ASPHN Priority Issues

The social determinants of health (SDOH), confounded by systemic racism and structural discrimination have significantly impeded nutritional health and wellness conversation and actions within public health for decades. As a result, alarming gaps in health disparities continue to widen. Most often, lower resourced communities suffer the greatest from poor nutrition health outcomes. Repeatedly, the beneficiaries of systemic racism are Black, Indigenous, Hispanic, and People of Color. In this present-day environment, accentuated by COVID-19, the impact of systematic racism has catapulted to the forefront of our public health narrative.

Now more than ever, it is time to include language that expressly opposes structural racism and inequity as part of everything ASPHN does. For that reason, ASPHN has imbedded language opposing racism and discrimination in the ASPHN Priority Issues, just as we continue to include language supporting nutrition and health in all matters of public health policies and programs. These priorities define ASPHN and position ASPHN as experts in the field of public health nutrition.

Who We Are:
Public Health Nutritionists (PHNs)

• Promote the role and value of the public health nutritionist.
• Support ASPHN operations and uphold the Association’s capacity to achieve its mission and pursue its vision.
• Provide a strong proactive voice for the advancement of productive upstream national policies, initiatives, resources, programs, and issues that encompass the SDOHs.
• Address and mitigate the collective impact of racial discrimination and health inequities upon public health, nutrition, and physical activity at the federal, state and local levels.

What We Do:
Initiate action on ASPHN’s public health nutrition priorities and language to:

• Support language that expressly opposes structural racism as part of everything we do, much like health in all policies and programs for which we work.
• Identify those SDOHs and other areas of health disparities relevant to most or all states.
• Address disproportionate health and racial inequities on public health and nutrition.
• Engage communities to assure the community voice is incorporated into ASPHN program planning and development.

Health Equity
Work to achieve health equity by developing and promoting policy, system and environmental changes that support equitable access to healthier opportunities across the SDOHs.
Policy, Systems, and Environmental Change
Help make the healthy choice the achievable choice. Elevate and support equitable policies, systems, and environmental change (e.g. SDOH, behavioral and economic strategies) at the federal, state, and local levels that promote optimal nutrition and physical activity and prevent disease.

Maternal and Child Health
Promote optimal well-being and health through healthy eating and regular physical activity for women, children, adolescents; including those with special health care needs, and their families. Endorse policies and programs in support of healthy growth and development from conception through adulthood.

Resources
Develop resources that facilitate state-to state sharing, making it possible for state health agencies to provide effective, visible state agency leadership and promote healthy eating and regular physical activity; especially in communities with high rates of food insecurity and diet-related chronic disease.

Workforce
Develop a robust educational system to promote a multi-disciplinary, culturally sensitive, competent, and diverse workforce of public health nutritionists that is representative of the U.S. population.

Affordable Care Act
Provide our membership with guidance on developing and implementing culturally relevant and appropriate nutrition programs and services under the Affordable Care Act.

Surveillance Systems
Ensure research and surveillance systems to track the SDOHs related to public health and nutrition programs and policies affecting populations at high-risk for chronic disease.

Accreditation
Support the Public Health Accreditation Board and provide support to members involved in state and local public health agency accreditation.

How We Do It:
Address regulatory, programmatic priorities impacting the SDOHs; with emphasis on populations deleteriously affected by high rates of diet-related chronic disease.

- Increase fruit and vegetable access, affordability, and consumption.
- Promote eating healthy eating habits and regular physical activity to obtain and sustain a healthy weight.
- Reduce intake of sugar-sweetened beverages and increase intake of water.
- Increase the incidence, exclusivity, and duration of breastfeeding.
- Decrease food insecurity and hunger.
- Increase physical activity and decrease physical inactivity.
- Reduce screen time.