

Intro to Policy Analysis in Public Health

Guest:

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Rhiannon Bednar (RB): Welcome to Ideas for Practice, a podcast of the Region V Public Health Training Center. As one of the 10 public health training centers across the country, the Region V Public Health Training Center aims to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning into our episode. Today we'll be talking about health and health equity in all policies. I'm your host, Rhiannon Bednar. In this episode, we'll be hearing about the Health in All Policies work that's being done by a city government in Michigan, how health equity has been integrated into this work, and we'll gain insight on where to start with policy analysis work. Our guest today is Samir Deshpande. Samir is the environmental health manager for the City of Dearborn, Michigan. Today Samir is here to talk with us about this important topic. So Samir, welcome to the podcast. I'm excited to speak with you today.

Samir Deshpande (SD): Hey, thanks for having me. Always excited to talk about Health in All Policies.

RB: Great. So can you start off by telling us a little bit about yourself and about your work?

SD: Yeah, absolutely. So I started my career as a chemist. I was testing pharmaceuticals, and I ended up really missing writing and talking to people. So I transitioned, but I wanted to keep sort of a science and health-related focus. So I transitioned into health communications. Spending about five years at the Walter Reed Army Institute of Research, the Department of Defense's largest biomedical research lab, including during the height of the COVID pandemic. So I had really a front-row seat to the federal response, and I ended up getting really interested in policy based on being able to see some of the decisions that were being made at that time. So I went back to grad school for a master's in public policy, and I ended up in local government. Arguably, for me at least, one of the most exciting climate and health spaces to be in for reasons we'll talk more about.

RB: Thank you. That's a very interesting background to get where you are today. And I'm also excited to kind of hear more about this work that you've been doing. But before we get into our discussion today, I do wanna make sure that our listeners have an understanding of what Health in All Policies is and what it means, just in case they aren't as familiar with this topic. So can you talk about what Health in All Policies means and why it's important?

SD: Yeah, absolutely. So at it's most fundamental, Health in All Policies simply means that every single person, every department, every decision that's being made by government contributes to or detracts from public health. Whether that's how streets are built are they safe and accommodating for pedestrians and bikes, to what kind of businesses are you trying to attract, retain, and develop, to permitting and zoning practices. Folks who don't necessarily have health in their title can make some really, really consequential decisions for community and population outcomes. It's about focusing on the social determinants of health.

SD: Access to affordable, quality medical care is obviously important. But as any doctor would tell you, prevention is also really important. Healthcare practitioners often think about that in terms of screening, promoting healthy habits, things like that. But underlying that are things that can be outside of any individual's control, right? Do you live in a food desert? Is your air safe to breathe, water safe to drink? Do you make enough to pay for food, electricity, and transportation? So trying to center those issues into things that may not always have been thought of that way is really what Health in All Policies is all about.

RB: And so the city of Dearborn, which is located in southeastern Michigan, where you work, is structured a little bit differently especially when it comes to their public health department. So can you talk a little bit about what makes them unique in their structure and how the health department works closely with the city on Health in All Policies and policy analysis related work?

SD: Yeah, absolutely. So in Michigan, only cities with a population over 750,000 are expected to have a health department. So historically, that's meant only Detroit. Although for a time, Dearborn did choose to have its own health department until it was cut in the 2000s. Otherwise, your health authorities are typically held at the county level. So for us, that's the fine folks at Wayne County. They're doing all the things that you expect a health department to do. Vaccinations, vector control, outreach campaigns, et cetera, et cetera. Dearborn's public health department is working differently, not taking over those authorities, not accredited, not interested in becoming accredited. Instead, we are laser focused on policy, essentially acting like a health policy think tank for the city.

RB: What does it look like to actually start the process of a policy analysis? Are there certain people or groups that need to be involved in the start?

SD: Yeah, for sure. But I wanna take a step back and underscore the process part of that question before we get to the policy analysis part of that question. Obviously, I think Health in All Policies is a great approach. It's a good idea. But you can fall into a trap where you think it's so evidently a great idea that everybody will drop everything, ask where you've been this whole time and really rush to incorporate you and all the amazing, brilliant insights that you have into their workflow. The reality is that in any government, there are silos and people have varying levels of interest. Having champions in other departments, especially from your high level executives or elected officials is optimal. That's really helpful. But you can still end up in situations where somebody hands you the final draft of a plan or an ordinance or something like that. And basically what you're being asked for is comments on a PDF. And that's better than nothing. But that is much farther along in the game than being able to make maybe a truly transformative change at the beginning and being able to bring everybody on board. So what I really wanna emphasize when I talk about process is, being able to embed yourself into that normal workflow to minimize the friction of getting to being part of the process. When I worked for the Army, one of my responsibilities was reviewing scientific publications before they were published for security concerns, which was pretty standard practice.

SD: But that was also my opportunity to get content for press releases or articles since I knew that most of the scientists just wanted to hide in their labs and they were never really going to volunteer that information. But that was my way of jumping on to an established process that was already gonna happen and being able to broaden that for additional purpose. So within your local context, that's gonna vary, right? But what are the existing processes that you can latch on to? Maybe that's nobody needs more meetings, but maybe that's attending the staff meetings of other departments. Maybe that's being on certain committees overseeing the capital improvement plan or this kind of budget or this kind of issue that your city is experiencing. Obviously, you and your department can't be everywhere at once. So it's also important to prioritize and think about what kinds of things you wanna be involved with and at what stage it makes sense to be involved. Sometimes comments on a PDF is the right stage to get involved. Sometimes it's when folks are sitting around the table saying, we've got this problem, what should we do about this? But if you can get that right, it means that you have a much broader range of options for how to mold policy and practice at a fundamental level.

RB: Yeah, I think that's great and appreciate you kind of taking us a step back to really talk more about that process part of it. Are there any examples you could share to help listeners better understand either that process part of it or actually starting the analysis?

SD: Yeah, sure. Dearborn has a capital improvement plan. That's the major infrastructure investments that are typically multi-year processes. And we were able to work with some of the other departments on changing the scoring for that, so that health outcomes are also being considered. Not the only thing, but are another thing that's being considered. And we also have somebody who's on the committee that considers those.

RB: Thank you. And I wanna not necessarily shift gears, but maybe go a little bit deeper and kind of focus more on the health equity part of it. So the concept of health equity is really fundamental to the field of public health. We know that health equity means everyone has the opportunity to attain their highest level of health, according to the American Public Health Association. And I think that we as public health practitioners often understand the value of health equity, but it can be tricky to put health equity into practice, especially from a policy standpoint. So how has health equity been centered in the City of Dearborn policy work, and how does that fit into the policy analysis process overall?

SD: Yeah, figuring out how to work in health equity and equity in general is absolutely critical. It's always easy to think that things just sort of happened a certain way in your community. That that factory just happened to be across the street from the neighborhood, or that this policy just happens to benefit a certain group. But we know that most of the time, that's just not true. A certain demographic was viewed as expendable or undesirable, a certain negative side effect was deemed acceptable. So for us, that starts out with thinking about, how do health equity issues actually manifest in your community? Because that will, of course, vary based on your community's geography, demographics, history, the things that make your town your town.

SD: For us, that's things like proximity to sources of pollution and susceptibility to flooding. We're also doing a community health needs assessment to help us understand some of the less obvious ones and be able to really drill down on the crosstabs of being able to collect data at the city level, but also, folks in this neighborhood, who we know have X, Y, Z socioeconomic demographics are really feeling the pain from this issue, as opposed to this neighborhood. And then you need to actually act on that information. Or at best, make sure that your policies and practices aren't worsening them, but ideally mitigate them. So that's changing ordinances, that's changing what kind of neighborhoods are being prioritized for certain services or budget. In Dearborn, for us, that's meant trying to expand green spaces in disinvested neighborhoods. That's meant trying to expand access to air quality information so that residents have it at their fingertips. That's meant trying to think about how we can de-industrialize certain areas that are really close to residential neighborhoods. Sometimes that's meant new ordinances, but honestly, it's also meant more actively enforcing rules that we already have on the books. So I'd say, being able to know what those issues are. It sounds kind of obvious, but having that in mind, is having saying, "Okay, flooding is a big problem. We need to make sure that whatever we're doing in this area doesn't make flooding worse, ideally makes flooding better." But that's not always a lens that's used in projects as they're being rolled out.

RB: It's a lot to think about in the process and really try to integrate. You talked about trying to get air quality information to residents. What does that look like? How do residents access that kind of information?

SD: Yeah, it's a project I'm very excited about. In Dearborn, we still have active industrial sites, manufacturing, trucking hubs. And as a result of that, we have significant air quality issues that certain parts of our community experience. In some cases, we have elementary and intermediate schools essentially across the street from steel refineries. This is suboptimal for many reasons that I'm sure we can all imagine. So the first step of that, of how we wanted to address that, is being able to put information in the hands of residents directly. So we partnered with a company called, Just Air to set up 10 air quality monitors across the city of Dearborn that residents can check the air quality for at any time. Free, it's on the website, there's no sign up, there's no login, anything like that. They can go to the website, they can look at what the air quality is at a monitor that's close to them at any time. So if you're thinking about, "Should I send the kids to soccer practice? Should I go for a run right now? Can I have my tea on my porch?" And then especially for folks who have different levels of underlying health issues, they can be a little more conservative or not, depending on what they wanna do. Another feature of this that's exciting is that residents can sign up for air quality alerts. And they can sign up for whichever monitors they want. So they can sign up for the whole city if they want. If they're like, "Hey I live here, and I work there, and I only care about these two monitors." Fair enough, you can sign up for those. And the system will send them a text when the monitors detect an air quality above a level of concern. It'll also send them an all clear message when it comes down to a safe level to be outside. So that's part of how we're trying to democratize that information.

SD: But also, I wanna be very clear that that's not the entire solution. I don't wanna push the onus of not getting asthma onto people who even if you know the air quality is bad, sometimes you have to go outside. You have to walk to your car, you have to take the trash out, whatever. And so part of this for the city is also an opportunity to collect more data about what kind of pollutants we're seeing where. William, you might know that there's a pollution issue, but like the specific kinds of pollutions, the temporal trends, what time of day, what times of year they're particularly bad, to help us both inform future policy changes or interventions. So whether that's we're thinking about things like vegetative buffers, we passed a new fugitive dust ordinance, but also to measure are those things working? Are they making the impact that we want them to be having and having this data source here to be able to give us the answers to that?

RB: That's some really exciting work that you are doing at the city government there. I feel like you've alluded to some of this already, but with this type of work, I'm sure there are many challenges that you face. So what type of challenges have you come across in this work and how have you overcome them? Are you working with certain people to make progress on some of these challenges or just kind of what does that look like?

SD: Yeah, well, so kind of definitionally, Health in All Policies means that you're focusing on the bureaucracy, which is always kind of an interesting experience. So you have to go in with the understanding that a lot of times you're trying to change policies, procedures, practices, ordinances that have been a certain way for a long, long time. And there might be varying degrees of excitement about changing that. Step beyond that is that we live in a time of high expectations from government. People want the best possible services. They want the lowest possible taxes. And honestly, fair enough. But it means that people who are working in local accounting or really any level of government are working with fewer and fewer resources and can be wearing a lot of different hats, doing a lot of different roles. So I think taking the time and effort to make space for some interloper can be hard, can be difficult. Sometimes even if this is going to save time in the long term, finding the space to take a pause and, "Hey, let's really think about how we're doing something, can be a really big ask depending on the department and depending on what it is. So that's all to say that there will be missed opportunities because also you're just one person and you can't be everywhere. You can't do everything all at once. Maybe that's like a grant that sounded awesome that you just ended up passing on or a policy that you were consulted on later in the game than you would have liked. That's gonna happen. And in terms of these kind of challenges, it's always easy to get lost in the enormity of kind of what is facing our cities. Most cities have millions, if not billions of dollars of infrastructure investments that they need to make, whether that's lead line replacements or sewer separations or park infrastructure upgrades or whatever it is. But one antidote that I have for that is really just focusing on the small wins and picking the low-hanging fruit, also publicizing those small wins. It's important for your emotional well-being just to be able to feel like you're doing something. But also that can really help you work through some of these concerns with other departments where it's, "Hey, now they know who you are. And it was kind of a small thing that you worked on together, but now when they're skimming their inbox and they see your name, they know you're not wasting their time."

SD: The public loves seeing that also. People like seeing successes coming out of their local government. Hopefully those small wins can build towards some of the bigger, broader changes you wanna make, but you got to start somewhere and you got to start somewhere in a way that sort of sets you up to be able to do that long-term work that might take years to push through.

RB: Yeah, I think that's a great way to look at it, and especially focusing on those small wins. But are there any examples of some current challenges that you're working through and what are the steps that you're taking to work through those?

SD: We've been working pretty closely with a couple departments on some projects to try to find properties that are good for de-industrialization and trying to make sure that those aren't just getting turned back into another logistics hub or something like that. This is something that requires us to work across several different departments, whether that's planning and zoning, whether that's our legal department, whether that's finance. And so it can take some time to sort of keep working through these things to sort of keep everybody on the same page. But I think you've just got to keep chipping away at it. You can't get sort of lost in the, "Oh, this has taken X amount of time, this should have taken that amount of time." Really focusing in on how are we keeping on moving the ball forward and whether that's okay. Maybe it makes sense to have a formal project committee. Maybe it makes sense to just set up once every couple of weeks check-in, but we've been really focused on trying to figure out, "Okay, how can we keep this moving forward?" And part of that has been what kind of outside resources can we bring in, whether that's partners from our local universities or community partners to help us move some of this work forward also.

RB: Thanks for sharing that. Do you have any tips or advice for public health practitioners who might want to implement some Health in All Policies into their work or into their organizations, but they just don't really know where to start?

SD: Yeah. I've alluded to this a little bit, but relationships are just so important, both relationships with your departments that you're gonna be working with, because it's their work that you may or may not be meddling in, but also relationships with community and neighborhood organizations or businesses. These external partners that are experiencing local government very actively can be really important partners in figuring out where to start. Talking to these neighborhood groups or community health organizations and asking, what is the city doing right now that's not helpful? Because that view from the inside of, "Oh, we're doing this for a certain reason, and that makes sense to us, and it has this outcome, and great." But from the outside, that can look totally different. The city is doing this thing, and if they just changed it, I don't think it's a big deal for the city, but it could be a really big deal for us. That can be really impactful. And plus, building trust doesn't happen overnight, and really just showing up is a big step, especially for residents or organizations or groups that are really used to being ignored and not being heard.

SD: And it also helps them understand how to more effectively lobby or work alongside the city government. So really focusing on that relationship building and trying to build that into your actual schedule of, I'm protecting time to go to these community meetings, or I'm protecting time to participate in this forum, or something like that, is, I think a really important place to start.

RB: I think that's some really great advice. And so you do all this work with your partners, the community, with the policies that you're trying to get put into place, but what does it look like to actually start succeeding at implementing Health in All Policies? How do you know, "Yes, this is working, we're seeing success?" What does that look like?

SD: You know what, at an internal level, well, that'll vary on what level of government you're at and what kind of problems you're trying to work through, but for me, it's when other departments start coming to us and asking us for our feedback and our participation in their processes unprompted. So the example I'll give you is that in 2021, you had catastrophic floods that hit southeast Michigan. We got like seven inches of rain in 24 hours for a sewer system that's built to handle three inches, thousands of basements flooded. It caused huge amounts of damage in the city. It was really, really traumatic for the community. And coming out of that, the city received \$21 million in disaster relief money from the federal government, CDBG-DR, for those of you who enjoy acronyms, money that's meant to help along the long-term recovery process. Our economic development department are the ones who receive and typically spend this money, but they came to us and asked, "Hey there's the things we normally spend this on sewers, spray infrastructure, but is there other stuff that we should be thinking about that's preventive?" And so coming out of that process, of course, there was some spending on layering out a sewer line to increase capacity. But some of that money is also being spent on things like green stormwater infrastructure, rain gardens, bioswales, and other kinds of streetscaping improvements to improve where the water goes. These are things that are going to mitigate flooding as their primary purpose, but they also have meaningful benefits for the community as well. Better streetscape can make things safer for pedestrians. Rain gardens, bioswales can have a whole range of other community beautification improvements. They're nice to be around.

RB: That's a really great example, and I'm sure it's always a really nice feeling when someone actually comes to you asking, "Hey what do we do about this issue or this potential policy?" So thanks for sharing that example. And I wanna end today by asking you if there's one piece of information that you would like for our listeners to keep in mind about this topic as they move on with their day, what would you like that to be?

SD: I think that there's no bad place to start with this. Environmental sustainability and pollution mitigation are a big focus for Dearborn because that's a really huge problem within our community, but it might be a different issue that's facing your community. Maybe that's social isolation crisis. Maybe that's food deserts. Maybe that's transportation access. A lot of these problems seem so big, and it can feel like they require a big solution.

SD: But sometimes a series of smaller solutions that help turn the ship in the right direction can also be really important and really impactful. Maybe that's working with another department to change the language on your website or on a handout to be more health promoting point to some resources or steer people maybe in the direction towards certain community groups. Maybe that's pushing to share data across departments to help inform how resources are allocated. You want more trees, but your public works department has the tree data and trying to work with them on a tree program. And maybe that is like a big brand new ordinance that's gonna totally change the way we do things or a big budget program that you're gonna go after a big dollar grant for. All of those are wins. But like we've talked about, picking this low hanging fruit can help build those relationships, build trust, give you something to highlight publicly and internally when you're trying to talk about why we should bother with this at all in the first place.

RB: That's a great note to end it on. So as we wrap up today's episode, we wanna let our listeners know that there will be a follow-up virtual discussion-based training session with Samir in early 2025, where we'll dive deeper into this topic of policy analysis. For those listening to this episode in the future after this live session occurs, we will have an on-demand version of this session that's available as an enduring resource in our training library and rvphtc.org. So whether you attend this live training or view the recording, you'll have access to diving deeper and learning more on this topic with us. So Samir, I just wanna say thank you so much for joining us today to share your experiences and provide insight on this topic and really just share about all the exciting work that's being done in your community. To our listeners, we hope you've learned more about health equity in all policies and policy analysis today. Feel free to check out the transcript and resources in the podcast notes, and we encourage you to participate in our live discussion-based session with Samir in early of 2025 or enroll in the on-demand version once it's available. Funding for this podcast is provided by the Health Resources and Services Administration. And with that, we'll end it here for today. Stay safe and stay curious, everyone.

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