

[MC] Next we're going to hear a perspective from the healthcare side of the equation, and I'd like to call up Howard Koh, Assistant Secretary of Health and Human Services.

[Howard Koh] Thank you very much, David, and what a wonderful conference. One of the only ones that starts early and moves along ahead of time, so thank you for introducing me. And this is an incredible group of leaders and innovators, and it's really very, very humbling to stand before you. It makes me think that some people say that there are three types of leaders, proactive, reactive, and inactive. You're definitely in the first category, proactive. And you're also willing to think outside of your worlds and contemplate meeting colleagues in other worlds. I was amused by Lisa's little story about the CDC meaning something different to her than it does to many of us health folks. It reminded me of a story, a number of years ago when I was deep in thought in a parking garage, and as I was leaving I looked up, and it said, Caution! Five masters of public health. And I thought, my goodness, why would a sign say, caution, five masters of public health in a garage? And, of course, I refocused my eyes, looked, and it said, Caution, 5 MPH. So it all depends on your perspective, right?

So this is an incredible conference to relook at our own perspective and look at life and health from a community perspective and to do some comments here on community health and community development from the broadest possible perspective is a great, great pleasure for me, as the Assistant Secretary of Health. Let me start by thanking David Erickson for leading us in that vigorous exercise. That was very

revealing; it'll make this conference memorable to me. And I've already met some wonderful new colleagues here. Let me thank Lisa Richter for also her leadership in this innovative conference. Dr. Jim Marks has been a colleague and a source of inspiration for me for many, many years, and without Jim's multiple invitations, I would not be standing here in front of you, so Dr. Marks, thank you for your persistence and for having us her.

I look around the room, I see so many wonderful friends from academia, from community, from federal government, from state government where I used to be, from Massachusetts. When David went through our exercise, I think I stood up about five or six times, so I've had many roles, and so it's great to see old friends and to make new ones. And I do want to acknowledge my wonderful senior advisor, Rosie Henson, from the Department of Health and Human Resources; Rosie, can you just stand up and get a round of applause here? Thank you.

Rosie may be the single best connector, human connector I have ever met. And if you want things to happen here, across the country and in DC and in every community, please talk to Rosie; she can make it happen.

I want to start by saying that this is a conference that is very important to us as a country, very important to us who care about communities, and very important to me personally because the theme of this conference about broad social determinants in community health and community development is a journey I have taken personally as a physician. I started my journey a number of decades ago, and my parents came to this country from Korea, searching for the American dream, and they raised us kids

stressing that we needed to make it in this new society, but also have a sense of service in our lives, not only to the country of our ancestry, but to this new country of opportunity, the United States. For me, that meant becoming a physician, and I went off to medical school, like a number of you here, intent on being the best provider I could possibly be. And thinking back on that life experience, that was outstanding health training, but at that time, focused almost exclusively on individual biology of disease. The message was your job as future physicians was to learn about individual biology of disease, care for all the individuals placed before you in your offices, and in that way the country would become healthier.

And I cherish that, and it was a wonderful part of my life. I went on to care for patients for over 30 years, and that's a sacred trust that only providers can truly appreciate. But having said that, very, very early on I came to see some of the themes that you are talking about today in this very important conference. The fact that there's so many other dimensions impacting on the health of people other than individual biology of disease.

I trained at an intense, impoverished urban city hospital, and I cared for patient after patient where I could be the best physician and provider I could possibly be, but when those patients went back to the places where they lived, where they worked, where they shared lives with their families, and if the policies and the environments in those communities were not optimum—they usually weren't—people often did not reach their full potential for health.

So that concerned me, even back then as a young trainee. Over time I got more

committed and passionate about prevention because I saw much prevention that was overlooked. And so that started my own journey in public health; I became a state health commissioner in Massachusetts, from 1997 to 2003 (multiple governors, by the way). And then was also very, very fortunate to spend some time at the Harvard School of Public Health; it's great to see my great colleague, David Williams, here today, and was very involved in community based participatory research there before becoming the Assistant Secretary for Health, or the ASH, a year ago---they call me the ASH in government; that very acronym driven place. And by the way, given all my years in tobacco control, to be called now the ASH, I find somewhat ironic, but that's the way it is.

Along that journey I thought a lot about who should be involved in making people healthier. Who should be involved in making our communities healthier, and what is this journey of public health all about. I love the definition from one of my colleagues here ten minutes ago, saying that we need a combination of soul and science; that's wonderful! And as a former professor, I used to challenge my students to define public health. Some of the definitions ring in my head because there is no one definition. Some have defined public health as science in the service to society; some have defined public health as creative the situations where all people can reach their full potential for health. I often reflect that when you say there's gotta be a better way than this, that's the definition of public health. And that's what you're doing today; you're saying—and I'm paraphrasing, of course—that in order to really make our communities healthy, we have to move beyond our respective areas, think broadly, understand the social

determinants, understand that place matters, and understand that regardless of what our approach is, our goals are the same. That is, to help each person reach their highest attainable standard of health—I love that phrase from the World Health Organization—and to try to help each person reach true health defined by the WHO as a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity. And I've loved those definitions and those goals, and they are with me every day in my job as the ASH in the Obama administration.

Now you are all here because you know about the social determinants, particularly the socio-economic factors that drive and impact on peoples' health. You know, and our speakers already have commented that we're pouring a lot of money into health and not getting the outcomes that we need and deserve. You all know and understand that we need better approaches to prevention as well as care; we need better approaches to community based approach, as well as the individual approach. And that's why we're here.

In short, we need health in all policies—another phrase that I love—which basically means health is too important to be left to the health sector alone. I mean, what is more important to each of us than our health. If you don't have your health, you really can't talk about anything else. So all conversations about life and quality of life start and begin with health, and that's why we're here and that's why we're so grateful to have an innovative approach with leaders like yourself working at it from a community development point of view, as well as the broadest possible public health point of view.

One of the great honors of being the Assistant Secretary for Health is to oversee

a wonderful national public health planning process called Healthy People, which was started in 1979 by my esteemed predecessor, Dr. Julius Richmond. And that's an effort to update every ten years a national planning process for the country about where we are and where we'd like to be in the future as a society, in terms of health outcomes. 2010 is a very important year because we're wrapping up Health People 2010, we're about to launch Healthy People 2020 this fall, hopefully at the American Public Health Association meeting. We need clear cut vision for healthy people 2020, 20/20 vision, of course. And you may know that there are tentatively now four overarching goals for Healthy People 2020. First is to maximize quantity and quality of life; that's what we should be doing in all of our collective efforts. Second is to achieve true health equity for all people and eliminate health disparities, something that is very important to me, not just as an assistant secretary and as a physician, but also as a son of immigrants. Two other overarching goals have been added now, tentatively, for Healthy People 2020 . Third is to promote healthy behavior and healthy development across every life stage, that health and protection of health starts from birth, or even before birth, actually. And then fourth, very, very relevant to this conference today, is to create social and physical environments that promote good health for all. In short, a social determinant approach. So that overarching goal is now part of our Health People framework, and we're very, very proud of that. And I'm very proud to report to you, and this process has been moving forward, we have federal inter-agency work groups that have colleagues not, just from Health and Human Services, but through Housing and from Transportation, from Education, all gathered around to support a so-called Health in All Policies

approach.

There's a wonderful line from Healthy People that I quote in just about every talk that I think is directly applicable to this conference that says, "The health of the individual is almost inseparable from the health of the larger community, and the health of every community determines the overall health status of the nation." And I love that line; basically what it says is that we are all interdependent, we are all intra-connected, and we have promises to keep. Or, perhaps better said, was by former President John F. Kennedy, over 45 years ago—this is one of my favorite quotes ever. He says, "...and if we cannot end now our differences, at least we can help make the world safe for diversity, for in the final analysis, our most common basic link is that we all inhabit the small planet, we all breathe the same air, we all cherish our children's future, and we are all mortal." So basically what the president was challenging us is to define what is our legacy for future generations. Can we work together, regardless of our perspectives, to build healthier communities for the future.

Conference like this, I am very proud to say that in the first year and a half of the Obama administration there has been tremendous focus on community based approaches and community health. Let me just tell you about a number of them. One of the first acts of the president was to sign CHIPRA—the Children's Health Insurance Program Reauthorization Act, which brought coverage to 11 million more kids. And then in the Recovery Act, the present congress put a billion dollars for prevention and wellness, 650 million of that went into a national public health effort called Communities Putting Prevention to Work. Many of you here were absolutely instrumental in helping

us forge that , create that, launch that. There are five parts of Communities Putting Prevention to Work. A major part was distributing some 372 million dollars to some 44 communities across the country to promote community based approaches, focused on environmental and policy strategies around obesity prevention and tobacco prevention. I've visited several of these sites, and they are very impressive, and community leaders there are taking broad approaches like you are today. Some of the money for Communities Putting Prevention to Work has gone into bolstering state infrastructure, which is really taking a beating during this economy. Just last week we also funded some ten national organizations to promote better organization coordination and collaboration on prevention and community based approaches.

Then you've already heard that in February of this year the First Lady launched an unprecedented Let's Move campaign. It's extraordinary to see what happens when you have leadership from the White House like we have seen from the First Lady, who has done such a beautiful job. And we have seen really unprecedented mobilization at the state, federal and community level to tackle childhood obesity, to put it forward as a goal to try to solve this in the next generation, and to use the most comprehensive community based strategies we can, not just focusing on individual kids who, of course, need our attention, but also look at healthcare settings, look at communities, areas where kids can play. And then also, and critically, partnering with other parts of government, particularly and including the Department of Agriculture.

As one example, you all know that some 23 million Americans live in what's called food deserts, where it's not easy to access nutritional food for family and people



in need. So the USDA has tackled this particular aspect of the Let's Move campaign by creating the first environmental food environment atlas, which maps out healthy food environments at the local level across the country, and then also collaborating with Treasury and Health and Human Services on a so-called Health Food Financing Initiative, that invests some 400 million dollars a year to bring in grocery stores in these underserved areas.

There's so many more parts of Let's Move that we could talk about here in discussions or in future conversations, but there's a tremendous community based focus that we're very, very proud to talk about, led by the First Lady.

Later on today we will be unveiling a national HIV strategy, which you'll be hearing much more about going forward. Many of you in this room have been leaders in that preventable epidemic. That's another strategy that involves not just individuals and providers, but entire communities and indeed the entire country to work toward a goal of making HIV infection rare.

Of course, the Affordable Care Act passed on March 23, has received so much attention, and we have tremendous excitement about reducing the rolls of the uninsured and delivering insurance access to some 32 million people. But more than that, if you look at the 2000-plus pages, this is a broad based public health approach for individuals, for businesses, for states, and indeed for the entire country. I'm particularly thrilled about the prevention piece; again, many of you here advocated for that and have been leaders in promoting prevention. And so, as an example, we now have a new National Prevention Health Promotion and Public Health Council that just met several weeks ago

for the first time. That council is charged with producing the first ever national prevention and health promotion strategy by next March. That will inevitably involve many of you, and I'm sure the council will be eager to hear the outcomes of the conference today about how community development plays into national prevention and health promotion. There's a new prevention and public health fund that will quickly appropriate up to two billion dollars a year for prevention efforts, both at the individual, state and national levels. So these are unprecedented opportunities, things we could not talk about before March 23, 2010. So it's very, very exciting.

Now your organization has done so much to add to this conversation. The county health rankings that you unveiled recently were really very innovative, garnered tremendous public attention, put the focus on community and the message that place matters and that we need health in all policies. So thank you for your leadership and the leadership of Robert Wood Johnson for making that happen.

And then just last month the Department and the Institute of Medicine—I don't know if my wonderful colleague, Dr. Fineberg, is here yet, but Harvey was instrumental in helping unveil a new community health data initiative where we are working together to make federally generated community health data publicly available in easily accessible and useful formats. By the end of this year a new HHS Health Indicators Warehouse will be unveiled and make lots and lots of health data available to people in the community at the local level, where people can use that to drive action and do planning, such as what you're trying to do right now at the national level.

So these are all examples, in my view, of the broadest possible approach, of

marrying soul and science, of having public health be science in the service of society, and really reaching out an innovative leaders to promote health in all policies.

Let me conclude by thanking you, therefore, for launching this and taking really an extraordinary, broad and wise approach to public health and showing that you are proactive leaders in this really extraordinary way. The concepts of leadership are one that I find great fascination with and have studied a little bit and written a little bit about it. And we often talk about what defines leaders, what makes effective leadership. There are two themes I just want to close with for your consideration. One is, I think, I believe that leaders are those who are willing to step forward and face challenges, even if they're not sure what the precise solution may be. They know there is a need, they know that they have a desire to meet that need, oftentimes they feel called to meet that need—a lot of public health is a calling, in my view. You have all stepped forward and said, there's gotta be a better way; this is a creative and unique opportunity and we, as leaders, are gonna step forward and try to do something here, even though we may not know precisely what the right answer is. That's' essential to leadership, in my view.

And then ultimately, in my view, the most enduring legacy of a leader is one who—is that of honoring and creating a renewed sense of community. When your work is done, and you're trying to help people and you're trying to help individuals, what you've done is built a stronger, revitalized, renewed sense of community, and that's what this very, very important forum here today is all about.

So thank you for inviting me and my colleagues here today. Thank you for taking

this fascinating broad, innovative, creative approach. Thank you for your leadership.

We, at the Department of Health and Human Services are eager to hear about the outcomes of your conference today, work closely with you in making sure that all people reach their full potential for health in the future. Thank you very much.

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