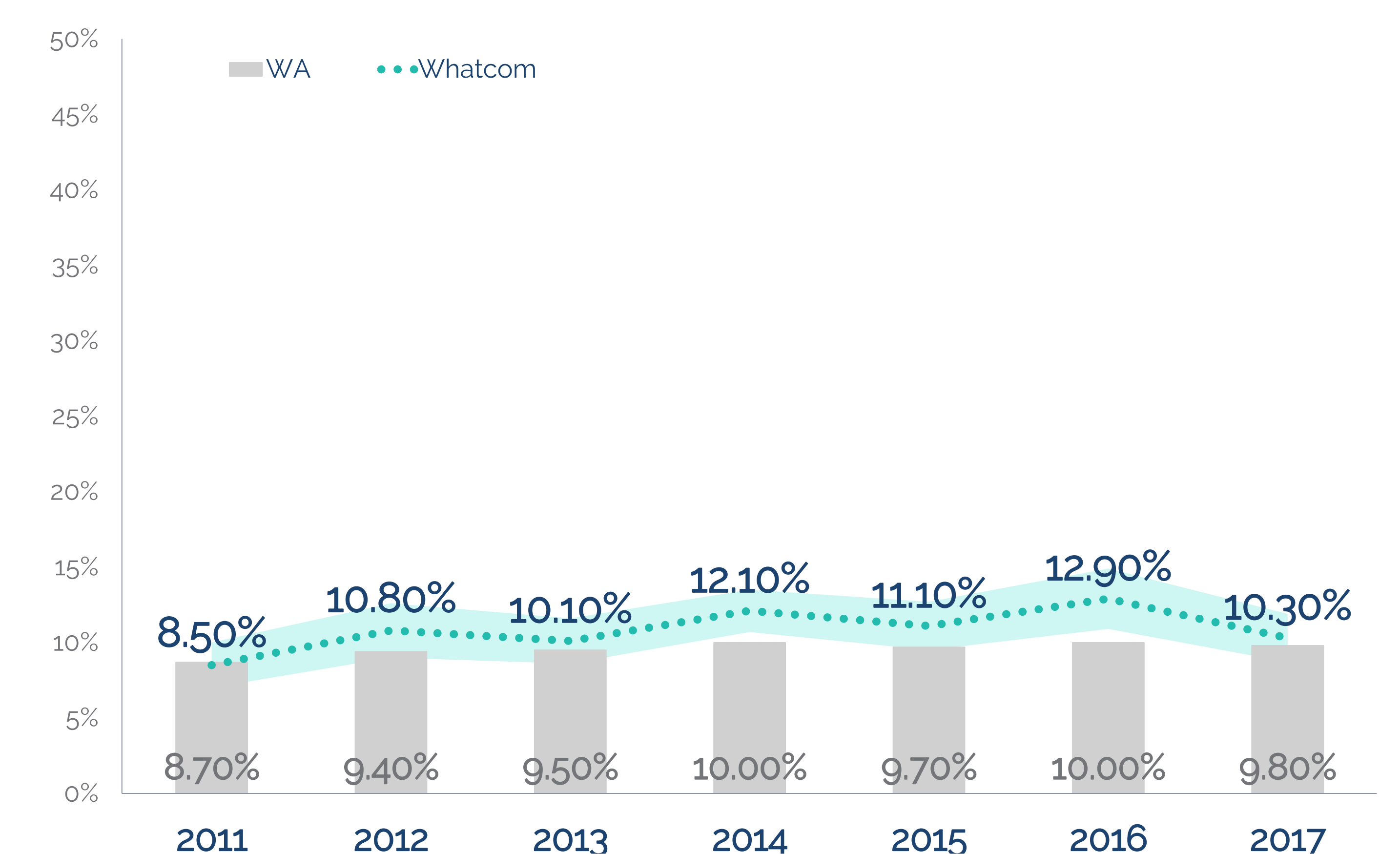


SENIOR LIVING



- Limited and expensive housing options with sufficient supports, including assisted living, are not keeping up with anticipated population growth.
- Social isolation and loneliness contribute to poor health outcomes for seniors.
- Seniors desire more options for emotional connections and relationships.

! **Percentage of adults 65 and older living alone**
Whatcom County, 2011-2017
Source: American Community Survey, US Census Bureau



Health Policy Leadership

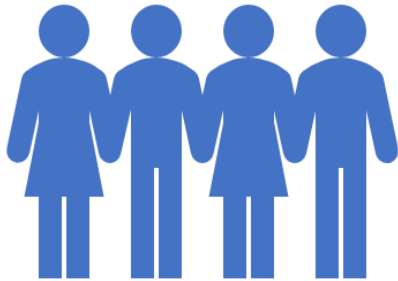
why it matters and
how we can do more

June 11, 2019



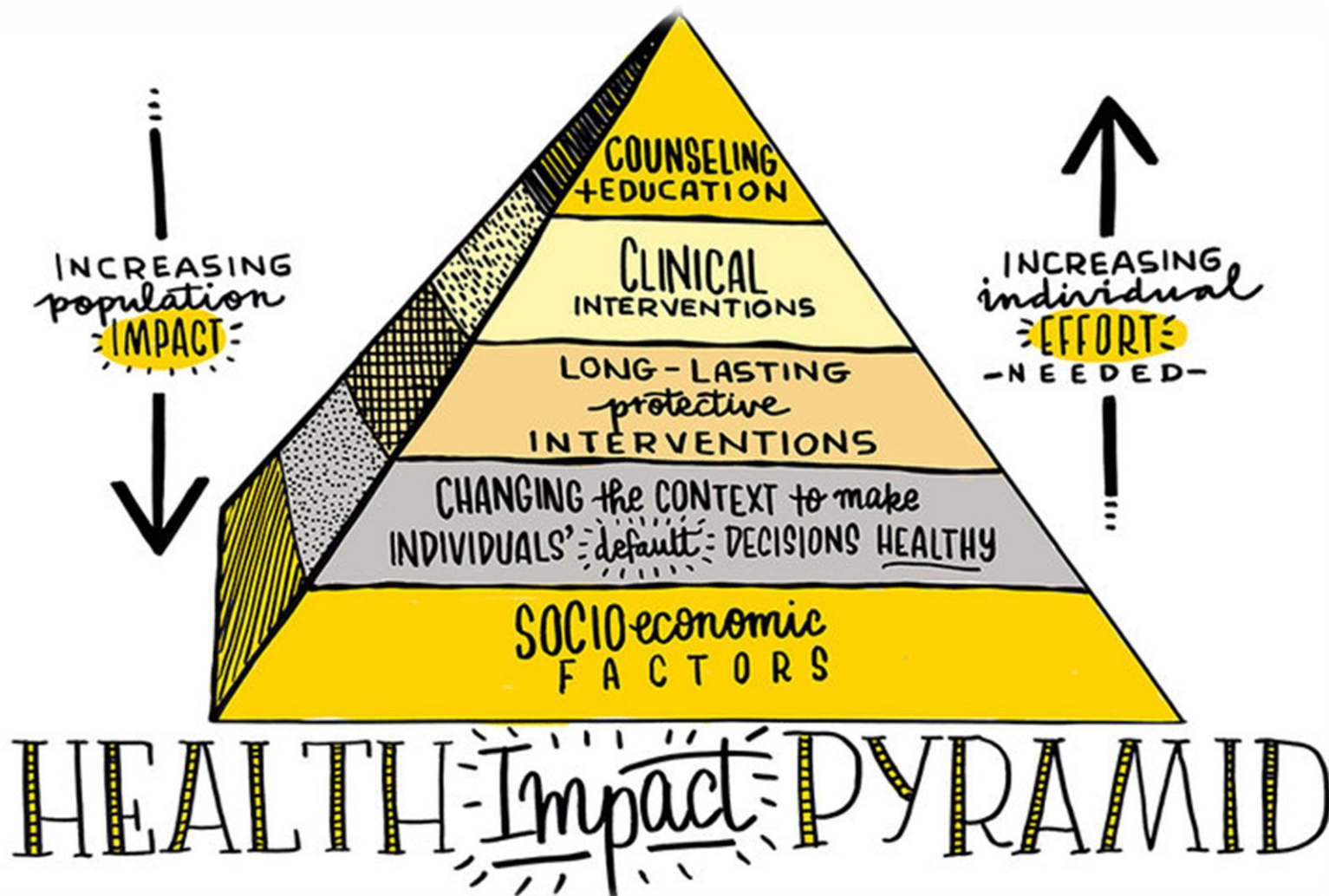
Whatcom County
HEALTH
Department





Programmatic interventions help people beat the odds; systemic interventions change their odds.

– Karen Pittman



Source: The Health Impact Pyramid by Thomas R. Frieden. Obtained from <https://report.digitaldivides.nz/a-pyramid-of-impact>

Key definitions

Policy refers to **decisions, plans, and actions undertaken to achieve specific health goals within a society** (World Health Organization (WHO))

Health Policy: national, state, or local regulation or financial appropriation that creates a structure, environment, system, incentive, or penalty related to health. Typically, the **goal of health policy is to make healthy choices easier.**

Health policy can:

- ☐ Define vision for future which
- ☐ Establishes targets and points of reference for short and midterm
- ☐ Outlines priorities and expected role of various groups
- ☐ Builds consensus and informs people

Source: https://www.who.int/topics/health_policy/en/

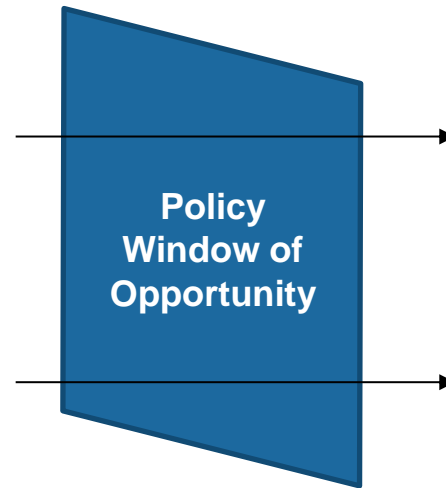
Windows of Opportunity

“POLICY without POLITICS is like architecture without engineering”

Public Policy Interventions

Regulate ● Incentivize
Subsidize ●
Contract out
Tax & Spend ● Privatize
Charge fees ● Educate
Conduct Research

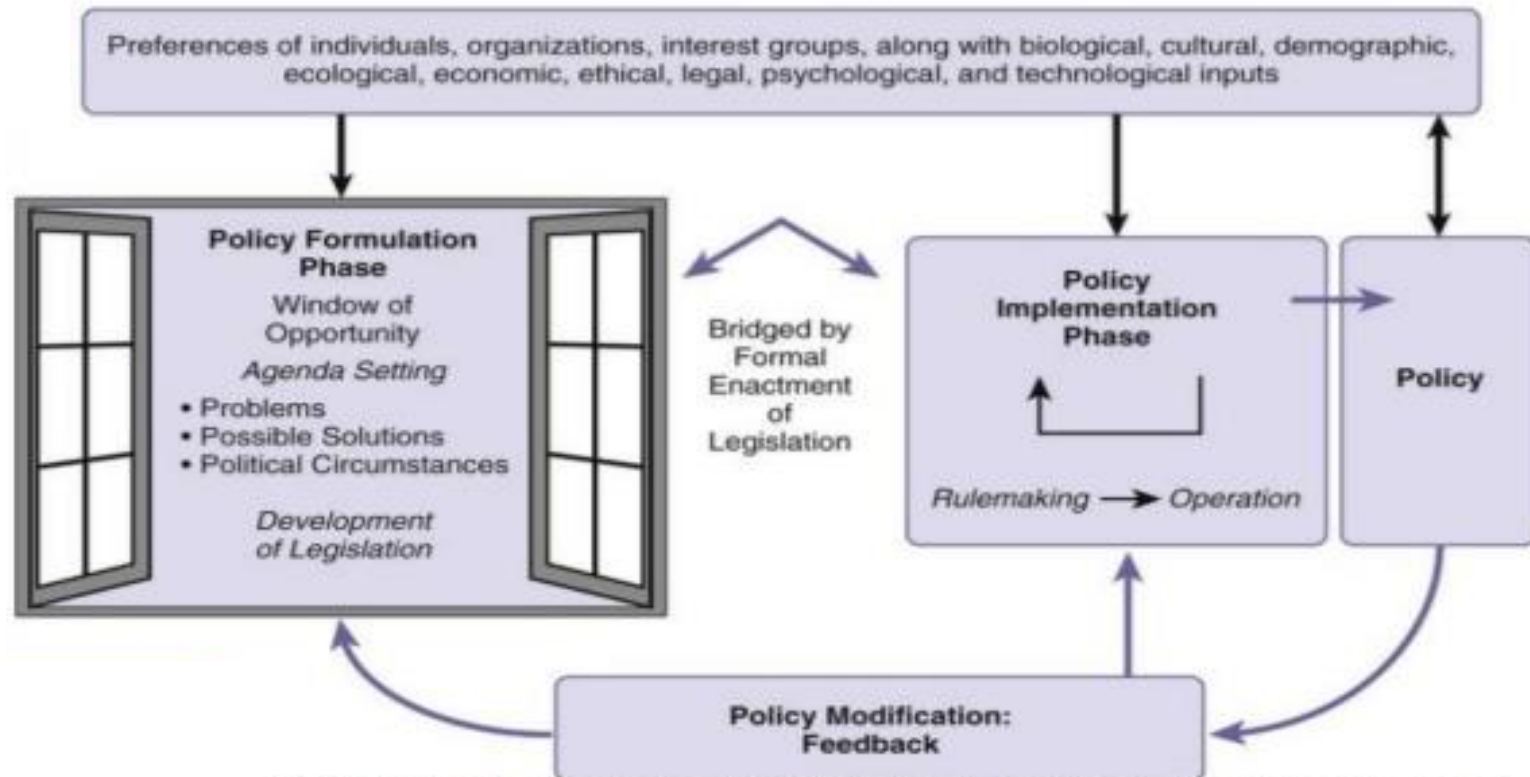
Problem
+
Possible Solutions
+
Political Will



Legislation

Source: Adapted from presentation by Dr. David M. Mirvis. Available at
http://www.urbanchildinstitute.org/sites/all/files/2006-09-Health_Policy_Forum-Mirvis.pdf

Longest's Policy Cycle Framework



Source: Longest's Policy Framework Redrawn from Longest, B. [2010]. Health policymaking in the United States [5th ed.]. Chicago: Health Administration. Retrieved from presentation by Dr. Dipti Sorte. Available at <https://www.slideshare.net/diptisorte/policy-politics-and-nursing>

Discussion

What are examples where we've made healthy choices easier as a county? (think broadly)

Locally, what kinds of public policy interventions are we open/closed to pursuing?

How can we improve the way we advance policy through formulation, implementation, and modification?

Resources

**Centers for Disease Control & Prevention (CDC)
Policy Process**

Visit <https://www.cdc.gov/policy/analysis/process/>

Georgia Health Policy Center

Visit <https://ghpc.gsu.edu/tools-frameworks/>