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What I learned at APHA's 2025 Policy Action Institute

APHA's sixth annual Policy Action Institute was held in Washington, D.C., in June 2025. Among the hundreds of public health advocates at the meeting were participants who received scholarships to attend. In these essays, they share their insights on the institute.

Finding our voice: Lessons on public health advocacy

Nina Pinto, MPH, is a program associate at the Patient-Centered Outcomes Research Institute. She is a graduate of the UPenn MPH program, and has a passion for health policy and research science, which she hopes to continue to fight for in her career.

I entered Shelley Hearne's session at APHA's Policy Action Institute expecting a thoughtful overview or lecture of advocacy. What I got instead was a powerful wake-up call. Dr. Hearne, founding director of the Johns Hopkins Center for Public Health Advocacy, didn't hold back on the stark reality of our work today. She began with a stark truth: "Public health has saved millions of lives — and most people don't even know it." That disconnect, she said, is our biggest vulnerability. If people don't understand what public health does, how can they be expected to fight for it? Her words pushed me to reflect on a question I hadn't asked myself in a while: How do I show the value of public health beyond the numbers? As public health professionals, we often rely on data to make our case, but as Dr. Hearne reminded us, "Facts don't speak for themselves. People do."

That line hit hard and it stayed with me, because the truth is, data without context rarely moves hearts, minds, or policy. Advocacy isn't a side job for public health. It's core to the work, and storytelling grounded in lived experience and community voice is one of our most effective tools. Since that session, I've started to think differently about how I present my own work. I'm revising communications with more accessible language, thinking about ways to lift up community stories, and even continuing to seek opportunities where we can center patient voices to effectively move the needle on the issues that matter. These are small steps, but they're a start. Dr. Hearne made it clear that advocacy doesn't belong to a few high-profile leaders on Capitol Hill—it belongs to all of us. Whether we're in federal agencies, research institutes, or local nonprofits, we represent the field every day. If we're not telling the story of public health, who will?

This session reminded me that public health isn't just about solving problems; it's about connecting people to the solutions that already exist. This can only happen when we speak up—clearly, consistently, and boldly to the powers that be. Now more than ever, it's time to find our voice and use it.

Stories, data and action: Inside the Policy Action Institute

Chandrima Chatterjee is a doctoral fellow in Health Management and Policy at the University of Louisville. Her work focuses on Medicaid policy, healthcare disparities, maternal and child health, and behavioral health research.

The Policy Action Institute 2025 was organized by the American Public Health Association in Washington, D.C., from June 16 to June 17, 2025, concluding with Capitol Day. The PAI is a dynamic gathering of public health professionals, researchers, advocates, experts, and students, with a shared mission: to turn evidence into action. The Institute offered a mindfully crafted mix of sessions, panel discussions, and networking opportunities, focused on exploring real-world solutions to the most pressing healthcare challenges nationwide. The topics included the recent discourses about Medicaid, navigating the current local community health settings, learning how to tell stories that resonate with policymakers, and innovations in public health. Each session aimed to bridge the gap between research and policy change. Public health students and professionals across the United States came together to share their perspectives and ideas, shape laws strategically, navigate funding priorities, and explore ways to impact the community at the grassroots level positively. The Institute served as a launchpad for anyone involved in public health, from seasoned professionals to passionate early-career researchers, equipping attendees with tools, connections, and fresh determination to drive progress at all levels.

The session conducted by Dr. Shelley Hearne changed my perspective on how I viewed the dialogue between a researcher/advocate and a policymaker. As an early career professional (a student who is still strengthening her foundation in Policy), I do not always find it easy to translate findings to stories, especially when expressing them with conviction. Dr. Hearne, the founding director of the Lerner Center for Public Health Advocacy at Johns Hopkins, had an inspiring message: having the data is not enough. We must know how to utilize the data and tell a compelling story. Dr. Hearne urged the attendees to become active translators of evidence and speak the language of the policymakers. Undoubtedly, the whole room was leaning in while she delivered a pep talk to a room full of changemakers, passionate about public health.

The lecture consisted of essential tips, nuances of public health advocacy, and "connecting the dots." There were real-life situations that turned charts into action, where legislators listened, and actions followed. This field has its share of complexities and challenges, including uncertainty in science, political pushback, and sometimes, translating complex ideas into simpler stories. But that is where the public health advocates come in, to become the trusted source, bringing both rigor and heart to what we do and why it's personal for us, and finally, connecting the dots for the policymakers, for the people who can execute the changes. The session concluded with a group activity, where we drafted elevator pitches with our personal stories, backed by data.

In less than two hours, she reframed how I perceive my role in public health. We are not just researchers. We're communicators. Advocates. Storytellers. And if we do it right, we can bring about the changes we want to see.

Our voices Matter: What the Policy Action Institute taught me about advocacy

Kalani Phillips, MPH, CPH, is a PhD student studying public health at the University of California-Irvine and a member of Survivors + Allies, a student-led organization that works for and with survivors of sexual and interpersonal violence. Her research focuses on reproductive health, sexual violence, food insecurity, college student resources and structural barriers to accessing health care.

As a public health PhD student and advocate, I've often found myself navigating the space between research and policy. Attending the 2025 APHA Policy Action Institute virtually, even from thousands of miles away, was grounding. It reminded me not only of what's at stake for our most vulnerable communities, but also of what's still possible when research, advocacy, and community come together.

One theme that stood out to me across each session was that public health is most powerful when rooted in lived experiences. Whether panelists discussed Medicaid and SNAP cuts, reproductive health access, or other policy decisions, it was clear that policy decisions can have dangerous outcomes. For student survivors trying to heal and navigate campus resources that feel safe, for low income families relying on SNAP, and for individuals seeking abortions, these policies are not abstract. They impact real people, and we need to listen to their stories to be effective public health leaders.

In the work I do with Survivors + Allies, a student-led organization focused on working with and for survivors of sexual and interpersonal violence, we aim to amplify these stories. Students that are survivors, LGBTQIA+, have a disability, are pregnant or a parent, immigrants, or are international face systemic barriers to healing resources. We use community-based research to understand these student experiences and to advocate for change like SB 1491, which requires colleges and universities to designate a confidential LGBTQIA+ staff member for LGBTQIA+ students.

However, to be effective, research has to be accessible to policymakers. What I appreciated most about the PAI was the invitation to do just that. Speakers emphasized the importance of storytelling, “connecting policy to place,” and the power of relationship building in advocacy work. Although data is important, narratives move people to understand complex realities. And the louder those voices and stories become, the more powerful they are.

Many speakers also explained how the current political landscape is threatening public health. Millions of people across the nation are at risk of losing Medicaid, and vital programs at agencies like CDC and HRSA facing elimination and funding cuts. These shifts are disproportionately impacting marginalized populations.

Still, the speakers and panelists echoed messages of hope. For example, many explained that advocacy can take on different forms. Whether through research, writing, community organizing, or relationship building with legislators, we all have a different role to play. But we have to keep showing up, speaking out, and calling people in to learn.

For me, the PAI was a timely call to action. It reinforced to me that both research and storytelling are critical tools for driving meaningful policy change. It reminded me that our voices matter. And it challenged me to keep speaking up for my community. I am deeply grateful to have been selected as a scholarship winner to attend the event and to have had the opportunity to learn from current leaders and advocates in this field.

Stories that move Policy: My reflections from the Policy Action Institute

Ankita Gupta, MPH, is an Illini scholar.

When I first entered the world of public health, I was drawn to the power of stories and how they shape not only hearts and minds but also laws and policies. I have always believed that good data can inform us, but good stories can move us to act. Attending the American Public Health Association's Policy Action Institute felt like stepping into a space where those two forces, storytelling and policymaking, came together in profound ways.

One of the sessions that deeply resonated with me was led by Dr. Tesfa Alexander. He spoke about the art of storytelling in public health and policymaking, and it was nothing short of transformative. Dr. Alexander did not just talk about why stories are important; he demonstrated how to craft and deliver them. He shared practical techniques on structuring a narrative, connecting emotionally with listeners, and keeping messages clear and focused. What struck me most was his emphasis that storytelling is not just about persuasion; it is about helping people truly understand the "why" behind the policies we advocate for. His session gave me tools to speak with clarity, heart, and purpose.

Equally powerful for me was hearing Rep. Justin Jones from Tennessee. His talk was raw, honest, and incredibly moving. He spoke about his own journey into public service, fueled by a passion for health justice and equity. His courage and determination lit up the room. He described moments of standing up for what is right, even when it meant facing criticism or personal risk. Listening to him, I felt reminded that public health is not just about technical knowledge, but also about values and moral courage. His words gave me hope and reminded me that our voices, no matter how small they may feel, truly can make a difference.

These two sessions were not just inspiring for me in theory. They directly shaped how I approached conversations during my Hill visit. When I met with a staff person from Senator Tammy Duckworth's office, I remembered Dr. Alexander's guidance on crafting a clear, focused story and Rep. Jones's example of speaking with authenticity and passion. Instead of flooding the conversation with data points, I shared a personal story about how recent CDC funding cuts have affected people like me who fell in love with public health and community work, yet now face real challenges finding jobs that align with our training and passion.

In that meeting, I could see the difference that storytelling makes. The staffer listened intently, asked questions, and seemed genuinely engaged. I left feeling like my voice had been heard, not just as a public health professional, but as a person with a story that mattered.

I am grateful to APHA for making this experience possible and for equipping me with the skills and confidence to connect my love of storytelling with my commitment to policy change. This was more than just a conference for me. It was a reminder that advocacy is deeply human work.

Thank you for reading. I hope to continue sharing stories and working together to shape a healthier future for all.

Fighting for the South is a public health imperative

Anika Heuberger is a second-year medical student at the University of Florida.

At the Policy Action Institute, Tennessee State Representative Justin Jones voiced a truth I've long believed but rarely heard spoken so boldly: "The South is worth fighting for." His words challenged a narrative that I've heard far too often — the idea that the South is too far gone, or perhaps too politically complicated to be deserving of our efforts.

As our country becomes increasingly polarized, I've seen this mindset invade public health discussions. Why fight for Medicaid expansion in states that refuse it? Why invest in outreach efforts for communities that don't vote for leaders who prioritize healthcare accessibility?

These questions reflect our tendencies to justify a kind of collective retribution, simplifying the South into a political monolith and punishing entire communities for the choices made by those in power. This is the attitude that Representative Jones pushes back against when he challenges us to consider the profound significance of this region: "Do you not know that the majority of Black people in this nation live in the South? Do you not know that there is so much repression in the South because, if we change the South, we change this nation? Do you not remember that the South is the crucible for multiracial democracy in this nation, from the Civil War to the Civil Rights Movement to the present day?"

If we want to improve the health of our nation, we need to focus on the areas that are hurting the most. Public health isn't about serving the most convenient populations; it's about reaching those who are the most vulnerable. This means advocating for communities in the South, where the rates of chronic disease, maternal mortality, and underinsurance are among the highest in the country.

Growing up in the South, I've seen close-knit, resilient communities that care deeply for their families and neighbors. But these communities exist alongside stark health inequities and a deep mistrust of the healthcare systems that have too often failed them. To fight for the South, we must rebuild this trust by listening to the needs of its diverse communities and investing in sustained public health interventions that truly center their priorities. Representative Jones challenges us to confront our own justifications for neglect when he says, "they say 'just let them secede,' as if our people are discardable." We must remember that no one is discardable, especially not entire regions and communities who have already been left behind by current public health policy. The South is worth fighting for, because everyone deserves the chance to live a healthy life — a tenet reaffirmed throughout the Policy Action Institute.

The power of storytelling in shaping public health policy

Solomon Afolabi is an advisor to the Upper Nile Institute.

The American Public Health Association emphasized the importance of storytelling in shaping health policy during an engaging session at its 2025 Policy Action Institute in Washington, DC. The insights shared by one of the panelists, Tesfa Alexander, elaborated how compelling narratives, when grounded in personal experience, authenticity, and emotion, can profoundly shape public policy. These stories resonate deeply with our audience, fostering empathy and understanding that statistics alone often fail to achieve.

Statistics often take center stage when it comes to political decision-making; however, compelling storytelling is the secret weapon that usually lurks in the wings. Captivating narratives centered around people who lived the experience can redirect policy discussions when they remain personal, authentic, and emotional, hence showcasing how policies affect real lives. When a single mother shares her pains and struggles with childcare costs, it becomes much harder for policymakers to ignore the urgency for reform. Personal experiences breathe life into dry data, making it relatable and urgent.

Throughout public health history, data has played a crucial role in informing policy. Statistics illustrate health trends, outline disparities, and highlight needs within communities.

Despite being objective, data often fails to evoke a sense of urgency or connection among policymakers and the public. Come to think of the difference between an actor reciting lines and someone passionately recounting their vulnerabilities, sharing the good, the bad, and the ugly. The sense of authenticity will more likely help policymakers connect with the message. The power of just one story can change the narrative for many.

Consider a mother who struggles to access healthy food options for her children, or an elderly gentleman whose life has deteriorated due to the barriers to obtaining adequate care. Their lived experiences can compel audiences to support necessary changes in policy that cold numbers alone cannot inspire. Emotion plays a significant role in shaping policy. When a story resonates on a personal level, it humanizes the issues at hand, making them more relatable and accessible. This emotional engagement enables legislators and advocates to connect with constituents and their unique struggles.

As advocates, we must be consistent in demonstrating that public health policies are not just abstract ideas but have tangible implications for people's lives. Nevertheless, we must continue to keep it real at all costs. Inauthentic narratives can jeopardize our efforts. When stories are contrived or formulated and lack genuineness, they become questionable. With the high level of technology at people's disposal, they can easily debunk any untrue narrative. Any story that feels like it has been manufactured in a corporate boardroom rather than coming from the heart can have dire repercussions, causing distrust — a recipe for disaster.

Similarly, the messenger is also significant. One's identity and background can enhance the story's impact. For example, when a community leader speaks about the health inequities within their community, it may resonate more with policymakers than an external expert delivering a data-driven presentation. We have a role to play in advocacy training and preparation within our various communities, ensuring that individuals are well equipped to share their stories in a way that not only holds attention but also calls for decisive actions that lead to the necessary changes we desire to see.

Finally, let's strengthen our advocacy skills with storytelling. By doing so, we can humanize public health data and inspire the necessary policy changes that will improve health outcomes for all. As we move forward, let's commit to centering the voices that have traditionally been sidelined, breathing life into narratives that inspire action. ■