

I had 5 cups of coffee flowing through my body by the time I went up to the microphone to ask the panelists a question. It was the last panel, whose subject was ‘Innovations in Community Health.’ Even though my vision felt like it was operating in high definition, whether from the caffeine or stage fright, I managed to say in a smooth, calm voice:

“Hello, my name is Maddie Kinscher, and I am serving as an AmeriCorps member in Stevens Point, Wisconsin. For the context of this question, in Wisconsin, our bars outnumber our grocery stores 3:1. (the audience *did not* expect that) There are a lot of people in our state who have a strange sense of pride for our reputation of how much we drink. Our environment reinforces it, and it’s basically a cultural norm. How can we promote health in communities like those, with full community support, when the health risk is normalized and a part of the culture of those communities?”

I can proudly say I stumped Paul Reed, who works for the Office of the Assistant Secretary for Health in the Department of Health and Human Services. He later thanked me for the difficult question. And it truly is hard.



Community health and public health are not easy places to work in. Now more than ever, health risks and issues that affect the collective are being polarized into ‘one side versus the other.’ Public health is a political space; however, it is not partisan. Regardless of who is in power, public health problems will always be present, will always impact underserved, institutionally marginalized communities disproportionately, and will always progress without action taken to stop them. The Action Policy Institute guided public health professionals from around the country on how we can use policy, local to federal, to promote health for all. We live in a system where our elected officials can influence how healthy we are. Public health entities and elected officials should be a team to help bring the U.S to be the healthiest nation for *all*. Another young professional asked what we can do to build initiatives before people have to suffer to take action. The answer given was that relationships between public health and elected officials need to be formed and reliant, because right now we are just ‘putting out fires’ after they happen with new policies. Yes, policies help, a place to start, but building these relationships will allow us to act before tragedies happen and be ‘proactive’ not ‘reactive.’ Public health isn’t meant to wait, public health is meant to be preventative and prepared.

“Public health is a system of systems.” Janet Hamilton of the Council of State and Territorial Epidemiologists stated. Public health is at its core mental health. Public health is also about access to transportation, quality education, affordable healthcare, policy, the environment, and the other social determinants of health. “We need to be in every lane...” to build healthy communities. And we must let others into our lane as well. Youth advocate Daphne Frias called public health professionals in to not gatekeep the field and the work. Lived experiences are just as impactful, important, and needed as a college degree. “Stories can help explain the root causes to many issues,” is what Jailen Leavell, another youth advocate reported. By involving the community, and better yet HIRING the community, to help solve public health problems, it offers better sustainability and would build that communities capacity to support itself.

How does this apply to AmeriCorps? Us members are in this service to improve our communities. Many of us serve in the communities we grew up in or lived in for numerous years. It was very easy for all the panelists, from those working for the CDC to the Department of Health and Human Services, to say we need to involve communities. Doing it is still something many struggles with. The boots on the ground and grassroots organizations know what is going on in their town, but many lack resources to do the work alone. As AmeriCorps members, especially us serving in those grassroots organizations, we can help build the relationships needed to promote community health. We can use our position to connect the people we work for with the people in power, and vice versa. If we want to build strong, resilient, healthy communities, we can't ignore these relationships. We can't ignore that there needs to be a change in structure. We can't ignore our community. I am no way suggesting we'll solve all our health problems in our one term. But we could be the catalyst to make it happen.

Ask the tough questions. Drink five cups of coffee if it gives you confidence to do so. AmeriCorps members have great ideas, or we may see things others don't. Use your voice to start a conversation about what your organization can do better to improve the quality of life in your community.

- What does our community need?
- Is there a health-promoting policy to educate others about?
- Who do we need to collaborate with?
- How can we empower our community?

These are not easy questions at all, but we don't serve in AmeriCorps because it's easy. We did it to help people. So, let's get to work.